

ADJOURNMENT	20336
ANZAC BRIDGE MAINTENANCE PROJECT	20334
AUDITOR-GENERAL APPOINTMENT	20338
BEE COLONY COLLAPSE DISORDER	20330
BUSINESS OF THE HOUSE	20291, 20292, 20297, 20301
CHILD SEXUAL ABUSE COMPENSATION CLAIMS	20324
COAL SEAM GAS EXPLORATION LAND ACCESS	20328
COMPULSORY THIRD PARTY GREEN SLIP INSURANCE SCHEME.....	20332
COPETON FRESHWATER SWIM	20290
CREATE FOUNDATION 2013 REPORT CARD	20290, 20337
DEATH OF THE RIGHT HONOURABLE THE BARONESS MARGARET THATCHER, LG, OM, PC, FRS	20341
DUAL CARRIAGEWAY SPEED LIMITS	20329
GREATER WESTERN SYDNEY GIANTS TRAINING FACILITY	20291
HEALTH LEGISLATION AMENDMENT BILL 2013.....	20336
HUNTER CHILD SEXUAL ABUSE SPECIAL COMMISSION OF INQUIRY	20334
INTERNATIONAL DAY OF MOURNING FOR DEATHS IN THE WORKPLACE	20340
IRREGULAR PETITION	20292
JOINT STANDING COMMITTEE ON ELECTORAL MATTERS.....	20336
JURY DIRECTIONS LEGISLATION	20335
KEMAL ATATURK.....	20336
LOCAL GOVERNMENT AMENDMENT (EARLY INTERVENTION) BILL 2013	20336
NATIONAL BUILDPLAN GROUP LIQUIDATION.....	20326
NATIONAL PARKS AND WILDLIFE AMENDMENT (ILLEGAL FORESTRY OPERATIONS) BILL 2012	20301
NSW RURAL FIRE SERVICE AWARDS	20333
OPERATION APOLLO.....	20325
PARENTING PAYMENTS	20291
PETITIONS.....	20292
PLANNING REFORMS	20338
POLICE AND OUTLAW MOTORCYCLE GANGS	20330
QUESTIONS WITHOUT NOTICE.....	20324
RENTSTART BOND LOANS.....	20327
RIGHTS OF THE TERMINALLY ILL BILL 2013	20301
ROAD SIGNS	20328
SCHOOL STUDENT FLOOR SPACE.....	20335
SPECIAL ADJOURNMENT	20292
SPEED CAMERA REVENUE	20334
SYDNEY CRUISE SHIP VISITS	20327
TRIBUTE TO MR KYRIAKOS GOLD	20291
WORKERS COMPENSATION SCHEME	20330

LEGISLATIVE COUNCIL

Thursday 9 May 2013

The President (The Hon. Donald Thomas Harwin) took the chair at 9.30 a.m.

The President read the Prayers.

Pursuant to sessional orders Formal Business Notices of Motions proceeded with.

COPETON FRESHWATER SWIM

Motion by the Hon. SARAH MITCHELL agreed to:

1. That this House notes that:
 - (a) the inaugural Copeton Freshwater Swim was held at Copeton Dam near Inverell on Saturday 27 April 2013,
 - (b) over 100 swimmers competed in the event, with swimmers travelling from as far away as Canberra, the Sunshine Coast and Sydney to compete, and
 - (c) the success of the inaugural Copeton Freshwater Swim means that it is now likely to become an annual event.
2. That this House congratulates the winners of all four races on the day, including the winner of both men's events, Ballina teenager Julian Aenishaenslin.
3. That this House commends the Copeton Freshwater Swim committee for organising such a fantastic event.

CREATE FOUNDATION 2013 REPORT CARD

Motion by the Hon. JAN BARHAM agreed to:

1. That this House notes that the CREATE Foundation's 2013 Report Card, titled "Experiencing Out-of-Home Care in Australia: The Views of Children and Young People" involved an extensive survey of more than 1,000 children and young people in out-of-home care across Australia, including 309 respondents from New South Wales whose ages ranged from eight to 17.
2. That this House acknowledges that the results of the Report Card showed that children and young people who enter out-of-home care can become disconnected from their identity, family and culture, including that:
 - (a) siblings are often placed separately from one another,
 - (b) children and young people in care may have less contact their family than they would like,
 - (c) they often have little information about or exposure to their cultural backgrounds, and
 - (d) there is often disruption caused by switching schools.
3. That this House expresses concern that the Report Card results found that:
 - (a) only around one in five New South Wales respondents knew that a case plan for their care existed, which was the lowest result across the national sample,
 - (b) fewer than 20 per cent of New South Wales respondents knew that they had an individual education plan,
 - (c) New South Wales had the lowest proportion of respondents who knew how to make a complaint about issues relating to their care, along with the lowest proportion who knew whether their care was subject to a Charter of Rights, and
 - (d) approximately one-third of New South Wales respondents aged 15 to 17 years knew that an official plan for their transition from care had been developed.
4. That this House calls on the Government to ensure that:
 - (a) while placed in out-of-home care for their safety, welfare and wellbeing, children and young people have the greatest possible opportunity to retain connections to their identity, family and culture, and
 - (b) all children and young people in out-of-home care have knowledge about, and an opportunity to participate in, planning relating to their care, education, and transition to independence after leaving care.

PARENTING PAYMENTS

Motion by the Hon. JAN BARHAM agreed to:

1. That this House notes that:
 - (a) from 1 January 2013 Commonwealth legislation altered parenting payments, affecting more than 80,000 single parent families who will be transferred from Parenting Payment to Newstart when their youngest child turns eight,
 - (b) this change places many single parent families at greater risk of poverty and threatens the welfare and wellbeing of affected children, and
 - (c) concern about this change has been expressed by the United Nations Special Rapporteur on extreme poverty and human rights, the Commonwealth Parliamentary Joint Committee on Human Rights and numerous social service organisations.
2. That this House calls on the Commonwealth Government to reverse the cuts made to single parent payments, and ensure single parents receive adequate support to care for their children.

BUSINESS OF THE HOUSE

Formal Business Notices of Motions

Private Members' Business item No. 1277 outside the Order of Precedence objected to as being taken as formal business.

GREATER WESTERN SYDNEY GIANTS TRAINING FACILITY

Motion by the Hon. MARIE FICARRA agreed to:

1. That this House notes that:
 - (a) on Monday 6 May 2013, the Hon. Graham Annesley, MP, the Minister for Sport and Recreation, Andrew Demetriou, AFL Chief Executive, and Tony Shepherd, Greater Western Sydney Giants Chairman, officially opened and named Greater Western Sydney Giants new multi-million dollar training facility Tom Wills Oval,
 - (b) the new oval was named in recognition of one of the pioneers of Australian Rules Football in New South Wales, Tom Wills, and
 - (c) the multi-million dollar investment will benefit both the Giants and the local community. Tom Wills Oval will be available for community use so it can be shared with local sporting clubs.
2. That this House acknowledges the Government for investing in sporting infrastructure in western Sydney.

TRIBUTE TO MR KYRIAKOS GOLD

Motion by the Hon. MARIE FICARRA agreed to:

1. That this House notes:
 - (a) Mr Kyriakos Gold, Juris Doctor, BA IntSt, MBA exec (candidate) was born in Thessaloniki, Greece, in 1976 to Greek-Australian parents and since coming to Australia in 1994 at 17 years of age has made an outstanding contribution, not just in his capacity with SBS Radio, but in helping numerous ethnic communities as well as promoting diversity and tolerance in Australian society,
 - (b) Mr Gold studied at the State Conservatorium of Music of Thessaloniki, violin and music for over a decade as well as studied International Relations and Culture studies at the University of Adelaide (BIntSt), Modern Greek at the University of Sydney and completed his postgraduate studies at RMIT University in Law (Juris Doctor) and Business Administration (MBA exec), and is expected to receive a Graduate Diploma in Legal Practice at the Australian National University later this year,
 - (c) Mr Gold is an accredited interpreter with the National Accreditation Authority for Translators and Interpreters and has completed journalism seminars at the Australian Film Television and Radio School,
 - (d) Mr Gold has been awarded the Greek News Prize from the University of Adelaide in 1996 and is the current holder of the Emily McPherson Scholarship from RMIT University,
 - (e) Mr Gold has been a member of the Flinders University Academic Senate and is currently a member of the RMIT Graduate School of Business and Law Business Board,

- (f) Mr Gold has been a volunteer for many community bodies and not-for-profit organisations across Australia, including the Pontian Brotherhood of South Australia, the Greek community of Melbourne and the Movember international campaign,
 - (g) Mr Gold worked with the Flinders University Union and secured university funding for the School of Modern Greek in South Australia in 1995 now one of Australia's most successful Modern Greek programs,
 - (h) Mr Gold has devoted himself to educate and inform the Australian-Greek community on multicultural issues and has promoted multiculturalism and Australian values through his broadcasting career on radio and his editorial and social media campaigns,
 - (i) Mr Gold has been instrumental in the delivery of ethnic, or in language, television in Australia and has worked with the Greek, Spanish, Portuguese and Italian communities in delivering content with a variety of platforms and broadcasters over a period of 15 years,
 - (j) Mr Gold is currently working on the SBS Eurovision Radio project, as presenter of the station he is bridging younger ethnic demographics and promoting harmony and multiculturalism through music,
 - (k) Mr Gold is an ongoing member of the SBS Greek Program where he is responsible for the promotion of multiculturalism and the initiatives of Australia's vibrant Greek communities on radio and on social media,
 - (l) Mr Gold has dedicated himself to the awareness of mental health not only through world-recognised charities but also as a leader fronting intra-university campaigns, and
 - (m) Mr Gold has been working in communications since the age of 17 and has worked with community and international media and is currently the Creative Director of "Just Gold" and a popular presenter and journalist with SBS Radio.
2. That this House acknowledges and commends the outstanding contribution Mr Kyriakos Gold has made since his teenage years to multiculturalism, youth, the community and the promotion of diversity and tolerance in Australia.

IRREGULAR PETITION

Leave granted for the suspension of standing orders to allow Mr David Shoebridge to present an irregular petition.

Human Organ Harvesting and Trafficking

Petition requesting the Government to outlaw human organ harvesting and trafficking and to make it illegal for New South Wales residents to receive an organ overseas that has been trafficked or illegally harvested, and urging the Federal Government to change the laws regarding overseas organ harvesting and trafficking, received from **Mr David Shoebridge**.

PETITIONS

Single Parent Payments

Petition calling on the Government to make representations to the Commonwealth Government to reverse immediately the cuts to single parent payments and to ensure that single parents receive adequate support to care for their children, received from the **Hon. Jan Barham**.

BUSINESS OF THE HOUSE

Withdrawal of Business

Private Members' Business item No. 1289 outside the Order of Precedence withdrawn by Dr John Kaye.

SPECIAL ADJOURNMENT

Valedictory Speeches

The Hon. DUNCAN GAY (Minister for Roads and Ports) [9.51 a.m.]: I move:

That this House at its rising today do adjourn until Tuesday 21 May 2013 at 2.30 p.m.

The Hon. ERIC ROOZENDAAL [9.52 a.m.]: I thank the Parliament for the opportunity to speak to my colleagues on one last occasion. I entered this place in July 2004. Almost nine years later it is time to

embark on a new journey, to embrace a new, fresh direction and to move on to a new part of my life. I am grateful and fortunate for many things in my life, and in particular for the chance again to choose the time and place of my departure. When I joined Young Labor in 1981, I had no grand political ambitions. I was simply keen and excited to be involved. My first involvement in an election campaign involved a young, gangly journalist with a booming voice and more than a passing resemblance to one of my great political heroes, Abraham Lincoln.

My father and mother, who were small business people in Maroubra, were horrified when they discovered in 1983 that I was handing out pamphlets for one Robert J. Carr. To add insult to injury to my parents, John and Shirley, I corralled the other campaign workers into my parents' cake shop and offered them all free refreshments. That was 30 years ago. I think my dad was particularly amazed that my new Labor mates were more interested in the sugary sweets than in visiting a local pub and that politics in this country still had an innocence unlike the darker experiences of his own childhood. Then, like today, I count myself lucky. I am the son of a Jewish refugee from war-ravaged Europe who was fortunate enough to have the opportunity to contest and hold some of the most senior positions in the Australian Labor Party and the State Government.

It will come as no surprise to many who have come to know me that I was honoured to serve as the New South Wales General Secretary, the New South Wales Campaign Director and as a member of the Australian Labor Party National Executive. I will be forever grateful to the good men and women of the Labor Party for placing their trust in me and my colleagues during a period of immense organisational and cultural change for Labor. After the dark days of 1988 and many predictions of doom and gloom for progressive parties of the Centre Left, we achieved electoral success and unflinching organisational support for Bob Carr's parliamentary leadership team. I owe much to the Labor Party and the people of New South Wales. It has been a great honour to serve the people of this State as a member of Parliament and an even greater honour to serve as a Minister and as Treasurer. I have never taken those roles for granted.

When I entered Parliament as a former New South Wales Australian Labor Party General Secretary, Premier Bob Carr kindly observed that I needed to lose some of my rough edges before he might invite the Governor to offer me a ministerial commission. It may surprise members that that was much to my own consternation. However, in retrospect, it was a time for reflection and learning. After what felt like a biblical eternity—eight long months—Bob Carr elevated me to the position of Parliamentary Secretary. A little more than a year after entering this place I joined the Cabinet when Morris Iemma entrusted me with the huge and dynamic Ports portfolio. It was a junior portfolio and, as the Opposition likes to highlight in this place, wider media attention was not particularly focused on the hotbed issues of container imports and coal exports at the time.

However, we soon discovered that the Howard Government had introduced a new integrated computer cargo system for the Australian Customs Service. It was budgeted to cost \$30 million, but it blew out to \$250 million. It was a total disaster. The system collapsed and there was chaos at Port Botany. The port had ground to a virtual standstill and retailers preparing for Christmas were livid and there was a real possibility of a major shortage of items to go under the Christmas tree. Spurred on by numerous complaints, we launched a relentless attack upon the Federal Government and, to our great surprise, the media coverage snowballed. We forced the Federal Government to snap to attention and the goods at the ports started to flow again. That gave me a taste for the portfolio and an understanding of the role that freight and logistics play in the development of the State and national economies.

As Ports Minister I was able to commission the \$1 billion expansion of Port Botany and the expansion of Port Kembla. Under the Ports Growth Plan the Government successfully implemented major structural adjustment in the way we manage freight, we shifted the importation of cars from Sydney to Port Kembla and in the process created jobs and investment in the Illawarra. For the record, the then Coalition opposed that movement. Today, Port Kembla is one of the largest vehicle import facilities in Australia. Thanks to its expansion, it is a major coal and bulk product export port. Members opposite know that it is on the back of those decisions that the present Government was able to receive such a good price for the ports privatisation.

Despite the outcry about closing the working harbour at Darling Harbour East, does anyone seriously regret moving the few last containers and cruise ships to better locations and paving the way for Barangaroo? I acknowledge that these changes take years to implement. I also acknowledge the efforts of my colleagues, past and present, from 2002 when Carl Scully commissioned a little study into Port Kembla through to the current administration's sensible leasing arrangement. This is a case of common sense and good management that only a State administration in partnership with business, unions and the community can deliver.

However, on 29 August 2005 a new issue emerged that led to a reshuffle of responsibilities. I am of course referring to the Cross City Tunnel. I will not recap the whole episode, but the Government was embroiled in a crisis. We had traffic jams, emergency vehicles in gridlock and multiple road closures. In short, it was a real mess, and it dragged on and on. Then, when we thought things could not get worst, Premier Morris Iemma was recorded on a live mike using colourful language to describe the then chief executive officer of the Cross City Tunnel. It got to the stage where the Premier decided he needed a new Roads Minister. I assure members that at that point the Roads portfolio was not coveted. However, my wife, Amanda, convinced me to put my hand up for the job and I did.

After three gruelling weeks of intense and secret negotiations, the Cross City Tunnel operators agreed to halve the toll for three months as an act of good faith. We tried in good faith to reach a long-term solution, but we could not reach an agreement. I then unilaterally reopened the closed roads and stared down the Cross City Tunnel operators. I did that contrary to the advice of Treasury and many of my colleagues, but with the support of Premier Morris Iemma. Today the Cross City Tunnel is an important part of our road system. Lessons have been learned to be sure, institutions have matured in how they forever will go to market with their traffic modelling, I dare say. And on another level it was a circuit breaker, the beginning of our political prospects turning around, and assisted Morris Iemma getting elected in his own right.

As a guiding principle I have always believed you should never be afraid to stand up and fight for what you believe is right. Sometimes it meant making and taking the tough decisions. In October 2006 four teenage boys died in a horrific accident at Broken Head in northern New South Wales. As a result I ordered a review of rules around young drivers, including a controversial curfew on P1 drivers, and a ban on P platers using their mobile phones. At the time they seemed tough but today they are seen as common sense. I genuinely enjoyed the varied and complex challenges the Roads portfolio brought.

A day after the election, on 25 March 2007, I opened the Lane Cove Tunnel—and the forecasts of road chaos by the then Opposition were proved wrong. And, while the Australian Labor Party became preoccupied with a clash over electricity, we kept at it. I also introduced changes to older driver rules, the rollout of school zone flashing lights and record Roads funding—all of which helped contribute to the lowest road toll since World War II, a trend I hope will continue.

In September 2008 Morris Iemma resigned as Premier and in the reshuffle I became Treasurer. As Roads Minister I had numerous clashes with the Treasurer and Treasury officials—and never thought that I would be on the other side of the table. Let me assure you: neither did the Treasury officials. And I got to be the New South Wales Treasurer during the most difficult economic time in post-World War II Australia. The global financial crisis was smashing economies around the world. New South Wales had its credit rating downgraded to a triple-A negative outlook by international ratings agency Standard and Poor's.

The move to privatise the State's electricity generators had failed because of the backflip by the then Opposition and strong resistance from sections of the Australian Labor Party and the energy unions. Revenues were falling and the previous Treasurer, Michael Costa, in an impromptu press conference forecast another credit downgrade. The State was facing tough times. Being a Treasurer means you do not make many friends with other members of the Cabinet, especially when times are tough. Ministers had to justify their funding requests and not waste the time of the budget committee. There was no gang of four; Cabinet processes continued but time was of the essence at a time of great community concern and rapidly moving events.

Some members might be surprised by the following statement, but I have been told that it has been said that I do not suffer fools easily! Tough decisions needed to be made and they were. I am proud to have restored the State's credit rating back to triple-A positive outlook in my first State budget. That is a historical fact. But, unfortunately, the present Government has suffered a credit downgrade. The State is now regressed back to a triple-A negative outlook, as was in place during the global financial crisis.

We were able to introduce substantial tax cuts, including reducing payroll tax to its lowest level in 20 years. New South Wales became the first State in Australia to introduce zero stamp duty for properties under \$600,000, along with the largest infrastructure program in the nation. At the same time we were able to return the New South Wales budget to surplus—two years earlier than forecast—and in the course of doing that created 138,000 jobs in 2010. As a Treasurer I am proud that I had a role in the creation of 138,000 pay packets. That meant families buying homes and securing their futures. Partisan politics aside, New South Wales Labor left the State in a strong financial position. That was confirmed by the New South Wales Parliamentary Budget Office.

Further, I am pleased that in my time as Treasurer I was able to provide additional funds for the Department of Community Services. This was motivated by my belief that governments have a duty to help and protect the most vulnerable in our community. My motivation was reinforced by my wife, Amanda, who has worked at the Department of Community Services for many years in the field of child protection. She was always a constant reminder that there was a need for more funding. The horrific stories of child abuse and neglect—because of domestic violence, drugs, alcohol and mental illness—have always motivated me to ensure the Department of Community Services had improved funding. Unfortunately, I am saddened and disappointed that this Government does not share my view on Community Services.

Those who know me well know that it would be uncharacteristic of me not to comment on one issue that has dogged the Labor Government and Labor movement for almost two decades. I am referring to the privatisation of the electricity sector. Since 1997 when first attempted by Treasurer Michael Egan and Premier Bob Carr it has been a hotly debated issue, especially within the Labor Party. Unfortunately, the failure of the Australian Labor Party to deal with the issue in a sensible manner and in the public interest has left deep scars within the New South Wales branch of the Australian Labor Party. The Iemma-Costa strategy to privatise the power sector was derailed for two reasons: first, the then Opposition's decision to oppose the legislation in a cynical political backflip; but, more importantly, the strict 1960s dogmatic view in sections of the Australian Labor Party that any form of privatisation is bad, and the self-interest playing out within the energy unions.

I believe history will judge all of those in the party who were involved in the privatisation debate during the Iemma era as abrogating their responsibilities to the people of New South Wales and the Labor Party by not reaching a sensible compromise. The fact, then and now, is that it is in the best interests of the people of New South Wales to unlock value in energy assets to fund other economic infrastructure. As a former Treasurer I know that it is appropriate that governments de-risk their balance sheets. I know that the gentrader agreements that the former Government executed were in the best interests of the people of New South Wales. Of course, at the time emotion and politics in the lead-up to the election eclipsed any rational debate.

But members will be surprised to hear that I am eternally grateful to Premier Barry O'Farrell for commissioning the Special Commission of Inquiry into Electricity Transactions. Let me say that again: I am eternally grateful to Premier Barry O'Farrell for commissioning the Special Commission of Inquiry into Electricity Transactions. Why? Because it was an independent judicial review, and it was the only review that examined all the documents, including Cabinet papers, and spoke to all those involved in the transaction process. It conducted its activities without fear or favour.

And after six months it produced a comprehensive 361-page analysis of those transactions. Upon completion, it was the most extensive review of government policy and decisions in the history of this State. Every participant, bureaucrat and director was questioned or interviewed. Every document was examined. For the first time all Cabinet documents were included. The conclusion of Justice Brian Tamberlin was that the people of New South Wales received value for money from the electricity transactions and that it was a beneficial deal. The independent inquiry under Justice Tamberlin concluded that the State received value for money from the electricity transactions. The inquiry accepted that the substitution of trading risk for the risk of liability for available liquidated damages was beneficial for both fiscal and policy reasons. The independent inquiry also said in relation to the sale of the retail businesses that the net figure was well in excess of retention value. Further, it found that the energy transactions were all endorsed by the budget committee of Cabinet.

We all know that in politics popular decisions always have a thousand parents and unpopular ones are always orphans. I leave this place knowing I acted at all times in the best interests and for the benefit of the people of New South Wales and sought to improve the finances of the State, not just for the sake of doing so but so we can best deliver on the values of social justice, fairness and innovation in public policy delivery. To this day I truly believe the Labor Party remains the best institution for marrying the values of social justice and equality with the dynamic growth of the free market. But it cannot do so through a 1960s industrial prism.

It would be fair to say that my time in this Parliament has been a bit of a roller coaster ride: There have been some great high points and a few low points. But anyone embarking on public life can expect no different; that is what we sign up for. It has been my great belief since my student politics days that if you want to make a difference you need to step up and not be afraid to do so.

I have had the privilege of working with four Labor Premiers in this Parliament. By my reckoning Bob Carr is—was and still is—one of the great statesmen in this country, perhaps of the Asian-Pacific region. It is of no surprise to me that he is now representing Australia as Foreign Minister. He is fulfilling that role with his

usual excellence and incredible work ethic. To this day I feel a great sense of sadness about the way the Labor Party treated Premier Morris Iemma. This was a man who had dedicated his whole life and energies to the working people of New South Wales, the Labor movement and the Labor Party. Morris Iemma deserved better. He was a decent, caring leader. History will reflect poorly on those who were involved in his decision to leave politics, and it is my belief that the State is now worse off.

Premier Nathan Rees was a good Minister. Too much was expected of him too soon. He was elevated to the position of Premier too early and at a most difficult time. In a different time and a different place events would have played out differently for Nathan. As for Premier Kristina Keneally, make no mistake: she was elevated to the position of Premier well and truly after the Government had crossed the red line of electoral doom. But, to her great credit, she conducted herself with professionalism and ability. She was a true role model for young men and women and a very decent, genuine and spiritual human being. Members would agree that she was given the mission impossible to try to save the New South Wales Labor Government. That said, she is one of the best hands-on campaigners I have ever had the privilege of working with in my 30 years of campaigning.

This leads me to make some reflections about the Labor Party today. There is a saying: When the going gets tough, the tough get going. In the Australian Labor Party it seems that when the going gets tough it blames itself. Like the community, I am tired of the internal party navel-gazing that seems to envelop the party every few years. We have been representing the people of New South Wales and Australia since 1891, through good and bad times. We must not forget our history; we must not forget our traditions. It is time to again undertake the hard work of modernisation and draft a real vision for the future of our State and our nation. Indeed, the National Disability Insurance Scheme is a perfect example of this. I am proud that Labor created and drove that policy. I am also pleased that the conservative side of Federal politics has embraced the idea.

It has been said that at the end of the day we will be nothing more than footnotes in history—that is if we are lucky. Our time on this earth is short. That is why members of Parliament have to show leadership and make decisions for the benefit of our community, our State and our country. We, as the people's representatives, need to listen, act and lead. Of course, ideology and a world view are important, but strict blind dogma should not be allowed to create bad policy. The Australian Labor Party is more than 120 years old. In that time its structure has not really changed much. It is now time to develop a more inclusive structure that encourages participation and input.

After a number of years in public life no Minister or member of Parliament can be effective without strong, active and dedicated staff. I place on record my thanks to all of my staff during my time as Minister and as Treasurer, including Adrian Dwyer, Alexandra Williamson, Alison Kelly, Alison Scown, Amanda Lawrence, Amanda Scobie, Andrew McKenzie, Ben Cleary, Brett Burkett, Brooke Mahlberg, Carla Hoorweg, Christina Newman, Darren Holder, Hamish White, Ian McNamara, James Magabe, Jason Stewart, Jill Cunningham, Josh Landis, Julie Sibraa, Kate Foy, Kate Sullivan, Lenda Oshalem, Luke McGregor, Makaela O'Rourke, Mathew Jones, Maureen Baxter, Michael Galderisi, Nageb Al-Malah, Nicholas McBride, Paige Trevena, Patrick Garcia, Patrick Muhlen-Schulte, Rachel Berry, Robin Schuck, Sam Moreton, Sandra Aboud, Shehana Teixeira, Stavros Sofios, Svetlana German, Walt Secord and Bill Young—what a staff. I also thank the heads of agencies I have worked with in that time, in particular Chris Oxenbould, Gary Webb, Greg Martin, Dom Figliomeni, John Lee, Les Wielinga, Richard Sheldrake, John Pierce, Michael Schur and Steve Dunn.

I turn now to briefly reflect on the recent Independent Commission Against Corruption inquiry that I have faced. It has been a bruising and tough process, especially for my family. But for the record I want to say that the Independent Commission Against Corruption did not produce any evidence that any favours were provided to anyone while I was a Minister of the Crown, and I stand by that. Unfortunately, the nature of the work of a member of Parliament means that we are often presented as one-dimensional characters. We are reduced to simple labels: Left, Right, good, bad, honest and dishonest; we are far more than that. We are parents, husbands, wives, sons, daughters and friends. People enter into public life for different reasons but I believe all sides of politics share a belief and a desire to do the best to improve our communities and to ensure that those in need of help receive it.

No member of Parliament can achieve great outcomes without the support and the sacrifice of their family. Being a member of Parliament is a 24-hour a day job; being a Minister of the Crown is a 25-hour a day job. That places immeasurable burdens on families and friends. I express my sincere gratitude to my family for their tolerance and patience throughout my career. My wife, Amanda, and my children Liam, Harry and Jema have had to endure much of the trials and tribulations of my political life—from the early morning calls to the

very late night calls. Without their support and understanding I would not have been able to fulfil my job. Too often we forget the personal impact public life can inflict on our loved ones and on our relationships. I acknowledge my deep-felt love and gratitude to my family for all their support. I thank the House for its consideration.

Question—That the motion be agreed to—put and resolved in the affirmative.

Motion agreed to.

BUSINESS OF THE HOUSE

Suspension of Standing and Sessional Orders: Order of Business

Mr DAVID SHOEBRIDGE [10.17 a.m.]: I move:

That standing and sessional orders be suspended to allow a motion to be moved forthwith that Private Members' Business item No. 1280 outside the Order of Precedence, relating to Sydney University honorary professorship, be called on forthwith.

The motion is in the following terms:

1. That this House notes that:
 - (a) Sydney University has twice granted an Honorary Professorship to Former Chinese Vice Minister for Health Huang Jiefu,
 - (b) for well over a decade, Mr Huang Jiefu has participated in and overseen the Chinese transplantation program involving livers that were almost all forcibly harvested from executed prisoners,
 - (c) Mr Huang Jiefu continues to oversee China's controversial organ transplant committee and continues to operate as a liver transplant surgeon,
 - (d) Mr Huang Jiefu acknowledges that he has performed on average 100 liver transplants a year, and before 2008 each and every organ was from an executed prisoner,
 - (e) China first commenced a voluntary organ donation scheme in 2008 and since that time, 95 per cent of all livers transplanted by Mr Jiefu have come from executed prisoners, and
 - (f) Mr Jiefu's actions, if committed in Australia, would be a serious breach of State and Federal laws prohibiting organ trading.
2. That this House calls on Sydney University to stand up for the liberal traditions of Australia's university system and withdraw the Honorary Professorships from the Chinese transplant surgeon Huang Jiefu in light of the serious concerns about his involvement in forced organ harvesting.

This matter is urgent because whilst ever Mr Huang Jiefu retains two honorary professorships from Sydney University, one of the most prestigious institutions in this country, it will be a stain on the university's academic record. It will be a stain on the morals and ethics of an institution from which I proudly graduated with two degrees. In fact, when I attended there it was my understanding that Sydney University stood for the best ideals of this nation. Indeed, that is reflected in the university's code of conduct, which states—

The Hon. Amanda Fazio: Point of order: I am sure my point of order is the same as that of the Hon. Dr Peter Phelps. At this stage Mr David Shoebridge must explain why the motion is urgent and not speak to the substantive content of the motion.

The PRESIDENT: Order! That would be the case if Mr David Shoebridge was starting to speak to the substance of the motion. I encourage him to confine his remarks to the matter of urgency.

Mr DAVID SHOEBRIDGE: This motion is urgent because the code of conduct of our universities, our most prestigious academic and educational institutions, must be upheld. This House, this Parliament, has an obligation to ensure that our universities stand up for those finest traditions. The motion is urgent because it is clear that the university does not intend to do anything. We need to take action today.

The Hon. Lynda Voltz: Point of order: We are arguing urgency at the moment. Mr David Shoebridge must explain why his motion is more urgent than other matters listed in the Order of Precedence for today.

The PRESIDENT: Order! I think Mr David Shoebridge was trying to address the urgency issue. I encourage him to ensure that his remarks are directed towards why his motion is more urgent than other business on the *Notice Paper*.

Mr DAVID SHOEBRIDGE: As we speak today a surgeon in China, with a title bestowed upon him by our premier university in New South Wales, is taking organs from executed prisoners, prisoners of conscience, without their consent and putting them into paying recipients. What could be more urgent than this House making a statement that the titles of the University of Sydney should not be used to grant credibility to a surgeon in China who is taking organs from executed prisoners and putting them into paying recipients?

The PRESIDENT: Order! Mr David Shoebridge should seek to direct his remarks further towards why this motion is more urgent than others on the *Notice Paper*.

Mr DAVID SHOEBRIDGE: This matter is urgent because it is a burning human rights issue, and it involves a travesty that happens day in and day out. If we do not take action today this surgeon, with the support of the University of Sydney, will continue next week— [*Time expired.*]

The Hon. MICHAEL GALLACHER (Minister for Police and Emergency Services, Minister for the Hunter, and Vice-President of the Executive Council) [10.22 a.m.]: No doubt this is an important issue in our community and it deserves a measured and full debate. I apologise to any person who may have come here today with expectations that this motion would be given urgency. To put it simply, Mr David Shoebridge did not give the Government sufficient notice to prepare a full and measured response to this important issue. Considering the amount of work on the *Notice Paper*—I listened to Mr David Shoebridge talk about urgency and the importance of the motion—I would have thought that prior to bringing on this motion the member would have spoken to all members of the House in sufficient time to allow them to prepare to participate in a debate on this important issue.

I hate to think that the member has brought people here under a false pretence that somehow his motion would get urgency this morning. It is a sad situation if that is the case. For some weeks members have been preparing to debate other matters today. They are prepared and ready to proceed with those matters. There is a proper process in this Chamber: a member seeking urgency should have the decency to inform members beforehand—

Mr David Shoebridge: I did tell you.

The Hon. MICHAEL GALLACHER: No, not 15 minutes beforehand. That does not cut the mustard. A member does not inform members 15 minutes beforehand that he intends to bring on such an important matter. The member tells them one day or two, three or four days that he is preparing to bring on this important motion to ensure that members have sufficient time to prepare to participate in a debate on this important motion. I apologise to any person who has come here today with expectations that may have been built on a false expectation that the motion would get urgency this morning. Sadly, members were given insufficient warning to enable them to participate in a debate today.

As Mr David Shoebridge has indicated why his motion is urgent, I think most members would be happy to debate the matter sometime in the next few sitting weeks, after they have had time to consider the motion and prepare their contributions. Bringing on the motion in this fashion is unfair to members who were not part of the strategy that The Greens have invoked today to bring the motion on urgently. Members with other motions on the *Notice Paper* are equally prepared to debate their matters. Sadly, we are not in a position to support urgency at this stage.

The Hon. AMANDA FAZIO [10.25 a.m.]: The Opposition opposes urgency for this motion. The motion for which Mr David Shoebridge is seeking contingency, Notice of Motion No. 1280, was placed on the *Notice Paper* on 7 May—that is, on Tuesday of this week. Almost 60 pages of notices of motions given by members are listed before the notice of motion of Mr David Shoebridge. Members have been receiving thousands of emails about debates already commenced, such as on the euthanasia bill introduced by the Hon. Cate Faehrmann. There is an expectation in the community that debate on that bill would proceed today, which is private members' day, and the matter is listed to come back on today.

I do not support urgency for the motion, partly for the reasons outlined by the Leader of the Government. I accept that people came here today to see Mr David Shoebridge table a petition. However, if they were told that the motion would be debated today that is exploitative. This is an emotive issue in the community and it invokes strong responses. It is unfair of Mr David Shoebridge to hijack the *Notice Paper* and bring on his motion today. The member and his colleagues may be ready to debate the issue but no other members are ready to debate it. The issue is complex. There is a lot of competing material in the community about this issue, which

needs to be looked at and weighed up carefully before members can make a considered response. As I said, the notice of motion has been on the *Notice Paper* for two days. We have received many emails about the euthanasia issue.

The PRESIDENT: Order! Dr John Kaye should cease interjecting, particularly when he repeats the same interjection three times. I am sure members heard him the first time. To keep repeating it is deliberately trying to put off the speaker.

The Hon. AMANDA FAZIO: For the benefit of members who may not have had an opportunity to look at today's *Notice Paper*, in terms of private members' business items inside the Order of Precedence, Mr David Shoebridge does not believe that those items are as important as the notice of motion that he placed on the *Notice Paper* only two days ago. Listed on the *Notice Paper* are the National Parks and Wildlife Amendment (Illegal Forestry Operations) Bill, the Graffiti Control Amendment (Racist Graffiti) Bill and the Rights of the Terminally Ill Bill 2013, to which I referred earlier. Members have received thousands of emails and hundreds of pieces of correspondence about the Hon. Cate Faehrmann's bill, and numerous briefings have been held for the benefit of members so that they know exactly what the bill entails.

Mr David Shoebridge has failed to acquaint members with the issues he wants to raise. On the previous private members' day debate on the actions of Greens representatives was interrupted while Mr Scot MacDonald was speaking on the actions of Greens representatives. We also have a same-sex marriage bill on the *Notice Paper* inside the Order of Precedence and Dr John Kaye has the Transforming NSW Energy Sector (Towards 100 percent Renewables) Bill, which he obviously now does not think is very important. My point is that Mr David Shoebridge today is engaging in a stunt. He has given two days' notice of this motion—

Mr David Shoebridge: Point of order: The member is making statements reflecting on my bona fides in bringing this matter before the House.

The Hon. Greg Donnelly: No, I am.

Mr David Shoebridge: So is that member. This matter, which requires urgency, has been brought according to the standing orders and the rules of the House. There is nothing unusual about bringing it before the House. To reflect upon my bona fides is a breach of the standing orders.

The PRESIDENT: Order! Whatever the merit of the Mr David Shoebridge's point of order, it is totally overshadowed by the fact that he is abusing the forms of the House by making remarks such as that.

The Hon. AMANDA FAZIO: In concluding, I ask members to reflect on the importance of the items inside the Order of Precedence for private members' day and to reject Mr David Shoebridge's motion to suspend standing orders.

Dr JOHN KAYE [10.30 a.m.]: I support the motion for urgency moved by Mr David Shoebridge. I cannot imagine anything more urgent than a motion that supports the thousands of people who each year are executed on demand in China in order to provide organs for organ transplants.

The Hon. Greg Donnelly: Your mates didn't say much about that during the Cultural Revolution, did they?

Dr JOHN KAYE: That is the most ridiculous interjection I have heard in a long time. The University of Sydney needs to be sent an urgent message to withdraw its tacit support, indeed, its explicit support for this activity. I note that members say they were not briefed on this matter. Every member of this Chamber was invited to attend a briefing conducted by Mr David Shoebridge last night, and two weeks ago Mr David Shoebridge issued an invitation to every member of this Chamber to attend an event on this issue.

The Hon. Amanda Fazio: Point of order: Dr John Kaye is speaking to the substantive motion; he is not talking about why the matter is more urgent than other items on the *Notice Paper*. I ask that you direct him to speak to urgency and not to the substantive motion.

Dr JOHN KAYE: To the point of order: If I am being irrelevant by addressing the issue, then so was the Leader of the Government and the Hon. Amanda Fazio when they raised the issue. I am responding to points that were made during debate, as is my right.

The PRESIDENT: Order! I believe that the comments were sufficiently connected to urgency for the member to be in order.

Dr JOHN KAYE: This motion should have priority because right now prisoners of conscience are being executed on demand. Today, as we speak, they are being executed on demand. The motion should be debated because the University of Sydney has lent the reputation of its institution to that activity by bestowing two honorary doctorates on Mr Jiefu. This Chamber has an obligation to stand up for human rights around the world. There can be no single issue more urgent than standing up for the human rights of the thousands of individuals who are being subjected to organ harvesting. It is not as if members were unaware of the motion.

As I said earlier, Mr David Shoebridge has conducted a number of forums on the issue. Members cannot say they have not had the opportunity to be briefed on this important issue. If members did not attend those briefings, information is available on Mr David Shoebridge's website and this morning the member circulated three pieces of material relating to this issue. Members do not have the right to say that they were unaware of this issue. If they do say that or that they are not informed about the arguments, then they have not been paying attention to one of the most important human rights issues in New South Wales.

This matter should be debated because during my time in this Chamber I have never before seen a petition with 100,000 signatures. If the threshold for debate in the lower House is 10,000 signatures, then 100,000 signatures should be the threshold for debate in this Chamber for a whole day. There is no question that this matter should be urgently debated. Members who doubt the urgency of this motion should consider the plight of the Falun Gong practitioners in China.

The Hon. Michael Gallacher: Point of order: Dr John Kaye is starting to stray into the substantive motion. He should be speaking to urgency.

Dr JOHN KAYE: To the point of order: I was addressing urgency.

The PRESIDENT: Order! The member has been in order and he should continue to ensure that he remains in order for the duration of his remarks.

Dr JOHN KAYE: I conclude my remarks by asking members who doubt the urgency of this issue to show empathy for the Falun Gong practitioners in China who are in jail awaiting organ harvesting and being executed on demand. What would it mean to them to know that the University of Sydney lends support to that system of organ harvesting? I commend the motion to the House.

The Hon. TREVOR KHAN [10.35 a.m.]: My contribution to this debate will be brief. I make this observation. Members of this Chamber have been receiving emails and letters in relation to the Rights of the Terminally Ill Bill. Some of us have received phone calls from terminally ill people who assumed that the House would be dealing today with that bill. The bill was introduced by the Hon. Cate Faehrmann, yet The Greens on a previous occasion tried to prevent it being dealt with by seeking to move a motion relating to industrial matters at, I think, the University of New South Wales.

Dr John Kaye: Sydney.

The Hon. TREVOR KHAN: The University of Sydney. The Hon. Cate Faehrmann has publicly said that the bill would come before the House. She has raised the expectations of terminally ill people and their families, yet her party has tried to stall debate on the bill. It is a shameful thing to do to terminally ill people in Australia. The Rights of the Terminally Ill Bill must be given priority by this House.

The Hon. LYNDA VOLTZ [10.36 a.m.]: As the Deputy Whip in this House, I checked with the Hon. Cate Faehrmann last night—and I rang her office yesterday—as to whether we would be dealing with the euthanasia bill today. I was told last night by the Hon. Cate Faehrmann that we would be dealing today with the Rights of the Terminally Ill Bill. The motion for urgency that is now before the House was never raised with me as the Deputy Whip in this Chamber, even when I checked this morning as to which motion would come before the House.

As to being notified about briefings on this matter, I have checked my emails. Going back to 9 April, I have received five emails from Mr David Shoebridge, and not one of them is in regard to this matter. The fact

is that The Greens do not believe that this matter is urgent. As I said, I rang their office last night to check which motion they would bring before the House and I was told we would be dealing with the Rights of the Terminally Ill Bill.

Question—That the motion be agreed to—put and resolved in the negative.

Motion negatived.

NATIONAL PARKS AND WILDLIFE AMENDMENT (ILLEGAL FORESTRY OPERATIONS) BILL 2012

Second Reading

Debate called on, and adjourned on motion by the Hon. Amanda Fazio and set down as an order of the day for a future day.

BUSINESS OF THE HOUSE

Postponement of Business

Private Members' Business item No. 5 in the Order of Precedence postponed on motion by the Hon. Amanda Fazio.

RIGHTS OF THE TERMINALLY ILL BILL 2013

Second Reading

Debated resumed from 2 May 2013.

The Hon. MARIE FICARRA (Parliamentary Secretary) [10.40 a.m.]: The Rights of the Terminally Ill Bill 2013 has stirred up a lot of community feedback and that is a good thing considering the implications for the social, physical and mental consequences of this legislation. I am sure that those supporting the bill believe they are motivated by compassion, care and understanding, and are driven to change the laws that have existed in Australia since Federation. The Hon. Cate Faehrmann was quite moving in her second reading speech when referring to the pleas from many persons who have had or still are in great pain and discomfort from their acute or chronic illnesses and diseases.

All members feel deeply about instances of human suffering, depression, loneliness and despair. I could stand here and give my personal insights into the death of, say, my beloved father from mesothelioma. My family and I cared for my father closely through his diagnosis two years previously and I recall being by his bedside in the last week and seeing the loving care of nurses, doctors and the Sisters of Mercy at the Sacred Heart Hospice. I could talk about our family's sadness at watching our mother deteriorate over years from dementia, finally dying from a stroke. Again, she received loving care from the Scalabrini doctors, nurses, healthcare workers, sisters and priests at the Austral aged care facility. All of us have so many cases we could relate that they could take up our entire speaking entitlement of 20 minutes each. I will not be doing that. I will work on the premise that those supporting this bill do so with the utmost good intent.

My opposition to the bill is based on the ability to abuse any safeguard against the wrong taking of life. No legislation anywhere in the world has prevented abuse or errors of judgement—either the person wanting to end life and/or the medical practitioner assisting in this quite unnatural process. The bill before us has been criticised for so many shortcomings that it is destined to be defeated, as it should be. Similar attempts by The Greens and Independents in other Parliaments in Australia have failed, and this bill will go the same way. Polls indicating high public support for euthanasia are always associated with emotive questions based on the case of a hopelessly ill patient dying in pain. No background information is given to the respondents regarding palliative care, medical and nursing responsibilities, and the incidence of treatable depression in such cases and the range of patient care options available to the patient. These poorly constructed, emotive and simplistic polls do not change my responsibility as a legislator for all the community, a responsibility we all share on behalf of our constituents.

My 97-year-old mother-in-law, Alice, who is still very mentally capable, tells me of the discussions she has with friends living in her retirement village in Yowie Bay. They read the newspapers, view their televisions

and listen to radio talkback sessions and see and hear all the worrying media reports on euthanasia. And, yes, the elderly do feel vulnerable, especially those worried about developing dementia. We have been warned it will be a baby boomer tsunami. My husband, Alan, and I remind Alice when she comes over to our place, usually each Thursday afternoon to spend weekends with us, that she is not a burden but a contributing member of our extended family and that we love her very much. It is important that the elderly feel needed and wanted and not be alarmed by such dangerous legislation as that before us today.

We have all received thousands of emails, letters and phone calls on this issue, including those from the terminally ill, doctors, nurses, pharmacists, and aged care and healthcare workers. I can say I have been reassured by the straw poll that I took. Yes, it has reflected my own views framed over many years of personal experience and from working with doctors and nurses in health care. I have been fortunate to have as a cousin Dr Michael "Mick" Barbato, one of Australia's most respected palliative care physicians. Every time I attend Palliative Care NSW meetings and functions and I mention Mick's name I am surrounded by the nurses and palliative caregivers who deal with all issues surrounding the care of the dying. In fact, I was fortunate in knowing quite a bit about the science and management of pain in the care of the dying throughout my youth and young adulthood.

It is a noble profession and I express all the admiration and thanks of so many Australians for our great doctors, nurses and caregivers who have chosen palliative care as a career path. It is difficult to imagine such a working life, but those who realise quite early that this is their direction in life follow a career in care and healing, giving patients and those around them resilience and calm. The ability to give patients the emotional and physical strength and the time to get their affairs in order and say their farewells in a dignified manner is much respected. Patients, family and friends who have seen palliative care at its best understand much of the calming, soothing way that these healthcare angels assist those in their care by seeing them in action.

I record my special thanks to Palliative Care NSW, in particular the dedication to leadership in the field over many years by Peter Cleasby, the president, and Linda Hansen, the executive officer, along with all their executive and members. I acknowledge the level of training, research and support for all their members working with their patients, family and friends. It is so moving to be amongst them and to see their respect for life, the aged, the vulnerable, the depressed, the anxious and those suffering from chronic pain who they can assist. I often wonder how they can bounce back after the death of a person that they care for lovingly for a period of time, but they do as they know that the next patient will be grateful and welcoming of their assistance in all aspects of their final journey.

I was very fortunate during my youth and later years to come in contact with so many of these great carers. Indeed, my husband, who practised as a doctor in Ballarat in his younger years, is very proud of the work he did in assisting the establishment of the Ballarat Hospice. It has operated well for over 23 years and was instrumental, along with other palliative care centres around the nation, in informing the community of the advances in medicine, pain relief, chemotherapy, and attention to mental health and social issues that many persons who are dying need help with. Palliative care has evolved into a well-recognised field of medicine and needs to be introduced as early as possible when patients are made aware of their terminal state, not left until the late stages of their illness. Advanced care planning and addressing psychosocial risk concerns such as fear of loneliness and intensifying pain can alleviate much anxiety. Communicating and addressing each of these concerns thoroughly is all part of good holistic palliative care.

We all know much more resourcing is needed especially in rural and regional Australia. I take this opportunity to thank the Minister for Health, the Hon. Jillian Skinner, for her support for palliative care resourcing both in opposition and in government. She has always been a great supporter and has always been backed up by the Premier and the Treasurer. In October last year she launched the "NSW Government plan to increase access to palliative care 2012-2016". This Government has pledged an additional \$35 million over four years, on top of \$86 million annually, for specialist palliative care. The Minister said:

While 70 per cent of Australians say they want to die at home, only 16 per cent do. Over half die in hospitals, 20 per cent in hospices and 10 per cent in nursing homes.

NSW already has some good palliative care services in both the public, private and non-government sectors, delivered by a variety of organisations, but there are not enough of them and they are not equally available to all communities.

We know we must build up community-based options. And we are seeking to involve families more directly in the provision of palliative care to their loved ones, to make it possible for more people to have a real choice about being able to die at home.

I take this opportunity to highlight the work of Professor Richard Chye, Area Director of the South East Sydney and Illawarra Health District. Professor Chye spent time in the United Kingdom as an oncologist, working with

cancer patients, including palliative care patients. He developed an understanding that people needed relief for the many aspects of dying, not just for pain and discomfort—although those acute issues often need to be dealt with before physical, psychological, social, cultural and spiritual needs. All these aspects are important to patients and their families and friends as their final journey evolves. Professor Chye was appointed Director of Palliative Care at Prince of Wales Hospital in 1997, with his role extending to St Vincent's and the Sacred Heart Hospice the following year.

Professor Chye's appointment as Conjoint Associate Professor in Medicine at New South Wales University in 2004 has allowed his approach to palliative care to wisely guide many medical students. Professor Chye has been responsible for the enhanced teaching of palliative care in the new medical curriculum of the university, which has been adopted by many other educational institutions in the Asia-Pacific. His approach has also been adopted and followed by other Australia international medical schools. In concert with the Cancer Institute of New South Wales, Professor Chye continues to develop research into palliative care to ensure that patients receive the best care. I have joined my colleague in this place the Hon. Greg Donnelly, who is co-chair of the Parliamentary Friends of Palliative Care, in bringing many members of this Parliament in contact with palliative care professionals such as Professor Chye, Peter Cleasby and Linda Hansen, as well as nurses, psychologists, therapists and oncologists. They have provided great insights into the diverse and important needs of the dying.

I acknowledge the work of LifeCircle to engage family members, friends and their communities in supporting people to live well right to the end. Their dynamic and passionate chief executive officer, Brynnie Goodwill, has introduced me and other members of Parliament to LifeCircle volunteer mentors, telephone support volunteers and community ambassadors. They are terrific people, many of them volunteers. They promote resilience and encourage conversations amongst family members and friends who are involved in this caring final journey. These approaches help those who are dying to live their last stage of life with satisfaction and create a good end. These loving and dedicated volunteers have assisted many tens of thousands of families for more than a decade. All members have received many emails about this topic; however, I cannot do justice to them all. Dr Catherine Lennon, a member of the Royal Australian College of General Practitioners [RACGP], stated:

The Australian Medical Association and Palliative Care Australia NSW oppose euthanasia. I am a member of the Royal Australian College of General Practitioners which promotes palliative care and excellent medical care. The RACGP does not promote euthanasia, suicide or assisted suicide.

She notes concerns about what has happened elsewhere:

Netherlands Groningen protocol legalised euthanasia of babies since 2005. Switzerland's Dignitas clinic has assisted suicide of people who do not have a terminal illness, e.g., 23-year-old rugby player Daniel James was paralysed due to a rugby injury.

If this bill passes it is highly likely to result in a huge increase in suicide as has occurred in the Netherlands and Belgium.

... most patients asking for lethal injections or other forms of assisted suicide actually have depression which affects their cognition and usually respond well to treatment and support.

... if this bill passes there will be many people with treatable depression or other treatable symptoms or treatable conditions who will be given lethal injections ...

... the current case of Erin Berg (a young Perth mother with four children) who had postnatal depression.

Erin took Nembutal as instructed by Dr Phillip Nitchke's book (and spoke to him on the phone). Erin had excruciating side effects and [died] after 10 days in intensive care. Her family are currently suing WA health dept for failing their duty to care to treat her depression.

No euthanasia law can provide adequate protection for the vulnerable.

Doctors, as healthcare providers, are expected to protect and promote life, not end life or encourage the ending of life. The focus should be on providing excellent medical care, palliative care and other forms of support to patients. Patients already have the right to refuse medical treatment and advanced care directives.

Euthanasia sends a message to the vulnerable, sick and elderly that terminating your life is a better option than becoming a "burden" on family and friends.

Dr Jennifer Bowden states:

As a young doctor I would be deeply troubled about the shift from providing good quality and compassionate caring palliative care to also including euthanasia as an option. During my recent palliative care rotation most of the consultants I spoke to were also very openly against this move. It undermines the relationship and the trust that patients have with their doctors.

Dr Robert Allan Barden stated:

I am a retired GP, having spent 36 years in General Practice. Pain can be controlled, despair can't. The people I found asking for something to end it all were those who felt they were a burden on their relatives. Sure they made a case for being in pain, but it was not the underlying reason. Euthanasia will not make us a more compassionate society. It will simply hide our unwillingness to face the reality of our responsibilities to our loved ones. Like everything else, first you make something permissible, next it becomes compulsory. What a terrible way to deal with an ageing population.

Dr Claire Smith stated:

I write as a former Registered Nurse working in Oncology and a specialised Palliative Care Unit, and someone who has cared for and lost family and friends from terminal cancer and other degenerative illnesses.

There are many reasons not to accept this legislation but I limit myself to four:

1. There is no protection in this bill for people with clinical depression requesting assisted dying.
2. The availability of assisted dying places an intolerable burden on the patient to end the suffering of their families.
3. The definition of "terminal illness" in Part 1 (3) is too broad.
4. Similarly while Part 2.7(1) (d) requires that patients have severe pain and suffering and are informed about the alternatives, there is no requirement that available treatments have been exhausted, or that the medical practitioner is a specialist in Palliative Care. This effectively denies the patient best care available and presents assisted dying as the only option.

Mr Christopher Small stated:

As a pharmacist who works closely with the elderly, the very sick and the dying in nursing homes and aged-care facilities I see what real mercy and compassion is for them. Real mercy and compassion is tending to their needs in terms of pain-relief, providing good medical and nursing care and meeting their physical and emotional needs.

It is one of the measures of a decent society to adequately care for the sick, the dying and the disabled.

Please don't allow yourself to be convinced that adequate safeguards against abuse can be provided when it comes to euthanasia.

The bill before the House is extremely dangerous. It is not supported by the majority of the community. The so-called safeguarding provisions in the bill, as with so many other failed bills in civilised society, show us that, as legislators, there is a societal danger in allowing euthanasia. This Government will continue to value all lives equally and promote holistic palliative care that addresses the physical, mental and social needs of all people to ensure that they die with dignity. The medical profession should never be asked to participate in the taking of life for any reason. The Australian Medical Association, the Royal Australian College of General Practitioners and the Royal Australian and New Zealand College of Psychologists oppose euthanasia or physician-assisted suicide. This Government will never legislate to undermine the trust that is placed in our healthcare professionals. As civilised human beings we should always protect, care for and support the elderly, the sick and the vulnerable in our community. I strongly oppose this bill because it would legislate and legalise the taking of life.

The Hon. WALT SECORD [10.59 a.m.]: The object of the Rights of the Terminally Ill Bill 2013 is to provide a legislative framework for the rights of terminally ill persons to request and receive assistance to end their lives voluntarily. Under this framework, terminally ill persons may be assisted by medical practitioners to administer a life-ending substance. Members will be aware that I have spoken on this policy area previously. I have a special interest in the area of aged and community care, but I acknowledge that euthanasia is not exclusively an aged care issue. Anyone can be struck down by a terminal illness or a debilitating condition at any stage in their life. However, the impact of euthanasia in all practicality affects our aged care community more than any other.

I have thought about this policy area for a number of years. On 14 June 2012 I made a five-minute adjournment speech spelling out my views. Therefore, when we vote on this bill it will not be a surprise to those members who heard that speech that I will oppose it. At another time in my life and career many years ago I admit that I supported the concept of euthanasia, but I did so perhaps without considering why. I supported the concept of ending one's life if one thought that it was no longer possible to go on. To this day, I still have great sympathy for any person for whom that is a real consideration. However, what we are discussing today is the law and the legal framework.

Several years ago I reached the conclusion that it is not possible to codify this aspect of human desire and the desire to determine the timing and manner of one's death. I believe it is impossible to develop adequate

legislative safeguards to protect people from the misuse of these laws and I have not yet seen a legislative model that cannot be exploited. The Rights of the Terminally Ill Bill 2013 is no exception; it is a flawed bill. There has not been adequate consultation with the medical community about the bill and there is real concern on the part of stakeholders and communities about its definition of a "medical professional". That clearly demonstrates that there has not been adequate and extensive discussion within the medical community about this legislation.

The proposed review committee—the apparent safeguard—will meet after the death. The potential problems with that are obvious and the consequences total. In short, there are flaws and loopholes in this model. When the consequences of any exploitation of loopholes can be the legal yet wrongful taking of life then I must withhold my support until a successful model is presented. That is the primary reason for my opposition. I do not believe it is possible to properly codify this area of law. Instead, it is my view that the understandable wishes and fears that drive community support for bills such as this would be better addressed if State, Territory and Federal governments were to strengthen palliative care in Australia, especially in rural and regional areas. Many ordinary people have said in different ways, "I am not afraid of dying; I am afraid of suffering." Indeed, attempting to codify rights to assist in a death is one potential legislative response to that community concern. I suggest that deploying more resources to ensure that suffering is minimised is a safer response than one that contravenes a legislative principle that has stood for centuries. That principle is that human life must be protected above all other legal considerations.

My views on this issue were shifted during my time as chief of staff to the Minister for Ageing in Canberra from 2007 until 2009. It was during that time that I saw the best in aged and community care and the worst. I met people such as Mr Brian Lippman, who worked with homeless, alcoholic men needing aged care in Melbourne; Dr Stephen Judd of HammondCare, Christian charity, who has dedicated more than 25 years of his life to aged and dementia care; Mr Richard Gray of Catholic Health Australia; Dr June Heinrich, who ran Baptist Community Services; the various Jewish aged care facilities in Melbourne and Sydney that operate world-class facilities such as the Montefiore Home; and the dedicated individuals who provide aged care for Indigenous people in remote areas, in some cases driving for four or five hours in four-wheel drive vehicles from Uluru in the Northern Territory to provide that care. They have made me want to find new and bold ways to protect the frail and aged in our community. That was a heart-wrenching time, but it was also a time of personal development.

Of course, I acknowledge that euthanasia is not only an aged-care issue; it can arise at any time when life is threatened. The reason my views shifted while I was working in the aged care sector has less to do with working with the aged and more to do with working with the vulnerable. I repeatedly saw how age and illness made people vulnerable and susceptible to exploitation by others. We encountered a nursing home where residents were not allowed to see their families in their rooms because the operators had discovered that family members were taking the extra cash that they had received as part of a Federal stimulus payout.

I met commercial providers, particularly those in south-east Queensland, who literally saw aged care facilities as prisons. I remember remarking to one commercial provider, "They are not inmates. In fact, inmates in Queensland have more rights than your residents." These Queensland commercial, non-faith aged care providers were interested only in profits. They were offended when the Minister introduced minimum standards for food and water and they objected to unannounced inspections by Commonwealth health officials to ensure that they were meeting minimum standards, particularly during the Christmas period. I recall a situation where there were no staff available at a nursing home in Victoria on Christmas Day. We arranged emergency nurses to look after the residents. On another occasion, catering staff in a Victorian nursing home divided a single chicken between the residents of an entire nursing home.

The saddest thing was discovering nursing home residents who had been abandoned by their own family members. A nursing home in Melbourne that closed because of financial difficulties had not updated residents' contact details so families could not be found when the residents needed to be relocated. The people in age care whom I met were vulnerable to not only exploitation by a ruthless few but also their own diminished self-worth. When we are sick or weak we naturally think less of ourselves; we see ourselves as a burden and we undervalue the experiences that can still be accessed. That is a completely normal part of illness, but one that should not be exploited.

Almost 20 years after its passage there is still considerable community debate about Oregon's Death with Dignity Act. I acknowledge that we have a different medical system in Australia, but things change over time. I have been advised that three main issues have arisen as a result of the enactment of the Oregon legislation. First, there is an unseemly argument that the law allows the Government and insurance companies to

transfer resources from those who want to die to those who want to live. Secondly, it is said that people with terminal illnesses who do not have full health cover feel pressure to end their lives early so they are not a financial burden on their families.

The third issue—and this is most troubling—is the prospect of financial manipulation. Unfortunately, it is said that people overseas have hastened the death of a family member if they were anticipating a substantial financial gain. That is disgusting and sickening, but unfortunately it is a reality. That is assisted by the fact that the primary reason cited by people in Oregon for deciding to end their life is that they no longer want to be "a burden" to others. Not wishing to be a burden is a common response to illness. It is a selfless and natural response, but regrettably it makes exploitation of vulnerability far too easy.

This is the primary message I bring from my time in aged care: not that many of the people to whom this bill might apply are old, but that all of them are deeply vulnerable. It is the responsibility of the Government to provide security and dignity for the nation's elderly when others cannot or will not. This bill potentially erodes that security. That is my strong view. I recognise that there are strong views on both sides of the debate. I express my thanks for a personal briefing provided by Mr Phil Yeo and his wife, Joan. I publicly apologise to them for being unable to vote for the bill. No-one could listen to their personal story and not be moved. They are now considering whether they will go to Switzerland if these laws are not passed. I understand that. Indeed, I have received hundreds of emails, letters and telephone calls from people on both sides of the argument. I believe that all views are motivated by what each person deeply believes to be a humanitarian approach.

I acknowledge that currently forms of voluntary euthanasia are legal in Belgium, Luxembourg, the Netherlands and Switzerland. In the United States of America, Oregon and Washington State have similar forms of legal voluntary euthanasia. In Australia we are broadly divided on the issue and my position reflects that. I have great sympathy for those suffering serious and terminal illnesses, but I have reached the conclusion that I am unable to support these laws. I do not approach this from a religious perspective like a number of my colleagues; I approach it from a legislative perspective. I believe that when we legislate we have a number of benchmarks. Does it resolve a harm or malice? Is it evidence based? Can it potentially make a situation worse or create a new malice?

For the reasons I have previously outlined, I believe that this bill fails against those tests. Yes, community fear about suffering at the time of death is a completely real and legitimate concern. But legalising death is not the only solution at hand—palliative care is another. This solution is one that has the potential to create new and serious malice in its wake. I thus far believe it is impossible to successfully codify this area of law to codify the final minutes of a vulnerable life. The solution proposed by this bill does not develop adequate legislative safeguards and frameworks from abuses of euthanasia laws.

Instead, State, Territory and Federal governments should be strengthening palliative care in Australia. Advocates of euthanasia frequently raise the ease of suffering as their primary concern. And that is exactly what good, well-funded palliative care achieves. Palliative experts say we now have reached the stage at which we have the expertise to respond through medication to almost all levels of pain. That is the reality of modern medicine and advances in modern science. Palliative care is about helping people leave this world with respect, dignity and minimal pain. I acknowledge that patients in rural and regional areas face particular challenges when it comes to accessing palliative care. Therefore, I believe that more needs to be done in this area. I hope the State Government increases funding and support in this field.

Sometimes, and unfortunately, the community confuses minimising pain with euthanasia, but they are different things. It is only through minimising pain through palliative care that we can properly help the elderly or those struck down with terminal illness at any stage to have at the end of their lives without jeopardising the security of that life. For this, and the other reasons I have outlined, I oppose the Rights of the Terminally Ill Bill 2013. I thank the House for its consideration.

Reverend the Hon. FRED NILE [11.13 a.m.]: On behalf of the Christian Democratic Party I strongly oppose the Rights of the Terminally Ill Bill 2013 introduced by The Greens. I call on all members of the House to vote against the bill. We believe that a civilised society should not deal with the problem of sick and suffering persons by killing them or allowing them to kill themselves, but by relieving their distress and making the required support available. Furthermore, we believe that such a path would lead to vulnerable patients being persuaded to request assisted death when it is not what they really want.

If this legislation were passed—I trust it will not be passed—it would change a basic belief in Australia by more than 80 per cent of the population that God gives life, and God takes life: not man. That is why

Australia has such strong laws against murder and manslaughter. The Christian Democratic Party believes in the sacredness and sanctity of everyone's life irrespective of their age, race, religion or colour. Every human being deserves compassionate healthcare when required. When the Northern Territory changed its laws I met Aboriginal people who told me they will not go to a public hospital because they are frightened now that a white doctor may kill them. They knew there was a rejection of Aboriginal people in that community. We do not want that to happen in New South Wales.

This bill changes the role of doctors and nurses from saving life to taking life. It changes the role of hospitals from saving life to taking life. On 8 May Rod Benson, from the New South Wales Council of Churches, which represents the mainstream churches in this State, issued the following statement:

Support palliative care not euthanasia

The NSW Council of Churches today called on all members of the NSW Legislative Council to vote against a private member's bill that would legalise euthanasia and assisted suicide in New South Wales.

"This is a dangerous bill. If enacted, the bill will redefine the value of the lives of some people as not worth living. Our challenge as a society is to transform the experience of people who are disabled or dying, not to intervene to end their lives," the President of the NSW Council of Churches, the Reverend Dr Ross Clifford, said.

"For Christians, the Bible makes it clear that human life and human dignity must be protected. We already have good laws and policies that support compassionate care of the terminally ill. If the system is not broken, don't try to fix it," Dr Clifford said.

"Advances in palliative care make assisted death unnecessary. Instead of wasting taxpayers' money on reviews of every death by euthanasia, the NSW Government should improve resources for palliative care so that terminally ill patients in our community receive the care and comfort they deserve at the end of life to minimize suffering."

"This bill will enshrine the right to kill and be killed in New South Wales law. It will endanger disabled people who cannot speak for themselves, and who may be seen as an unnecessary burden by their family or the state. We cannot be sure the proposed law will never be extended to include incapacitated patients. The legal right to kill patients does nothing to enhance human dignity, yet this bill makes medical homicide legal. Should we dismiss concerns of doctors who say, 'This is not what we became doctors to do'? I urge all NSW politicians to vote against the Rights of the Terminally Ill Bill 2013," Dr Clifford said.

The Christian Democratic Party believes that modern advances in palliative care can make assisted death unnecessary. Advances in palliative care have improved the symptom control of patients at the end of life and, where expertly used, suffering is minimal. The World Health Organisation recommends early introduction of palliative care for patients with terminal illnesses, not as a last resort. Where suffering is due to existential and not physical causes, pastoral or psychological support, and not death, is the appropriate response.

There is a myth that use of pain-relieving medication such as morphine shortens life. This promotes the impression that palliative care already promotes euthanasia. This suggestion is untrue and current research suggests that in fact adequate doses of morphine and other pain-relieving medications increase survival. Our community would be less concerned about care at the end of life if they knew more about it. Furthermore, in those places where euthanasia and physician-assisted suicide are legal, pain is not a common reason for requesting these interventions. Psychosocial concerns such as fear of loneliness and fear of the future are more common.

Current government initiatives promoting advance care planning, which is common in palliative care settings, can alleviate many fears for the future for chronically or terminally unwell patients. While many healthy people in the population may believe that they would like to have access to assisted dying at the end of life, the number of people with advanced illness who request it in Australia is very low and even lower—less than 1 per cent—once palliative care is introduced.

Legalisation of assisted dying is dangerous. Patients with advanced illness are known to change their mind about treatment over time. This means that a patient who may request assisted dying at one stage may change his or her mind if given more time, thus ending his or her life prematurely. The bill does not specifically guard against patients with clinical depression from requesting assisted dying. Depression is known to be associated with a desire to die, and is a treatable disease. Research shows that sometimes when a patient has expressed his or her fear at the end of life it has been misinterpreted by the healthcare providers as a request for euthanasia, when it was really intended to be a cry for help. The incidence of depression in cancer patients may also be as high as 45 per cent and this is known to be a problem in other jurisdictions, despite so-called safeguards.

Suicide rates in our community are already a cause of concern. Legislation allowing assisted death promotes the idea that death is an acceptable way to solve problems in life, increases knowledge of suicide techniques and makes an increased amount of lethal substances available within the community. The availability of assisted death as an option for vulnerable patients may be sufficient to cause them to request it even if they do not want it, because they do not want to be a burden on their families. In those jurisdictions or countries where euthanasia and physician-assisted suicide are legal, an extension of legalisation beyond those who do or can consent, who are not terminally ill, or are minors, has followed. Although we do accept that some small number of individuals will want to exert their autonomy—that is, the right to choose the timing and manner of their own death—we believe the role of government is to protect the vulnerable who would be at risk if this bill were passed. This is the conclusion of government-sponsored inquiries into similar euthanasia legislation that have been conducted in the United Kingdom, Canada and United States of America, as well as in Australia.

The other social consequences of legalisation seen in those places where euthanasia is law should be an area of concern for all members of this House. For example, the Netherlands—also called Holland—is one such case. Euthanasia was decriminalised in Holland in 2002 after 20 years of widespread practice under legal guidelines. Euthanasia was initially intended for those terminally ill patients who were mentally competent and experiencing intolerable suffering at the end of life. By the time that law was passed the courts had already legitimised the death of patients who were not terminally ill. Then they allowed it for people whose suffering was not physical. The first example was that of a recently bereaved but otherwise healthy woman. Mentally incompetent patients also started to receive euthanasia, and 12-year-olds to 16-year-olds can, and do, die with parental approval. The Dutch are currently debating the need to allow people over 70 years of age to be killed when they are "tired of life".

Finally, a Dutch hospital published its guidelines on how to kill disabled newborn babies in the *New England Journal of Medicine* in 2005—that is what they mean when they talk about a slippery slope. Proponents of euthanasia will tell us that legal guidelines will prevent abuse from happening, but the facts suggest otherwise. The Dutch Government's first euthanasia report was published in 1991. It showed that around one-third of deaths by euthanasia in the previous year had occurred without the patient's knowledge or consent—and I have the resource material to support that. In each Government report since that date it shows that somewhere between 500 and 1,000 euthanasia cases per year are being performed without the clear and explicit request of the patient—that is one of the major objections of the Christian Democratic Party to euthanasia—and all are under the stringent guidelines in place in the Netherlands.

That is the experience of jurisdictions where euthanasia has been legalised. Do not count on your doctor as being a protector of life. Evidence of abuse has been the main reason why governments in many countries have rejected calls to legalise euthanasia. We do not suggest that our current care of the living and dying in our community is perfect. Rather than legalising euthanasia or assisted suicide, the Christian Democratic Party calls on the Government to improve resources for palliative care so that terminally ill patients can have the comfort they need at the end of life to minimise suffering. Patients need access to palliative care, not just awareness that it exists.

Currently many people in Australia have inadequate access to palliative care, including the very old, the very young, patients with a non-cancer diagnosis, private patients, nursing home residents, patients in rural and remote settings, and non-English speaking patients. Government support for those people and for the disabled in our community should be improved so that those who require assistance to do daily activities are able to live a dignified and meaningful life. Our community needs to be educated regarding the benefits of aging well, so that age alone is not seen as a reason to give up on life. The Christian Democratic Party calls on the State Government to affirm the value of every human life. It should not give up on our weaker citizens; it should support them in their most vulnerable moments.

The Christian Democratic Party is concerned about specific aspects of this legislation. Firstly, "terminal illness" is defined as one that will result in the death of the patient. There is no mention of a patient's prognosis in relation to meeting the eligibility criteria. Secondly, while patients are required to have severe pain and suffering and be informed of options, there is no requirement that they be assessed and the options exhausted before proceeding on the assisted-death pathway. Thirdly, the secondary medical practitioner does not have to have specialised knowledge of the disease involved, merely experience of it, and the amount of experience is not defined. Fourthly, the psychiatry review is to assess decision-making capacity only. Clinical depression is known to influence decision-making regarding desire for death and is a treatable illness. This also should be assessed. Fifthly, there are no "medical standards" regarding the killing of patients; therefore, part 2, proposed section 7 (2) of the bill is meaningless.

Finally, in jurisdictions where the only reporting of assisted death is through the doctor involved, it has been impossible to keep track of the exact number of cases that are occurring. It has also been impossible to study the motivation for requests in a meaningful way. If the use of such legislation is to be intended to improve the lot of dying and suffering patients, reporting should include information supplied directly by the patient involved before his or her death. The Christian Democratic Party opposes the bill in principle. But the issues to which I have just referred represent serious weaknesses in the legislation and support our contention that the legislation should be opposed. During my contribution I cited a number of statistics from the Netherlands. I have a printout of those resource quotes. Rather than reading this single page of resource quotes onto the record I seek leave to incorporate it in *Hansard*.

The Hon. Dr Peter Phelps: Point of order: Pursuant to numerous rulings by President Johnson, I draw the attention of the House to the fact that it is highly irregular for visitors in the public gallery to take notes of proceedings. Former President Johnson ruled:

The official proceedings are available to the general public in the way of the official record of Parliament. Any members of the public taking notes in the public gallery should desist.

I ask the Deputy-President to confirm that ruling and to inform members of the public gallery of it, as they may not be aware of it.

DEPUTY-PRESIDENT (The Hon. Sarah Mitchell): Order! The member has taken his point of order under Standing Order No. 197. He is correct: former President Johnson ruled that it is irregular for members of the public gallery to take notes. I ask any member of the public gallery who may be taking notes to desist from doing so. I uphold the point of order.

Reverend the Hon. FRED NILE: I again seek leave to incorporate this list of resource quotes in *Hansard*.

The Hon. Lynda Voltz: I am sorry, is Reverend the Hon. Fred Nile seeking to table the list?

Reverend the Hon. FRED NILE: No, to incorporate it.

DEPUTY-PRESIDENT (The Hon. Sarah Mitchell): Order! I am informed that there is no rule but the House should consider whether it would like something incorporated in *Hansard* that they have not seen. If that is the case, then the House can decide not to grant leave.

The Hon. Rick Colless: It's either a yes or a no.

The Hon. Lynda Voltz: That is no. Leave is not granted.

Leave not granted.

Reverend the Hon. FRED NILE: Do you want me to read it out?

The Hon. Dr Peter Phelps: If you decide to table it I am sure that will be okay.

The Hon. Lynda Voltz: Reverend the Hon. Fred Nile can table the document but he wants to incorporate it in *Hansard*.

Reverend the Hon. FRED NILE: It is only one page.

The Hon. Lynda Voltz: He can table it, not incorporate it.

Reverend the Hon. FRED NILE: I seek leave to table the document.

Leave granted.

In conclusion, I reiterate our opposition to the bill, which was introduced by The Greens. Without getting into a debate about the ideology of The Greens, they always seem to have great concern about protecting the life of animals, even unborn animals—I do not oppose that—but a lack of concern for the lives of human beings.

The Hon. TREVOR KHAN [11.30 a.m.]: I will not be supporting the bill, but I do so after a considerable amount of thought. I do not approach this matter from a religious perspective at all; I approach it in circumstances where I have lived with the death of my father for about four years. In all the emails I received—I sought to read as many as possible—I was constantly confronted with the words "palliative care" and, in a sense, how that was the miracle that would save people in their final times. I will tell the House a little about my experience with my father.

My father was a general practitioner in Wollongong and had practised there for more than 50 years. He had such a large practice that even when he was eventually in the nursing home the number of nurses and nurses aides who volunteered that either they or one of their relatives had been delivered by dad was remarkable. I know that one Labor member in this place had some of her children delivered by my father. He had a significant reputation in the Wollongong area. Indeed, I think I could say he was genuinely loved by a large section of the community. He was an interesting man. He was manic, he had a huge work ethic, he was articulate—

The Hon. Dr Peter Phelps: Like his son.

The Hon. TREVOR KHAN: There was a DNA flow-on. He was a larger than life character in so many ways. Nevertheless, as with all of us, he grew old and eventually retired—I think in his 80s. When he began to develop some symptoms he went to an oncologist in due course and they identified a mass in his chest. The oncologist's view was that this was not the primary cancer. To cut a long story short, he was sent to Wollongong Hospital—a hospital in which he had practised for years and in which there can be no question of anyone having done anything wrong in the care that he received. They took him off all his medications so that he could have a colonoscopy because they believed that may have found the primary source. He was due to have the colonoscopy on a Monday morning and was woken at 7.00 a.m.

He had suffered the most tragic of strokes. From that moment he was left incapable of walking or using one side of his body, incontinent with no control of his bowels or bladder and mentally debilitated to a significant extent. At that stage he was still able to talk: he could string a little sentence together but no more. He was not the same man in any way. We were told that he could live maybe for days or weeks. In those days they did not talk about months. At that stage he could not swallow and they were talking about inserting a tube so they could feed him. At that time we knew that if that happened he was gone. Once a person is intubated and the like it is too hard.

Nevertheless, starting from that very Monday my mother was there with him every day trying to help him. She was with him until he died more than 3½ years later. She was there every day apart from five days, four of which were because she was locked out of the nursing home because of infection. I would try to visit at least once a fortnight. Going into a nursing home is an interesting experience. When I would approach his room often the first thing I would prepare myself for was the pervasive smell of faeces. This man had held a significant position in his community: he was proud and intelligent. And there he lay, even with the help of the nursing home, unable to speak by the end. He would look straight through me. He did not really speak to me at all. I never quite knew whether it was because he had difficulty speaking, because he was angry with me or because he could not articulate what he was thinking. I did not know what he was thinking.

He lay there for more than 3½ years in his own faeces and urine. Palliative care? In fact, he was assessed by palliative care, which said he did not fit within the criteria. I was left staggered and feeling humiliated for him. The patients would continue to visit; his friends would continue to visit, but as time went by they drifted away. The only person who was there every day was my mother: feeding him, trying to humour him, trying to make his life just that little bit better. There was no dignity in that for him. In a sense there was no relief from the suffering. He was not experiencing pain. I hear people talk about palliative care and pain. Many people in our community do not suffer pain in their end stage of life; they suffer the debilitating impact of disease in so many other ways.

As with the emails, I simply wonder about people's insight into the process of death and how terribly demanding it is on the individual involved and those around them. As I said, I come here with a lot of baggage in terms of this debate. I come here believing that no-one deserves to end their life like that. No-one on this planet deserves, after dedicating their life to medicine, to be lying in a bed like that. Before my father lost the capacity for intelligent speech, before the operation, he had prepared an advance care directive. He knew that he had cancer and that his life was going to end. He had lived with death his whole life. He had seen his friends die.

He cared for his friends as they died. He prepared an advance care directive that said, "If I've got cancer that is extensive in my bowel then make sure there is no blockage and put me back together." He was not looking for a miracle outcome; he knew his life would end.

In those early times in the nursing home when he could still speak I know he approached my sister and told her that he wanted to die. And he approached me and asked me whether I would kill him. And I could not. To this day I wonder, when he looked at me, whether he felt that I let him down, whether by letting him live like that for 3½ years all I did was leave him in agony. There are no simple ways out of this. Life is terribly cruel, I have decided. It can come and kick you in the guts, and there is no way that some people can be spared that outcome. There are no simple ways out of this. Life is terribly cruel, I have decided. It can come and kick you in the guts, and there is no way that some people can be spared that outcome.

In those circumstances, having looked at this bill and having agonised over what I should do as a human being, I understand what the Hon. Cate Faehrmann wants to do. I understand what so many people who wrote to me want, and I understand why they want it—I really understand why—but I cannot provide an answer that cures people from the suffering of life and death. I feel that the bill goes too far. It asks for a medical practitioner, in one sense, to kill a person. I just cannot see that as being a good outcome in our community. I could not see that it would have been appropriate for dad, in his role as a doctor, to have killed one of his patients, however much their suffering was.

I have some sympathy for the right of people to make their own decisions in life and death. That is a different question. I feel that this bill, in a sense, conflates two different issues and makes it difficult. A professor down the road from where we lived when I was growing up in Wollongong took his own life because he had a brain cancer. He was a very intelligent, articulate professor, and he did it by gassing himself in his car. I cannot accept that as a way to go—alone in a car, gassing yourself through a piece of pipe. I think there has to be something better than that. But, again, this bill conflates the issues, and I cannot feel comfortable with it.

Notwithstanding my inability to support the bill, the debate we are having now is an important debate for all of us. It is important for all of us at some stage to consider the issue of death—not in the context of those final times when we are getting close to it but now, whilst we are still healthy. How do we want our end to be? In my view it is wrong to say that there is some preordained outcome for us. There is capacity for us to influence. I have spoken of this matter with various people. It is one thing that dad did, although he did not go far enough. He only dealt with the operation in his advance care directive; he did not deal with what he expected when he lost the capacity for input himself.

I have no doubt, had he gone into that area, he would have said, "Do not give me my diabetic medication, do not give me the blood thinners and do not give me the antibiotics so that when I am lying in bed in an unconscious or semi-conscious state you keep me alive for another 12 months, 18 months or two years." He would have said that was ridiculous. One of the problems for us is that we do not make advance care directives. It was too much for mum. I could not really expect my mother to say, "Take him off all of his medication", because she loved him. She loved him until the day he died, and he died with her there. It was his decision to make and, unfortunately, he did not make it.

The bill, in a sense, starts at the wrong point. It starts with a regrettable, discrete class of people diagnosed with a terminal illness. It does not deal with many of the people I saw come and go in that nursing home. The beds would be full and then they would be empty. They were filled with people with dementia who would wander the halls. I remember one lady who would wander into dad's room and ask where her daughter was. She asked each day until she died where her daughter was. She was there alone, in a demented state. There was another wing that I could not get into where violent dementia patients were. They were kept in another wing of the hospital. Dignified? Not at all, but they were there. If they had a choice earlier, no doubt they would have said something about their level of medication usage, for instance. If people were encouraged to do that I think there would be different outcomes and perhaps better outcomes.

There is no dignity in death. There are no simple answers to any of these problems. This is a debate worth having. It is worthwhile considering what we should do for people in the end stages of their lives, but regrettably this bill does not do that. Because of my experience I cannot support the bill. However, again because of my own experience, I will not vote against the bill; I will abstain. I am sorry if my personal experience has been a little too much, but thank you.

The Hon. LYNDIA VOLTZ [11.45 a.m.]: I support this legislation. Harper Lee once wrote:

Before I can live with other folks I've got to live with myself. The one thing that doesn't abide by majority rule is a person's conscience.

That is why we have conscience votes on these issues. I would like to share two stories with members. The first is from one of the many thousands of emails we have received, and we have received a lot for and a lot against, but at the end of the day members in this Chamber will make up their minds based on their own conscience. The story of Gideon Cordover particularly moved me. This is his story:

My father, Robert Cordover, was suffering from Motor Neurone Disease, a terminal illness, when he took his own life on June 22, 2009. I was 19 years old. Robert did not want a lingering death and figured he had to act early whilst he still had the mobility to die alone, before the impending total paralysis. Had assisted dying been legal my father could have survived for weeks or months longer. I would have done anything to have had just a bit more time with him. That is why I write to you now.

Robert was fully informed about his palliative alternatives (withdrawal of treatment, medical dehydration, induced coma). The average life expectancy for sufferers of this disease is less than three years. No one in history has ever recovered. A scientist, my dad knew the odds of him being the first. His mother had died from the same illness and he knew what to expect.

Robert was a man who had loved his life and was not prepared to suffer needlessly or waste away slowly without any of the quality he once enjoyed. He felt ready and I respect his decision. The law did not.

I am heartbroken that in order to protect his family from being implicated in his death and prosecuted, he took steps to die early. I feel upset that no-one would listen or respect his rational request to die on his own terms. He should have had more options rather than being condemned to select from the Hobson's Choice of a lonely suicide or a drawn-out, undignified death.

Robert's physical pain was unbearable. Fasciculation, involuntary muscle spasms like never-ending pins and needles all over, kept him awake and since the valve between his oesophagus and windpipe was faulty he could not eat or drink without choking. He was fluent in half a dozen languages but could no longer speak at all. He was once an intervarsity wrestler and had worked outdoors all over the world as a marine biologist but now he was weak and hungry and breathless. He loved the reef and taught us all to snorkel from an early age, so together as a family we went to the Great Barrier Reef for one last hurrah but he could not join us in the water. He had to sit on the boat.

He could barely use his arms anymore. Each day was getting worse, more difficult, more frustrating. The "natural" death he had to look forward to was suffocating on his own saliva after a prolonged period of being trapped inside a functionless body, his mind still racing. He described the ordeal as torture. Unrelenting torture. And for all our best efforts, he still was having no fun.

Physical pain is actually not the contingent factor for many sufferers' rational requests to die. Existential suffering is often more profound.

I remember once, in the early stages of his illness, helping dad tie his shoes. I thanked him for letting me help him. I said that I appreciated this opportunity to care for him as he once cared for me. I remember him tying my shoes as a child. I was pleased to be able to reciprocate that kindness, patience and tenderness that he showed me. He smiled, a sad, hollow smile.

Later he scribbled on his notepad "It might be okay for you, but it is not okay for me."

For more than six decades, Robert had cleaned, toileted and tidied himself. He was a fast-moving, fast-talking, loud-laughing, towering pillar of strength and self-sufficiency. He was brave and dynamic and rich with stories and good memories. And this disease took it all away from him.

We could have turned him in bed and stroked his hair as we fed him. We could have laughed with each other by his bedside or told him stories about our pursuits for days, weeks, months or years into the illness but that was not what he wanted. That kind of palliative care was not enough. He wanted to be able to engage. And once he could no longer, he was satisfied enough to call it a day.

On Robert's journey towards his inevitably difficult death, he was turned away by many doctors who were unwilling, for fear of prosecution or bad reputation, to even talk about end-of-life options. Concomitantly, his suicide was risky. It lacked any medical mediation and so anything could have gone wrong. Many people turn to more violent, ultimately traumatising, methods.

The majority of the five elderly Australians that suicide each week achieve their desired result by hanging. Rope from a hardware store is accessible and cheap. For the terminally ill, getting balanced, honest information from a doctor is not so easy.

However, once Robert had the life-ending medication in his possession his mood entirely shifted. He became much more positive and productive; like a great weight had been lifted. He had peace of mind. After nearly sixteen years researching the effects of the Death with Dignity Act, the Oregon Health Authority supports my anecdote. There, more than one third of people prescribed life-ending medication do not use it.

Robert's suicide went unreported but in hindsight it was illegal because he was assisted by a sympathetic doctor. Had he instead hanged himself, jumped off a cliff or shot himself then his actions would have remained within the letter of the law. The fact that he was given access to a painless, life-ending drug was the problem according to the current, broken, system.

The other story I wish to tell is that of someone who many members in this Chamber may know, my research officer, Saskia Mulder. This is Saskia's story:

My father had pancreatic cancer and passed away in 2005 in the family home in the Netherlands. He had euthanasia after suffering from a range of cancers that had spread through, and racked his body over a period of many years.

Euthanasia in the Netherlands is regulated by the "Termination of Life on Request and Assisted Suicide (Review Procedures) Act" 2002 which states that euthanasia and physician-assisted suicide are not punishable if the attending physician acts in accordance with criteria of due care.

These criteria concern the patient's request, the patient's suffering (unbearable and hopeless), the information provided to the patient, the presence of reasonable alternatives, consultation of another physician and the applied method of ending life.

As we anxiously gathered around him in his last days trying to make him as comfortable as possible, we knew he was in pain andwell I have to say that he looked like a concentration camp survivor. He was always a tall, well built man, but suffering from the last throes of cancer, he was reduced to a bundle of bones, undignified in his deteriorated physical state, teeth protruding in a grimace of impending death.

Both my parents decided many years beforehand that they would opt for euthanasia. My mother is Australian and also had the luxury of being able to do so legally as she has lived in Holland for over 40 years. She is now 86 and is a staunch supporter of euthanasia.

As his daughter, what really stood out for me in the process was the time it took before consent was given by the Dr, other specialists and required witnesses to the case before he was given euthanasia.

In short it was really left to the very end before our family Dr administered the lethal dose of sedative sodium thiopental intravenously to induce a coma and then Pancuronium to stop my father breathing and pass away.

Contrary to the stereotypical image of euthanasia being easy to request and administer, it is not at all like this in the Netherlands. A patient is required to ask for the procedure specifically and be the victim of unbearable suffering—having an incurable disease, for example—or of hopeless psychological problems.

All cases of euthanasia have to be registered with special review committees. And the procedure is only allowed if the doctor has fulfilled the legal requirements.

Children have no authority whatsoever concerning the ending of their parents' lives. One can only ask for one's own euthanasia when you are of sound mind, and have more than once let it be known that you do not wish to continue living under certain circumstances. The request has to be made verbally and in writing to a doctor who has a professional relationship to the patient, like our family doctor had with my father.

It also has to be proven that it's a case of hopeless suffering, so someone suffering from dementia can no longer request euthanasia since he or she is no longer of sound mind.

People can make a living will requesting euthanasia in certain circumstances before they become demented and this is what both my parents did.

From my personal, and devastating experience of seeing my father die at a set time on a set date at his request, I can only say that euthanasia in the Netherlands is highly regulated and a last resort procedure.

However, as a family we all believe that is a necessary and fundamentally humane right and process for those who are terminally ill and suffering, to be able to request their right to die under these circumstances.

My mother will be next in line, and she just as her children—my brother and I—are so very grateful that she lives in a country that respects people's right to die.

In New South Wales Saskia's story would not be one that we are hearing because it is currently illegal under the Act for euthanasia and a physician-assisted suicide to be undertaken. Also, under the current legislation, a survivor of a suicide pact can be prosecuted for a period of up to 10 years. The reality is that this bill deals only with the terminally ill. It deals only with those who are dying anyway. It is not a bill that will allow children, people with dementia—or a whole range of other scenarios that have been put forward—to end their life. It is specifically for those dying from a terminal illness.

I have just had the experience of my good friend Paul O'Grady suffering from a very severe form of cancer. He was extremely emaciated and, I believed, was on the verge of dying. But under the legislation Cate Faehrmann has put forward Paul O'Grady would not be able to receive euthanasia because there were still treatments available to him that could save his life. This bill specifically says that. If there are treatments available they should be used. It is only when a person is dying from a terminal illness and in horrendous pain that this bill, if it became an Act, could be used. It applies only to the terminally ill and to adults and to those who request it. It cannot be used by anyone else.

I had a problem with the original legislation that Cate Faehrmann showed me last year, because it required two medical doctors to sign off. I did not like that legislation. Like other members in this Chamber, I have a concern that particularly women—there is some evidence to this effect—do not like to be a burden to their family. That is an issue. I am glad that this bill requires an independent qualified psychiatrist to sign off. That was one of the benchmarks for my support for the bill. If the primary medical practitioner considers it necessary an independent qualified social worker can also examine the patient. It is important that it is not just a medical practitioner or two medical practitioners who are signing off on it. It is very important that a psychiatrist should sign off on a person's request so they can determine their reasons for doing it are based on the fact that they are terminally ill and in severe and unbearable pain.

It is inhumane to make people suffer who are dying and in extreme agony. Gideon's case is one in which he could see the inevitability of what would happen to his father and the stress and strain that that placed on his children. I point out another matter to members. The point was raised about people choosing to exercise their rights under this bill. Passing this bill will actually prolong people's lives. It will mean that people will have the comfort of knowing that at the appropriate time, when they can no longer stand the pain and they are going to die, they will have the option of going in a peaceful and dignified way, as opposed to what we know happens at the moment. People take their own lives, isolated from their families and away from anyone else, sometimes unsuccessfully, which causes more problems. Children and families miss out on saying goodbye simply because of the way our legislation is written.

Some people do not believe in taking life, and that is fair enough; it comes down to one's conscience. The right to end one's life in a humane and dignified way should not be taken away because of religious beliefs or a belief about the way in which society should operate. People's views and opinions should be respected. That is what living in a secular democracy is all about: respecting the views and rights of all. Some people will be disappointed that I support this bill. I have had thousands of emails from people such as Stephen Camilleri who want me to oppose it. I understand and respect their right to raise those concerns. However, I could not live with myself if I did not support the rights of those who desperately want to die with dignity.

The Hon. MELINDA PAVEY (Parliamentary Secretary) [11.59 a.m.]: At the outset, I state that I will not be supporting the Rights of the Terminally Ill Bill 2013, which has been introduced by the Hon. Cate Faehrmann. I thank the Hon. Cate Faehrmann for raising this issue in a wider community context. I do not agree with the way it has been raised and the unilateral approach that has been taken, but it is a vital and important conversation we should have as a community and a society. I thank the members who have contributed to this debate. I particularly acknowledge the moving speech delivered by the Hon. Trevor Khan. He bared his soul before us all when he told his family story. The message from his story is that life is cruel and complicated. But I believe there can be dignity in death. I have witnessed dignity in death. This is the wider conversation that must be had. Our dying is an important conversation to be had with family so that we can advise family members of our wishes.

I acknowledge the many letters and emails that I have received on this issue. I have been immensely moved by the stories which highlight the challenges we all face in caring for our loved ones at the end of life. Euthanasia or voluntary-assisted suicide has been the subject of much moral, religious, philosophical, legal and human rights debate in Australia. At the core of this debate is how to reconcile competing values: the desire of individuals who, at a time of suffering, choose to die with dignity, and the need to uphold the inherent right to life of every person. Several legislative attempts have been made to legalise euthanasia in this country. However, at present, it remains unlawful, and I am of the opinion that it should remain so.

I find it curious that many articles relating to the rights of the terminally ill often quote reports that claim that the majority of Australians state in opinion polls that they would like voluntary euthanasia legalised. Yet a recent survey conducted by Palliative Care Australia reported that the majority of Australians have not even discussed dying with their loved ones. To me, therein lies the issue. There is no escaping the fact that we will all die and everyone deserves quality care at that time. As my good friend Dr Stephen Flecknoe-Brown states, "A good death is what most of us want and would wish for ourselves and our loved ones." I believe what Australians are saying is that they fear their choices or those of their loved ones will be stripped away at the end of their lives. They fear they will be subject to interventions they would not want and be made to suffer unnecessarily. It is a modern dilemma that people are afraid not only of sickness and death but of the possibility that extra suffering will be imposed on them by the medical system and the advances that have been made in medicine.

In the late 1990s a qualitative study in Canada identified five things that people want when they approach the end of life: to avoid suffering; to avoid the prolongation of dying; to achieve a sense of control; to

relieve burdens on loved ones; and to strengthen relationships with loved ones. Australians are living longer than they did a century ago as a result of improvements in public health and advances in medicine increasing life expectancy. Between 2006 and 2016 the number of people aged over 85 is expected to increase by more than 86 per cent. Historically, infectious diseases and accidents led to death. Now it is stroke, cancer and heart disease.

The capacity for modern medicine to cure many diseases has changed our attitude to sickness and illness. A century ago most people who were ill were cared for by their family at home where they died. Many homes had a mourning room where a body was laid out. Nowadays, seriously ill people are treated in hospital and fewer people die at home. Thus the community now has little direct experience of caring for those who are ill or dying, which has resulted in fewer discussions around death and dying within communities and families. Dying has become medicalised in recent decades with two-thirds of patients who are dying in hospital still undergoing treatment that may be considered futile. One in 10 Australians die in an intensive care unit; in the United States it is one in five. In an article by Leadbeater and Garber it is stated:

This type of death can mean that people die badly in places not of our choosing, with services that are often impersonal, in systems that are unyielding, struggling to find meaning in death because we are cut off from the relationships that count most to us.

Dr William Silvester, an intensive care specialist and Director of Respecting People's Choices at Austin Health in Melbourne, realised the need to change the way patients are managed in hospitals and questioned whether aggressive medical intervention was always the right way to proceed. Each year we learn more about how to extend life and improve the quality of our life as we grow older. Inevitably, however, death will come. By listening to patients and respecting their wishes, Dr Silvester and others like him are doing what they can to ensure that medical technology does not overpower the people it was designed to help. We are not comfortable talking about death. Even so, most people would want to have a say about their medical treatment during their dying days. In order for our choices to be respected, we need to find the courage to talk to the people closest to us about the kind of care we want before it is too late.

For their part, the clinicians need to be mindful of their patients' wishes. It is still the case that unwanted interventions prolong the lives of the terminally ill, adding to their distress and the distress of those who love them. Dr Silvester says everyone has the right to refuse treatment. Many cancer patients unwillingly undergo surgery and chemotherapy knowing the exorbitant cost of such treatments because they want to have the chance to extend their life. Not everyone wants to keep receiving these treatments indefinitely. Saying no to medical intervention is not the same as euthanasia, but it does give people choices such as the choice to die at home instead of in an intensive care unit. Advance care plans allow people to make choices about possible future treatments so that their death can be transformed from a series of desperate medical interventions into a peaceful and dignified process.

Dr Flecknoe-Brown is a strong advocate of advance care directives and would like to see these promoted more by the medical and legal professions as a means of providing people with a mechanism that clearly states what they do or do not want. It is up to us as a community to incorporate advance care directives in our wills. If our life circumstances change, the advance care directive can be amended to reflect the changed circumstances. Advanced care plans are about promoting the best quality of death. Advance care plans or directives respect a patient's choices by clearly outlining their wishes with regard to medical treatments they consent to or wish to refuse as well as their preference for future care in the event of incapacity. Advanced care plans are supported by the ethical principles of autonomy, including informed consent, non-maleficence—that is, do no harm—and dignity, including the prevention of suffering.

A recent randomised control trial investigating the impact of an advanced care plan on the end of life in elderly patients concluded that they improve end-of-life care and patient and family satisfaction and reduced anxiety, stress and depression in surviving relatives. The Amaranth Foundation was founded in 2009 and is based in country New South Wales at Corowa. The purpose of the foundation is to provide support and assistance to people with serious and advanced life-limiting diseases who live in rural communities.

The foundation has developed a partnership with Respecting Patients Choices to provide resources to patients, their families and caregivers to assist with advanced care planning. Importantly, they have also been working with the Ambulance Service of New South Wales to provide better palliative management for patients living in rural and regional areas. If an ambulance is called, patients may not necessarily be taken to hospital because the paramedics may be able to settle them rather than remove them from their home. The Respecting

Patients Choices authorised care plan provides a framework to support paramedic decision-making in meeting the needs of individual patients with specific medical conditions and to respect wishes about palliative care when an ambulance responds where an authorised care plan is in place.

I have had the good fortune to spend time with Brynnie Goodwill, the chief executive officer of LifeCircle Australia, who is a passionate advocate for people who wish to die at home. Statistics indicate that 70 per cent of Australians want to die at home, but barely 30 per cent do so. LifeCircle's vision is to help Australians live richer lives with support for those affected by potentially terminal illness or at life's end, to help with access to family and community services and to assist people who wish to die at home. Charles Waterstreet, an enthusiastic LifeCircle Australia supporter, states:

LifeCircle's ambitions are to give all the care, comfort and common love we have at birth to the dying person, to reflect the journey that person has had in life and to ensure, as far as possible, that we can die with dignity, care and compassion.

He further states:

Pain management and palliative care can be transported in many cases. We are surrounded by at least one member of our family at birth— completely surrounded until our actual birth. The same can be true if we face death as a reality—something not to be feared, but faced—and we can ensure the soul departs the body in the least painful, least melancholy manner.

Bringing our dying home and creating a community at the end of life is a mantra that LifeCircle, the Cancer Council NSW and many others espouse. It is based on a belief that it takes a community of people working together to enable someone to experience dying and death at home with dignity, with their wishes respected and surrounded by family and friends. I recently met with retired palliative care specialist Yvonne McMaster in Coffs Harbour. I am pleased to say that the mid North Coast has one of the best palliative care teams in regional New South Wales.

Over the past five years I have lost my uncle and a very close family friend to cancer. They were both in their eighties and made the brave decision not to be treated; they wanted to stay at home and be surrounded by family and friends. Their wishes were respected and supported and their families were supported, and as a result they were able to die at home with no regrets and surrounded by love and care. That is why I say that people can die with dignity. I accept that that is not true for everyone and that it is a complicated issue. I cannot support this bill, but it is worthwhile and important to discuss this confronting topic. The more we confront it, the more likely it will be that good decisions will be made when people come to the end of their life.

The Hon. JEREMY BUCKINGHAM [12.13 p.m.]: I thank the Hon. Cate Faehrmann for introducing this important and excellent bill, which I strongly support. As a massive bleeding heart, I will try to get through this speech without tearing up. The Rights of the Terminally Bill 2013 is extremely important to me and to everyone else in this State. I will quote from a book that had an enormous impact on me as a young man. The book, which made me contemplate my end, is *The Death of Ivan Ilych* and it was written by Leo Tolstoy. It is a rugged read and a tough book about the death of a man before his time, how he dealt with it and how he was treated by his family and friends. The following passage had an enormous impact on me:

Morning or night, Friday or Sunday, made no difference, everything was the same: the gnawing, excruciating, incessant pain; that awareness of life irrevocably passing but not yet gone; that dreadful, loathsome death, the only reality, relentlessly closing in on him; and that same endless lie. What did days, weeks, or hours matter?

Before I entered this place I worked in the funeral industry. I was a stonemason and I had many discussions with people about their death or the death of a loved one. I heard numerous horror stories about disadvantaged people in rural New South Wales and the Central West who in a final act of stoicism had ended their life to avoid suffering or being a burden to their loved ones. Like everyone else in the industry who dealt with death routinely, I saw many people suffering. We all agreed that a good death would involve choosing the time and place.

This bill is extremely important and I am very proud to be participating in this debate. It has not come about in a vacuum; it has come about in response to community calls for law reform in this area over many years. The issue was recently addressed at a roundtable meeting in Brisbane in January. As a result of that meeting, Australia21—an organisation of esteemed medical practitioners—has recently delivered a report on voluntary euthanasia in Australia. Australia21 is an independent, non-profit organisation whose core purpose is multidisciplinary research and inquiry into issues of strategic importance to Australia in the twenty-first century.

The organisation's latest report, which is entitled "The Right to Choose an Assisted Death: Time for Legislation", sets out the background of voluntary euthanasia in Australia. It states that despite the fact that

voluntary euthanasia and assisted suicide are now unlawful, both activities nevertheless occur not infrequently in Australia, in part because palliative care cannot relieve physical and psychological pain and suffering in all cases. In this respect, the law is deficient. The law is also unfair because it does not treat people equally. Some people can be helped to die on their own terms as a result of their knowledge and/or connections or economic circumstances and some are able to hasten their death by the refusal of life-sustaining treatment. However, others do not have access to the means to end their life. A substantial majority of Australians have repeatedly expressed in public opinion polls their desire for law reform in this area. Many are concerned about what they see happening to their loved ones as they reach the end of their lives and want the confidence that when their time comes they will be able to exercise choice in relation to assisted dying.

The most consistent reason advanced not to change the law is the need to protect the vulnerable. There is a concern that if the law allows voluntary euthanasia and assisted suicide for some people it will be expanded and abused, including pressures being placed on highly dependent people and those with disabilities to agree to euthanasia. However, there is now a large body of experience in a number of international jurisdictions following the introduction of legalisation dealing with voluntary euthanasia and/or assisted suicide which demonstrates that appropriate safeguards can be implemented to protect vulnerable people and to prevent the abuse that opponents of assisted dying have feared. I believe that those safeguards are contained in this bill.

The research reveals that assisted dying meets a real need among a small minority of people at the end of their lives. It also provides reassurance to people with terminal and incurable diseases that they will not be left to suffer the indignities and discomfort of an awful death. The strong opposition to assisted death by religious groups, which is based on their belief in divine sanctity of all human life, is not a justification for denying choice to those who do not share that belief. The closing comments in the Executive Summary of Australia21 are:

It is now time for Australian legislators to respond to this concern and this experience by legislating to enhance the quality of death for those Australians who seek assisted dying.

For this reason Australia21 makes 3 key recommendations that:

1. State governments should develop legislation now to permit and regulate voluntary euthanasia and assisted suicide in defined and limited circumstances;
2. The Federal Parliament should restore powers that were withdrawn from the Territories so these parliaments may do the same; and
3. Until the above happens, **each Member of Parliament** should consider exercising his or her right to introduce a private member's bill on voluntary euthanasia and assisted suicide.

This is what the Hon. Cate Faehrmann from The Greens has done, and I commend her for bringing this very important legislation before the House. What does the Rights of the Terminally Ill Bill do to assist the terminally ill and to ensure the necessary safeguards are in place to protect patients and practitioners? The bill will ensure that a patient who has a terminal illness and who is experiencing unacceptable pain or suffering can receive assistance to end their life, if that is their wish. This assistance would take the form of the provision of a substance which the patient would administer themselves or in the case of severe physical disability be provided assistance to administer. To receive assistance, patients must meet strict criteria. The patient would need to be at least 18 years old, to be suffering from a terminal illness that is causing severe pain or distress unacceptable to the patient, to be fully mentally capable and able to make informed decisions, to be a resident of New South Wales, and to have been fully informed of the diagnosis and prognosis of their disease and other options, including palliative care.

The process would involve a number of stringent safeguards, including that the patient would have to be examined by two medical practitioners who would certify that the patient met the eligibility criteria. A psychiatrist would have to certify the patient was able to make an informed decision and was not under any duress to make the request for assisted dying. A qualified social worker may also be consulted during this assessment. It would be a requirement that none of the health professionals involved or their close associates stood to receive any financial benefit from the patient's death. There would be severe criminal penalties for coercion of the patient or any of the doctors by another party. The patient can change his or her mind at any stage of the process. No health professionals would be compelled to participate in an assisted dying process. A review process would be established to oversee the process and to ensure compliance. This body can provide reports to Parliament. The drugs used in the assisted dying process will be subject to strict storage and supply rules.

It is worth addressing the concerns of some stakeholders who incorrectly equate voluntary euthanasia as confrontational to palliative care. This is not borne out in the examples from other countries where voluntary euthanasia has been legalised. In jurisdictions where voluntary assisted dying has been available for some time, such as the Netherlands, Belgium and Oregon, palliative care and other end-of-life choices have actually grown substantially since the introduction of the laws. Legalised voluntary euthanasia has not opened the floodgates to physician-assisted suicide. To illustrate, voluntary euthanasia and physician-assisted suicide have only accounted for approximately 2 to 3 per cent of all deaths in the Netherlands and less in Belgium since the laws were introduced in 2002. Many investigations attribute the development of better palliative care to the availability of voluntary euthanasia and physician-assisted suicide. Essentially, it has forced the health sector to improve its services and quality of end-of-life care.

It is widely recognised among practitioners and by bodies such as the Australian Medical Association and Palliative Care NSW that palliative care is unable to provide satisfactory relief from suffering in all instances. Although the extent of this is unclear, it has been estimated to be approximately 5 per cent to 10 per cent of patients who do not benefit from palliative care. I certainly hope that I am not in that 5 per cent to 10 per cent category. This demonstrates that voluntary-assisted dying and palliative care are not mutually exclusive and can co-exist as end-of-life choices. All members have received an overwhelming number of emails in the past few weeks in relation to this legislation from both sides of the debate. I want to read a letter from James McKay, a fellow resident of Orange, who has been outspoken on this issue. He states:

Dear members of the Legislative Council

Thank you very much for taking the time to read my letter, my name is James McKay. I am 46 years old. For the past 12 years I have worked as a nurse in general, psychiatric and palliative care. In August 2012, I was diagnosed with Motor Neurone Disease. One month later my sister, who is 38, was also diagnosed. The last 12 months have provided a lot of information about our family history and the fact that we are 20 of the 50 families in Australia that Motor Neurone Disease is genetic.

Because two people with the C9 ORF 72 gene met and married on my paternal Grandmother's side, this created a bi-folded mutated gene, which my neurologist told me basically, if you've got it you get it. My Father was one of six brothers. He and four of his brothers died of this disease; the one remaining brother has had it for two years.

At the start of June 1991 I applied for and was granted a 4-week early discharge from the Army so I could go home and help my Mother. I was shocked when I saw my Dad, how much he had deteriorated. He had been unable to work for two years. Mum had been caring for Dad, raising three children and working full-time.

So she could have a rest, I talked Mum into putting Dad into Gladstone Hospital for respite care. After some difficulty we got Dad into the car and took him to hospital. It was Gladstone show day, so after taking Dad to hospital, we took the kids to the show. That afternoon when we got home, there was an urgent call from the hospital to come immediately. I went to the hospital with Mum; a Doctor took us into a room and informed us Dad had died. After we had left in the morning, one of the nurse's had helped Dad into a comfy chair and she was placing his feet on a stool when he died of heart failure. Dad was 6'2" and 36 kg when he died.

We thanked the Doctor and staff. We were sad, but also relieved that Dad was no longer suffering. There had been moments before Dad died where he was quite lucid and he would say: he did not want to be like this.

I have no desire to go through what my father had to endure. I have no wish to put my friends and family through this. Recently I gave an interview to the *Central Western Daily* about my desire to die with dignity. My brother wrote the following comment:

"I fully support my brother in his choice, it is a terrible disease having seen our mother look after our father when he had the disease. I want this to be on the national agenda and when it is time I would like to choose to die with dignity as well".

Unfortunately in Australia, there are currently no measures in place to prevent such an awful death. At this stage MND has no cure and there have been over 70 failed clinical drug trials to date. It would be comforting to know there was a way to control how this disease will progress. I was scared that I would be forced down the same path, so I have joined the Swiss Organisation Dignitas, it will cost me \$23,000.00 Australian to access their service. I take a strong interest in what is said in NSW about Euthanasia and the right of every person with a terminal incurable disease to have a humane, compassionate end of life.

Thank you for your time

Those enormously profound words guide me in my judgement on this matter. I commend the bill to the House.

The Hon. MATTHEW MASON-COX (Parliamentary Secretary) [12.30 p.m.]: I rise to speak on the Rights of the Terminally Ill Bill 2013 introduced by the Hon. Cate Faehrmann. Over the last months, and more so in the last weeks, I, like all members, have received a plethora of correspondence and articles from various groups and individuals on the issue of euthanasia—both for and against. It is apparent, and hardly surprising, that many people and groups hold strong and mutually exclusive views on the general issue of euthanasia and

the specific remit of this bill. Often these views arise from personal experiences and circumstances, and I respectfully acknowledge those experiences and circumstances here today. I too have personal experience of people close to me dying from a terminal illness, and those experiences naturally inform my views. The bill seeks to provide, and reflects, a philosophical belief in a type of utopian-like regulated perfection. The sponsor of this bill asserted in her second reading speech:

... the bill proposes a highly controlled and regulated system that would be impossible to circumvent.

"Impossible" is a high threshold, and one that portrays a lack of appreciation of reality. Whilst aspiring to improve the human condition is laudable, death is not, and can never be, a perfect event. As humans we cannot make it perfect; as legislators we cannot, through words in a statute, make it perfect, no matter how hard we might try. In her second reading speech the sponsor of the bill stated:

We know how strongly people feel about this issue on both sides of the debate, but feelings and convictions alone are not good bases for important decisions on law reform. I say to those with strong views against assisted dying laws, to the church leaders who oppose this and actively campaign against it, please do not stand in the way of those who are seeking the right to die with dignity. Please have the humanity and decency to step out of the way.

That passage is redolent with an attitude that there are those whose feelings and convictions are right and legitimate—that is, they conform to the mover's views—and those whose feelings and convictions are wrong, illegitimate and irrelevant, to the point where those ill-informed people should just get out of the way of the righteous ones. In her second reading speech the Hon. Cate Faehrmann also referred to a 2011 newspann which the question was asked:

If a hopelessly ill patient experiencing unbelievable suffering with absolutely no chance of recovering asks for a lethal dose, should a doctor be allowed to give a lethal dose or not?

Unsurprisingly, given the highly emotive rhetoric of the question, many people, in an expression of compassion, answered yes. Indeed, in our culture, the natural process of dying, and ultimately death, is not a subject we spend much time speaking about and to many it is taboo—this really needs to change. Instead, our culture surrounds us with images of the pleasures of life, urging instant self-gratification whilst continually reassuring us of our inalienable right to a long, happy life. Perfection is the goal to which we are meant to strive whilst the prospect of suffering, let alone unbelievable suffering, must be avoided at all costs. But, as we all know, the reality is somewhat different.

We have become accustomed to this left wing progressive mantra from The Greens in this place, as they stridently seek to mould a perfect society in their own image. The use of emotive language is a critical tool in this covert campaign. They have reduced this complex area of end of life care to an image of an acutely suffering individual crying out for our compassion and our shared humanity and decency to allow them their right to die. The potential consequences of such a law on the right of us all to live a quality, dignified life, particularly our most vulnerable citizens, is not entertained. Nor is there a serious discussion of the State's overarching responsibility to make laws for the protection and welfare of all its citizens. That is why this bill has been cleverly named the Rights of the Terminally Ill Bill rather than the "State Sanctioned Assisted Murder Bill", when the latter is really what is being contemplated here.

Words are powerful allies in this complex debate. As legislators we know that the expression of a proposed legal right to die is not to be found in the emotive words used in a newspann question; it is to be found in the words used in the bill. Unsurprisingly, the expressions "hopelessly ill patient" and "experiencing unbelievable suffering" do not appear anywhere in this bill. Whilst the rhetoric used in a public debate may serve legitimate purposes, in the final analysis it is to the actual words of the bill that careful and precise attention must be given, as it is these words which will become law, not the rhetoric however well intentioned. It is the very words of the bill which reveal the insurmountable difficulties in trying to regulate perfection in death.

Clause 3 of the bill defines "illness" as including injury or degeneration of mental or physical faculties. At the very outset one is struck by, and confronted with, a fundamental definition that is expressly not definitive—that is hardly an encouraging start. The same clause defines "terminal illness" as meaning an illness which in reasonable medical judgement will in the normal course result in the death of the patient. But what constitutes reasonable medical judgement? Is it that of the euthanasia supporting medical practitioner or medical group? Presumably, it is not that of the non-euthanasia supporting medical practitioner or medical group.

Clause 4 of the bill provides for the right of a patient with a terminal illness to seek assistance to end his or her life. However, there is no express and direct nexus in this fundamental clause between the terminal

illness and unacceptable pain, suffering or distress—that is, the unacceptable pain, suffering or distress is directly due to the terminal illness. Rather, the clause expresses the link as being between, on the one hand, in the course of a terminal illness and, on the other hand, the unacceptable pain. No doubt the Hon. Cate Faehrmann will say the direct link between the terminal illness and the unacceptable pain is what is intended. But my point is that this is not what the clause expressly and clearly provides. Whatever the subjective intention may be, it is to the actual words used in a statute, applying their ordinary meaning, that a court looks to when called upon to interpret a statute, not the apparent subjective intention of the mover.

Clause 7 of the bill sets out the conditions under which a primary medical practitioner may assist to end a clause 4 person's life. Clause 7 (1) (c) provides that the primary medical practitioner must be satisfied on reasonable grounds of certain matters as set out in paragraphs (i) to (iv). The expression "reasonable grounds" sounds just that: very considered and fair, but further consideration reveals it to be a phantom. What constitutes these reasonable grounds? What is the standard? Is it objective—some mythical reasonable doctor—subjective or some combination of both? A perusal of the decisions of the Medical Tribunal or a reading of the occasional press story in this area does not inspire confidence in the apparent medical views of some practitioners.

Clause 7 (1) (c) (i) provides that one of the conditions the primary medical practitioner must be satisfied of is that the person making the request to die is suffering from an illness that will, in the normal course, result in the person's death. Crucially, and alarmingly, this clause does not require the primary medical practitioner to be satisfied that the person be suffering from a terminal illness that will, in the normal course, result in the person's death. It is simply an illness. I remind members how "illness" is defined in clause 3—non-definitively, as including "injury or degeneration of mental or physical faculties". No doubt the mover will say in answer to this question—at least I hope she will—that it is intended to be a terminal illness. In rejoinder I simply say that is not what the clause provides.

Similarly clause 7 (1) (c) (ii) provides that the medical practitioner must be satisfied on reasonable grounds that the illness is causing the person severe pain. Presumably the illness referred to in clause 7 (1) (c) (ii) is the same as the illness referred to in clause 7 (1) (c) (i)—it would be alarming if it were otherwise—and so we again have a situation where the crucial expression is "illness" and not "terminal illness". Additionally, while clause 4 requires the person to be experiencing pain before having the right to request assistance from a medical practitioner to end his or her life, clause 7 requires the primary medical practitioner to be satisfied the illness is causing the person severe pain. Why is there a sudden elevation in the level of required pain?

In a similar vein, clause 7 (1) (c) (iii) requires the primary medical practitioner to be satisfied that, in reasonable medical judgement, there is no medical measure that can be reasonably undertaken in the hope of effecting a cure. One question is: A cure to what? Given my earlier observations on clause 7 (1) (c), it is a cure to an illness, not a terminal illness. Clause 7 (1) (c) (iv) suffers from a similar fault. I could go on and on to further unpick the legal constructs of this bill, but the conclusions are already abundantly clear. This bill is, on any legal measure, deeply flawed. It is also in my view deeply philosophically, ethically and morally flawed.

The following questions posed by this bill illustrate this point. Why are we asking our doctors, who took an oath to preserve life, to assist in ending life? Why are we proposing measures to assist in the killing of our sick and suffering when we can generally relieve their distress through increased palliative care and support? Why are we sending a message that suicide and assisted killing is a valid choice and promoting the availability of suicide-enabling drugs when we can offer psychiatric care and other support? Why are we giving up on the most vulnerable people in our community, including our disabled, when we can invest in their quality of life? In my view, the choices promulgated by this bill move us closer to the ultimate end point of the perverse rights-based agenda championed by The Greens.

This bill tolls loudly for the most vulnerable people in our community. In my view it is a dangerous and destructive response to those who deserve our compassion and support in the most vulnerable stages of their lives. Today we must not let them down. The experience of other jurisdictions that have gone the slippery slope towards State-sanctioned assisted murder is salutary. One need only look to the Netherlands and Switzerland, where the debate has now moved on to automatic entitlement to assisted homicide for babies born with a disability and for people over 75 who have become a burden to our society. Is that really the path we wish to tread? To me this bill is itself a cry for help—its message is abundantly clear. The time has well and truly come for us as a society to take full individual and collective responsibility for our sick, our disabled and our dying.

The signs are promising, with changes such as the National Disability Insurance Scheme set to empower our disabled, increased funding for palliative care programs, strong community support and

investment in suicide prevention and treatment for those who suffer from depressive illnesses. Nonetheless, we still have much more to do on all of these fronts. Today let us take this opportunity to pause and reflect on how we address these complex societal challenges, the cry for help that underpins the proposed response encapsulated in the bill. In doing so, let us continue to be a society that builds people up, not one that tears them down. Let us continue to be a society that offers hope, a society that builds quality of life for all, while supporting a dignified death for each. Let us choose life, love and mutual support, not death through misplaced compassion. Accordingly, I strongly urge members to oppose this deeply flawed bill.

Mr DAVID SHOEBRIDGE [12.43 p.m.]: As a member of The Greens I support the Rights of the Terminally Ill Bill 2013. I note that the Hon. Matthew Mason-Cox suggested that the debate should be about life; it should be about respecting and protecting life. Indeed, that is exactly what this bill does. It protects quality of life. It allows people who are suffering from a terminal illness and who are in insufferable pain to have their last moments on this Earth—hopefully, moments that are rich with family and not degraded by the medical condition that has meant they have lost the will to live and not degraded in the ways described to me in personal messages, emails, letters and phone calls, including the intolerable suffering that citizens of this State have faced in their last moments. The intolerable suffering of patients and their husbands, parents, wives and children could have been relieved if the Rights to the Terminally Ill Bill had been law at the time of their loved one's death.

On one level, the bill is a simple bill. It is not the most complex legislation the House has considered. I have heard members try to pick the bill apart piece by piece. In my respectful opinion, that is a misguided attempt, and in some respects a surreptitious approach, to tear down what, when read as a whole, is a bill that puts in place a solid legal framework with more checks and balances than are found in comparable legislation in other jurisdictions. The bill provides a path for terminally ill people suffering from intolerable pain to end their lives with dignity. That is what this is about. It is enabling people to live their life with dignity. It is about allowing, in limited circumstances and with careful checks and balances in place, those people who are not influenced by anyone else to end their life with dignity.

The bill provides the legislative framework for the right of terminally ill people to request and receive assistance to end their lives voluntarily. Under this framework, if the bill was in law today, terminally ill people would be able to be assisted by medical practitioners to administer a substance to themselves. The bill provides an enormous number of protections. My colleague the Hon. Cate Faehrmann detailed those protections when she introduced the bill, and I will not restate her detailed analysis of the bill. However, I will refer to the core of the bill, which is part 2. Part 2, commencing with clause 4, contains the machinery provisions of the bill that allow for a request for and the provision of assistance by medical practitioners. Clause 4, which provides that a request for assistance is voluntary and to voluntarily end life, states:

A patient who, in the course of a terminal illness, is experiencing pain, suffering or distress to an extent unacceptable to the patient may request a medical practitioner (the *primary medical practitioner*) to assist the patient to end the patient's life.

So the test is that it must be a terminal illness and there must be pain, suffering or distress that is unacceptable to the patient. Only then is the patient entitled to make the request of a medical practitioner. Clause 5, which provides the response of a primary medical practitioner, states:

A primary medical practitioner, if satisfied that the conditions of section 7 have been met, may assist the patient to end the patient's life in accordance with this Act or, for any reason and at any time, refuse to provide that assistance.

First, under the bill no medical practitioner will be required to provide assistance. As the bill makes clear, if a medical practitioner, for ethical or religious reasons, does not wish to provide assistance he or she can refuse to provide that assistance. Importantly, the bill provides that the medical practitioner must be satisfied that the conditions in clause 7 have been met. Clause 7 puts the lie to many of the arguments raised against the bill—that it is the thin end of the wedge, that it is opening up some terrible precipice where the elderly, the infirm, the ill in our society will not be properly respected. Indeed, clause 7 makes it clear that this legislation is designed to protect the dignity of terminally ill people and puts in place such safeguards that if they do go down the path of selecting to voluntarily end their life it can only end with assistance from a medical practitioner if all appropriate checks and balances are met. Clause 7 (1) provides:

(1) A primary medical practitioner may assist a patient to end the patient's life only if all of the following conditions are met ...

Firstly, the patient must have attained the age of 18 years. That is a protection I think all of us would support and endorse. This is not for juveniles, it is not for children; this is only for adults. Secondly, the patient must be

ordinarily resident in New South Wales. That is designed to ensure that we do not become a jurisdiction to which people travel casually in order to take advantage of this law. It is designed to be a remedy for the people of New South Wales, not an invitation to establish an industry here. Clause 7 (1) (c) provides that the medical practitioner must be satisfied on reasonable grounds. I heard some members question what "reasonable grounds" means. "Reasonable grounds" is an absolutely objective test. It is not the subjective view of the medical practitioner; it is an objective test. The medical practitioner must, on an objective basis, find:

- (i) the patient is suffering from an illness that will, in the normal course, result in the death of the patient—

that is, a terminal illness. Subparagraph (ii) provides:

- (ii) the illness is causing the patient severe pain, suffering or distress to an extent unacceptable to the patient

Why, one may ask, does it extend beyond pain? People with very advanced degenerative diseases may have lost the capacity to move their body, to feel any part of their body—effectively trapped within themselves, unable to speak, unable to move their limbs—and they know that their condition will degenerate to such a point that they eventually die. One can only imagine the distress that some people feel in those circumstances, and that family members feel seeing a previously vital and healthy loved one descend to those circumstances. That is an intolerable distress for some people. Knowing that going through that distress will inevitably end in the loss of their life from that degenerative illness, why would anyone stand in the way of allowing them, if they voluntarily chose to do so, with all these checks and balances, to end their life a little earlier with a little bit of dignity? Subparagraph (iii) provides that a medical practitioner must be satisfied that:

- (iii) in reasonable medical judgement, there is no medical measure acceptable to the patient that can reasonably be undertaken in the hope of effecting a cure

That is, not only is the disease terminal, but there is no reasonable cure. The absence of a reasonable cure is obviously vital to allow a person to take the next step in this procedure. We are not talking here about a snake oil cure or some kind of fringe medical process. This is about reasonable medical judgement about medical measures acceptable to the patient that can reasonably be undertaken in the hope of effecting a cure. We are talking about measures that are acceptable in the broad course predominantly of western medicine. Clause 7 (1) (c) (iv) provides that:

- (iv) any medical treatment reasonably available to the patient is confined to the relief of pain, suffering and distress (or any one or more of them) with the object of allowing the patient to die a comfortable death

That is the very limit of what the medical practitioner can provide. Not only must the practitioner be satisfied of that, paragraph (d) provides that:

- (d) the primary medical practitioner has informed the patient of the nature of the illness and its likely course, and the medical treatment, including palliative care, counselling and psychiatric support and measures for keeping the patient alive, that might be available to the patient

This provides that the medical practitioner must do his or her job, tell the people in distress or pain about the whole suite of palliative care available, tell them what options are available for their psychiatric and counselling support, and make sure that the patients know there is an alternative if they choose to adopt it. It may be a grossly unpalatable, pain-filled, racked alternative for the patient, but the patient is advised of it and advised by the same medical practitioner.

Paragraph (e) provides that, after being informed about the alternatives by the medical practitioner, the patient needs to indicate to that medical practitioner that the decision to request the assistance still stands—in other words, they have to affirm their position—and at no time before the assistance is provided can the patient indicate otherwise. If at any time the patient says, "No, I have changed my mind, I don't want to go down that path", the process ends under this law. It just ends. It is not a one-way path; it is a path that at any time can be stopped by the patient.

Paragraph (f) provides that the primary medical practitioner must be satisfied that the patient has considered the possible implications of the decision for the spouse or de facto partner or family of the patient. One can only hope that these decisions will not be made in isolation and that the person suffering from terminal illness will be talking to his or her family. In fact, the medical practitioner needs to be satisfied that the interests of the family, the partner and the children have been taken into account by the patient.

Paragraph (g) provides that an independent qualified psychiatrist and, if the primary medical practitioner considers it necessary, an independent qualified social worker, must have examined the patient. This is not the primary medical practitioner, this is another medical practitioner—a psychiatrist—and, if necessary, a social worker, examining the patient. After that examination, the primary medical practitioner needs to be satisfied that the patient has the decision-making capacity and that the decision has been made freely, voluntarily and after due consideration. So we have the initial primary medical practitioner being satisfied of certain factors and, having been satisfied of those key factors, informing the patient about the alternative palliative care and other options available, then the patient reaffirming the position and a psychiatric assessment being done to ensure that the patient's decision-making capacity is free and voluntary, and that the decision has been arrived at after due consideration—checks and balances all the way along.

There is yet another check and balance in paragraph (i), which provides that the patient must have been examined by one other medical practitioner called the secondary medical practitioner, who is not a relative, employee or member of the same medical practice as the primary medical practitioner and who holds prescribed qualifications or prescribed experience in the treatment of the terminal illness from which the patient is suffering—that is, someone who knows intimately about the nature of the illness that the patient is suffering. That secondary medical practitioner needs to confirm the primary medical practitioner's opinion as to the existence and seriousness of the illness, deal with that core consideration about the terminal illness and confirm the medical practitioner's prognosis.

This specialist says he or she agrees with the primary medical practitioner that there is no reasonably available cure for this patient—this is a terminal illness—and then needs to advise of that. Having considered the results of the examinations undertaken by the independent qualified psychiatrist and, where appropriate, social worker, that secondary medical practitioner needs to be satisfied that the patient has decision-making capacity and that the decision has been made freely, voluntarily and after due consideration. If the primary medical practitioner provides assistance by administering a substance to the patient, the secondary medical practitioner must advise that he or she is satisfied on reasonable grounds that the patient is physically incapable of self-administering the substance. That is the second element that occasionally comes into play in this bill.

They are the extraordinary levels of medical checks and balances—psychiatrists, second opinions, comprehensive opinion as to the nature of the terminal illness—and, on top of those, the primary medical practitioner also must have:

- (o) ... no reason to believe that, as a result of the death of the patient, a financial or other advantage (other than a reasonable payment for medical services) will be gained by:
 - (i) the primary medical practitioner, or
 - (ii) the secondary medical practitioner, or
 - (iii) the independent qualified psychiatrist or independent qualified social worker ...
 - (iv) any interpreter required ... or
 - (v) a close relative or associate of any of them ...

It all must be absolutely arm's length, each and every one of them. There is a further check and balance that at least 24 hours must elapse since the signing of the completed certificate of request by the patient or, in those instances where the patient is unable to sign it, 24 hours elapse since the patient directed someone else to complete that certificate. To all of those members who say that this bill is full of holes, this bill does not provide sufficient legal protections and this bill does not put in place a reasonable regime, I say: Read the bill. Understand the checks and balances. If members do that with an open mind, they will be more than satisfied that it protects those vulnerable people.

I appreciate that this is a complicated issue and I appreciate that the contributions on either side of the record, both for and against the bill, have been genuine. I understand the position that says people would never tolerate any State intervention about the ending of someone's life or any State regulation about the ending of someone's life. I understand where that comes from. I understand the argument that we do not want to go anywhere near the precipice of talking about the State intervening at the end of someone's life. The fact is this will not be creating an entirely new process in society—it will be in relation to the law—because legislating for voluntary euthanasia will not see it being practised for the first time in New South Wales.

It already happens in New South Wales. It is happening today; it happened last week, but it is happening without any legal oversight. The checks and balances in this bill are not being administered at the

moment. They were not being administered last week, last month or last year. Providing a lawful process that allows the terminally ill to end their life with dignity will put checks and balances in place for the first time ever. It will not leave it up to the discretion in the shadow of the law that is currently being exercised by medical practitioners. It will not leave those vulnerable people who are currently making the decision in the shadow of the law without any protection.

This will ensure that due process is followed rather than allow the present situation of ad hoc, illegal and surreptitious intervention to continue. Rather than presenting an obstacle as some have suggested, this reform provides an opportunity to improve palliative care. There has been a false debate here, a false dichotomy between supporting this bill and allowing for the rights of the terminally ill, and choosing palliative care. In fact, when one looks at experience in other jurisdictions around the globe, one realises that those jurisdictions that have turned their mind and legislative attention to giving dignity to the end of life of people with terminal illness have also put in place vastly improved palliative care regimes.

In Oregon, for example, consistently the vast majority of 80 to 90 per cent of people who die from physician-assisted death are also enrolled in hospice care. That percentage has grown since the introduction of laws there in 1997. In the Netherlands palliative sedation has grown, palliative care has grown, and deaths due to the alleviation of intensive pain have grown. Palliative care in the Netherlands has expanded enormously, resourced by the State and understood by the medical practitioners, and it has grown in tandem with those people in the Netherlands suffering from terminal illnesses also having the right, with checks and balances, to voluntarily end their life. The same can be said of Belgium. This is not a choice between palliative care and the rights of the terminally ill. This is about giving people new rights. I conclude with two items of communication from people who have contacted my office. Raymond and Rae Catterall said this in part in their letter:

As you can see we live in a retirement village with self care, assisted care and nursing home facilities. In the 12 years residence we have seen strong active people progress to the nursing home and wither away in undignified circumstances over many months, starving themselves, hoping for happy dignified relief.

We have seen the anguish of sons and daughters, family and friends making frequent and infrequent visits from sometimes distant parts of NSW...

We wish to be together when there is no hope of recovery. We again urge you to vote in support of this bill.

Jillianne Weekes said:

Under current laws, it is legal for a person to starve themselves to death—which can take weeks but illegal for a doctor to relieve their suffering by giving them a quick and peaceful death.

This Bill has all the appropriate safeguards to protect the vulnerable of NSW, such as psychological assessment, no one health professional being able to make a judgement to end a person's life and no doctor or nurse will be forced to participate.

She urges adoption of this bill and support of palliative care. I do the same. [*Time expired.*]

[*Deputy-President (the Hon. Natasha Maclaren-Jones) left the chair at 1.03 p.m. The House resumed at 2.30 p.m.*]

Pursuant to sessional orders business interrupted at 2.30 p.m. for questions.

Item of business set down as an order of the day for a future day.

QUESTIONS WITHOUT NOTICE

CHILD SEXUAL ABUSE COMPENSATION CLAIMS

The Hon. LUKE FOLEY: My question is directed to the Minister for Finance and Services in his capacity as Minister representing the Treasurer. What economic modelling or calculations of projected savings did the Government undertake before it put a 10-year limit on sexual abuse claims prior to the two major inquiries into child sexual abuse?

The Hon. GREG PEARCE: Here we go again with the Opposition trying to undermine the very important inquiries into sexual abuse that are now occurring at a State and Federal level. Quite frankly, I find it disgraceful that the Opposition is continuing with these tactics of trying to undermine these important inquiries.

The Hon. Amanda Fazio: Point of order—

The Hon. GREG PEARCE: The Hon. Amanda Fazio is taking a point of order. She is as much a disgrace as is her leader.

The PRESIDENT: Order! The Minister will resume his seat.

The Hon. Amanda Fazio: My point of order is on relevance. The Minister was asked a specific question about economic modelling of projected savings regarding changes to compensation for victims. He was not asked for his narrative on what is happening in the inquiries.

The PRESIDENT: Order! I remind the Minister that his answer must be relevant to the question he was asked. He will resume his seat while I am making my ruling. He will not reflect on members during his answer.

The Hon. GREG PEARCE: The question was about the inquiries into sexual misconduct. It contained a disgraceful, despicable allegation that in some way the Government was taking action to limit the rights of those who are coming forward to these inquiries under difficult circumstances. It is beyond the normal gutter behaviour of these people. The Opposition is a disgrace. It is continuing to undermine these inquiries. It is continuing its tactics of trying to upset the witnesses who are coming forward under difficult circumstances.

The Hon. Luke Foley: It has worked for you.

The Hon. GREG PEARCE: There he goes again. You see, the Opposition has no respect. It has no concern for those who are now coming forward to these inquiries under difficult circumstances. What does it do over there?

The PRESIDENT: Order! I have spoken to the Minister already about the need for him to be generally relevant.

The Hon. GREG PEARCE: I thought I was being generally relevant. As I said, it is a disgrace to continue to try to undermine these inquiries.

The Hon. LUKE FOLEY: I ask a supplementary question. I thank the Minister for his answer. Could the Minister further elucidate with particular reference to the economic modelling that the Government undertook before placing the limit on abuse claims?

The Hon. Dr Peter Phelps: Point of order: That is merely a recitation of the thrust of the original question and should be ruled out of order.

The PRESIDENT: Order! The member re-asked the original question.

OPERATION APOLLO

The Hon. CHARLIE LYNN: My question is directed to the Minister for Police and Emergency Services. Will the Minister inform the House of the progress being made by the NSW Police Force Operation Apollo in combatting firearm and related organised crime in Sydney?

The Hon. MICHAEL GALLACHER: I am pleased to respond to the member's question. The NSW Police Force is committed to keeping firearm and organised crime at a low level and Operation Apollo is at the forefront of police efforts to combat these crimes. The Bureau of Crime Statistics and Research has recently published a paper entitled "Non-Fatal shootings in NSW". That paper notes that, despite recent fluctuations in the number of incidents of discharged firearms into premises, since 1990 shooting offences have not trended upwards, nor are they historically higher than at previous times. For the first four months of this year, for which the Bureau of Crime Statistics and Research is yet to release data, details from police indicate that recorded incidents of firearm crime are less than half of those for the same period last year.

I argue that the strategic and intelligence-led operations and investigations of the NSW Police Force groups such as Operation Apollo, Operation Spartan, Strike Force Kinnarra and Strike Force Raptor are the major reasons that firearm crime is being kept to a minimum. The fourth quarter of 2012 saw the lowest incident count of discharged firearms into premises for 11 quarters. The officers of Operation Apollo have been hard at work since the group was established earlier this year. At the beginning of the week Operation Apollo made

220 arrests, laid 420 charges and seized illegal drugs with an estimated value of \$393,000. Sixty-six firearms, including numerous handguns, are now off the street as a result of the outstanding work being performed by these officers.

At the execution of a search warrant on 28 February 2013 Operation Apollo seized 14 cannabis plants, 60 grams of amphetamine, more than 100 ecstasy tablets, 21 grams of cannabis, \$14,500 in cash, and a loaded .22 calibre self-loading pistol. A targeted vehicle search on the same day resulted in Operation Apollo officers seizing a box containing 20 .44 Magnum rounds in a hidden compartment of the vehicle's centre console. A further search conducted en route resulted in officers locating a .44 calibre revolver wrapped in a towel. On 6 March Operation Apollo officers conducted a vehicle stop and found a .22 calibre semi-automatic pistol and 17 grams of a drug known as ice. On 5 April Operation Apollo officers executed three search warrants and seized 200 grams of ice, ammunition, more than \$18,000 in cash, a bullet-resistant vest and three bullet-resistant masks. On 22 April Operation Apollo officers arrested eight people and gave consorting warnings to 13 people as part of a proactive high-visibility operation aimed at preventing public place shootings.

Operation Apollo officers were assisted by officers from the south-west, north-west, central metropolitan regions, Strike Force Raptor, the Dog Unit, Polair, and the Public Order and Riot Squad. The police searched more than 180 people and 70 vehicles and conducted more than 500 random breath tests. Police also issued 22 infringement notices and conducted 87 bail compliance checks and 31 business inspections. Operation Apollo is showing that targeting criminals at every level, through covert operations and overt proactive operations, is effective in keeping firearm crime down. I congratulate all of the officers involved in Operation Apollo and the NSW Police Force on their continuing success, which we will no doubt hear more about in the future. Again, I ask for some fairness from those opposite. Stop talking down the efforts of the police. Stop spreading a climate of fear, as you continue to do about things being out of control.

The Hon. Lynda Voltz: Point of order—

The Hon. MICHAEL GALLACHER: You are soaking up the time.

The Hon. Lynda Voltz: I refer to relevance. The Minister has now diverted well away from relevance and is talking about issues that have never been raised by the Opposition.

The PRESIDENT: Order! I thank the Hon. Lynda Voltz for her point of order. The Minister's time has expired.

NATIONAL BUILDPLAN GROUP LIQUIDATION

The Hon. ADAM SEARLE: I direct my question to the Minister for Finance and Services. What action has the Minister taken to ensure that subcontractors and staff affected by the National Buildplan Group liquidation receive the outstanding moneys owed to them?

The Hon. GREG PEARCE: I thank the honourable member for that important question. As honourable members know, we are experiencing difficult financial times and we have seen the unfortunate collapse of a number of contractors in the past couple of years. I will not address it at length, but the Government initiated the Collins inquiry. A report and recommendations have been provided, and announcements have been made about how those issues will be addressed.

National Buildplan had a number of contracts—several with my agency and several with Health Infrastructure. When the Government was advised about the potential problems with that company it immediately acted to take control of a number of those contracts. I approved the termination of the employment of National Buildplan on three projects that are yet to be completed. As a result of that action NSW Public Works is now responsible for the coordination of contractors, suppliers and consultants at the TAFE Aboriginal Learning Centre site at Tamworth, the G. S. Kidd Memorial School site at Tamworth and the GP Super Clinic-Health One site at Raymond Terrace. NSW Public Works was running four other projects with National Buildplan which were almost complete and which were in the process of being wound up. Health Infrastructure is working in the same way with the administrators and subcontractors.

Unlike the Labor Government—which simply left it to the administrators and provisional liquidators to deal with subcontractors and did nothing to support them—in this case and in previous cases this Government has moved quickly to work with the administrators and to secure any outstanding payments, whether they be

security payments or progress payments, to ensure those moneys are not handed over to the administrators unnecessarily. It has also novated the existing subcontracts where it could and engaged—to the extent possible—existing subcontractors to ensure that they get paid for the remainder of the work required on the projects. I will report further to the House as we progress. However, as I understand it, this is not as significant a problem as some of the other collapses. As I said, my agency has taken control of several of the contracts—some were almost complete—and Health Infrastructure is doing the same thing.

RENTSTART BOND LOANS

The Hon. JAN BARHAM: I direct my question to the Minister for Finance and Services, representing the Minister for Family and Community Services. The Anglicare "Rental Affordability Snapshot: April 2013 Greater Sydney and the Illawarra", which was released last week, noted that the Housing NSW Rentstart bond assistance was changed in 2012 from a grant to a loan scheme and voiced concern that this change means already vulnerable tenants will need to spend more of their income on rent, thereby placing them at risk of housing insecurity. Will this change place Rentstart recipients at greater risk of repeat homelessness and will the Minister support Anglicare's recommendation that Rentstart recipients be exempted from loan repayments for the first six months of their tenancy to assist them in establishing a stable home?

The Hon. GREG PEARCE: I assure the honourable member that the Government's changes to the management of social housing will not contribute further to homelessness. The Government is doing everything it can to house those people who are genuinely entitled to assistance. It is also doing everything it can to alleviate homelessness. I have not seen the report to which the honourable member referred—I have been a little busy. However, I will get a copy of it and have a conversation with the Minister for Family and Community Services bearing in mind the concerns the honourable member has raised.

SYDNEY CRUISE SHIP VISITS

The Hon. NATASHA MACLAREN-JONES: I direct my question to the Minister for Roads and Ports. Will the Minister update the House on the recent record cruise ship season in Sydney?

The Hon. DUNCAN GAY: I thank the honourable member for that important question. Last week I informed the House about the opening of the White Bay Cruise Terminal, which will accommodate the booming cruise industry in Sydney Harbour. What a booming industry it is. The arrival of Royal Caribbean's *Rhapsody of the Seas* in Sydney Harbour on 24 April heralded the end of yet another record cruise season. It has been an amazing season, with 265 ship visits, which is an increase of more than 20 per cent on the previous season and 33 per cent on the season before that. That is fantastic progress. There are not many industries that would be able to boast such robust annual growth in the current economic climate. The *Rhapsody of the Seas* is a big ship, but Royal Caribbean and Celebrity Cruises had the two biggest Australian-based ships this season: the *Celebrity Solstice*—which the Leader of the Government and I had the pleasure of visiting—and the *Voyager of the Seas*. These liners have a host of innovative features never before seen in ships sailing Australian waters.

For next season Royal Caribbean has committed four ships to be based in Sydney: *Celebrity Solstice*, *Rhapsody of the Seas*, *Radiance of the Seas* and *Voyager of the Seas*. The return of these high-calibre vessels is a demonstration of Royal Caribbean's commitment to growing its Sydney base. This season Royal Caribbean had 56 cruise ship visits, which is an increase of 47 per cent on last season. It is also pleasing that Carnival Australia has announced plans for a second ship, the *Carnival Legend*, to be based at the Overseas Passenger Terminal from December 2014 until March 2015. It will then return in spring 2015 for the next cruise season. At 88,900 gross tonnes, the *Carnival Legend* spans 294 metres and features 12 decks of passenger accommodation and dining and entertainment venues.

Basing these ships in Sydney Harbour is a significant investment by both Royal Caribbean and Carnival Australia. It is a clear vote of confidence by both companies in the Government's plans and pricing for the cruise ship industry in Sydney Harbour. This is all about working together. The Government has been working with those companies on wharf 5 at White Bay and latterly on changes about to be made to the Overseas Passenger Terminal. It was once a great terminal and it has had a few upgrades over the years but it needs work. That work will be done, because more and more ships cannot get under the bridge. The Government is looking forward to discussions with the new Federal Government—which we are looking forward to—about increased visits to Garden Island in cooperation with the Royal Australian Navy.

COAL SEAM GAS EXPLORATION LAND ACCESS

The Hon. JEREMY BUCKINGHAM: I direct my question to the Minister for Roads and Ports, representing the Minister for Resources and Energy. In light of the Federal shadow Minister Ian MacFarlane and Federal Leader of the Opposition Tony Abbott saying that miners should not go onto farms if they are not welcome, will the New South Wales Government legislate to give landholders the right to refuse access to mining companies attempting to access their land, or is Tony Abbott a liar?

The PRESIDENT: Order! The Hon. Dr Peter Phelps and the Hon. Jeremy Buckingham will desist from interjecting.

The Hon. DUNCAN GAY: Is Tony Abbott a liar? Can we believe what we were told by the Hon. Jeremy Buckingham? You make the choice. I reckon I would trust Tony Abbott ahead of the allegations made by the Hon. Jeremy Buckingham day after day in this Chamber. We still have not found out who left the tap on in the Pilliga.

Mr David Shoebridge: Point of order: There are two choices: either the Minister's answer is not relevant or he is reflecting on the bona fides and the integrity of a member of this Chamber. On either basis it is out of order.

The Hon. Dr Peter Phelps: To the point of order: I welcome the entertainment director of Gaza cruise lines into the Chamber.

The PRESIDENT: Order! The fact that the previous question was about the travel industry does not justify the comments of the Hon. Dr Peter Phelps, and he should be more careful. I rule that the Minister was being generally relevant but was starting to stray. I am sure the Minister has plenty of generally relevant information to provide the House.

The Hon. DUNCAN GAY: I was just having a warm feeling—save it, Amanda. Many members were in the Chamber when the Hon. Jeremy Buckingham said that we do not allow these people on farms. I do not know whether the Hon. Jeremy Buckingham would extend that to looking at native vegetation and woody weeds in the division. I cannot disclose who had that thought bubble but it was from someone very close to me in the Chamber. The Greens have these days.

The Hon. Jeremy Buckingham: You can't trust Tony Abbott.

The Hon. DUNCAN GAY: I would take the word of Tony Abbott ahead of that of the Hon. Jeremy Buckingham any day of the week. Everyone knows that the Hon. Jeremy Buckingham and The Greens do not like commercial farming. It has been obvious for some time that he hates commercial farming.

ROAD SIGNS

The Hon. STEVE WHAN: My question is directed to the Minister for Roads and Ports. What specific actions have the Minister and Roads and Maritime Services undertaken to alleviate concerns of emergency personnel regarding the confusion caused by new road labelling signage?

The Hon. DUNCAN GAY: Not only have we been working with emergency personnel; the former Government also worked with them. The Hon. Steve Whan is now sitting on the losers lounge. He used to sit around the Cabinet table. He is now sitting on the losers lounge.

The Hon. Lynda Voltz: Point of order: My point of order is relevance. The Minister has strayed away from the question that has been asked of him.

The Hon. Dr Peter Phelps: To the point of order: The Minister was perfectly in order. While he may have been a little colourful, he was clearly describing the historical antecedents of the problem which is now being corrected by this Government.

The Hon. Lynda Voltz: To the point of order: The Minister referred to the member sitting on the losers lounge a number of times. If the Minister was making reference to a previous decision of government once was enough.

The PRESIDENT: Order! The Minister gave a rather lengthy preamble to his question. However, the points of order took longer than the preamble.

The Hon. DUNCAN GAY: I apologise for the time I took in making that important point. The Opposition is critical of this process so it was important to point out that this process originated under the former Government. The DNA of this process has Labor's fingerprints all over it. Unlike members of the Opposition, I am not being critical. They started this good idea, so this Government is continuing with it. We are continuing a dialogue with the emergency services and to this day we are working to make sure that we have got it right. Roads and Maritime Services has worked closely with emergency services, mapping data providers, and Destination NSW to ensure their systems have been updated with new digital data to accurately reflect new road names and route numbers before changes are physically introduced onto the roads. Although we have talked about it, the Government has not unveiled the new signage to make sure that we get it right with the emergency services. It may be because the Hon. Steve Whan is wearing an awful-coloured tie, which is a State Emergency Service tie—

The Hon. Michael Gallacher: No, it is not.

The Hon. DUNCAN GAY: It is not. It is a Queanbeyan special. The former Government started this good system and this Government is continuing to work on it. The system will be one of the most innovative ever seen. The Hon. Steve Whan knows from when he was a member of Cabinet for a number of years that all new major road signs in the State have the extra markings on them and they have been covered up. Once we get it absolutely right with Roads and Maritime Services we will peel back the coverings—just like the Hon. Steve Whan as Superman coming out of the phone box, or wherever he comes from, and declaring himself to the world.

DUAL CARRIAGEWAY SPEED LIMITS

The Hon. WALT SECORD: My question is directed to the Minister for Roads and Ports. What is the Minister's response to former Deputy Prime Minister Tim Fischer's call for New South Wales to increase the speed limit on some dual carriageways to 120 kilometres per hour? What advice has the Centre for Road Safety provided on this matter?

The Hon. DUNCAN GAY: I thank the Hon. Walt Secord for this important question. A conversation should be had in relation to road speed limits. Earlier this week I was asked a question about unregulated speeds on some roads—which means one can go as fast as one wants—in Western Australia or it might have been the Northern Territory. I do not advocate that as it is fraught with huge danger. I think that in the future we need to look at perhaps increasing speed limits by 5 or 10 kilometres per hour, if that is safe, on roads that are built to a certain standard. I cannot think of one that meets that standard at the moment. The Hume Highway has been suggested by my colleagues but I think probably it has too many cross roads to meet that standard.

With the amount of work being done on constructing good roads, perhaps an increase in the speed limit should be looked at by the Centre for Road Safety. It would have to be addressed as a road safety issue. I suspect if all the members in this Chamber were asked about an increase in speed limits we would all have differing views. It probably would be equally split between those who wanted an increase and those who did not. If we were to look at increasing speed limits it would have to be assessed by the Centre for Road Safety. I certainly have not referred the matter to them. As the honourable member has raised this question in good faith, I ask him to give an opinion. He does not know.

The Hon. WALT SECORD: I ask a supplementary question. Will the Minister elucidate his answer in relation to statements made by the Staysafe chairman in February where he ruled out an increase?

The Hon. DUNCAN GAY: That was probably an appropriate comment by the Staysafe chairman. Many jurisdictions around the world that have very good road safety records have a variance, particularly on clear dry days. Road safety groups should look at those jurisdictions. I suspect if I asked the question of the Centre for Road Safety the answer would be no. It is interesting that the Hon. Walt Secord asked a supplementary question. He wants to know my view on this issue but when I asked him for his opinion he would not give it.

The Hon. Steve Whan: Point of order: My point of order is relevance. It is not relevant to the question or appropriate under the standing orders for the Minister to ask an Opposition member to answer a question. The Minister is trying to put on the record a request that the honourable member is unable to fulfil. Perhaps the Minister would like to give the member an opportunity to speak on this issue at a later date.

The PRESIDENT: Order! Whatever merit there may have been in the member's point of order, it was outweighed by the fact that he decided to use it as a debating point. The Minister has the call.

The Hon. DUNCAN GAY: The short answer is that whilst this is an issue that should be a matter of dialogue, I have no plans at this stage to ask Staysafe to inquire into an increase in speed limits.

BEE COLONY COLLAPSE DISORDER

The Hon. ROBERT BROWN: I address my question without notice to the Minister for Roads and Ports, representing the Minister for Primary Industries. Is the Minister aware of the fatal colony collapse disorder that has led to pollination failure in Europe and seen an 80 per cent reduction in the bee colonies in Spain, whereas in the United States bees have become poor pollinators? Given that the Australian honey and bee products industry is valued at more than \$90 million a year, and that our nearly \$2 billion worth of agricultural field crops, tree and nut crops and fruit production are reliant on pollination by bees in Australia, what, if any, threat is there to local industry from this disorder? What monitoring is the department undertaking of the progress of this disorder in Europe and America?

The Hon. DUNCAN GAY: I thank the Hon. Robert Brown for his question. I do not pretend to have a detailed knowledge—

The Hon. Walt Secord: It has a sting in it; be careful.

The Hon. DUNCAN GAY: The Hon. Walt Secord has a lot to say now but he had nothing to say a moment ago. I do not pretend to have the detailed knowledge that the Hon. Robert Brown obviously has, but I am aware of the unique situation in Australia. I refer not only to our domestic industry and the importance of bees in Australia but also to the potential for the export of our healthy bees to those countries that are currently suffering. We must ensure that we do everything we possibly can to protect the integrity of our bee population. I will refer this question to my colleague the Minister for Primary Industries for a detailed response.

POLICE AND OUTLAW MOTORCYCLE GANGS

The Hon. AMANDA FAZIO: I direct my question to the Minister for Police and Emergency Services. In light of allegations that the Hells Angels infiltrated the Victorian police, can the Minister give a guarantee that no such infiltration has happened in New South Wales?

The Hon. MICHAEL GALLACHER: As I am sure the Hon. Amanda Fazio would appreciate—and as the Hon. Greg Donnelly would be the first to remind me—that is an operational matter. If I did know, the honourable member would not want me to put it on the record because it would be intelligence information for all the thousands of people who are watching today's telecast and who will read *Hansard* over the next couple of days. I will raise this matter with police to ascertain whether they can give the honourable member any advice or comfort on this matter.

The House can rest assured that the resources of the NSW Police Force are focused on the criminal activities of any outlaw motorcycle gang in this State. We are not talking about those involved in lawful motorcycle pursuits, such as the Grey Nomads, the Hon. Charlie Lynn or the Blue Liners, the New South Wales police officers and former police officers who take part in motorcycle rides and charity events around the State. We are talking about those involved in serious criminal activity as the core foundation of their operations. They are most certainly in the focus of the NSW Police Force.

WORKERS COMPENSATION SCHEME

Mr SCOT MacDONALD: I address my question without notice to the Minister for Finance and Services. Will the Minister please outline how the Government's recent announcements of workers compensation premium reductions will benefit rural and regional industries?

The Hon. GREG PEARCE: I thank Mr Scot MacDonald, who represents rural and regional people in New South Wales, for that very important question. Many members were very enthusiastic about the changes the Government announced to workers compensation premiums last week. This was the culmination of good management by this Government, better investment returns and government reforms. We announced an average reduction of 7.5 per cent in premiums across 66 per cent of all industries in New South Wales. As part of that

reduction a number of rural and regional industries have been beneficiaries. This Government is very aware of the needs of rural and regional New South Wales, which were so neglected by those opposite for more than 16 years.

Some of the industries to receive a 15 per cent decrease in their premiums include cotton growing and cotton ginning industries, forestry, grain storage, sheep and beef cattle farming, poultry abattoirs, wine manufacturing, farm produce and supplies wholesaling, and dairy produce wholesaling. Those decreases will be a direct boost to the bottom line of those businesses, which can feed directly into increased employment opportunities and increased economic activity in regional and rural New South Wales. This is particularly important given how hard some of those sectors have been doing in recent years. I can also inform my regional friends that pig farming will get an 11.7 per cent decrease in premiums and poultry farming for eggs will get an 8.6 per cent reduction in premiums. Premiums for stone fruit growing are down by 6.9 per cent, while premiums for kiwi fruit growing are down by 5.8 per cent and premiums for sugarcane growing are down by 6.7 per cent.

The Hon. Duncan Gay: What about Chinese gooseberries?

The Hon. GREG PEARCE: Unfortunately Chinese gooseberries are the exclusive preserve of The Greens. I can also inform my good friend the Hon. Duncan Gay that the wool industry will also benefit. Wool wholesaling, which employs excellent wool classers like the Hon. Duncan Gay, will benefit from a 9.7 per cent reduction in premiums. For the benefit of the Hon. Matthew Mason-Cox, wool textile manufacturing will see an 8.2 per cent reduction, and wool scouring will get a 7.9 per cent reduction, thus making it ever more affordable for members of this Chamber to buy suits made from natural textiles. For the benefit of my good friends in the Shooters and Fishers Party, I also have good news.

The Hon. Walt Secord: They're not there.

The Hon. Michael Gallacher: Jan Barham is there.

The Hon. Duncan Gay: Jannie Oakley.

The Hon. GREG PEARCE: Premiums for commercial prawn fishing and marine fishing are down by 5.3 per cent, and—wait for this—premiums for squid jigging and rock lobster fishing are down by 5.2 per cent. [*Time expired.*]

Mr SCOT MacDONALD: I ask a supplementary question. Will the Minister elucidate his very interesting answer?

The Hon. Lynda Voltz: Point of order: Earlier in question time when the Leader of the Opposition asked a Minister to elucidate his answer, you ruled that out of order on the basis that the member was asking the same question. I ask that you make a similar ruling in this instance.

The PRESIDENT: Order! That is not the ruling I gave. The Minister has the call.

The Hon. GREG PEARCE: This is good news and I am pleased to be able to elucidate. As I said, in relation to my good friends in the Shooters and Fishers Party—

The Hon. Duncan Gay: And Jannie Oakley.

The Hon. GREG PEARCE: And Jannie Oakley. Premiums for hunting and trapping are down by 6.2 per cent. Maybe we can go outside and help that koala man.

The Hon. Michael Gallacher: He's gone.

The Hon. GREG PEARCE: He has gone. This is important: premiums for deer farming are down by 5.7 per cent. However, there is trouble on the horizon for my rural and regional friends. If the members opposite were ever elected they have promised to rip up our workers compensation reforms. They will reverse the changes we have made. They will leave the most seriously injured workers on the scrap heap and they will not encourage those who can return to work to do so. Instead, we will return to the unsustainable scheme that we had under Labor. That scheme did not encourage people to return to work. It was financially unsustainable and

it did not properly support the most seriously injured workers. The Hon. John Robertson, who could not get to a WorkCover board meeting even though he was paid, and his colleagues must come clean on their plans for workers compensation.

The Hon. Amanda Fazio: Point of order: The Minister is impugning the reputation of a member of the other House, which is not in accordance with the standing orders. For the Minister's information, the Hon. John Robertson was not paid because he did not attend any of the meetings. The Minister has misled the House by saying that he was paid for the meetings he did not attend.

The PRESIDENT: Order! The Hon. Amanda Fazio has made her point. However, that was not a point of order. Does the Minister have any further information for the House?

The Hon. GREG PEARCE: Yes. In conclusion, the Government is proud of the changes it has made to workers compensation to make it a fairer, more sustainable scheme. [*Time expired.*]

COMPULSORY THIRD PARTY GREEN SLIP INSURANCE SCHEME

Mr DAVID SHOEBRIDGE: My question without notice is addressed to the Minister for Finance and Services. Given that only a small fraction of current claimants under the compulsory third party scheme are assessed as having a whole person impairment of greater than 10 per cent, which is the threshold you are proposing for access to common law benefits under your revised scheme, is it true that the vast majority of those who are currently entitled to compensation under the green slip scheme will have their benefits cut under the proposed new scheme, which will see these people given limited statutory benefits, including strictly time-limited damages for economic loss?

The Hon. GREG PEARCE: It distresses me that Mr David Shoebridge, having done very good work on the Standing Committee on Law and Justice to expose one of the key deficiencies of the current scheme, which the Labor Party put in place, and having worked so hard to expose many of the defects and deficiencies of that scheme, for some reason has now decided that he does not want us to act. He does not want us to change the scheme. He does not want us to deal with the problems identified by him and many other people in the community. Instead, he has reverted to his *modus operandi*, that is, to run a scare campaign. He is running an interesting campaign here. He has latched onto the fact—and I do not resile from this—that the cap on weekly benefits, which was previously over \$4,000 will, if the legislation is passed, be reduced to about \$2,000, in line with the workers compensation benefits. He has latched onto that because it will mean that people like him, who earn \$200,000 a year—

Mr David Shoebridge: Point of order: The Minister again is impugning my motives in asking this question. Not only that, he is not addressing the question, which was about the time limits on economic loss.

The PRESIDENT: Order! I do not believe the Minister has done that yet. I would caution the Minister against doing that.

The Hon. GREG PEARCE: The question was about a reduction in benefits if the amendments are passed. I was about to make the point that the only reduction in benefits, if there is one, is on the cap on weekly payments. The cap on weekly payments has been designed to ensure that about 95 per cent of those employed in New South Wales will be able to receive their current weekly wages as compensation. I am concerned about the 95 per cent of people who pay, on average, \$550 for green slips and expect to be supported under the scheme. Mr David Shoebridge is concerned about the 5 per cent like him who earn hundreds of thousands of dollars a year, well over average salaries.

Mr David Shoebridge: Point of order: The Minister again is impugning my motives for asking this question and is continuing to refuse to give a relevant answer to the question, which is about the time limits for economic loss benefits under his new scheme.

The PRESIDENT: Order! There is no point of order.

Mr David Shoebridge: Don't you know how it works?

The Hon. GREG PEARCE: Mr David Shoebridge does not like my answer to his question about a reduction in benefits because he is fighting to have the 95 per cent of people in this State who pay, on average, \$550 in annual premiums support and subsidise his mates who earn \$200,000 or \$300,000 or more a year.

Mr David Shoebridge: You don't even know how it works. You have two- and five-year time limits.

The Hon. GREG PEARCE: That is what he is talking about, the 5 per cent of people who are highly paid. He wants the average person in this State who struggles to pay his or her green slip premiums to subsidise his mates who get paid \$200,000 or \$300,000 a year.

The PRESIDENT: Order! The Minister is starting to well and truly impugn the motives of Mr David Shoebridge. The Minister should stop doing that and provide whatever other relevant information he has to the House.

Mr DAVID SHOEBRIDGE: I ask a supplementary question. Will the Minister elucidate his answer by advising the House what the current proportion of claimants are that are assessed at greater than 10 per cent whole person impairment, or does the Minister not know that either?

The Hon. GREG PEARCE: Why does the member not ask me how many North Korean controllers his friend the Hon. Jeremy Buckingham has?

Dr John Kaye: Point of order: The Minister is debating the question by asking Mr David Shoebridge why he did not ask another question.

The PRESIDENT: Order! I uphold the point of order.

NSW RURAL FIRE SERVICE AWARDS

The Hon. NIALL BLAIR: My question is directed to the Minister for Police and Emergency Services. Will the Minister inform the House about the NSW Rural Fire Service members who were recently honoured on the annual feast day of St Florian, the patron saint of firefighters?

The Hon. MICHAEL GALLACHER: Once again, I have the pleasure of informing the House about the men and women of the New South Wales Rural Fire Service who were honoured recently on the feast day of St Florian, who is the patron saint of firefighters. On 4 May the annual St Florian's Day commemoration was held at the Rural Fire Service headquarters at Lidcombe and this year 24 awards and commendations were presented to various Rural Fire Service members and units for their outstanding achievements and performance. Recipients included those who assisted in recent flood and storm events, those with a long history of service to their community and those who have delivered major projects or improvements in recent years.

The PRESIDENT: Order! Collectively the amount of low-level chatter in the Chamber is making it difficult for me to hear the Minister. Members will keep their conversation to a minimum.

The Hon. MICHAEL GALLACHER: The awards given on St Florian's Day recognise the very best of the New South Wales Rural Fire Service—the individuals and units who have exceeded even our highest expectations. While time does not permit me to mention all the awards and circumstances around them, I would like to mention just a few for the information of members. Commendations to individuals included the Commissioner's Commendation for Service award to Group Captain Craig Bardney and Group Captain Colin Smeeth of Myall Park Rural Fire Brigade and Wyangan Rural Fire Brigade for their work in the devastating floods of 7 March 2012 and for coordinating the massive clean-up of Yenda township. Group Captain Leslie Fowler of Central Warren Rural Fire Brigade received a commendation for coordinating the response to a major cotton fire at the Queensland cotton facility on the outskirts of Warren in September 2012. A commendation went to Captain Leslie Irvin of Barellan Rural Fire Brigade who, with the assistance of the local police officer, took charge and initiated the evacuation of residents during the March flooding across south-western New South Wales.

Among the awards presented to Rural Fire Service units was the Commissioner's Certification of Commendation to the Gloucester-Great Lakes volunteers and staff who played a critical role in support of the NSW Police Force in the search and arrest of fugitive Malcolm Naden. Another unit commendation went to the Hazelbrook Rural Fire Brigade for their assistance in preventing a suicide attempt in Kedumba National Park. These are but a few examples of the outstanding service by the Rural Fire Service men and women honoured on 4 May. Full details about all recipients of awards and the related circumstances are published on the New South Wales Rural Fire Service website, and I encourage everyone to visit the website and read about the high calibre of men and women who received this year's awards.

It is clear from the information about this year's award recipients that outstanding service is not limited to any one particular area of the Rural Fire Service but occurs across volunteer and staff ranks. It is also evident that there are many important facets to the Rural Fire Service—front-line operations, support roles, administrative and management, to name a few—and those roles are being executed to an excellent level, with both volunteers and staff working effectively and cooperatively to make the Rural Fire Service the world-renowned force it most certainly is. While the awards recognise the achievements of individual and group recipients, they also symbolise the sincere pride and gratitude of the people of New South Wales towards the dedication and professionalism of the Rural Fire Service personnel. I congratulate all the fine Rural Fire Service individuals and teams who were honoured on St Florian's Day.

HUNTER CHILD SEXUAL ABUSE SPECIAL COMMISSION OF INQUIRY

Reverend the Hon. FRED NILE: I wish to ask a question of the Hon. Michael Gallacher, Minister for Police and Emergency Services. Is it a fact that there have been reports of a controversy in the Newcastle special inquiry into the police handling of child sex abuse claims? Can we have an assurance from the New South Wales Police Commissioner and the Minister for Police that whistleblower Chief Inspector Peter Fox, who undertook honest and professional investigations and provided important disclosures—will be protected from negative career discrimination and protected by the NSW Police Force?

The Hon. MICHAEL GALLACHER: I thank Reverend the Hon. Fred Nile for his question. I am not sure that it is appropriate, now that the special commission of inquiry has commenced, for me to be giving a running commentary. I acknowledge the genuine nature of the honourable member's questions. To satisfy any concerns he may have, I refer the honourable member to statements the Premier, the Hon. Barry O'Farrell, has made in relation to the protection of any persons, in particular one person, who gave evidence at the special commission of inquiry. The Premier clearly outlined those protections. I refer the honourable member to those comments. If the honourable member so requests, I will be able to assist by providing him with a copy of those comments.

SPEED CAMERA REVENUE

The Hon. HELEN WESTWOOD: My question without notice is directed to the Minister for Roads and Ports. Since the announcement that all revenue from speed cameras would be directed to a community road safety fund, will the Minister confirm that all moneys collected have been allocated to that fund?

The Hon. DUNCAN GAY: I thank the honourable member for her question. My understanding is that as soon as the relevant legislation was gazetted with the starting date, in accordance with that legislation the money was put into that fund.

ANZAC BRIDGE MAINTENANCE PROJECT

The Hon. JOHN AJAKA: My question is directed to the Minister for Roads and Ports. Will the Minister update the House on upgrades being carried out on Anzac Bridge?

The Hon. DUNCAN GAY: I thank the Hon. John Ajaka for his very important question. As all honourable members know, Anzac Bridge is a Sydney icon and at the moment is undergoing a well-deserved \$61 million upgrade. We want to make sure the bridge operates effectively into the future for our children's children. The upgrade, alongside the regular maintenance work, is imperative. Maintaining and improving our infrastructure assets is something we do well, unlike our predecessors. One of our first priorities on coming into office was to upgrade the 18-year-old bridge. I was surprised to learn that the Anzac Bridge was 18 years old, and I suspect many members in this Chamber would also be surprised. It seems like only yesterday that the bridge was built.

The Hon. Steve Whan: In terms of your lifetime.

The Hon. DUNCAN GAY: I thank the Hon. Steve Whan for his acknowledgement about my outlasting five of the last six roads Ministers.

The Hon. Michael Gallacher: You did that in the first week you were here.

The Hon. DUNCAN GAY: In fact, I did that 12 months ago. The Anzac Bridge is an important part of Sydney's road network and is the longest concrete cable-stayed bridge in Australia. This is the first major

overhaul it has received. Not only motorists use the bridge. Pedestrians and cyclists use the bridge to commute and for safe recreation. Therefore, maintenance of the paths is important. A major part of this project included the enhancement of pedestrian safety on the bridge by upgrading access and improving pedestrian fencing. It was also vital to make sure the beautiful view was not interrupted for people walking, riding or even driving across the bridge. Specially designed fences made from steel mesh are being installed to preserve views from the bridge—in fact, the view will be slightly better than before. The maintenance team has finished removing the old fencing and is now working on installing new, taller, permanent three-metre high fences on both sides of the bridge. So far 100 metres of the new fencing has been installed, with the remaining work expected to be completed by July this year.

In addition, the project includes improving the bridge's stay cables and improving maintenance access, making it easier to get to the hard-to-reach parts of the bridge, with two new tower lifts. Maintenance staff used to climb 375 steps from the road deck to the tower head of the bridge when carrying out improvement or maintenance work. The newly installed lifts save crews from climbing about 260 of those steps, or 70 metres, to reach the top. The complete upgrade of the project is expected to be finished by October 2013. I ask pedestrians and motorists to remain patient whilst all the work is carried out. Safety, of course, has remained a priority. We have installed a temporary fence beside the existing pedestrian fence to create a safe place for the work. Once it is finished the people of New South Wales can enjoy many more years using our beautiful Anzac Bridge. Their patience is appreciated. As they know, with things happening in New South Wales this is the price of progress. *[Time expired.]*

SCHOOL STUDENT FLOOR SPACE

Dr JOHN KAYE: My question is directed to the Minister for Finance and Services. I refer to the report of the Property Asset Utilisation Task Force and, in particular, to the item under the observed total asset management documents for the Department of Education and Training, which includes "strategies to reach these targets, e.g. reduced floor space per student". Will the Minister explain whether that means the Property Asset Utilisation Task Force and the Department of Education and Communities are attempting to reduce floor space per student? If not, what does that line mean?

Pursuant to sessional orders business interrupted to permit a motion to adjourn the House if desired.

The House continued to sit.

The Hon. GREG PEARCE: No.

The Hon. MICHAEL GALLACHER: The time for questions has expired. If members have further questions I suggest they place them on notice.

JURY DIRECTIONS LEGISLATION

The Hon. MICHAEL GALLACHER: On 27 March 2013 Reverend the Hon. Fred Nile asked me a question about directions given by judges to juries. The Attorney General has provided the following response:

I am advised:

The NSW Law Reform Commission's Report no 136, Jury Directions, was tabled on 26 March 2013.

The report includes a series of recommendations to address concerns that jury directions are becoming too complex and do not always work well in guiding jurors. The recommendations also address concerns that jurors may not readily understand the meaning of "beyond reasonable doubt".

The Department of Attorney General and Justice is currently considering the report's recommendations, in consultation with key stakeholders. This consultation will inform the Government response which is envisaged by the end of 2013.

Questions without notice concluded.

Pursuant to sessional orders Government business proceeded with.

LOCAL GOVERNMENT AMENDMENT (EARLY INTERVENTION) BILL 2013

Bill received from the Legislative Assembly, and read a first time and ordered to be printed on motion by the Hon. Michael Gallacher.

Motion by the Hon. Michael Gallacher agreed to:

That standing and sessional orders be suspended to allow the passing of the bill through all its remaining stages during the present or any one sitting of the House.

Second reading set down as an order of the day for a later hour.

HEALTH LEGISLATION AMENDMENT BILL 2013

Message received from the Legislative Assembly agreeing to the Legislative Council's amendments.

JOINT STANDING COMMITTEE ON ELECTORAL MATTERS

Report: Review of the Parliamentary Electorates and Elections Act 1912 and the Election Funding, Expenditure and Disclosures Act 1981

The Hon. Robert Borsak tabled, on behalf of the Chair, report No. 3/55 entitled, "Review of the Parliamentary Electorates and Elections Act 1912 and the Election Funding, Expenditure and Disclosures Act 1981", dated May 2013.

Ordered to be printed on motion by the Hon. Robert Borsak.

The Hon. ROBERT BORSAK [3.35 p.m.]: I move:

That the House take note of the report.

Debate adjourned on motion by the Hon. Robert Borsak and set down as an order of the day for a future day.

ADJOURNMENT

The Hon. DUNCAN GAY (Minister for Roads and Ports) [3.35 p.m.]: I move:

That this House do now adjourn.

KEMAL ATATURK

The Hon. TREVOR KHAN [3.35 p.m.]: When I attended Anzac Day this year, as on previous occasions, the words of a great foreign leader were read out. They were:

Those heroes that shed their blood and lost their lives... you are now lying in the soil of a friendly country. Therefore rest in peace. There is no difference between the Johnnies and the Mehmets to us where they lie side by side here in this country of ours... You the mothers who sent their sons from far away countries wipe away your tears. Your sons are now lying in our bosom and are in peace. After having lost their lives on this land they have become our sons as well.

Those are the words of the great leader Kemal Ataturk. He served during World War 1 in 1915 as the commander of the Turkish 19th Infantry Division, which resisted what could safely be described as the invasion of the Ottoman Empire at Gallipoli. Of course, his prestige and fame in the world did not end there. His contributions extended well beyond World War 1. For instance, on 30 April 1919, with the Ottoman Empire defeated by the Allies, Mustafa Kemal was assigned as the inspector of the Ninth Army Troops Inspectorate to reorganise what remained of the disintegrating Ottoman military. The Anatolian region of the old Ottoman Empire was at that stage controlled by British, Italian and Greek occupying units.

On the evening of 16 May 1919 Mustafa Kemal left Istanbul upon the ship *SS Bandirma* heading for the city of Samsun. On 19 May 1919, a day now recognised as one of the most important dates in modern Turkish history, Mustafa Kemal landed his staff at Samsun and set up his headquarters in the Mintika Palace

Hotel. Having landed, he began the campaign for independence of Turkey. The campaign continued until the signing of the Armistice of Mudanya on 11 October 1922. The signing of the armistice also led to the conference at Lausanne, Switzerland, which in turn led to the signing of the Treaty of Lausanne. That treaty ended the Turkish War of Independence and defined the borders of the modern Turkish state except for the borders with Iraq.

I give this description of events because it is important for this House to recognise the struggle of the people of Turkey for independence and the significant role that Mustafa Kemal played in that struggle. Following the signing of the treaty, Mustafa Kemal's role in the development of modern Turkey continued. In 1924 the Caliphate was abolished and the steps towards a modern secular state continued. We all must remember that the role that Mustafa Kemal played in the development of modern Turkey also extended to ensuring that Turkey was not taken over by totalitarian regimes from either the Right or the Left, which occurred in so many countries at that time.

The role of Mustafa Kemal was central to ensuring that Turkey became a modern democratic state, which it is today. Turkey remains a valuable ally to the West. Turkey is an important contributor to the North Atlantic Treaty Organisation [NATO], a significant trading partner to the European Union and a significant political force in the Middle East.

CREATE FOUNDATION 2013 REPORT CARD

The Hon. JAN BARHAM [3:39 p.m.]: On 1 March I attended the launch of the CREATE Foundation's 2013 Report Card. The CREATE Foundation is the peak body for Australian children and young people in out-of-home care. It provides programs and guidance and they give voice to the experiences and needs of those in care. At the report card launch we heard from four impressive young people who have experienced the care system. They answered questions from the audience about their experiences and what they thought could be improved in out-of-home care. I was especially pleased to have had the opportunity to speak with Billy Black, one of the children. The CREATE Foundation's 2013 Report Card, entitled "Experiencing Out-of-Home Care in Australia: The Views of Children and Young People", involved an extensive survey of more than 1,000 children and young people in out-of-home care, including 309 respondents aged from eight to 17 from New South Wales.

Unlike previous report cards that focused on a specific part of the care experience, the research for this year's report assessed all seven domains that make up the United Kingdom's Looking After Children framework, including emotional and behavioural development, identity, education, health, family and social relationships, social presentation and self-care skills. The findings include positive experiences, but also highlight stark realities for out-of-home care in general, but particularly for New South Wales. Most respondents were happy in their current care placements, but many were dissatisfied with the instability in their placement history. The number of changes in placements and caseworkers was well below the national average for New South Wales respondents. These figures should not leave us feeling comfortable about how the State's care system is performing. On average, children from New South Wales still had four different placements during their time in out-of-home care.

The results showed that those who enter care become disconnected from their identity, family and culture. Siblings are often split up from one another and may have less contact than they would prefer with each other and their remaining family. Those in care often have little information or exposure to their cultural backgrounds, which should be especially alarming, given the overrepresentation of Aboriginal children and young people. They can also go through the disruptive process of switching schools often. As well as the disconnection from their identity and history, the report card shows that children and young people in care are often cut off from participation in decisions that are made about their present circumstances and their future.

One in five New South Wales respondents knew of the existence of a case plan for their care. This was the lowest result across the national sample. Fewer than 20 per cent knew they had an individual education plan. Again, this rated New South Wales as one of the lowest performing States. New South Wales had the lowest proportion of respondents who knew how to make a complaint or whether their care was subject to a charter of rights. In caring for those who are disadvantaged by being unable to live at home, we must work with the children and young people, their carers and caseworkers to ensure they are equipped to move successfully into adulthood.

Last year this House passed my motion that called on the Government to fulfil its legislative requirement, which is that everyone has a care plan when they leave. The current report card bears out the need

for action to fulfil that motion. Only one-third of those in the 15-year-old to 17-year-old age group knew that an official plan for their transition from care had been developed. At the report card launch, I asked CREATE Foundation's young ambassadors whether young people need more support when moving from out-of-home care to independent adult life. The response was an unqualified yes.

Last year's motion was an expression of support for the idea that the care system must not fail those who need support during the final stages of their care. We must not leave more young people at risk of homelessness, unemployment, criminality and the other problems that stem from social and economic disadvantage. I congratulate the CREATE Foundation and the young people who contributed to the launch of the report card on reminding us of the work we have to do and how important its consequences will be.

AUDITOR-GENERAL APPOINTMENT

The Hon. WALT SECORD [3.43 p.m.]: As the shadow Special Minister of State, I speak on the process to appoint the next Auditor-General of New South Wales. This is one of the most significant independent oversight positions in New South Wales. The Auditor-General reports directly to the Parliament on New South Wales Government financial statements and use of public money. In the last 180 years, there have been 21 Auditors-General. The incumbent, Mr Peter Achterstraat, has reported on the Government of the day without fear of favour, as did his 20 predecessors.

In February this year, as a result of the Auditor-General's reports, the O'Farrell Government was humiliated when it was revealed that State Government agencies and departments had made 37 errors worth more than \$3 billion in the budget. Last weekend the O'Farrell Government placed advertisements for a replacement for Mr Peter Achterstraat, the New South Wales Auditor-General, whose term ends in September. It is a seven-year appointment and, under law, the Auditor-General is not eligible for re-appointment. This is a position above politics and must remain so. Therefore, the Government must find a replacement and it is appropriate that the Premier formally consult with the Opposition on such a key appointment. Under legislation a recommendation is made to the Governor by the Cabinet with a review by the New South Wales Parliament Public Accounts Committee. However, the committee is Government-controlled, with four of the six members being Government members.

A politically driven outcome does not befit the nature of the role of the Auditor-General, nor the promise of greater transparency made by the now Premier when in Opposition. In Opposition, the now Premier promised transparency and accountability, but in government he tries to block the release of information and finds new ways to silence his critics. We need only look at the Parliamentary Budget Office to see how this occurs. For a vital and bipartisan role such as the Auditor-General, a bipartisan approach is required. All parties and indeed all communities must have certainty that the Auditor-General's office is above and beyond all politics.

In mid-1999 in Victoria the then Premier, Jeff Kennett, launched vicious attacks on the then Auditor-General and stripped away his powers. Nationally, the Federal Government consults with the States and Territories on appointment such as the Australian Competition and Consumer Commissioner. In fact, it consulted with the States and Territories on the appointment of Graeme Samuel. In New South Wales we should adopt a no less consultative approach. Therefore, it would be appropriate that the Premier formally consult with the Opposition on such a key position as the Auditor-General. I believe it is not only right for this appointment, but it would be a rare example of this Premier meeting his commitment of greater transparency that he often made in opposition. I thank the House for its consideration.

PLANNING REFORMS

Mr DAVID SHOEBRIDGE [3.47 p.m.]: In the lead-up to the last State election the then Coalition Opposition, through Brad Hazzard, its planning spokesman, made a series of promises to the people of New South Wales that any Coalition government would return planning powers to the community, thereby re-empowering the community, re-empowering local councils and giving ordinary people a say in planning. To deliver on that promise, the Government says that it has gone through a process of developing a new planning law, which is now set out in the Government's white paper response that was released last month. Of course, when one examines the white paper, one sees that it is clear that this Government has no intention of returning planning powers to the community.

The best example is looking at what it has done on its watch. Under the white paper there are levels of strategic planning, and the key strategic planning document for any region is to be called a regional growth plan.

That regional growth plan will direct and inform all of the subordinate planning instruments, all of the local council planning instruments and all of the subregional planning instruments. Under this Government's plan regional growth plans will be determined by unelected nominees from the Minister for Planning, which is one representative from local councils.

The Government has said on page 74 of its white paper that the current Sydney Metropolitan Draft Strategy for 2013 will become the regional growth plan for Sydney under its new planning laws. What has the Government done about community consultation under the draft metropolitan strategy for Sydney? It put out a discussion paper last year in just the same way that Labor used to put out discussion papers when it was doing regional planning. In fact, the Government's discussion paper largely mirrored the Labor Government's discussion paper when it did its 2010 metropolitan strategy. Having distributed the discussion paper, the Government then invited submissions. Who did it listen to? Did it listen to the councils' submissions that asked for more careful controls and respect for local government? No. Did it listen to the individual residents and citizens who put in submissions, saying, "We want to have a say. We want to be heard on our development."? No. Who did it listen to? Of course, just like the Labor Government, it listened to the big developers. The Urban Taskforce's submission stated:

With the NSW Government returning planning powers to councils and the community, their role becomes critical. Councillors are generally very swayed by populist anti-development groups. They need to do this if they want to be re-elected. As the community is generally anti-change and anti-development, most councils will generally support this position except for rare cases.

What was the Urban Taskforce plan to defeat this outbreak of democracy at the local government level? Its suggestion to the Government stated:

Growth targets as minimums must be locked in to council planning documents.

It also stated:

Under achievement of growth targets should lead to state intervention ... More State Significant Projects must be determined by the state.

That is what the Urban Taskforce wanted out of the draft regional strategy. What did it get? This is what the Government delivered. The Minister stated:

For the first time, minimum housing targets have been set for 2021.

He went on to say that the State Government would take over all planning decisions for so-called urban activation precincts—effectively State significant developments. They will start at Epping and then go to North Ryde and the rest of the city. There will be vastly more intense development, all proposed and approved by the State Government. That is exactly what the Urban Taskforce requested. What did the Property Council ask for? It stated:

Metropolitan and regional planning in NSW is highly politicised, with fundamental changes to the vision for Sydney too often exposed to community sentiment—

we definitely do not want that—

and political expediency. For example, the public debate about Sydney's residential growth profile—that is whether it should be 70/30 urban/greenfield split, or a 50/50 split, or any other target—is currently shaped by personal preferences, but should be guided by economics or market demand.

What has the Government delivered? Has it delivered strategic planning and careful forethought? No, it has not. In announcing the draft metropolitan strategy, the Minister for Planning and Infrastructure said that he did not want constricting planning rules and thinking. He stated:

We're trying to [be] less constrictive and restrictive and what we're saying is the marketplace should have far more of a say in what the mix of housing is and where it should be ... No one should be preoccupied by particular prescriptive formulas.

The Minister could not have been more on message with the big developers if they had written the press release. The community is being written out of these planning laws by the Government and we know who has been put in their place. Just like the Labor Government, this Government is allowing property developers to make the decisions.

INTERNATIONAL DAY OF MOURNING FOR DEATHS IN THE WORKPLACE

The Hon. HELEN WESTWOOD [3.52 p.m.]: On Sunday 28 April I had the very solemn experience of again attending the Sydney International Day of Mourning ceremony at Reflection Park, Darling Harbour. It is an important day recognised worldwide as a time to remember workers who have died from workplace incidents or disease. Unions NSW organised services in Sydney and on the Central Coast for the families and friends of those who have lost their lives at work. They came together to remember and honour loved ones by placing memory cards and flowers on the Memory Lines sculpture. It is also an opportunity for families to tell their stories and to connect with peers.

For me it was a time to remember those workers killed, disabled, injured or adversely affected by doing their jobs and trying to earn a living for themselves and their families. I recall the 22-year-old Canadian backpacker who died last month on a construction site in Camperdown after only one week on the job. This is despite the Construction, Forestry, Mining and Energy Union having shut down the site just two weeks before because of safety concerns. In January a construction company on the North Coast was fined a mere \$250,000 after one of its workers was horrifically crushed to death by a roller after two days on the job.

I was moved by the family members who spoke of their personal experiences of seeing their life partner depart for work not knowing if it would be the last time they would see them alive. Kellie Wilson spoke passionately about her husband, Michael, who died at work on Christmas Eve in 2011. Michael Wilson was one of the State's most skilled paramedics, and a member of the Special Casualty Access Team whose members hang from helicopters to rescue patients in hard-to-reach places. He died while attempting to rescue an injured canyoner on the State's South Coast. Mr Wilson was winched down from a helicopter and successfully reached the injured canyoner. As they were winched back up, the pair swung into a cliff face and Mr Wilson sustained fatal injuries. The canyoner survived. Mr Wilson's life was one dedicated to saving other people's lives.

I acknowledge the Construction, Forestry, Mining and Energy Union Mining and Energy Division and its leadership, who continually campaign and act to make mining and mining-related workplaces safer. The union's success is measurable; the record shows a decline over time in mining-related deaths and injuries in Australia. Its success is undeniable when compared with the record in other countries. I also acknowledge and thank Unions NSW and the field staff at WorkCover for their determination and advocacy on behalf of workers. I believe that as legislators we must continue our advocacy on behalf of the community to secure quality safety outcomes for workers across the State by providing support for legislation that ensures vigorous inspections and investigation of workplace safety and malpractice. The fact remains that there are many industries in which men and women every day carry out their duties in hazardous environments. Just turning up for work can be deadly. No family should receive a telephone call informing them that their child or partner has died as a result of a workplace incident.

WorkSafe Australia reports that in 2010-11, 220 workers across Australia died due to an injury suffered at work. That figure excludes deaths from disease. Damning statistics provided by WorkCover New South Wales indicate that in the same period there were 117 work-related fatalities in New South Wales. The fact that more than half of this country's workplace fatalities occur in New South Wales each year is shameful. The real tragedy behind those figures is that the vast majority of work-related deaths are preventable. The union movement actively champions occupational health and safety, and those efforts are partly reflected by the fact that the greater the degree of unionism in a workplace the safer it is.

I also acknowledge Andreia Viegas, an ambassador for the Construction, Forestry, Mining and Energy Union, whose husband was killed on a construction site in 2004. He was working at Westfield Tuggerah when he cut through a live wire that killed him instantly. Someone on the site had forgotten to tell him that they had turned the power back on. Andreia was left alone with two children to raise. Together with the Construction, Forestry, Mining and Energy Union, Andreia is determined to make it a number one priority for employers to do the right thing and to ensure family members make it home safely at the end the working day and that the importance of workplace safety is never underestimated.

It saddens me deeply that this Liberal-Nationals Government has managed on numerous occasions to water down workplace safety laws. It is now further reducing the number of WorkCover inspectors and closing down WorkCover offices. This Government is in effect making workers vulnerable to preventable workplace deaths. I find it grossly insensitive and distasteful that during the same week that we observed the International Day of Mourning the Liberals-Nationals Government was crowing about cutting employers' workers compensation premiums rather than making workplaces safer when workplace deaths in this State are on the rise.

DEATH OF THE RIGHT HONOURABLE THE BARONESS MARGARET THATCHER, LG, OM, PC, FRS

The Hon. MARIE FICARRA (Parliamentary Secretary) [3.57 p.m.]: I pay tribute to a truly remarkable leader and woman of the twentieth century, the Right Honourable Baroness Margaret Thatcher, LG, OM, PC, FRS. Sadly, Baroness Thatcher passed away at her residence in London on 8 April 2013 following a stroke and several years of poor health. She was honoured with a ceremonial funeral including military honours at St Paul's Cathedral on 17 April 2013. Baroness Thatcher served as the member for Finchley in the House of Commons of the Parliament of the United Kingdom from 8 October 1959 until 9 April 1992. She historically served as the first, and to date the only, female Prime Minister of the United Kingdom from 1979 to 1990—an incredible feat for a woman of her time.

Baroness Thatcher rose from humble beginnings. She was born Margaret Hilda Roberts in Grantham, Lincolnshire on 13 October 1925 to Alfred Roberts, a shopkeeper, and Beatrice Roberts. In her youth, she attended Huntingtower Road Primary School before winning a scholarship to Kesteven and Grantham Girls' School, where she was head girl in 1942. Baroness Thatcher commenced her tertiary studies in chemistry at Somerville College at Oxford University in 1943, ultimately graduating with honours in chemistry and a bachelor of science degree in 1947. In her final year of study, Baroness Thatcher specialised in X-ray crystallography.

In 1948 Baroness Thatcher began her political career by joining the local Conservative Association following a move to Essex to work as a research chemist. Baroness Thatcher stood as the Conservative candidate for the safe Labour seat of Dartford in the 1950 and 1951 general elections. Despite failing to win the seat in both elections, Baroness Thatcher attracted extensive media attention as both the youngest and only female candidate standing in the elections.

On 13 December 1951 Baroness Thatcher married Major Sir Denis Thatcher, 1st Baronet, MBE, TD, at Wesley's Chapel on City Road, London. Together Denis and Margaret Thatcher raised two children—twins Carol and Mark Thatcher—who were born six weeks prematurely on 15 August 1953. In the same year Baroness Thatcher qualified as a barrister, specialising in taxation law. In 1958 Baroness Thatcher gained selection for the safe Conservative seat of Finchley, and was elected to the House of Commons in 1959. In 1961 Baroness Thatcher was promoted to the front bench as Parliamentary Undersecretary at the Ministry of Pensions and National Insurance. Following the Conservatives election loss in the 1964 election, Baroness Thatcher was appointed Opposition spokesperson for Housing and Land. She was appointed shadow Treasurer in 1966, shadow Transport spokesman in 1970 and shadow Education spokesman later in 1970.

After the Conservative Party's victory in 1970, Baroness Thatcher was made Secretary of State for Education and Science. She was elected Leader of the Opposition, and Leader of the Conservative Party in February 1975. Following the party's win of the 1979 general election, Margaret Thatcher historically became Britain's first female Prime Minister in May 1979, and today remains the only woman to have ever held this post. Baroness Thatcher led the Conservative Party to three election wins before resigning as Prime Minister on 28 November 1990, where she re-joined the back bench as the member for Finchley. She retired from the House of Commons on 9 April 1992.

Baroness Thatcher remained in the public eye, notably publishing two memoirs, *The Downing Street Years* in 1993 and *The Path to Power* in 1995. She was made the honorary Chancellor of the College of William and Mary in Virginia and honorary Chancellor of the University of Buckingham in Buckinghamshire. She became the first ever living British Prime Minister to be honoured with a bronze statue in the Houses of Parliament. Baroness Thatcher's governance has been associated with shaping the worldwide neoliberal and conservative movements. Baroness Thatcher's political ideology has been touted as Thatcherism, and is often compared to the American Reaganomics. This legacy and worldview has shaped the values and economic patterns entrenched in the Western world today.

Baroness Thatcher was a truly remarkable leader, a political icon and a woman of the twentieth century—and as controversial as she was in life, she was also in death. She will be remembered for her legacy as not only a strong and capable woman, but also a truly outstanding conviction politician.

ARMENIAN, ASSYRIAN AND GREEK GENOCIDES

The ASSISTANT-PRESIDENT (Reverend the Hon. Fred Nile): I give the Hon. Amanda Fazio the call.

The Hon. Dr Peter Phelps: Point of order: According to the standing and sessional orders, I believe that on Thursdays the order is: crossbench, Government, Opposition. There being no crossbench members, the Government would have the right to jump at this instance in view of the remaining time.

The ASSISTANT-PRESIDENT (Reverend the Hon. Fred Nile): Did a Government member seek the call?

The Hon. Dr Peter Phelps: Yes, the Hon. Matthew Mason-Cox did.

The ASSISTANT-PRESIDENT (Reverend the Hon. Fred Nile): No, he was going to close the debate.

The Hon. Matthew Mason-Cox: I jumped to seek the call. It is okay though.

The Hon. AMANDA FAZIO [4.03 p.m.]: I want to reflect that just last week this House adopted a resolution unanimously to acknowledge the Assyrian-Armenian and Pontic Greek genocides at the hands of the Ottoman Empire. This week in the Legislative Assembly the Premier moved the same motion, which was also adopted. Today modern Turkey stands guilty of denying the genocides of Armenians, the Assyrians and the Pontic Greeks, which is a shameful state of affairs. I also reflect on the fact that far from being a modern democracy that should be praised in this place, Turkey is, in fact, an oppressor.

On 20 July 1974 Turkey launched a combined air and sea invasion of northern Cyprus and it has continued to illegally occupy northern Cyprus ever since. Turkey has declared the illegal entity of northern Cyprus as a separate state, a state that is recognised only by Turkey, a state that is internationally a pariah. Its actions are in contravention of numerous United Nations resolutions. Since Turkey's invasion of Cyprus 39 years ago approximately 1,600 Cypriots are still missing. Their fate has never been disclosed, their families have had no closure, and this continues to be one of the great tragedies in Europe today.

Since the invasion of Cyprus we have seen a transmigration policy of bringing Turks from the mainland to settle in northern Cyprus. We have seen the desecration of churches and other religious memorials and we have seen the illegal on-selling of property that is owned by Greek Cypriots in northern Cyprus to anybody who is silly enough to purchase it, but unfortunately there are many. I must say that I was very disappointed to hear the adjournment speech of Hon. Trevor Khan, and I condemn it.

[Time for debate expired.]

Question—That this House do now adjourn—put and resolved in the affirmative.

Motion agreed to.

The House adjourned at 4.05 p.m. until Tuesday 21 May 2013 at 2.30 p.m.
