New South Wales

Legislative Council

PARLIAMENTARY DEBATES
(HANSARD)

Fifty-Sixth Parliament
First Session

Thursday, 16 November 2017

Authorised by the Parliament of New South Wales

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LEGISLATIVE COUNCIL

Thursday, 16 November 2017

The PRESIDENT (The Hon. John George Ajaka) took the chair at 10:00.

The PRESIDENT read the prayers.

Members

LEGISLATIVE COUNCIL VACANCY

The PRESIDENT: I report receipt of the following communication from the Official Secretary to His Excellency the Governor:

GOVERNMENT HOUSE
SYDNEY

15 November 2017

Clerk of the Parliaments

Dear Mr Blunt,

I have tonight received the resignation of the Honourable Gregory Pearce, MLC, and have conveyed a copy to His Excellency the Governor.

His Excellency notes, and accepts, the Honourable Member's resignation and will reply personally to the Honourable Member in due course.

Yours sincerely,

Michael Miller, RFD
Official Secretary to the Governor of New South Wales

The Governor's communication will be acknowledged and an entry regarding the resignation of the Hon. Greg Pearce from the Fifty-sixth Parliament will be made in the Register of Members of the Legislative Council.

LEGISLATIVE COUNCIL VACANCY

The PRESIDENT: I report receipt of the following message from His Excellency the Governor:

T Bathurst

By Deputation from
His Excellency the Governor

MESSAGE

I, General The Honourable DAVID HURLEY, AC, DSC (Ret'd), in pursuance of the power and authority vested in me as Governor of the State of New South Wales, do hereby convene a joint sitting of the members of the Legislative Council and the Legislative Assembly for the purpose of the election of a person to fill the seat in the Legislative Council vacated by Mr Gregory Pearce, and I do hereby announce and declare that such members shall assemble for such purpose on Thursday the 16th day of November 2017 at 3:45 p.m. in the building known as the Legislative Council Chamber situated in Macquarie Street in the City of Sydney; and the members of the Legislative Council and the members of the Legislative Assembly are hereby required to give their attendance at the said time and place accordingly.

In order that the members of both Houses of Parliament may be duly informed of the convening of the joint sitting, I have this day addressed a like message to the Speaker of the Legislative Assembly.

Government House Sydney,
16 November 2017

Bills

ROAD TRANSPORT AND RELATED LEGISLATION AMENDMENT BILL 2017

RURAL CRIME LEGISLATION AMENDMENT BILL 2017

STATUTE LAW (MISCELLANEOUS PROVISIONS) BILL (NO 2) 2017

Returned

The PRESIDENT: I report receipt of messages from the Legislative Assembly returning the abovementioned bills without amendment.

Committees

PROCEDURE COMMITTEE

Reports

The PRESIDENT: I table report No. 10 of the Procedure Committee entitled "Report relating to the rules for notices of motions, the rules for questions, e-petitions and two new sessional orders", dated November 2017, together with submissions and correspondence relating to the inquiries.

The Hon. DON HARWIN: I move:

That the report be printed.

Motion agreed to.

Motions

CUT-OFF DATES FOR GOVERNMENT BILLS 2018

The Hon. MICK VEITCH (10:04): I move:

(1) That the following procedures apply to the passage of government bills introduced by a Minister or received from the Legislative Assembly after 25 May 2018 (Budget sittings):

(a) If after the first reading, a Minister declares a bill to be an urgent bill and copies have been circulated to members, the question "That the bill be considered an urgent bill" is to be decided without amendment or debate, except a statement not exceeding 10 minutes each by a Minister and the Leader of the Opposition or a member nominated by the Leader of the Opposition, and two cross bench members not of the same party and not exceeding five minutes each. If that question is agreed to, the second reading debate and subsequent stages may proceed forthwith or at any time during any sitting of the House; and

(b) If the question on urgency is negatived or if urgency is not sought:

(i) if the bill originated in the Legislative Assembly, a motion may be moved; without notice, that standing orders be suspended to allow the passing of the bill through all its remaining stages during any one sitting of the House after the winter recess; and

(ii) the debate on the motion for the second reading of any bill introduced or received after 25 May 2018 is to be adjourned at the conclusion of the speech of the Minister moving the motion, and the resumption of the debate is to be made an order of the day for the first sitting day after the winter recess.

(2) That the following procedures apply to the passage of government bills introduced by a Minister or received from the Legislative Assembly after 26 October 2018 (Spring sittings):

(a) If after the first reading, a Minister declares a bill to be an urgent bill and copies have been circulated to members, the question "That the bill be considered an urgent bill" is to be decided without amendment or debate, except a statement not exceeding 10 minutes each by a Minister and the Leader of the Opposition or a member nominated by the Leader of the Opposition, and two cross bench members not of the same party and not exceeding five minutes each. If that question is agreed to, the second reading debate and subsequent stages may proceed forthwith or at any time during any sitting of the House; and

(b) If the question on urgency is negatived or if urgency is not sought:

(i) if the bill originated in the Legislative Assembly, a motion may be moved; without notice, that standing orders be suspended to allow the passing of the bill through all its remaining stages during any one sitting of the House after the summer recess; and

(ii) the debate on the motion for the second reading of any bill introduced or received after 26 October 2018 is to be adjourned at the conclusion of the speech of the Minister moving the motion, and the resumption of the debate is to be made an order of the day for the first sitting day after the summer recess.

Motion agreed to.

SLOW FOOD INTERNATIONAL CONGRESS

The Hon. ERNEST WONG (10:05): I seek leave to amend Private Members' Business item No. 1673 outside the Order of Precedence standing in my name as follows:

(1) Omit paragraph (f) and insert instead:

"notes that as the global population increases relative to arable land, and climate variability continues to impact primary production, it will take continued innovation, efficiency and a variety of farming models to continue to provide sufficient amounts of affordable, sustainable food and fibre for every human around the globe;"

(2) Omit paragraph (h) and insert instead:

"commends those who support local farmers, and who eat locally produced and seasonal food;"

(3) Insert after paragraph (1) (h):

"(i) commends Australian farmers renowned around the globe for being efficient producers of clean and green food and fibre, for all they do in providing an abundance of food for hungry mouths in Australia and around the world."

Leave granted.

Accordingly, I move:

That this House:

(a) congratulates all those involved in the annual Slow Food International Congress which recently took place on 29 September 2017 to 1 October 2017 in Chengdu, the capital of South Western China's Sichuan province;

(b) congratulates all those involved in the Australian Slow Food National Conference and the launch of the first Australian Slow Food Earth Market in the Hunter Valley that took place on 2 to 6 August 2017;

(c) notes that slow food is a growing global movement that involves millions of people from some 160 countries, of which Australia is one, the aim of which is to ensure that "everyone has access to good, clean, fair food";

(d) recognises that the slow food initiative was founded in Italy in 1986, and has attracted strong global participation since that time;

(e) notes that slow food is promoted as an alternative to fast food because it strives to preserve traditional and localised cuisine and encourages the farming of plants, seeds and the use of livestock particular to the local ecosystem;

(f) notes that as the global population increases relative to arable land, and climate variability continues to impact primary production, it will take continued innovation, efficiency and a variety of farming models to continue to provide sufficient amounts of affordable, sustainable food and fibre for every human around the globe;

(g) acknowledges that this global initiative consists of locally based organisations that conduct events and education outreach programs to benefit their community with the aim of increasing community awareness about the value of bringing good, clean, local food from the farm directly to market; and

(h) commends those who support local farmers, and who eat locally produced and seasonal food; and

(i) commends Australian farmers renowned around the globe for being efficient producers of clean and green food and fibre, for all they do in providing an abundance of food for hungry mouths in Australia and around the world.

Motion agreed to.

BATTLE OF BEERSHEBA 100TH ANNIVERSARY

The Hon. LOU AMATO (10:07): I move:

(1) That this House notes that:

(a) on Tuesday 31 October 2017 the new Beersheba Centenary Wall was unveiled at the centenary commemorative breakfast at Club Menangle;

(b) the battle of Beersheba which took place 100 years ago was the last time in world history a campaign was fought with mounted cavalry;

(c) the battle was a victory due to the bravery and sacrifice of Australian, New Zealand and British troops;

(d) the site where Club Menangle now stands was the original location where the Seventh Light Horse Regiment trained;

(e) for its role in the war the regiment was awarded sixteen battle honours; and

(f) special guests at the unveiling and laying of the wreaths included:

(i) His Excellency General the Hon. David Hurley, AC, DSC (Ret'd), Governor;

(ii) Air Marshal Mark Binskin, AC, Chief of Defence;

(iii) the Hon. Lou Amato, MLC, on behalf of the Hon. David Elliot, Minister for Veterans Affairs;

(iv) Chris Paterson, MP, member for Camden, on behalf of the Premier, the Hon. Gladys Berejiklian, MP;

(v) Greg Warren, MP, member for Campbelltown.

(2) That this House acknowledges:

(a) the historical significance that the last battle ever fought by mounted cavalry was victorious through the bravery and significant sacrifice of Anzac and British troops; and

(b) the great sacrifice and service of all our defence personnel of whom the House is immensely proud.

Motion agreed to.

NARELLAN SPORTS CLUB

The Hon. LOU AMATO (10:08): I move:

(1) That this House notes that:

(a) on Sunday 22 October 2017 the first stage of the Narellan Sports Hub was officially opened by the Mayor of Camden, Councillor Lara Symkowiak;

(b) the project cost $11 million, with the Camden and District Netball Association contributing $300,000 to the project, which includes:

(i) 30 high-quality netball courts;

(ii) an expansive building that includes a canteen, meeting rooms, computerised security features, toilets, kitchen and barbecue;

(iii) floodlighting; and

(iv) 400 car parking spaces, playgrounds, fencing and landscaping.

(c) dignitaries that attended the official opening include:

(i) Mr Chris Patterson, MP, member for Camden;

(ii) Councillor Lara Symkowiak, Mayor of Camden;

(iii) Councillor Paul Farrow;

(iv) Councillor Robert Mills;

(v) Mr Ron Moore, General Manager Camden Council;

(vi) Mr Vince Capaldi, Director Community Assets;

(vii) Ms Karen Williams, President, Camden and District Netball Association;

(viii) Mrs Wendy Archer, AM, President, Netball NSW;

(ix) Mr John Hahn, Director, Netball NSW;

(x) Mrs Louise Sullivan, Director, Netball NSW;

(xi) Ms Claire Obrien, NSW Swifts; and

(xii) Ms Kristiana Manua, GWS Giants.

(d) Camden and District Netball Association, founded in the 1960s, is a longstanding association affiliated with Netball NSW and Netball Australia and is one of the fastest growing associations in New South Wales.

(2) That this House:

(a) congratulates Camden Council and the Camden and District Netball Association on its outstanding work to bring about stage one of the Narellan Sports Hub; and

(b) acknowledges and commends the exemplary leadership of Mrs Karen Williams, President of Camden and District Netball Association, and her committee consisting of Gavin Brimble, Jenny Bazley, Angela Davey, Michelle Gillette, Lyn Hahn, Brooke Berry, Hayleigh Williams and Michele Leahy for their outstanding commitment to netball in the Camden and district areas.

Motion agreed to.

NATIONAL PARKS ASSOCIATION SIXTIETH ANNIVERSARY

Ms DAWN WALKER (10:09): On behalf of Dr Mehreen Faruqi: I move:

(1) That this House notes that:

(a) on Sunday 5 November 2017, the National Parks Association held a sixtieth birthday picnic and volunteer awards at Lane Cave National Park; and

(b) the National Parks Association has played a major role in the establishment of many of New South Wales' national parks and nature reserves and continues to advocate for the expansion of the State's national park network.

(2) That this House congratulates the National Parks Association on its sixtieth birthday and thanks all the volunteers for their service.

Motion agreed to.

AUSTRALIAN HELLENIC EDUCATIONAL PROGRESSIVE ASSOCIATION NSW

The Hon. COURTNEY HOUSSOS (10:09): I move:

(1) That this House notes that:

(a) on Saturday 4 November 2017, the Australian Hellenic Educational Progressive Association NSW [AHEPA New South Wales] held a fundraising dinner dance at the Cyprus Community Club in Stanmore to support the teaching of the Greek language in public schools using tablets, in particular at Earlwood Public School and Clemton Park Public School; and

(b) a number of special guests joined local Greek community members at the event including:

(i) Mr John Kallimanis, President of Order of AHEPA NSW Inc.;

(ii) Mr Mark Coure, member for Oatley, and Parliamentary Secretary for Transport;

(iii) Ms Sophie Cotsis, member for Canterbury and shadow Minister for Women, Ageing, Multiculturalism, and Disability Services;

(iv) the Hon. Courtney Houssos, MLC;

(v) Mrs Sandra Angel, Principal of Earlwood Public School;

(vi) Mr Paul Robinson, Deputy Principal of Clemton Park Public School;

(vii) Dr Panayiotis Diamadis, President of the Australian Hellenic Educators' Association; and

(viii) Mr Theophilos Premetis, Order of AHEPA NSW Inc. Education Committee.

(2) That this House congratulates:

(a) the students of Earlwood Public School and Clemton Park Public School on their excellent Hellenic dancing performances throughout the evening; and

(b) AHEPA NSW on a successful event to support Greek language education at Earlwood Public School and Clemton Park Public School.

Motion agreed to.

SYDNEY THUNDER NATION CUP

Ms DAWN WALKER (10:10): On behalf of Dr Mehreen Faruqi: I move:

(1) That this House notes that:

(a) Sydney Thunder held the first women's round for the Thunder Nation Cup at Grahame Thomas Oval at Bankstown on 21 October 2017;

(b) the round was an opportunity for women from multicultural backgrounds to play and practise cricket; and

(c) sport has the power to bring communities together and promote women's empowerment.

(2) That this House congratulates Sydney Thunder on their commitment to inclusive and diverse women's participation in sport.

Motion agreed to.

MARINE RESCUE NSW PORT STEPHENS

Mr SCOT MacDONALD (10:10): I move:

(1) That this House notes that:

(a) Marine Rescue NSW Port Stephens celebrated its thirty-fifth anniversary on Saturday 4 November 2017 at the Soldiers Point Bowling Club;

(b) Marine Rescue NSW Port Stephens was originally a division of the Royal Volunteer Coastal Patrol [RVCP] founded in 1937 and was the oldest and largest volunteer maritime search and rescue organisation in Australia commencing its operations as a Royal Australian Navy Auxiliary Service, maintaining port security and patrolling coastal waters;

(c) following World War II volunteer coastal patrol became a marine rescue service for the public, volunteer radio operators monitored the marine band radio emergency channels while volunteer boat crews aided vessels in distress in all types of weather, 24 hours per day;

(d) the Port Stephens Division of the RVCP was founded in 1982 by Captain John Thompson and his wife, Monica;

(e) the first transmission of the Port Stephens Division of the RVCP was made on 21 December 1982, with the organisation originally operating from a caravan located at Nelson Head;

(f) in 1984 operations were moved into a radio base constructed on top of the old Nelson Head World War II bunker, and in 1993 the radio room was relocated to its present position, the Nelson Head Heritage Site;

(g) in 2010 the RVCP merged with all other marine rescue organisations in New South Wales to form Marine Rescue NSW, which operates under the control of the NSW Police Marine Area Command;

(h) the Government has directed more than $7 million to Marine Rescue NSW in 2016/17 and Marine Rescue NSW Port Stephens has benefited from a range of government grants, including $12,800 under this year's

Commonwealth-State Emergency Volunteer Support Scheme for a recruitment campaign and new first aid training equipment;

(i) in February 2017 Mr Laurie Nolan was awarded the first Marine Rescue NSW Medal for Valour, recognising his outstanding courage in saving the lives of two of his crew mates during a rescue operation in January 2016; and

(j) the dignitaries that attended the thirty-fifth anniversary included:

(i) Mr Scot MacDonald, MLC, Parliamentary Secretary for Planning, the Central Coast and the Hunter, representing the Minister for Emergency Services;

(ii) Mr Stephen Bromhead, MP, member for Myall Lakes;

(iii) Ms Meryl Swanson, MP, member for Paterson;

(iv) Ms Kate Washington, MP, member for Port Stephens;

(v) Ms Liesl Tesch, MP, member for Gosford;

(vi) Mr Lee Uebergang, Port Stephens Unit Commander;

(vii) Mr Neil Hansford, Port Stephens Deputy Unit Commander;

(viii) Mr Steve Raymond, Regional Operations Manager for the Hunter/Central Coast Region, representing the Commissioner and Chair of Marine Rescue NSW;

(ix) Detective Superintendent Mark Hutchings APM, Commander, Marine Area Command, NSW Police Force;

(x) Air Commodore Craig Heap, CSC, Senior ADF Officer, RAAF Williamtown;

(xi) Councillor Jaimie Abbott, Councillor for Port Stephens and master of ceremonies; and

(xii) Mr Sam Pratten and Mrs Rosemary Pratten, sponsors.

(2) That this House:

(a) acknowledges and commends:

(i) the founders of the Marine Rescue NSW Port Stephens Division, John and Monica Thompson;

(ii) Unit Commander Lee Uebergang;

(iii) Deputy Unit Commander Neil Hansford; and

(iv) the organisation's 245 volunteers for their outstanding service to Marine Rescue NSW and for keeping waters safe.

(b) acknowledges and commends Mr Laurie Norton for being awarded Marine Rescue NSW's highest honour, the Medal of Valour; and

(c) extends its congratulations, acknowledges and commends Marine Rescue NSW Port Stephens for its 35 years of outstanding service to the community.

Motion agreed to.

PORT STEPHENS EXAMINER BUSINESS AWARDS

Mr SCOT MacDONALD (10:11): I move:

(1) That this House notes that:

(a) on Wednesday 1 November 2017, the *Port Stephens Examiner's* 2017 Annual Business Awards were held at West Club, Nelson Bay, to recognise excellence in business and customer service;

(b) the *Port Stephens Examiner's* awards are organised by staff of the paper to acknowledge and give back to the businesses in Port Stephens;

(c) the overall winner of the Port Stephens Annual Business Award was Tackle World;

(d) other award recipients included:

(i) Accommodation: Sleepy Hill Motor Inn, Raymond Terrace;

(ii) Accountant: DJ Cooper Accounting, Raymond Terrace;

(iii) Animal services: Raymond Terrace Veterinary Clinic;

(iv) Automotive services: JAX Tyres, Salamander Bay;

(v) Bakery: Medowie Family Bakehouse and Café;

(vi) Beauty therapy: Forever Hair and Beauty, Medowie;

(vii) Boating, fishing or camping: Tackle World Port Stephens, Nelson Bay;

(viii) Building, construction and renovation: Bayview Home Solutions, Taylors Beach;

(ix) Butcher: Medowie Meats;

(x) Cafe: Cups 'N' Saucers, Raymond Terrace;

(xi) Children's services: Tilli Tadpoles Early Learning Centre, Tanilba Bay;

(xii) Club: Muree Golf Club, Raymond Terrace;

(xiii) Dance studio: Dance Performance Co, Raymond Terrace;

(xiv) Fashion or footwear ladies: Pizazz Boutique, Nelson Bay;

(xv) Fashion or footwear men: Kaos Surf, Salamander Bay;

(xvi) Financial services: Greater Bank, Raymond Terrace;

(xvii) Fitness: Tomaree Aquatic Centre, Salamander Bay;

(xviii) Florist/nursery: Salamander Village Florist;

(xix) Fresh produce or markets: Natural Food Collective, Medowie;

(xx) Furniture/home décor: FAB Furniture, Taylors Beach;

(xxi) Gift store: Boho Luxe Trader, Nelson Bay;

(xxii) Hair salon: Forever Hair and Beauty Medowie;

(xxiii) Hardware: Tanilba Bay Home Timber and Hardware;

(xxiv) Health and medical: Central Health Alliance, Williamtown;

(xxv) Hotel or bottle shop: McCauley's Bottle Shop, Salamander Bay;

(xxvi) Jewellery: Matthews Jewellers, Salamander Bay;

(xxvii) Learning, training or recruitment: Tomaree Community College;

(xxviii) Legal services: Sawers and Levonpera, Raymond Terrace;

(xxix) Newsagency: Nextra, Market Place Raymond Terrace;

(xxx) Pharmacy: Amcal Max, Salamander Bay;

(xxxi) Real estate sales: Portside Real Estate, Tanilba Bay;

(xxxii) Real estate property management: Century 21 Curtis and Blair Medowie;

(xxxiii) Restaurant Australian cuisine: Little Beach Boathouse, Nelson Bay;

(xxxiv) Restaurant international cuisine: the Poyers, Lemon Tree Passage;

(xxxv) Shopping complex: MarketPlace, Raymond Terrace;

(xxxvi) Takeaway food: Angeez, Food on the Run, Raymond Terrace;

(xxxvii) Technology industry: Desire Audio Visual, Nelson Bay;

(xxxviii) Tourist attraction: Oakvale Farm and Fauna World, Salt Ash;

(xxxix) Specialised services: Mister Minit, Salamander Bay;

(xl) New business-first year: the Pet Shed, Medowie; and

(xli) Overall Business of the Year: Tackle World Port Stephens, Nelson Bay.

(e) dignitaries that attended the event included:

(i) Mr Scot MacDonald, MLC, Parliamentary Secretary for the Central Coast and the Hunter;

(ii) Ms Kate Washington, MP, member for Port Stephens;

(iii) Meryl Swanson, MP, Federal member for Paterson;

(iv) Mayor Ryan Palmer, Mayor of Port Stephens;

(v) Councillor Chris Doohan, Deputy Mayor of Port Stephens;

(vi) Mr Chad Watson, Fairfax Newcastle/Hunter Group Managing Editor;

(vii) Ms Anna Wolf, Port Stephens Examiner Editor;

(viii) owners and representatives from major sponsors: Peter Mazoudier, from Sea Breeze Hotel; Shane Cleary, from Murray's Brewery; Damien Cooper, from DJ Cooper Accounting; Holly Baker, from Forever Hair and Beauty; Peter Clough, from Tomaree Business Chamber; and James Gregoratos, from Wests Club Nelson Bay.

(2) That this House congratulates and commends the winners of the *Port Stephens Examiner's* 2017 Business Awards and the event organiser, Ms Tracey Marjoram.

Motion agreed to.

VIETNAM VETERANS DAY

The Hon. NATASHA MACLAREN-JONES (10:11): I move:

That this House notes that:

(1) Vietnam Veterans Day is commemorated each year on 18 August to mark the anniversary of the Battle of Long Tan and acknowledge the service and sacrifice of the nearly 60,000 Australian men and women who served in the Vietnam War.

(2) A Vietnam Veterans Day Remembrance Service was held on Friday 18 August 2017 at the Cenotaph in Martin Place, attended by:

(a) Colonel Michael Miller, Official Secretary to the Governor;

(b) Professor the Hon. Dame Marie Bashir, AD, CVO, Former Governor of New South Wales;

(c) the Hon. Natasha Maclaren-Jones, MLC, representing the Premier and the Minister for Veterans Affairs;

(d) Mr David Coleman, MP, representing the Prime Minister of Australia;

(e) the Hon. Lynda Voltz, MLC, representing the Leader of the Opposition;

(f) the Hon. Linda Burney, MP, representing the Federal Leader of the Opposition;

(g) Colonel Ian Langford, representing the Chief of Army;

(h) Captain Michael Spruce, representing the Commander Australian Fleet;

(i) Group Captain Nick Osbourne, representing the Air Commander Australia;

(j) Major General Mark Kelly, AO, DSC, Commissioner, Department of Veterans Affairs;

(k) Ms Billie Moore, Consul General of New Zealand;

(l) Ms Valerie Fowler, Consul General of the United States of America;

(m) Lieutenant Colonel Doug Humphreys of the Veterans' Review Board;

(n) Mr Ken Foster, OAM, JP, National President, Vietnam Veterans Association of Australia Inc;

(o) Mr Greg Cant, President, Vietnam Veterans Association NSW;

(p) Mr Andy Forsdike, Vice-President, Vietnam Veterans Association NSW; and

(q) Mrs Pam Forsdike, Secretary, Vietnam Veterans Association NSW.

Motion agreed to.

PAN PACIFIC BRAZILIAN JIU-JITSU CHAMPIONSHIPS

The Hon. BEN FRANKLIN (10:12): I move:

(1) That this House notes that:

(a) the Pan Pacific Brazilian Jiu-Jitsu Championships were held from 12 to 13 August this year;

(b) this is the most prestigious jiu-jitsu event in the Southern Hemisphere attracting competitors from around the world; and

(c) six Byron Bay athletes competed in the championships, all of whom won medals.

(2) That this House congratulates:

(a) gold medal winners:

(i) two-time world champion, Milli McCourt;

(ii) current world champion, Chilli Harel;

(iii) Raz Harel; and

(iv) Byrce McCourt.

(b) silver medal winners:

(i) Skylah McCourt; and

(ii) Indi McCourt.

(3) That this House acknowledges Daniel Almeida for his hard work and commitment in coaching and preparing the team for the championships.

(4) That this House wishes the team the best of luck for the upcoming Brazilian Jiu-Jitsu Summer Australian Open.

Motion agreed to.

DEMENTIA SUPPORT GROUP FOR INDIAN AUSTRALIANS

The Hon. DAVID CLARKE (10:12): I move:

(1) That this House notes that:

(a) on Friday 27 October 2017, at the cultural centre of the Indian Consulate-General in Sydney, the Dementia Support Group for Indian Australians Inc was officially launched followed by a forum on dementia;

(b) the event was co-sponsored by:

(i) Mr B. Vanlalvawna, Consul General for India in Sydney;

(ii) the Federation of Indian Associations of NSW Inc; and

(iii) the Dementia Support Group for Indian Australians Inc.

(c) those who spoke at the event included:

(i) Mr B. Vanlalvawna, Consul General for India in Sydney;

(ii) Mrs Anju Kalra, founder and President of the Dementia Support Group for Indian Australians and a prominent dementia specialist;

(iii) Dr Yadhu Singh, President of the Federation of Indian Associations of New South Wales Inc;

(iv) the Hon. David Clarke, MLC, Parliamentary Secretary for Justice;

(v) Councillor Reena Jethi, The Hills Shire Council;

(vi) Ms Susan McCarthy from Dementia Australia;

(vii) Ms Cecilia Milani from Partners in Culturally Appropriate Care;

(viii) Ms Terrie Leoleos from the Ethnic Communities Council of New South Wales;

(ix) Dr Manish Bhutada;

(x) Professor Nihal Agar, Chairman of the Hindu Council of Australia;

(xi) Mr Zahid Jamil, public officer for the South Asian Muslim Association of Australia;

(xii) Mrs Harinder Kaur, President of Harmon Foundation; and

(xiii) Mr Jay Raman, Vice President of Sri Om Foundation.

(d) others who attended as special guests included:

(i) Superintendent Rob Critchlow, The Hills Local Area Command;

(ii) Mrs Shubha Kumar, President of the India Club Inc and Dr Aksheya Kumar; Chairman of the India Club Inc;

(iii) Mr Peter Doukas, Chair of the Ethnic Communities Council [ECC] of New South Wales;

(iv) Mr Jack Passaris, OAM, Deputy Chair of ECC;

(v) Ms Mary Karras, Chief Executive Officer of ECC;

(vi) Ms Marta Terracciano, Secretary of ECC;

(vii) Mr Abbas Alvi, Treasurer of ECC;

(viii) Rekha Rajvanshi, Vipul Goyal, Narinder Parmar and Satish Mathur, executive members of the Dementia Support Group for Indian Australians Inc; and

(ix) more than 120 representatives of numerous Indian-Australian community organisations and media outlets.

(2) That this House:

(a) congratulates and commends all those who were instrumental in the formation of the Dementia Support Group for Indian Australians Inc; and

(b) wishes the newly formed group success in creating greater awareness of the issue of dementia and the need for support of sufferers of dementia as well as their carers.

Motion agreed to.

RETIRED POLICE OFFICERS DAY CEREMONY AND MEMORIAL SERVICE

The Hon. DAVID CLARKE (10:12):

(1) That this House notes that:

(a) on Thursday 28 September 2017 a ceremony was held at Blacktown police station to:

(i) unveil a Police Memorial to honour the memory of Sergeant 1st Class William Riley and Sergeant 3rd Class Maurie McDiarmid who were killed in the line of duty on 30 September 1971; and

(ii) celebrate Retired Police Officers Day, which honours the contribution, sacrifice and ongoing legacy of retired New South Wales police officers who have provided diligent and ethical service over many years.

(b) those who attended included:

(i) Deputy Commissioner, Metropolitan Field Operations Jeffrey Loy, APM;

(ii) the Hon. David Clarke, MLC, Parliamentary Secretary for Justice, representing the Hon. Troy Grant, MP, Minister for Police, and Minister for Emergency Services;

(iii) Councillor Stephen Bali, Mayor of Blacktown City Council;

(iv) North West Metropolitan Region Commander, Acting Assistant Commissioner John Duncan;

(v) Superintendent Gary Merryweather, Blacktown Local Area Command;

(vi) relatives of the late Sergeant William Riley and Sergeant Maurie McDiarmid;

(vii) Mr Robert Heinrich, General Manager, Blacktown RSL;

(viii) Mr Barry Wilson, President, Seven Hills RSL;

(ix) Mr Joseph Bayssari, General Manager, Seven Hills RSL;

(x) Paul Biscoe, President of the Retired Police Officers' Association;

(xi) members of the NSW Police Force Band; and

(xii) numerous serving or retired Officers of the Police Force.

(c) those who comprised the coordination team for the event included:

(i) Chief Inspector Bob Fitzgerald, master of ceremonies;

(ii) Bernadette de Belle, acting executive officer, Blacktown Local Area Command;

(iii) Jason Wehbe, official photographer;

(iv) Senior Constable Nick Waterhouse, VIP coordinator;

(v) Constable Belinda Tasioulas, VIP coordinator;

(vi) Leading Senior Constable Alex Bogaski, traffic parking coordinator; and

(vii) Senior Constable Daniel Said, traffic parking coordinator.

(2) That this House:

(a) extends its deepest sympathy to the family and friends of the late Sergeant 1st Class William Riley and the late Sergeant 3rd Class Maurie McDiarmid on the occasion of the unveiling on Thursday 28 September 2017 of a memorial at Blacktown Police Station in honour of their memory; and

(b) on the occasion of the celebration of Retired Police Officers Day 2017, extends its gratitude and admiration to all retired NSW Police Officers for their years of diligent, ethical and dedicated service to the people of New South Wales.

Motion agreed to.

LENNOX HEAD CHAMBER OF COMMERCE

The Hon. BEN FRANKLIN (10:13): I move:

(1) That this House notes that:

(a) the annual general meeting of the Lennox Head Chamber of Commerce was held on 24 October 2017;

(b) the following members were elected:

(i) President Zain Peart;

(ii) Vice-President Jason Shrieves;

(iii) Secretary Angela Proudman; and

(iv) Treasurer Sue Brennan.

(c) committee members elected were Aga Deblaise, Jason Dwyer, Rosie Kaplan and Craig McFadden.

(2) That this House congratulates this talented team of local volunteers, eager to kickstart 2018 with new ideas and vision for the Lennox Head business community.

(3) That this House encourages all local chambers of commerce across the State to continue working to represent their business community's interest to local, State and Federal governments.

Motion agreed to.

REPUBLIC OF KOREA NATIONAL FOUNDATION DAY

The Hon. DAVID CLARKE (10:13): I move:

(1) That this House notes that:

(a) on Thursday 28 September 2017 a reception hosted by the Consul General of the Republic of Korea in Sydney Mr Sang Soo Yoon and his wife, Mrs Hee Young Shin, to celebrate the National Foundation Day of the Republic of Korea was held at the Museum of Contemporary Art Australia, Sydney, and attended by several hundred members and friends of the Korean-Australian community;

(b) the National Foundation Day of the Republic of Korea commemorates the establishment of the Choson Kingdom in 2333BC marking the beginning of Korean society and celebrates the culture and achievements of the Korean people; and

(c) those who attended as guests included:

(i) the Hon. Gladys Berejiklian, MP, Premier;

(ii) the Hon. Ray Williams, MP, Minister for Multiculturalism, and Minister for Disability Services;

(iii) the Hon. Victor Dominello, MP, Minister for Finance, Services and Property;

(iv) the Hon. Matt Kean, MP, Minister for Innovation and Better Regulation;

(v) the Hon. Scott Farlow, MLC, Parliamentary Secretary to the Premier (Leader of the House) in the Legislative Council;

(vi) the Hon. David Clarke, MLC, Parliamentary Secretary for Justice;

(vii) Ms Jodi McKay, MP, shadow Minister for Transport, shadow Minister for Roads, Maritime and Freight;

(viii) Mr Damien Tudehope, MP, member for Epping;

(ix) Mr Sumasy Singin, Consul General of Papua New Guinea;

(x) Ms Nancy Benitez Paez, Consul General of Colombia;

(xi) Mr Carlos Henrique Moojen De Abreu E Silva, Consul General of Brazil;

(xii) Mr Melih Karalar, Consul General of Turkey;

(xiii) Mr Keizo Takewaka, Consul General of Japan;

(xiv) Mr Yayan Ganda Hayat Mulyana, Consul General of Indonesia;

(xv) Mr Willem Cosijn, Consul General of The Netherlands;

(xvi) Mr Paulo Domingues, Consul General of Portugal;

(xvii) Mr Juan Manuel Molina Lamothe, Consul General of Spain;

(xviii) Mr Conrado Silveira Rodriguez, Consul General of Uruguay;

(xix) Mr Richard Broinowski, NSW President, Australian Institute of International Affairs;

(xx) Mr Kim Ellis, Director and Chief Executive, Centennial Parkland;

(xxi) the Hon. Warwick Smith, Chairman NSW, ANZ;

(xxii) Mr Troy Lennon, Classmate/History Editor, the *Daily Telegraph;* and

(xxiii) representatives from various Korean-Australian community organisations.

(2) That this House:

(a) congratulates and extends best wishes to the Republic of Korea and its citizens and also to the Korean-Australian community on the occasion of the celebration of the National Foundation Day of the Republic of Korea; and

(b) commends the Korean-Australian community for its ongoing and positive contribution to the State of New South Wales.

Motion agreed to.

NSW YOUNG AUSTRALIAN OF THE YEAR MACINLEY BUTSON

Mr JUSTIN FIELD (10:13): I move:

(1) That this House notes that:

(a) 17-year-old inventor and scientist Macinley Butson has recently been named the 2018 NSW Young Australian of the Year;

(b) this nomination stems from her invaluable contribution to the scientific and medical community while still being enrolled in year 12 at the Illawarra Grammar School;

(c) in 2017 Ms Butson made history as the first Australian to win the top medicine prize at the Intel International Science and Engineering Fair;

(d) one of Ms Butson's many innovative ideas is the "Smart Armour", a shield for breast cancer patients to wear on their non-treated breast while undergoing radiation treatment; and

(e) Ms Butson will represent New South Wales in Canberra on 25 January 2018 when the final four Australians of the Year are decided upon.

(2) That this House calls on the Government to acknowledge Macinley Butson's extraordinary achievement to science and medicine.

Motion agreed to.

BIRTH OF BAHA'U'LLAH 200TH ANNIVERSARY

The Hon. NATASHA MACLAREN-JONES (10:14): I move:

That this House notes:

(1) That a 200th anniversary celebration of the birth of Baha'u'llah was held at the Baha'i House of Worship in Ingleside on Sunday 15 October 2017.

(2) That members of the Baha'i faith have been active in Australia since 1920 and the Baha'i community now numbers some 4,500 people across New South Wales.

(3) That Sydney is home to one of eight Continental Houses of Worship around the world for the Baha'i faith.

(4) That the Baha'i faith promotes unity and equality by teaching the essential worth of all religions.

(5) That the Baha'i faith was founded by Baha'u'llah in 1863.

(6) That those in attendance at the 200th anniversary celebration of the birth of Baha'u'llah included:

(a) the Hon. Natasha Maclaren-Jones, MLC, representing the Premier, the Hon. Gladys Berejiklian, MP;

(b) the Hon. David Clarke, MLC, Parliamentary Secretary for Justice;

(c) Ms Sophie Cotsis, MP, representing the Leader of the Opposition, Mr Luke Foley, MP; and

(d) representatives of the Baha'i National Spiritual Assembly.

Motion agreed to.

INDIAN INDEPENDENCE DAY SEVENTY-FIRST ANNIVERSARY

The Hon. DAVID CLARKE (10:14): I move:

(1) That this House notes that:

(a) on Saturday 12 August 2017 the Council of Indian Australians Inc held a celebratory dinner and cultural performance at the Bowman Hall Blacktown, attended by several hundred members and friends of the Indian-Australian community to mark the seventy-first anniversary of the Independence Day of the Republic of India and to promote harmony between the Indian-Australian and wider Australian communities; and

(b) those who attended as guests included:

(i) the Hon. Gladys Berejiklian, MP, Premier;

(ii) Ms Jodi McKay, MP, shadow Minister for Transport, shadow Minister for Roads, Maritime and Freight, representing Mr Luke Foley, MP, Leader of the Opposition;

(iii) the Hon. Ray Williams, MP, Minister for Multiculturalism, and Minister for Disability Services;

(iv) Mr B. Vanlalvawna, Consul General for India in Sydney;

(v) the Hon. Tanya Davies, MP, Minister for Mental Health, Women and Ageing;

(vi) the Hon. Matt Kean, MP, Minister for Innovation and Better Regulation;

(vii) the Hon. David Clarke, MLC, Parliamentary Secretary for Justice and Mrs Marisa Clarke;

(viii) Dr Geoff Lee, MP, Parliamentary Secretary to the Premier, Western Sydney and Multiculturalism;

(ix) Mr Julian Leeser, MP, Federal member for Berowra;

(x) Ms Julia Finn, MP, member for Granville;

(xi) Mr Kevin Conolly, MP, member for Riverstone;

(xii) Mr Mark Taylor, MP, member for Seven Hills;

(xiii) Mr Damien Tudehope, MP, member for Epping, and Mrs Diane Tudehope;

(xiv) Councillor Reena Jethi, The Hills Shire Council, representing the Hon. David Elliott, MP, Minister for Counter Terrorism, Minister for Corrections, and Minister for Veterans Affairs;

(xv) Councillor Yvonne Keane, The Hills Shire Council;

(xvi) Councillor Susai Benjamin, Blacktown City Council;

(xvii) Councillor Moninder Singh, Blacktown City Council; and

(xviii) Dr Hari Harinath, Chairman of Multicultural NSW.

(2) That this House congratulates the Council of Indian Australians Inc on its ongoing cultural and charitable initiatives in New South Wales and particularly its executive for organising this event, comprising:

(a) Mr Mohit Kumar, President;

(b) Mr Nitin Shukla, Vice-President;

(c) Mr Sanjay Deshwal, Secretary; and

(d) Dr Vishal Behl, Treasurer.

(3) That this House extends its congratulations and best wishes to the Government and people of India and to the Indian-Australian community on the occasion of the seventy-first anniversary of the Independence Day of the Republic of India.

Motion agreed to.

TOUKLEY NEIGHBOURHOOD CENTRE

Mr SCOT MacDONALD (10:14): I move:

(1) That this House notes:

(a) the outstanding work of the Toukley Neighbourhood Centre, a registered charity which provides a range of recreational activities and services including Lakes Food Care, NILS [No Interest Loans Scheme], an OpShop, drop-in services, a client assistance program, a community cafe, frozen meals, laundromat, showers, a work for the dole program, a youth drop in service, art programs for children and adults, a community visitor's scheme and many other community programs;

(b) that the Toukley Neighbourhood Centre also partners with various other organisations to provide services, such as Together for Toukley, Wyong Interagency, Central Coast Connect Day, the Community Builders Network, the Central Coast Neighbourhood Centre Alliance, Surfside Church and St Vincent de Paul;

(c) the Toukley Neighbourhood Centre is run by a hardworking volunteer committee consisting of:

(i) Beverley Hopkins, Chairperson;

(ii) Gregg Gibbons, Vice-Chairperson;

(iii) Elizabeth Walker, Secretary;

(iv) Gail Rixom, Treasurer;

(v) Pam Stair, ordinary member;

(vi) Vicki Davidson, ordinary member;

(vii) Pauline Lyall, ordinary member; and

(viii) Karin McGann, ordinary member.

(d) Toukley Neighbourhood Centre operates with four part-time staff members funded by the Departments of Community Services, Social Services and Fair Trading plus the two social enterprises—LFC and Op Shop—together with a dedicated team of volunteers.

(2) That this House acknowledges and commends the Toukley Neighbourhood Centre, its board of management, staff and volunteers for their outstanding service to the community.

Motion agreed to.

INDO-AUSTRALIAN BAL BHARATHI VIDYALAYA GALA FUNCTION

The Hon. DAVID CLARKE (10:15): I move:

(1) That this House notes that:

(a) on Sunday 17 September 2017 the Indo-Australian Bal Bharathi Vidyalaya [IABBV] Hindi School Inc. held a gala function at the Thornleigh West Public School Community Hall to celebrate Hindi Day [Hindi Divas];

(b) the gala function was attended by several hundred members and friends of the Indian-Australian community;

(c) Hindi Day celebrates that on 14 September 1949 Hindi was adopted as the official language of India by India's Constituent Assembly and is now the second most spoken language in the world;

(d) those who attended the gala function as special guests included:

(i) the Hon. Ray Williams, MP, Minister for Multiculturalism, and Minister for Disability Services, and Mrs Wendy Williams;

(ii) the Hon. Victor Dominello, MP, Minister for Finance, Services and Property;

(iii) Ms Jodi McKay, MP, shadow Minister for Transport, and shadow Minister for Roads, Maritime and Freight;

(iv) Mr B. Vanlalvawna, Consul General of India in Sydney;

(v) the Hon. David Clarke, MLC, Parliamentary Secretary for Justice;

(vi) Dr Geoff Lee, MP, Parliamentary Secretary to the Premier, Western Sydney and Multiculturalism;

(vii) Mr Damien Tudehope, MP, member for Epping, and Mrs Diane Tudehope;

(viii) Mr Julian Leeser, MP, Federal member for Berowra;

(ix) Dr Hari Harinat, OAM, Chairman of Multicultural NSW, and Mrs Gayatri Harinath;

(x) Acting Assistant Commissioner John Duncan, NSW Police Commander—North West Metropolitan Region;

(xi) Mr Albert Vella, President of the NSW Federation of Community Language Schools;

(xii) Mrs Sheba Nandkedyar, Chair, Australia India Business Council;

(xiii) Professor Nihal Agar, AM, Chairman of the Hindu Council of Australia;

(xiv) Kamahl AM, entertainer;

(xv) Mr Neville Roach, AO;

(xvi) Mr Gambhir Watts, OAM, President of Bhavan Australia;

(xvii) Mr Gurdeep Singh, former councillor of Hornsby Shire Council;

(xviii) Mr Pranaj Kumar, CEO of State Bank of India;

(xviiii) Mr Raj Dutta, former councillor of Strathfield Municipal Council;

(xx) Mr Tilak Kalra, President, Australian Hindi Indian Association;

(xxi) Mr Dave Passi, President, Indian Seniors Group Hornsby;

(xxii) Mr Peter Kirkwood, PCYC;

(xxiii) Mr Bob Walker, President, ACIA;

(xxiv) Ms Cate Chapple, Principal, Saturday School of Community Languages;

(xxv) Ms Kathryn Methvyn, Principal, Parramatta North Public School;

(xxvi) Mr Vijai Dwivedi, President, Hindi Samaj;

(xxvii) Mr Santram Bajaj, former President of the Australian Hindi Indian Association;

(xxviii) Mrs Saba Abdi and Mrs Rekha Rajvanshi, founders of ILASA;

(xxix) members of the Indian ethnic media;

(xxx) students of the IABBV Hindi School and their parents;

(xxxi) teachers at the IABBV Hindi School and representatives of numerous Indian-Australian community organisations; and

(xxxii) members and friends of the Indian-Australian community.

(e) IABBV Hindi School, which was established 30 years ago, is a non-profit organisation run entirely by volunteers and is the first structured Hindi language institution in Sydney founded by its current President, Mrs Mala Mehta, OAM.

(2) That this House:

(a) congratulates the IABBV Hindi School on the occasion of its gala function held to celebrate the proclamation of Hindi Day by India's Constituent Assembly on 14 September 1949; and

(b) commends the ongoing good work of the IABBV Hindi School in Sydney, its teachers and students.

Motion agreed to.

DEEPAVALI FAIR, HARRIS PARK

The Hon. DAVID CLARKE (10:15): I move:

(1) That this House notes that:

(a) on Saturday 7 October 2017 a Deepavali fair organised by the Council of Indian Australians Inc was held in Harris Park to celebrate the Indian Festival of Deepavali, attended by several thousand members and friends of the Indian-Australian community; and

(b) those who attended as special guests included:

(i) the Hon. Alex Hawke, MP, Federal Assistant Minister for Immigration and Border Protection, representing the Hon. Malcolm Turnbull, MP, Prime Minister;

(ii) Ms Julie Owens, MP, Federal member for Parramatta, representing the Hon. Bill Shorten, MP, Leader of the Federal Opposition;

(iii) Dr Geoff Lee, MP, Parliamentary Secretary to the Premier, Western Sydney and Multiculturalism, representing the Hon. Gladys Berejiklian, MP, Premier;

(iv) Ms Jodi McKay, MP, shadow Minister for Transport, Roads, Maritime and Freight;

(v) Mr B. Vanlalvawna, Consul General of India in Sydney;

(vi) the Hon. David Clarke, MLC, Parliamentary Secretary for Justice;

(vii) Councillor Andrew Wilson, Mayor of Parramatta City Council;

(viii) Councillor Phillip Ruddock, Mayor of Hornsby Shire Council;

(ix) Mr Julian Leeser, MP, Federal member for Berowra;

(x) Mr Kevin Conolly, MP, member for Riverstone;

(xi) Mr Mark Taylor, MP, member for Seven Hills;

(xii) Ms Julia Finn, MP, member for Granville;

(xiii) Councillor Moninder Singh, Blacktown City Council;

(xiv) Councillor Susai Benjamin, Blacktown City Council; and

(xv) Councillor Steven Issa, Parramatta City Council.

(2) That this House commends:

(a) the Council of Indian Australians, particularly its executive, for organising a successful celebration of the Indian Festival of Deepavali in Harris Park and thus contributing to the cultural life of Sydney, comprising:

(i) Mr Mohit Kumar, President;

(ii) Mr Praful Desai, Vice-President;

(iii) Mr Sanjay Deshwal, Secretary; and

(iv) Dr Vishal Behl, Treasurer.

(b) the Indian-Australian community for its ongoing contribution to the cultural, social and economic life of the State.

Motion agreed to.

THIRD BATTLE OF YPRES COMMEMORATION

The Hon. NATASHA MACLAREN-JONES (10:16): I move:

(1) That this House notes that:

(a) the Third Battle of Ypres was fought in Flanders, Belgium, in 1917 and was a major offensive of the Allied Forces that included the battles of Menin Road, Polygon Wood, Broodseinde, Poelcapelle and the First Battle of Passchendaele; and

(b) these battles lasted for 102 days and saw 300,000 casualties, including 38,000 Australians.

(2) That this House further notes that:

(a) on Tuesday 26 September 2017 a Commemoration of the Centenary of the Third Battle of Ypres was held at the Anzac Memorial in Hyde Park, Sydney; and

(b) those in attendance at the Commemoration of the Centenary of the Third Battle of Ypres included:

(i) Professor the Hon. Dame Marie Bashir, AD, CVO, former Governor;

(ii) Mrs Andree Kerremans, Consul of the Embassy of Belgium, Canberra;

(iii) the Hon. Natasha Maclaren-Jones, MLC, representing the Hon. David Elliott, MP, Minister for Veterans Affairs;

(iv) Lieutenant Colonel Paul Simadas, RFD, Headquarters Australian Army Cadets, representing the Australian Army;

(v) Captain Steven Bowater, representing Rear Admiral Stuart Mayer, Fleet Commander;

(vi) Wing Commander David Mason, representing Air Vice-Marshal Steven Roberton, DSC, AM, Air Commander Australia;

(vii) Mr Harry Allie, BEM, Chair of the NSW Aboriginal and Torres Strait Islander Veterans Commemoration Services Committee;

(viii) Mr Ron Brown, President of the National Serviceman's Association (NSW);

(ix) Lieutenant Colonel Colin Dunston, RFD, Past President of Sydney Legacy; and

(x) Mrs Diane Vogt, representing the President, NSW War Widows Guild of Australia.

Motion agreed to.

GREECE NATIONAL DAY

The Hon. DAVID CLARKE (10:16): I move:

(1) That this House notes that:

(a) on Sunday 29 October 2017 the Order of the Australian Hellenic Educational Progressive Association of New South Wales [AHEPA New South Wales] held its annual celebration of the National Day of Greece at the AHEPA Hall Rockdale attended by members and friends of the Hellenic-Australian community;

(b) those who attended as special guests included:

(i) Dr Stavros Kyrimis, Consul General for Greece in Sydney;

(ii) the Hon. David Clarke, MLC, Parliamentary Secretary for Justice;

(iii) Mr Mark Coure, MP, Parliamentary Secretary for Transport and Infrastructure;

(iv) Councillor Alexandria Luxford, Deputy Mayor, Randwick City Council;

(v) members of the Hellenic Sub-Branch of the RSL NSW;

(vi) Mr John Kallimanis, President, Grand Lodge of AHEPA New South Wales and Mrs E. Kallimanis;

(vii) Dr Panayiotis Diamadis, Secretary of AHEPA New South Wales;

(viii) Miss Sianne Tsandidis, master of ceremonies for the event;

(ix) Mrs Charoulla Themistocleous, representing Hellenic students at Earlwood Public School;

(x) Mrs Anna Skribias, representing Clemton Park Public School;

(xi) Mrs Maria Anthony, President, United Pontian Benevolent Brotherhood "Pontoxeniteas" of NSW Ltd;

(xii) Mr Peter Tsigounis, President, Pan-Laconian Association (NSW);

(xiii) Mr Paul Theodorakopoulos, representing *O Kosmos* Australian Hellenic newspaper and 2MM Australian Hellenic Radio;

(xiv) Mr Kostas Kapodistrias, "Galaxias" Australian Hellenic Radio;

(xv) Mr George Giakoumidis, "Voice of AHEPA" program Radio 2NBC;

(xvi) Mrs Litsa Diakovasili, "AHEPA NSW" program 1638AM Australian Hellenic Radio;

(xvii) Mrs Hrisoula Tzambazi, Pan-Thracian Association of NSW "Demokritos"; and

(xviii) Hellenic students from Sans Souci Public School and Canterbury Boys High School.

(c) the program included:

(i) speeches from Mrs Christalla Koureas and students from Sans Souci Public School about studying Hellenic language, history and culture using electronic tablets donated by the Order of AHEPA NSW;

(ii) speeches from Mrs Nectaria Melas and Canterbury Boys High School students Dimitris Makapagal and Peter Mandatis about the reintroduction of Modern Greek into their curriculum;

(iii) recitation of a poem written by Mr Fanis Nikolareas to mark the final official appearance at a function at AHEPA Hall of Dr Stavros Kyrimis, Consul General for Greece prior to his departure from Sydney following the completion of his term in Sydney;

(iv) presentation of the Order of AHEPA New South Wales highest award to Dr Stavros Kyrimis for his services to the Australian Hellenic community and to the Order of AHEPA New South Wales; and

(v) an exhibition of photographs, caricatures and newspaper articles on Greece during the World War II period, including the support given by the Australia and New Zealand military forces in assisting the Greeks against invasion by the Axis powers.

(d) the National Day of Greece, also known as "Oxi" or "No" Day, signifies the day in 1940 when Greece refused to agree to military occupation by Fascist Italy resulting in an unsuccessful invasion of Greece by Italy and a subsequent successful invasion and occupation of Greece by Nazi Germany.

(2) That this House:

(a) congratulates and commends the Order of AHEPA New South Wales, particularly its President Mr John Kallimanis Secretary, Dr Panayiotis Diamadis and Executive members for organising and hosting the annual celebration of the National Day of Greece and for their ongoing work for the Australian Hellenic community; and

(b) extends greetings and best wishes to members of the Order AHEPA New South Wales and also to the wider Australian Hellenic community, on the occasion of the seventy-sixth anniversary of the National Day of Greece, also known as "Oxi" Day.

Motion agreed to.

CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS CONFERENCE

The Hon. DAVID CLARKE (10:16): I move:

(1) That this House notes that:

(a) on Sunday 27 August 2017 the Church of Jesus Christ of Latter Day Saints held a conference of its Harbour Stake Diocese at the Stake Centre of the Church at Greenwich attended by more than 1,000 members;

(b) those who attended included the following officials of the Church:

(i) Elder Keith P. Walker of the Eighth Quorum of the Seventy;

(ii) President Bardia Paki, Stake President of the Harbour Stake;

(iii) John Biddle, First Counsellor of the Harbour Stake;

(iv) Will Wolfgramm, Second Counsellor of the Harbour Stake;

(v) President Philip Howes, President of the Sydney North Mission;

(vi) Dalin Hamilton, Stake Director of Public Affairs;

(vii) Carolin Croker, Assistant Director;

(viii) Jing Xu, Assistant Director; and

(ix) David Meredith, High Council.

(c) the conference was also attended by the Hon. David Clarke, MLC, Parliamentary Secretary for Justice; and

(d) the Church of Jesus Christ of Latter-Day Saints, commonly referred to as the Mormons, has approximately 15 million members worldwide and over 135,000 members throughout Australia, each of whom is encouraged to contribute to the wellbeing of their local community.

(2) That this House:

(a) extends its best wishes and greetings to members of the Harbour Stake of the Church of Jesus Christ of Latter-Day Saints on the occasion of their annual conference held on Sunday 27 August 2017; and

(b) commends the Church of Jesus Christ of Latter-Day Saints for its ongoing program of humanitarian and charitable activities for the benefit of the community.

Motion agreed to.

APPRENTICE OF THE YEAR AWARD RECIPIENT EMMA GIBSON

Mr SCOT MacDONALD (10:17): I move:

(1) That this House notes that:

(a) at the recent New South Wales and Australian Capital Territory Group Training Awards, Ms Emma Gibson of Singleton was named Woman in Non-traditional Trade Apprentice of the Year;

(b) the award recognised Ms Gibson's outstanding performance and her passion for developing her career in engineering, which is generally considered a non-traditional industry for women; and

(c) the award tops off an illustrious four-year apprenticeship for Ms Gibson, who was also:

(i) named Woman in Non-traditional Trade Apprentice of the Year at the 2017 Hunter Valley Training Company Excellence Awards;

(ii) named 2016 Hunter Manufacturing Awards' Apprentice of the Year; and

(iii) presented with a tradesperson scholarship at the 2015 National Association of Women in Construction Awards.

(2) That this House congratulates and commends Ms Emma Gibson on her award of 2017 Woman in Non-traditional Trade Apprentice of the Year and extends its best wishes for a successful career in the future.

Motion agreed to.

SYDNEY SANSKRIT SCHOOL ANNIVERSARY

The Hon. DAVID CLARKE (10:17): I move:

(1) That this House notes that:

(a) on Sunday 5 November 2017 the Sydney Sanskrit School celebrated the eleventh anniversary of its founding as a Community Language School at a function held at Marsden Road Public School Liverpool, attended by several hundred members and friends of the Indian-Australian community;

(b) those who attended as special guests included:

(i) Mr Chandru Appar, Consul for Trade and Commerce of the Consulate General of India Sydney;

(ii) Professor Nihal Agar, President of the Hindu Council of Australia;

(iii) Dr Geoff Lee, Parliamentary Secretary to the Premier, Western Sydney and Multiculturalism;

(iv) Mr Paul Lynch, MP, member for Liverpool and shadow Attorney General;

(v) the Hon. David Clarke, MLC, Parliamentary Secretary for Justice;

(vi) Mr Albert Vella, President of the NSW Federation of Community Language Schools;

(vii) Mrs Manisha Gazula, Principal of Marsden Road Public School; and

(viii) representatives of numerous Indian-Australian community organisations.

(c) the Sydney Sanskrit School was founded by the School of Vedic Sciences (Australia) Inc. and is the first Sanskrit language community school in the Southern Hemisphere; and

(d) the Sanskrit language, which authorities designate as one of the world's oldest languages, is a classical language in a similar way to Latin and Ancient Greek and has important liturgical dimensions and is used particularly in poetry, music, yoga and science.

(2) That this House congratulates the Sydney Sanskrit School's President Karthik Subramanian, its Principal, and one of the founders Mrs Meena Srinivasan together with its teachers and students on the occasion of its recent function celebrating its establishment 11 years ago.

Motion agreed to.

AUSTRALIAN RED CROSS (NSW) ANNUAL GENERAL MEETING

The Hon. DAVID CLARKE (10:17): I move:

(1) That this House notes that:

(a) on Friday 13 October 2017 the Australian Red Cross (NSW) held its 103rd Annual General Meeting in Sydney;

(b) those who attended as guests included:

(i) His Excellency the Hon. T. F. Bathurst, AC, Lieutenant-Governor of New South Wales—keynote speaker;

(ii) Mr Michael Legge, National President, Australian Red Cross and keynote speaker;

(iii) the Hon. David Clarke, MLC, Parliamentary Secretary for Justice representing the Hon. David Elliott, MP, Minister for Counter Terrorism, Minister for Corrections, and Minister for Veterans Affairs;

(iv) Ms Judy Slatyer, Chief Executive Officer, Australian Red Cross and keynote speaker;

(v) Mr Sam Hardjono, Chair of NSW Divisional Advisory Board; and

(vi) volunteers and members of the Australian Red Cross and representatives of other community organisations.

(c) those who were presented with awards for service to the Australian Red Cross included:

(i) Outstanding Service Award: Rose Bransdon-Parkes, Margaret Dawson and Gloria Gallaher;

(ii) Distinguished Service Award: Sam Hardjono and Helen Lesley;

(iii) Distinguished Staff Service Award: Stephen Cashel;

(iv) Distinguished Team Award: Save-a-Mate, Trauma Teddies Greater Sydney; Archives Team, Red Ribbon Committee, Trauma Teddies Tamworth, Andrew Horne, Jawoon Kim, and Hannah Turnbull;

(v) Emma Geelan Award: George Hawrylin, special mention to Jennifer Kelly and Kristine Freeman;

(vi) Yvonne Kennedy Memorial Award: Edwina Doe, special mention to Jean Vickery; and

(vii) John Fries Memorial Trophy: Sue Roden, special mention to Judi O'Brie.

(2) That this House notes that the Australian Red Cross (NSW):

(a) provides vital support for vulnerable people living in the community and is part of an international humanitarian movement that helps tens of millions of people around the world each year; and

(b) is guided by the principles of humanity, impartiality, neutrality, independence, voluntary service, unity and universality.

(3) That this House:

(a) congratulates those who received awards for service to the Australian Red Cross (NSW) at its 103rd Annual General Meeting held in Sydney on 13 October 2017;

(b) congratulates those who assist the Australian Red Cross (NSW) both as employees or as volunteers; and

(c) commends the Australian Red Cross (NSW) for its outstanding and exemplary service to the people of New South Wales.

Motion agreed to.

APPRENTICE OF THE YEAR AWARD RECIPIENT BEN MCDONALD

Mr SCOT MacDONALD (10:18): I move:

(1) That this House notes that:

(a) at the recent New South Wales and Australian Capital Territory Group Training Awards Cessnock resident, Ben McDonald was bestowed the top honour of being named Apprentice of the Year;

(b) Mr McDonald, who is 25 years old, originally enrolled in a teaching degree at university after his Higher School Certificate but subsequently decided to study to become an electrician, following in the footsteps of his father and grandfather;

(c) in 2012 Mr McDonald applied for an electrical apprenticeship through HVTC Hunter; before accepting a position with host employer Peabody at its Jerry's Plains site;

(d) Mr McDonald achieved a Certificate III Electrotechnology—Electrician, having trained at the HVTC Skills Centre in Rutherford;

(e) HVTC CEO Sharon Smith made the following comments regarding Mr McDonald: "He is a fantastic ambassador for the vocational education and training sector. Ben is incredibly focussed, both personally and professionally, and has a bright future ahead of him. He has now accepted a permanent position with Peabody and they are to be credited for their role in making sure our young people secure quality employment outcomes"; and

(f) Mr McDonald has received numerous awards and scholarships during his four-year apprenticeship, including the 2017 Hunter Region Training Awards Apprentice of the Year.

(2) That this House congratulates and commends Mr Ben McDonald for his award of 2017 Apprentice of the Year and extends its best wishes to him for a successful career in the future.

Motion agreed to.

INDIAN INDEPENDENCE DAY

The Hon. DAVID CLARKE (10:18): I move:

(1) That this House notes that:

(a) on Tuesday 15 August 2017 the Consul General of India in Sydney Mr B. Vanlalvawna and his wife, Dr Rosy Khuma, hosted a reception at Pier One Sydney Harbour Walsh Bay to celebrate the seventy-first anniversary of the Independence Day of India which was attended by several hundred members and friends of the Indian-Australian community; and

(b) those who attended as guests included:

(i) the Hon. Ray Williams, MP, Minister for Multiculturalism, and Minister for Disability Services, representing the Hon. Gladys Berejiklian, MP; Premier;

(ii) the Hon. David Elliott, MP, Minister for Counter Terrorism, Minister for Corrections, and Minister for Veterans Affairs, and Mrs Nicole Elliott;

(iii) the Hon. Victor Dominello, MP, Minister for Finance, Services and Property;

(iv) Ms Jodi McKay, MP, shadow Minister for Transport, and shadow Minister for Roads, Maritime and Freight;

(v) the Hon. David Clarke, MLC, Parliamentary Secretary for Justice, and Mrs Marisa Clarke;

(vi) the Hon. Matt Kean, MP, Minister for Innovation and Better Regulation;

(vii) Dr Geoff Lee, MP, Parliamentary Secretary to the Premier, Western Sydney and Multiculturalism;

(viii) Mr Jonathan O'Dea, MP, Parliamentary Secretary to the Premier and Treasurer;

(ix) the Hon. Daniel Mookhey, MLC;

(x) Mr Damien Tudehope, MP, member for Epping;

(xi) Mr Mark Taylor, MP, member for Seven Hills;

(xii) members of the NSW Consular Corps;

(xiii) Ms Sheba Nandkedyar, Chair, Australia India Business Council;

(xiv) Ms Patricia Forsyth, Executive Director, Sydney Business Chamber; and

(xv) presidents of various Indian-Australian organisations including the United Indian Association, Federation of Indian Associations of NSW, Council of Indian Australians Inc, India Club Inc and the Mangalore Catholic Society of Sydney.

(2) That this House:

(a) congratulates and extends best wishes to the Government and People of the Republic of India and to the Indian-Australian community on the celebration of the seventy-first Anniversary of Independence Day; and

(b) commends the Indian-Australian community for its ongoing contribution to the social, cultural and civic life of New South Wales.

Motion agreed to.

TRIBUTE TO MRS WENDY ARCHER, AM

Mr SCOT MacDONALD (10:18): I move:

(1) That this House notes that:

(a) Port Stephens resident Mrs Wendy Archer, AM, announced on Saturday 4 November 2017 that after 15 years as President of New South Wales Netball Association Ltd she will be retiring in March 2018;

(b) Mrs Archer has served with distinction on the Board of the New South Wales Netball Association since 1999, having held the position of vice-president for four years from 1999 to 2002;

(c) Mrs Archer also served on a number of sub-committees including the NSW Umpires' and Appointments Committee, Board Performance and Remuneration Committee and Netball NSW Board of Strategic Development Committee;

(d) since 2003 Mrs Archer has served as the Delegate to Netball Australia and the New South Wales Olympic Council;

(e) during her time as president, Mrs Archer spearheaded the campaign for a new home for netball, achieving the building of the $35 million Centre of Excellence—Netball Central at Olympic Park which was officially opened on 6 February 2015;

(f) in honour of her outstanding service to netball in New South Wales, Mrs Archer was appointed a member of the Order of Australia in 2005 and was bestowed Life Membership of New South Wales Netball Association Ltd in 2016;

(g) Mrs Archer is a past president of the Port Stephens Netball Association, is a life member and patron of the association and has held numerous executive and committee positions over 32 years, including various positions at club level; and

(h) Mrs Archer is a highly respected National A Badged umpire having umpired for many years at the elite level and holds a Level 1 Sports Administrator's Certificate.

(2) That this House acknowledges and commends the outstanding service to netball of Mrs Wendy Archer, AM, particularly while providing strong leadership of New South Wales Netball Association Ltd over the last 15 years as its president.

Motion agreed to.

BIRTH OF BAHA'U'LLAH 200TH ANNIVERSARY

The Hon. DAVID CLARKE (10:19): I move:

(1) That this House notes that:

(a) on Sunday 15 October 2017 the Australian Baha'i community celebrated the 200th anniversary of the birth of its founder Baha'u'llah with a special interfaith service and reception at the Baha'i House of Worship at Ingleside, which was attended by members and friends of the Baha'i community;

(b) those who attended as guests included:

(i) Mr Jason Falinski, MP, Federal member for Mackellar, representing the Prime Minister, the Hon. Malcom Turnbull, MP;

(ii) the Hon. Natasha Maclaren-Jones, MLC, Government Whip in the Legislative Council representing the Premier, the Hon. Gladys Berejiklian, MP;

(iii) Ms Sophie Cotsis, MP, shadow Minister for Women, Disability Services and Multiculturalism and Ageing, representing Mr Luke Foley, MP, Opposition Leader;

(iv) the Hon. David Clarke, MLC, Parliamentary Secretary for Justice;

(v) Mr Julian Leeser, MP, Federal member for Berowra;

(vi) Councillor Phillip Ruddock, Mayor of Hornsby Shire Council and former Federal Attorney General and Special Envoy for Human Rights;

(vii) Councillor Dominic Wy Kanak, Deputy Mayor of Waverley Council;

(viii) the Hon. John Dowd, AO, QC, former Justice of the Supreme Court and former Attorney General;

(ix) Mr Abdul Majid Yousfani, Consul General of Pakistan in Sydney;

(x) Mrs Daniela Stan, Consul of Romania in Sydney; and

(xi) representatives and members of the diverse faith communities of New South Wales.

(c) Baha'i community leaders who attended included:

(i) Mr Taraz Nadarajah representing the Baha'i Continental Board of Counsellors for Australasia;

(ii) four members of the National Spiritual Assembly of the Baha'is of Australia: Mr Mathew James, Professor Fariborz Moshirian, Mrs Saloomeh Mohebbaty and Mr Shahram Noorgostar; and

(iii) Ms Ida Walker, National Director of Public Discourse for the Australian Baha'i community, who was the master of ceremonies and lead organiser.

(d) beliefs and values upon which the Baha'i faith is founded include:

(i) there is only one God called by different names around the world;

(ii) the world's major religions come from God, part of one evolving eternal faith;

(iii) mankind is one family, destined to live in peace and harmony;

(iv) every human being is inherently noble;

(v) women and men are equal;

(vi) religion and science must be in harmony; and

(vii) individuals should investigate truth for themselves.

(2) That this House:

(a) congratulates members of the Australian Baha'i community on the occasion of the 200th anniversary of the birth of their founder Baha'u'llah; and

(b) commends members of the Australian Baha'i community for their commitment to interfaith harmony and for their ongoing and positive contribution to the cultural, religious and social life of the State.

Motion agreed to.

Committees

COMMITTEE ON THE INDEPENDENT COMMISSION AGAINST CORRUPTION

Report: Protections for People who Make Voluntary Disclosures to the Independent Commission Against Corruption

The Hon. TREVOR KHAN: I table report No. 4/56 of the Committee on the Independent Commission Against Corruption entitled "Protections for people who make voluntary disclosures to the Independent Commission Against Corruption", dated November 2017. I move:

That the report be printed.

Motion agreed to.

The Hon. TREVOR KHAN (10:20): I move:

That the House take note of the report.

This is a unanimous report, as is often the case from the Committee on the Independent Commission Against Corruption [ICAC]. The inquiry came about because of a concern that the protections provided to people who make voluntary disclosures to the ICAC are currently patchy and unclear. Protections vary according to whether the person making the disclosure is doing so voluntarily or under compulsion and whether he or she is a public official. It is vital that whistleblowers receive appropriate protection from criminal, civil and disciplinary liability for disclosing information to the ICAC. If they are discouraged from doing so, opportunities will be missed to detect, expose and prevent corrupt conduct in this State. As a result of its inquiry, the committee has made a suite

of practical recommendations designed to provide more comprehensive protection for whistleblowers into the future. The committee heard from a variety of stakeholders during the inquiry process and all members of the committee would like to thank each and every one of them for their participation. It is through the expression of their expert knowledge that the committee is able to make suggestions for improvement to the current system.

Debate adjourned.

Petitions

PETITIONS RECEIVED

Voluntary Assisted Dying

Petition requesting the House to unanimously oppose the Voluntary Assisted Dying Bill 2017, received from **the Hon. Greg Donnelly**.

Committees

PORTFOLIO COMMITTEE NO. 5 – INDUSTRY AND TRANSPORT

Reference

The Hon. ROBERT BROWN: In accordance with paragraph (2) of the resolution of the House establishing the portfolio committees, I inform the House that on 15 November 2017 Portfolio Committee No. 5 - Industry and Transport resolved to adopt the following terms of reference:

(1) That Portfolio Committee No. 5 - Industry and Transport inquire into and report on the expenditure, performance and effectiveness of the Roads and Maritime Services Windsor Bridge replacement project, and in particular:

- (a) the current Windsor Bridge, including its maintenance regime, renovations methods and justification for demolition;
- (b) the replacement bridge project, including:
  - (i) options presented to the community;
  - (ii) post-construction strategic outcomes, including traffic benefits, transport and network service capacity;
  - (iii) economic, social and heritage impacts;
  - (iv) flood immunity benefits;
  - (v) project assessment process;
  - (vi) planning and procurement strategies and associated project costs;
  - (vii) cost benefit analysis process; and
- (c) any other related matter.

(2) That the committee report by 29 June 2018.

Business of the House

SUSPENSION OF STANDING AND SESSIONAL ORDERS: ORDER OF BUSINESS

The Hon. NATASHA MACLAREN-JONES: I move:

That standing and sessional orders be suspended to allow the moving of a motion forthwith relating to the conduct of the business of the House this day.

Motion agreed to.

ORDER OF BUSINESS

The Hon. NATASHA MACLAREN-JONES: I move:

That the order of Private Members' Business for today be as follows:

(1) Private Members' Business item No. 1520 outside the Order of Precedence standing in the name of the Hon. Trevor Khan relating to the Voluntary Assisted Dying Bill 2017;

(2) The debate on the Voluntary Assisted Dying Bill 2017 take precedence of all other business on the *Notice Paper* this day until concluded or adjourned.

Motion agreed to.

Bills

VOLUNTARY ASSISTED DYING BILL 2017

Second Reading Debate

Debate resumed from 21 September 2017.

The PRESIDENT: Before I call the Hon. Walt Secord, on behalf of all members I welcome all visitors in the public gallery to the New South Wales Legislative Council. I know they are here to watch the proceedings. A number of rules apply not only to members but also to people in the public gallery who will be listening to the debate. No matter what they think about what is said, they need to listen to the debate quietly. Applause, jeering or any other gestures are not permitted. Visitors are also not to attempt to talk to members in the Chamber. If they have something to say to those who are seated next to them I ask them to do so quietly. There should be no audible conversation. Photographs and filming are not permitted apart from the media photographers who have been authorised to do so. Please follow any instructions by officers of Parliament. No signs or other props are to be utilised during the debate.

The Hon. WALT SECORD (10:41): I contribute to debate on the Voluntary Assisted Dying Bill 2017 which was introduced by the Hon. Trevor Khan, Deputy President and Chairman of Committees and a Nationals member of Parliament. I acknowledge that this bill was developed in conjunction with an informal parliamentary working group comprising a number of members from various parties. This bill, while simple, is historic. It has significant and far-reaching implications and it encapsulates more than the simple slogan of the right to die. Today we are debating laws to regulate medical intervention to end a patient's life and to prescribe drugs with the intention of ending a patient's life.

The PRESIDENT: Order! If members wish to converse they should leave the Chamber.

The Hon. WALT SECORD: I know that doctors and nurses, like the whole community, are divided on this issue. Young doctors will tell us that early in their training they quickly realise there are three key prohibitions in medicine: they should not have intimate relationships with their patients; they should not financially benefit beyond what is seen as reasonable compensation for their professional services; and, finally, and most importantly, they should never intentionally kill a patient. I note that there are very different views within the medical profession on euthanasia.

On 18 October in Victoria, Australian Medical Association national president Michael Gannon indicated that his views differed from various State and Territory bodies of the Australian Medical Association. However, I note that in New South Wales the NSW Nurses and Midwives Association supports this legislation. Opinion is divided. I have spoken with many doctors and nurses in a private capacity about this matter and I have heard the arguments on both sides. Very few doctors and nurses outside official organisations are comfortable going on the record about their own professional experiences involving euthanasia or end-of-life matters. They flatly refuse to say whether they have informally experienced or been involved in this area.

However, nurses and doctors acknowledge that they have always had more power than their patients, particularly in terminal illnesses, and their patients almost always defer to them, their judgement and advice. There is a real power imbalance that should be, and that has to be, acknowledged. The recent select committee on off-protocol prescribing of chemotherapy in New South Wales heard evidence from families, including in-camera evidence, that they accepted without question their doctor's recommendation for treatment. From a personal perspective I do too—that is, until recently. In recent months I found myself pressing specialist doctors about their approaches to my treatment. They were surprised but pleased to respond to my questions on why they were ordering particular tests and not others.

Without going into details, I asked one specialist why he had not sought a particular test and he replied that he had ruled out a particular ailment in a previous test. I said to the specialist, "It would have been nice if you had shared that information with me earlier." He nodded, agreed and was slightly embarrassed. Doctors, nurses and other allied health professionals often observe that there is a conflict or paradox in the euthanasia debate. As a society we have the desire for unlimited medical treatment and procedures, especially for the extremely frail and aged, which is almost a desire to master mortality. There is also a movement in some circles towards physician-assisted death. Today we must attempt to navigate and resolve this paradox.

I have thought long, hard and often about this law. When it comes to a division I will be voting against the bill. My views have been on the public record for a long time but I again wish to express them clearly. I have said in this Chamber before that at another time in my life and my career I supported the concept of legislation on euthanasia. Years later I now see that I did so without fully considering or understanding why, or the implications of the legislation. Previously I would have supported the concept of ending someone's life if that person thought

it was no longer possible to go on. I no longer hold that view; I realise it is much more complex. To this day I have great sympathy for any person for whom voluntary end of life is a real consideration. I have met with proponents who want laws passed and with those opposed to its passage. After those meetings I still believe that the best course forward is to provide better palliative care.

The moral worth or measure of a society is how it cares for the vulnerable. By that measure we do not do so well. I have spoken to many doctors, especially those in palliative care, and they believe that much of the suffering of patients with advanced illnesses is entirely preventable or manageable. A look at my parliamentary and public record will show that I have been a strong advocate on this point—that is, supporting palliative care and opposing legalising euthanasia. In June 2012 I gave a lengthy adjournment speech expressing my reservations about euthanasia laws and supporting palliative care.

The bill before us today is a legal framework—a legal codification for assisted death. In around 2008 I reached the conclusion that it was not possible to codify this aspect of human desire—that is, the desire to decide the time and manner of a person's death. I acknowledge the strength and perennial nature of that desire. To argue against this bill is not to deny the strong emotional and compassionate desire behind it but rather the capacity of our legal system to codify that desire. I have not yet seen—I do not believe it is possible to develop—adequate legislative safeguards to protect people from the misuse of these laws. I have not seen a legislative model in this area that cannot be exploited or manipulated. I cannot support any gaps for exploitation when the consequences are so final. Furthermore, I agree with former Prime Minister Paul Keating. On 20 October he warned that protections for the most vulnerable of all people—those in the end stages of life—were highly problematic. He said:

> … the advocates support a bill to authorise termination of life in the name of compassion, while at the same time claiming they can guarantee protection of the vulnerable, the depressed and the poor. No law and no process can achieve that objective. Currently, 14 jurisdictions in the world provide access to assisted dying or voluntary euthanasia. In North America experts for and against euthanasia look to Oregon and Canada. In Europe, they look to Switzerland and the Benelux countries of Belgium and the Netherlands for data, research and legislative frameworks. Humans have always grappled with this issue. In 1906 the Ohio state legislature debated an Act concerning administration of drugs to mortally injured and diseased persons, which tried to legalise euthanasia. After debate it was overwhelmingly rejected.

I note in the words of the Hon. Trevor Khan that the bill follows the State of Oregon model of voluntary assisted dying, which requires self-administration. It does not follow the broader European model of voluntary euthanasia like the Netherlands and Belgium. I do not believe it is possible to put in place sufficient safeguards and protections to prevent abuses in this law. This is before we consider the invidious pressures of spiralling medical costs, which will become more pressing in Australia as our population grows due to the rising birth rate, immigration compounded with our longevity, financial burdens on families, emotional burdens on relatives who see a loved one's protracted death as a problem to be fixed rather than a process in life to be accepted, or the process of manipulation due to inheritances—or what some have described as inheritance impatience.

I appreciate that my stance today will seem to be in conflict for some compared with my position on many other so-called conscience issues. Members would be aware of my support for a progressive social agenda, which I hope to bring to the area of health policy if I am fortunate enough to be the health Minister in a future State Labor government. I have been on the record for years in support of marriage equality and I am pleased with yesterday's result of the national plebiscite. Several years ago, I was the only New South Wales right-wing Australian Labor Party member to march in the Gay and Lesbian Mardi Gras alongside Rainbow Labor. I have also strongly opposed the abhorrent practice of the so-called gay conversion therapy, especially for minors. I defend a woman's right to choice on reproduction matters. Furthermore, I strongly support having strict exclusion zones for protesters outside women's health clinics. I believe that drug use in our society requires a broader policy response than just policing and law enforcement, and we should consider and debate the implications of limited decriminalisation of specific drugs. Drugs should be seen as a health challenge.

On social policy, many of those opposite would view me as progressive. But it is wrong to see euthanasia in pure Left or Right political terms as it does not fall easily or cleanly along traditional conservative progressive political divides. I made this point in an op-ed in the *Sydney Morning Herald* published on 2 September. In fact, I feel I stand apart from many of my colleagues on euthanasia. I may be an outlier on this issue, but that is okay. My position on this issue should not be new to attentive members of this Chamber. I have spoken publicly on numerous occasions about my concerns—once in an adjournment speech on 14 June 2012 and in a contribution to a private member's bill on 9 May 2013 which was put forward by The Greens MLC Cate Faehrmann. I acknowledge that today's bill is much more sophisticated than the 2013 Cate Faehrmann bill.

I also note that in Australia over the past 25 years various State and Territory parliaments have debated bills on euthanasia on approximately 50 separate occasions, including 15 times in South Australia, earlier this year in Tasmania, and most recently in Victoria. I acknowledge that today's bill has a number of attempted oversights or restrictions and this includes limits to people over the age of 25, a 48-hour cooling off period and a

family member having the ability to challenge the patient's eligibility in the Supreme Court. In addition, a person would have to be "in reasonable judgement" expected to die from his or her illness within 12 months and be experiencing "extreme pain, suffering or physical incapacity". Furthermore, the decision must be signed off by two medical practitioners, including a specialist, and the patient must be assessed by an independent psychiatrist or psychologist. The Victorian bill prohibits a medical practitioner initiating discussion with a person about voluntary assisted dying; this bill does not have that protection. In comparison to the Khan bill, the 2013 Faehrmann bill was amateurish and simplistic. My views and concerns on euthanasia and the ability to codify it successfully remain.

My views on euthanasia and palliative care were dramatically reshaped in my time as the chief of staff to the Federal aged care Minister from 2007 to 2009. This area of health policy forced me to confront death on a daily basis. Admittedly, we are living longer. Australians now have some of the longest life expectancies in the world along with the Icelanders, Japanese and the Spanish. A child born in New South Wales today can rightly live to be more than 100 years old. My time in aged care was a heart-wrenching time, but it was also a time of personal emotional development. I saw practices in southern Queensland and Victoria by commercial for-profit aged care providers that were truly disturbing. It was during this time that I saw firsthand the experiences of those in our nation's aged care facilities and how it was almost impossible, despite our best intentions, to protect the most vulnerable from manipulation and exploitation.

I am not alone on this point of view. I have received dozens 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. No-one is wrong; I cannot stress that enough. Those who rang in support of the bill were not wrong, nor were those who were against it. There is no clear right or wrong on this issue, only conscience and conviction. I respect all speakers who bring their conscience to the Chamber today. I acknowledge this is a passionate issue and perhaps it is an avoidable one—if only our Government and health services could focus their energy on avoiding the pain and suffering that is the driver behind seeking to legalise the right to die.

I make one observation to those who may encourage passage of this bill with amendments if it reaches the Committee stage: I urge great caution. I believe there is some validity to the argument that the effect of the passage of this bill will lead to "the normalisation argument" or to a shift in attitudes. I am not referring to extreme claims that the legislation will lead to Nazi-like involuntary euthanasia of children, the mentally ill or persons with Down syndrome, or involuntary plug-pulling, or, as the former Alaskan Governor and failed United States vice-presidential candidate Sarah Palin claimed, there will be so-called death panels. These are false and invalid comparisons.

If this bill passes, I do not believe that in the short term there will be a stampede of people choosing euthanasia. But it is important and responsible to make a closer examination of the experience in Belgium and the Netherlands. In the past 10 years both jurisdictions have experienced a steady increase in the number of people using the legislation, and the number of deaths attributed to euthanasia. In the Netherlands in 2002, 1.3 per cent of deaths were attributed to euthanasia assisted suicide. In 2015 it increased to 3.9 per cent or 5,516 deaths attributed to euthanasia or assisted dying. Some may disagree, but to me this indicates a normalisation or a gradual acceptance of the practice. This has occurred due to the existing laws. Situations developed—albeit on a small scale—where physicians and patients became more comfortable with ending a life. Canadians, Americans and Europeans became a bit more comfortable having assisted dying as an option.

Over time we have seen a shift in these laws. We have seen a broadening and loosening of the laws in Belgium and the Netherlands. Originally, Belgian legislators assured the community the laws would not extend to children. However, in 2014 the bill extended the right to die to those under the age of 18. Belgium is the only country that allows euthanasia for children of any age. Meanwhile, the Netherlands also allows so-called mercy killings for children, but only those aged 12 and over. We also have to be mindful that once there is a statute on the books it is very difficult to undo the laws. I acknowledge that something similar occurred in the Northern Territory in 1995—more than two decades ago—but that was a different matter. At the time, four people were able to use the legislation before it was overturned by the Howard Government. The Northern Territory laws were not unwound but, rather, constitutionally displaced and in circumstances that were unique to the status of the Northern Territory as a Territory of the Commonwealth and not as a State, as is New South Wales.

To give an example of how the laws change, I point to a change just last year in Europe. In 2016 the Dutch Government announced that it intended to draft a law that would legalise assisted suicide for people who feel they have a so-called "completed life" but they were not necessarily terminally ill. When the Netherlands was the first country to legalise euthanasia in 2002, the laws extended to patients who were considered to be suffering unbearable pain with no hope of a cure. The Dutch health and justice Ministers now say that people who "have a well-considered opinion that their life is complete must, under strict and careful criteria, be allowed to finish that life in a manner dignified for them". It was expected to be presented before the end of this year. Unfortunately,

if the New South Wales bill passes or is amended greatly and then passes, I know that in a few years we will be looking at similar legislation which will remove some of the safeguards. This occurred in both the Netherlands and in Belgium, despite assurances to the contrary. [*Extension of time*]

In conclusion, rather than attempt euthanasia laws, the Berejiklian Government should do more in palliative care to alleviate pain and suffering. Regardless of the result of this bill, I believe that all State, Territory and Federal governments should be strengthening palliative care. Palliative Care Australia says that at least one in four Australians who die each year do not have access to much-needed palliative care. 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 care experts say we now have reached the stage at which we have the expertise to respond through medication to almost all levels of pain. I have spoken to medical doctors who are experts in this area. They back up that statement. That is the reality of modern medicine and advances in modern science.

I have spoken to palliative care doctors who argue that rather than creating a perceived need for euthanasia or doctor-assisted suicide, we should be emphasising the advances in medicine and in life-sustaining techniques and technology that can help overcome the pain. Palliative care is about helping people leave this world with respect, dignity and minimal pain. And we all want that. No matter where we stand on this bill, we agree on that aim. I acknowledge that patients in rural and regional areas and in Indigenous and culturally and linguistically diverse communities face particular challenges when it comes to accessing palliative care. New South Wales has only 76 palliative care specialists in the entire State—and nine out of 10 of those physicians work in major centres. Therefore, I believe that more needs to be done in this area.

I hope the Berejiklian Government increases funding and support in the field of palliative care. It should also accelerate and broaden the access to medicinal cannabis for the terminally ill and patients with certain chronic conditions. To give a comparison, the Canadian Government says that 40,000 Canadians are authorised to use medical cannabis, whereas in Australia it is believed to be less than 15 patients nationally are authorised to do so. Patients have been very critical of NSW Health, saying they are very conservative in this area of medicinal cannabis. In conclusion, it is through minimising pain that we can properly and ethically help the elderly or those struck down with terminal illness to have dignity. Unfortunately, but understandably, many in the community confuse minimising pain with euthanasia. They are entirely different areas. They are different medically. They are different ethically. They are certainly different legally. For this, and the other reasons I have outlined, I will oppose the Voluntary Assisted Dying Bill 2017.

The Hon. TAYLOR MARTIN (11:04): I refer to the Voluntary Assisted Dying Bill 2017 and will explain why I will be voting against the bill. Firstly, I acknowledge up-front that the concept of assisted dying resonates with many at face value or when initially prompted for their response. I believe that is because our heart aches when we hear about people who have a difficult end-of-life experience. We have parents, spouses, siblings and friends who have suffered terribly in the final weeks and days of their lives, and we wish to take that pain away for others.

When people contemplate their own or their loved ones mortality, we hope their departure from this life will be swift and uncomplicated. When we witness the suffering of others or when we ponder our own death, it is easy to reach the conclusion that we should allow any means to avoid the pain. I do not want to diminish this view, because, at its core, assisting those that we love is what it means to be human. To act on your emotions, to remove their suffering, is to act out of compassion. Today, however, we must consider all the consequences of sanctioning suicide. We cannot consider just the heartache that comes from witnessing a loved one's pain. It is our obligation as legislators to objectively consider all outcomes and to strive to investigate to the best of our ability all unintended consequences that would arise from legalising suicide.

Assisted suicide is legal in so few places in the world that barely 5 per cent of the world's population live in a jurisdiction that allows it. I do not think it would be wise for Australia, or New South Wales, to become an early adopter of the law. I do not believe that our population should be one of the first few jurisdictions to attempt to work through implementing such a scheme as this. I belong to a demographic where the number one cause of death is suicide. It is a tragic problem which affects young people disproportionately. When I was growing up three of my closest friends attempted to commit suicide by three very different means, each of them in an effort to end their own suffering and helplessness from depression. Of all the reasons why one should vote against legalising suicide, this is the one that troubles me personally the most. Those three people are still with us today because they realised after having been hospitalised that it is in fact wrong to take a life—even if it is one's own.

To legalise and to normalise suicide would, in my opinion, permanently change the long-held view of society that life is sacred and that we do not take away life in a civilised society. Studies show that this has been the case in jurisdictions where they have allowed this normalisation of suicide. Oregon, for example, has seen a suicide rate that has steadily increased from the year 2000. The rate of suicide in Oregon is 42 per cent higher than the national average in the United States of America, according to the Oregon Health Authority. Normalising

any form of suicide changes our view of death. It makes it an acceptable alternative to physical and possibly even mental pain.

When we are close to death we look towards healthcare professionals to reduce our pain and suffering, with the understanding that sometimes it may be futile. But I do not understand how this has been reduced to what Dr Khoury described to me as "the misguided concept that to kill is to do good". One of the main reasons why Australia stopped the barbaric practice of capital punishment is because it is so final. We would not reconsider the death penalty primarily because we fear the circumstance of having even one innocent person put to death. We must consider this bill through a similar lens. As I look at all members, I ask whether they are personally prepared to wear the responsibility of having approved suicide? Are they okay with just one person who was falsely diagnosed or felt pressured to relieve a perceived burden they felt they placed on their family taking the option of assisted suicide? When most supporters of assisted suicide think about the pain and suffering that is being experienced, will be experienced or was experienced, they view it from the prism of how their own family would approach a loved one's pain. But we must make the law for everyone.

My colleagues and I are lucky to belong to the families that we do, but others are not in a similar situation. There is no safeguard strong enough to prevent the change that this will bring about in our society. It is not far-fetched to imagine that this bill will result in people dying who should not. It is not hard to imagine a scenario where an elderly person who is incredibly sick and in terrible pain and yet still yearns for life feels pressured by family to be assisted to suicide and cease to be a burden. It is not far-fetched to imagine a scenario where somebody is given a terminal diagnosis when it may not actually be the case.

Some will argue against the breaking of the Hippocratic oath. Some have argued that doctors cannot in fact predict the term "until death" with the degree of accuracy necessary for the process in this bill to reflect reality. Some believe that this would create two tiers of patient care: those whose lives we honour and strive to maintain and improve; and those who we decide are not worthy to continue assisting and caring for who will receive permission to die and be given the lethal prescription. I have heard from many people that this is a threshold that once crossed will have no way back. The only way to go in years to come will be to loosen the restrictions, perhaps including mental health issues or even lowering the age from the 25 years that this bill specifies. I do not believe it is far outside the realms of possibility that this legislation if passed will be amended in future parliamentary terms to loosen the conditions of eligibility.

My fellow members and I have received an inordinate amount of correspondence on this topic in recent months. One piece came to me from Rita, who wrote to tell me about her diagnosis that gave her a life expectancy of just one month. That was six years ago. Rita received excellent medical care but she still experienced pain and side effects from the medication. It is not far-fetched to imagine a scenario in which someone like Rita would opt for assisted suicide and deprive herself, her family and her community of her additional years. I have received a significant amount of correspondence from doctors and nurses involved in palliative care and organisations that represent these medical professionals. The correspondence from these groups is near universal in its opposition to assisted suicide. This opinion is reflected in the results of a survey of Australian Medical Association members, which found that doctors who regularly deliver end-of-life care to patients are among those that have the greatest opposition to euthanasia and assisted suicide. We have an issue to address. How do we as a society provide for our most vulnerable when they are mentally and physically drained, when they are in their final days on earth and not the same as they once were? Allow me to quote St Vincent's HealthCare director of palliative care, Dr Richard Chye, who wrote:

> ... my view, after a lifetime's work in palliative care—having stood at the bedside of thousands of dying people—is that none of the issues that bring us to this point will be solved by introducing assisted suicide ...
>
> What will help requires more of ourselves, our institutions and authorities: adequate funding of quality palliative care for all, and nothing short of a revolutionary change in the way we discuss, respond to, and accept death—both as individuals and as a society. Almost every aspect of the way our society approaches death—including within healthcare—needs rethinking.
>
> ...
>
> No terminally ill Australian should ever find themselves in the position of being unable to experience quality palliative care but able to access assisted suicide.

I am proud to be part of a government that has recognised this and is investing heavily into palliative care services, with an additional $100 million over the next four years going to training more than 300 nurses and allied health staff, an additional 30 palliative care nurses in New South Wales, additional palliative care services in rural and regional areas, and funding to better integrate palliative care into current health services. I know that many of my colleagues, many of the people of New South Wales and I do not accept the proposition that dignity is about the choice to die rather than the choice to live and be among us all, even in the most insidious circumstances imaginable, be they physical or mental.

The Hon. PENNY SHARPE (11:14): I support the Voluntary Assisted Dying Bill 2017. I commend the cross-party working group members the Hon. Lynda Voltz, the Hon. Trevor Khan, Dr Mehreen Faruqi, the member for Heathcote, Lee Evans, and the member for Sydney, Alex Greenwich. For all the talk about consultation or the lack of it in this place, this group has done the hard yards. They received 72 submissions and actually changed their bill as a result. We should all take note. This is a conservative bill. If passed, it will provide a small number of terminally ill people whose pain and suffering cannot be alleviated by other means the ability to get assistance to end their lives. By passing this bill we will give terminally ill people the ability to take control of their lives in the toughest of times and in circumstances each of us hopes we will never find ourselves.

Four years ago many in our community looked to this Parliament to work through the issues and establish the rules by which voluntary assisted dying could operate in New South Wales. Four years ago we debated a similar bill. While it was an important attempt, the bill could find only 13 votes in this Chamber. We failed. That failure to pass the legislation was more than a passing inconvenience. It had a direct impact on many people for whom the bill would have given comfort and support at the most difficult point of their lives. Some of the advocates for assisted dying have since died. At least one of them took their own life.

We know from numbers presented by the Victorian Coroner that 240 people with irreversible physical health conditions committed suicide between 2009 and 2013. Those 240 people took their lives through awful means. They used poisonings, hangings, firearms, asphyxiation, motor vehicle exhaust, trains, buildings and sharp objects. Those people died alone and in terrible circumstances. There is nothing to suggest that the numbers in New South Wales would be any less horrifying. This is why this bill is so important. I ask those who struggle with the idea of the State assisting people to die to think about the status quo, which is failing to provide the support, compassion and care that our fellow humans need in the final stages of their lives. I commend the efforts of the passionate supporters of palliative care and join them in their advocacy. No matter what happens with this bill, palliative care needs more resources.

Failure to legislate for a rigorous, safe and legal option for assisted dying is already having significant consequences for those with terminal illnesses and their families. Some people are taking their lives much earlier than they would if they had reassurance that at a time of their choosing they could seek assistance to end their lives. Some people are attempting to take their lives and are not successful, the outcome being that they are harmed and cause much greater suffering for themselves and their families. They are still dying of a terminal illness. Some people's families and friends are risking jail as they seek to fulfil the wishes of their loved ones without any legal protection. Some people are sitting alone with minimal support, watching and waiting as their bodies succumb to cruel diseases that will eventually kill them—knowing that it will only get worse, that there is nothing that can be done despite the best efforts of doctors, that the end will come slowly and painfully and that they will be alone, no matter the good intentions of government in relation to their care or the promises made in the name of medical intervention. There are already many negative and indeed horrific consequences of the failure of legislators to find a framework for people in this invidious position.

Whether or not we choose to acknowledge it, it is the case that some people with terminal illnesses in New South Wales are able to get assistance to end their lives. Some are able to travel overseas to access assisted dying in other countries. Some are able to find a doctor who is willing and able to assist them to hasten their death. Some have the support of a resourceful family who, no matter what, will find a way to assist their loved one in their desperate desire to be released from their suffering. These people are in less than ideal circumstances but at least they have some choice at the end of their lives.

Earlier this year, my father died. He would not have qualified for assisted dying under this bill but his death, as with all death, brought into sharper focus our thoughts about death and dying. It was one of the greatest privileges of my life to have had the time, resources and support from caring doctors and nurses so that my family was with my father as medical intervention was withdrawn and as he died after being seriously ill. My father died with my sisters and my mum around him, and this is what he would have wanted.

As I have listened and read the stories of those who are asking us to pass this bill today, I wish for them a death of their choosing with all the support they can get from their families and friends. Under this bill, we can give them this. This bill is fundamentally about choice. It is about providing a choice for terminally ill people to receive help to avoid prolonged suffering. It is not an easy choice for some, but we must acknowledge that it is an easy choice for some and a choice that some people desperately desire. For those who wish and need assistance to end their life, the bill provides a rigorous, safe and legal option for them to make that choice. It recognises and makes abundantly clear through very strong safeguards that no-one will be forced to end their life against their will. This bill goes to the heart of what it means to be an autonomous individual, an individual who has the freedom to make decisions in their own best interest, free from the interference of others who would not make the same decision in the same or similar circumstances, as is their choice.

Ultimately, assisted dying is one of the most solemn acts of freedom for an individual. Individuals who are faced with a terminal illness that brings them great pain and suffering should be able to choose the time they seek relief and no longer live with the unbearable pain and suffering that their incurable and terminal illness brings. I do not want that most solemn choice to be available only to those with the wealth, the family or the medical resources to make it a reality. The only way to ensure that every citizen in New South Wales has access to this choice is for this Parliament to provide a safe, rigorous and compassionate legislative regime. I commend the bill to the House.

The Hon. RICK COLLESS (11:22): Issues such as these present the most difficult decisions that we as a Parliament have to make. I am sure that it has been equally difficult for each of us. In my case, it has been a very difficult decision to come to and one that I have only made as late as this morning. I have found it extremely challenging to go through the intellectual exercise and the material that has been submitted to us and to appreciate all the differing aspects. Philosophically and fundamentally I am opposed to ending another person's life. That is my underlying philosophical position.

Having said that, I congratulate the working party on its work and the depth to which it went to examine this issue. I also congratulate the Hon. Trevor Khan on the work he has done on this bill and the speech he gave introducing the bill. It was extremely well done. Members have received hundreds, maybe thousands, of emails, letters and phone calls and we have had visits from people on both sides of the argument to put their case. I thank the people who have contacted us and given their views for all the assistance they have given to me and others as we grapple with this very difficult issue.

Probably the most powerful influence is personal experience, as the Hon. Penny Sharpe just related. It has helped me make my decision as well. Both of my grandfathers died at the age of 55 from heart disease. In 2003, when I was around 53 years of age, I had a quadruple heart bypass. I may well have suffered the same result as my grandfathers did but for the medical technology changes that have occurred in the last 50 years. We must be cognisant of how powerful that changing technology is going forward. From talking to medical professionals, I know that the way that medicine is delivered and the procedures that will be available in 20 or 30 years' time will be very different to what we know today.

From a personal point of view, my mother died earlier this year. Similar to the Hon. Penny Sharpe's father, I doubt my mother would have been eligible for assisted dying had it been available at that stage. All the family were with her at the time. The palliative care doctor who was looking after Mum was absolutely sensational, not only to her but also to the rest of the family. He not only assisted Mum with her illness but he also assisted the family with the trauma that we were going through. It is great to know that such doctors, and that sort of care, is available for people as they approach their end of their life. It must be available for the individual concerned and for the family.

I hold one concern should this bill be passed, and that is what we might loosely call "bracket creep". If the bill passes today, what will it look like in 15 or 20 years time? It certainly will not be the same as it is now. As Acts of Parliament go forward they are amended. I am concerned about how the Act will have changed in 15 or 20 years as times and people's views change. What will happen to the safeguards that are in the current bill? Overseas experience shows that that has happened in countries where assisted dying is legislated. With those few comments, I advise I will be voting against the bill. I do not wish to downplay the importance of this matter. It is something we have all grappled with and no doubt will continue to grapple with into the future.

The Hon. BRONNIE TAYLOR (11:29): I understand that the Voluntary Assisted Dying Bill 2017 is an emotive issue for everyone so I take this opportunity to thank everyone in the Chamber for the respect shown during this process. We all come from different places, we all have different beliefs but we are all here to do the best we can. I genuinely believe we all try to do our best, albeit in very different ways. I have thought long and hard about what I wanted to say today. I have consulted widely with many people. I have strong connections with people in the health industry in many different professions. I am conscious that many members wish to speak today so I will attempt to keep my contribution brief and to the point.

I still think of myself—and I always will—as a nurse. I love and value the profession; it was so very good to me. I speak as someone who has walked the walk and talked the talk. I spent more than 20 years as a nurse before I entered this place just over 2½ years ago, all of that time specialising in cancer care, oncology, with eight years as a clinical nurse specialist in palliative care. We all have our own stories of death and dying. On this day, World Pancreatic Cancer Day, I remember my dad, Ward Washington, who died from a horrible insidious disease. Dad lived in Sydney next to one of the best hospitals in the world but it did not equate to him getting the best palliative care—something for which I can vouch.

My father was a devout Catholic and I do not think he would have chosen the option of this legislation if it were available to him. But it leads me to a point that has been talked about in the media—that the answer to all

of this must be better palliative care and that access to good palliative care depends on one's postcode. That simply and most definitely is not true. My husband, Duncan—a man of much wisdom and common sense; a farmer, lawyer and economist—lost his mum to metastatic breast cancer when he was 20. I remember it well. I was doing my first practical at the time, doing a community nursing placement. I knew then that I had found my passion.

Duncan's family cared for his mum at home. They live half an hour out of Cooma, which is the main town, and have a long dirt driveway so one could say that they are isolated. They felt so grateful to be able to have her at home to die. They had excellent palliative care in Nimmitabel, postcode 2631, population around 300. Mrs Walters was their generalist community nurse; she still works at Cooma Community Health. This brilliant nurse, with a wealth of experience, worked closely with Duncan's mum's general practitioner, Dr Vic Carroll. Duncan's mum died surrounded by her husband, Peter, who carefully and lovingly cared for her, her sons and her treasured friends. That was great palliative care, delivered by a community nurse and a GP—no fancy hospice, no specialist—just a great team in a rural community. Importantly, it was a community that cared for her and the family because that is what we do in the country; we care for each other in times of challenge and sadness.

When specialist doctors in the cities say that people in the country do not have access to good palliative care, they should come down south and have a look. I know that is lacking in some centres but all of the specialists in the world will not solve that. What is needed is good basic nursing care, professionals who are willing and able to spend time with people and their families. I have worked with people who are dying and their families for most of my professional life. I, too, have personal stories but I speak today from my professional experience. I spoke earlier about being a clinical nurse specialist based in Cooma and I covered the entire Monaro area. The fact is that all the money in the world thrown at palliative care will not be able to help everyone and anyone who says otherwise is simply not speaking the truth.

I know we need more resources and I will fight for that every day in this place while I am privileged to be a member. I can also relate many stories of the patients I have cared for but that is not my job today. However, specialists who state in the media that anyone who wants to end their life at a time of their choosing after being diagnosed to be in the terminal phase of their illness is depressed and after receiving specialist palliative care will change their minds is a falsehood and something I find offensive. The whole notion that excellent palliative care can cure everyone's suffering is not true. Anyone who has worked with people who are dying knows emphatically that that is not true.

Let us all be honest and truthful in this debate. People's opinions are their own and they should not be imposed on others as if they were fact when they are not. It is an interesting fact that when people are diagnosed with a disease—and I use cancer as an example as I know a little about this—they are always given the option of treatment to prolong their life, treatment to make them live longer, regardless of whether that treatment has a less than 5 per cent chance of working. People are offered that option and it is their choice. We give people the right to choose if they want to extend their life so I ask: Why do we not give people the option to end their lives, at a time of their choosing, surrounded by the people they love and above all—the ultimate—with the dignity that they so deserve?

We have spoken a lot about vulnerability and I have seen it time and again. Vulnerability comes when we feel we are losing control. It is a horrible feeling. I used to say to my patients when I sensed their vulnerability, "This cancer will not define you or control you. You need to define it." We worry that this will hurt our most vulnerable. I completely disagree; this legislation will empower them and give them control. I would like to quote Dr Charlie Teo of whom I am very fond. Dr Teo said:

> I am proud of my reputation of never giving up on patients who still have the will to live despite what others believe to be an exercise in futility. I am equally as proud to support Dying with Dignity because the only situation that would be worse than not having control of your life is to not have control over your own death.

They are powerful words from an outstanding individual who does so much for so many at the most vulnerable time of their lives. I quote from my husband whom I have been quoting a lot, as I do about most things. He sent me this text the other day which states:

> … that there is happiness and peace in knowing you will retain control over your own destiny, even if in all likelihood you don't use it. Knowing you will slowly lose control will surely increase suffering and misery. And giving your control over your destiny to the government … well that is very dissatisfying. The fundamental reason for my vote today is based on the ultimate principle that I do not believe that government and politicians should tell people how to run their lives. My belief is that we need to get out of the way. Our responsibility is to provide a safe framework. I quote from the excellent position paper of the New South Wales Nurses and Midwives Association, even though the association and I do not always see eye to eye. However, I commend the association for this document. It states:
>
> Our members provide high quality palliative care that for the majority is able to alleviate physical pain and provide adequate comfort. Unfortunately, palliative care is not effective for all patients and some experience unbearable pain and suffering for prolonged periods of time. We believe that legislation reform in this area will actually provide protection to people who are vulnerable.

The draft bill, which is rigorous in its requirements, requires that a person who wishes to seek assistance should express such a wish to three separate health practitioners over a minimum period of nine days before assistance can be provided. It also requires that a person be deemed of sound mind before assistance can be provided. I believe the legislation is rigorous and commend the working party for its bravery and courage. It has done a good job. Under this bill people will need approval from three doctors. I trust doctors; I trust that they will make the right decision and not allow people to access the provisions in this legislation if they do not qualify.

Clause 29 of the bill specifically states that this is not about letting people commit suicide. It is not about telling people with mental health issues that they are unworthy. This legislation would not give them access so it is wrong to draw that conclusion. People in this Chamber might not wish to use this legislation which is fine; it is their choice. But they should not impose their views on others. It is their right to choose, which is the way it should always be in a free and democratic country such as Australia. I support this bill.

Reverend the Hon. FRED NILE (11:41): On behalf of the Christian Democratic Party I speak in debate on the Voluntary Assisted Dying Bill 2017. I regard the title of the bill as deceptive. The proposers of the bill should have been honest and called it the medical murder bill as it gives doctors the right to kill patients. I did some research on this issue and read case studies from Oregon in the United States. That state has adopted a bill similar to this. In a published and certified incident a patient signed a consent form that she wanted a lethal injection from her doctor to terminate her life. The relatives came in to watch her die and the patient then said to her doctor, "No, I have changed my mind. I do not want to die." The doctor said, "But you have signed a consent form." She said, "No." The doctor said to her relatives, "Would you hold her down while I give her the lethal injection?"

When I read those stories it only increases my opposition to this legislation. The will to live is very strong. I had not planned to mention this but just as I was about to contribute to this debate I remembered my first wife, Elaine. At 75 years of age she was diagnosed with cancer of the liver. She suffered for three years. The doctor said, "There is something we can do. We think we can operate but you are too weak." When I went to the palliative care hospital the next day I asked where my wife was and I was told that she was in the gym. I went to the gym and found her on the exercise bike. She was trying to build up her strength so that she could have the operation. The will to live is strong in all of us. It is something that we should respect.

The most precious aspect of our life is the ability to live. We should not do anything to take away that sacred right. In planning my speech today I used the committee inquiry process to investigate issues in this Parliament. Over the past 35 years I have chaired many inquiries in the upper House. Our guiding rule is to get in the experts. We do not rely on our own opinion or on hearsay evidence; we rely on the reports of experts. The parliamentary committee then considers that information and makes its recommendations but they are always based on expert's reports. On this issue I sought the advice and guidance of experts. I am amazed at how many experts have made statements about this legislation. All I can find from experts are critical comments from which I will quote in a moment. All doctors are required to follow the Hippocratic oath, which has been modified as follows:

> I will follow that system of regimen which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous. I will give no deadly medicine to anyone if asked, nor suggest any such [advice] ...
>
> Into whatever houses I enter, I will go into them for the benefit of the sick, and will abstain from every voluntary act of mischief and corruption ...

The oath contains one important provision: the role of a doctor is to save lives, not take lives. I am concerned about the effect this bill will have on those doctors and nurses who take a person's life. How will that change their view of the profession for which they were proud to qualify? Their role is to save people's lives but this bill will enable them to kill their patients by giving them a lethal injection. That changes the role of the medical profession and it is something that should not be supported. What are the views of the experts? The World Medical Association issued an emphatic statement opposing any legislation or regulation that facilitates the "intentional killing" of patients. Some people find that language harsh. The World Medical Association states:

> Euthanasia, that is the act of deliberately ending the life of a patient, even at the patient's own request or at the request of close relatives, is unethical. This does not prevent the physician from respecting the desire of a patient to allow the natural process of death to follow its course in the terminal phase of sickness.

That last point is vital. Terminal patients are medicated to control their pain levels which can sometimes lead to patients passing away in their sleep. Professionals in the palliative care area have written to me and said, "In many cases the palliative care of terminal patients often eases them into death without the burden of suffering pain." That is the situation we are faced with now. Terminal patients are already able to die without anyone taking steps to assist them in that process. On 28 October 2017 the Australian Medical Association [AMA] published a paper entitled, "Euthanasia and physician assisted suicide". The AMA states that 107 world medical associations and

109 constituent national bodies do not support euthanasia. An overwhelming number of peak professional medical associations throughout the world have not embraced medically assisted killing.

I am not a doctor; I am a member of Parliament. In my other role as a minister of Jesus Christ I have always had a deep concern for the sacredness of life and human dignity. That is why I cannot in any way whatsoever support the bill. For well over 2,000 years wiser people than us have recognised that this is a question of medical ethics; it is not only an issue of black-letter law or fleeting fads of social policy. People may say, "I will vote for this legislation today and see how it goes." We are taking a serious step if we pass this bill.

I have been contacted by individual specialists. Dr Maria Cigolini, Senior Lecturer at the University of Sydney and Clinical Director of the Department of Palliative Medicine at the Royal Prince Alfred Hospital, contacted me and made a joint statement with Associate Professor Leeroy Williams. The joint statement, signed by no less than 394 healthcare professionals, endorsed the World Medical Association's declaration broadly opposing euthanasia. The signatories to this submission state that they are committed to "the concept of death with dignity and comfort, including the provision of effective pain relief and excellence in palliative care". They also endorse the Australian Medical Association's position to the extent that it states that "doctors should not be involved in interventions that have as their primary intention the ending of a person's life".

I have also been contacted by Professor Jane Phillips, president of Palliative Care Nurses Australia, who issued a statement opposing euthanasia. She states that the definition of palliative care as established by the World Health Organization underpins the work of members of that professional organisation. This association says it is to work with people who are dying from what they describe as "progressive life-limiting illnesses" as well as their families, friends and loved ones. Presumably it has witnessed the pain and suffering of people who are terminally ill and the effect it has on those who are close to their hearts. Nurses are perhaps the unsung heroes of the medical profession. It takes a fundamentally compassionate person to commit to the emotional and taxing work of being a nurse. It is perhaps one of the most admired professions. Their experience and opinions merit particular attention.

The Palliative Care Nurses of Australia state that the passage of this bill will directly impact on nursing practice in New South Wales. Specifically, the submission of Professor Phillips suggests that euthanasia and voluntary assisted dying is incongruous with the medical profession; it conflicts with their role. The World Health Organization states the definition of palliative care is one where a nurse "affirms life and regards dying as a normal process" as well as "intends neither to hasten nor postpone death". Since this definition underpins the work of Palliative Care Nurses Australia, Professor Phillips' concern about the impact of this bill on their vocation makes perfect sense. Moreover, the position of the Australian and New Zealand Society of Palliative Medicine opposes the legalisation of euthanasia for broadly the same reasons.

In a position statement provided to me by the society's president, Professor Meera Agar, and chief executive officer Simone Carter, the society also bases its notion of palliative care on the World Health Organization's definitive criteria. As we have already seen, this leads to a direct conflict between the objectives of palliative professionals and the objectives of this bill. These objectives are mutually exclusive. The society's position statement makes that clear:

> Good medical practice mandates that the ethical principles of beneficence and non-malfeasance should be followed at all times.

All this is rooted in the timeless concept of human dignity which should take first place every time an issue of social controversy arises. This debate is no exception. Therefore, it is noteworthy that the society refers to international best practice in its profession of caring for the terminally ill. The society's position statement makes reference to the European Association for Palliative Care White Paper on standards and norms for hospice and palliative care in Europe, published in a 2010 issue of the *European Journal of Palliative Care*. These standards explicitly exclude euthanasia and physician-assisted suicide, like the substantially endorsed submission of Dr Cigolini and Associate Professor Williams. The society states that it objects to any legislative scheme that would legitimise the intentional taking away of life. It also acknowledges that patients have the right to refuse treatment, such as taking nutrients, which would lead to death and where pain could be ameliorated, and this does not constitute euthanasia. The society stated:

> Withholding or withdrawing treatments that are not benefiting the patient is not euthanasia.

It further stated:

> Treatment that is appropriately titrated to relieve symptoms and has the secondary and unintended consequences of hastening death is not euthanasia.

Instead of taking steps that would have the objective of intentionally killing the patient, the drafters of the society's position statement recommend that symptom control should be the focus, especially in relation to those symptoms that may drive patients to claim that they would prefer to die. This "symptom control" would address the root

cause of the desire to die without the violation of that doctor's oath to "abstain from every voluntary act of mischief and corruption". They also recommend that better use of resources should be made available and state:

> ... health reform programs in Australia ... to strengthen end of life care by remedying shortages in the palliative care workforce (including in the specialist medical, nursing, and allied health fields) ensuring improved access to appropriate facilities and emphasising the role of advanced care plans and directives.

That is where this Parliament should be putting its emphasis in providing top-grade palliative care. The LJ Goody Bioethics Centre has also made representations to my office. The centre is one of the national networks of centres that has provided advice on ethical matters to the public and private health sectors for the past three decades. President Dr Joseph Parkinson encourages us—particularly me and my colleague the Hon. Paul Green—not to support this bill because its passage would breach the principle that the law should not endorse state-sanctioned killing. He stated, "... this breach once created could not be contained in practice." He explained that once a bill such as this becomes law, invariably there will be calls to broaden its operation and scope, thus expanding the lethal effect to an expanding group. He stated:

> Parliament—were it to make an initial breach in the universal prohibition on killing—would have no logical reason to refuse to extend its reach further and further. Indeed, regardless of any statutory restrictions in an initial [voluntary assisted dying] law, no Parliament can guarantee that a future Parliament will not remove or vary the restrictions. The only way to prevent the inevitable spread of voluntary assisted dying is not to cross this particular Rubicon in the first place.

I fully agree with that statement. The submission from the LJ Goody Bioethics Centre makes reference to the Oregon Death with Dignity Act, which I understand is a model on which the current legislation rests. I have quoted one patient's experience. Dr Parkinson notes a data summary report into the operation of the Oregon legislation in which pain is not listed as the primary reason that patients purportedly opt to die. The centre's submission also makes references to findings published in the *New England Journal of Medicine*, which stated in a 2002 issue that pain relief was only the tenth most common reason why terminal patients opt to die.

A document published by the Annuls of Internal Medicine this year, also referenced by Dr Parkinson in the L. J. Goody Bioethics Centre's submission, states that the main motivating factors for these patients wanting to die are psychological. These include depression and anxiety, interpersonal suffering, suffering based on homelessness, indignity and a fatalistic belief in the end of one's life. It is important to note that many of these conditions can be treated through other means, and good counselling and so on and not addressed by simply dispatching the patient. Without wanting to diminish the suffering of the terminally ill, it is common knowledge that people who have experienced a desire to die can change their mind. A moment during which they may believe all hope is lost can be followed by a contrary realisation.

Should this bill be passed, we would enshrine in law, and allow the medical and palliative professions to intentionally kill a person whose desire to die may, in fact, be temporary. Passing this bill will undoubtedly send a message to society that the ultimate step a person can take, suicide, is conceptually acceptable as a response to depression, anxiety and other suffering. This is a dangerous path to tread. How will such a bill, once passed, impact on how we see value in life? How will it affect the way we think about the disabled, for example? I know that many organisations concerned with the disabled have contacted me and expressed their concern about this legislation. The submission of Dr Cigolini and Associate Professor Williams also highlights a concern about protecting vulnerable and terminally ill people. Their submission states:

> We believe that such laws would undermine the public perception of the dignity and value of human life in all its different stages and conditions.

I therefore oppose the bill. [*Time expired.*]

Mr SCOT MacDONALD (12:01): I really appreciate being able to listen to the contributions of members to the debate on the Voluntary Assisted Dying Bill 2017, particularly the Hon. Bronnie Taylor, who made some very strong points, given her history. However, I cannot support the bill. I simply have too many doubts about safeguards, protection from coercion, implications for health workers, a pivot away from preserving life, the consequence of errors and a possible undermining of palliative care. I have spoken to many people, read heartfelt pleas for and against, listened to advocates on both sides, met with those who work with the frail and dying, and attended two palliative care forums. I thank them all.

As with most members, I have lived experience with family members—including my mother, Lillian MacDonald—who endured tough, hard and draining deaths. I am sorry my position will disappoint many, and by some accounts the majority. I really have not been absolutely sure of my vote until the past few days. It has been noted by many that we are living longer—over 80 and 90 years for many Australians—which brings pressures in innumerable ways. I sincerely believe there will be subtle pressure felt by some to take the path of voluntary assisted dying [VAD] where that option is available. The bill endeavours to capture coercion and enable a request for a VAD to be challenged through the courts but we know abusers can be clever and covert. As one of my favourite authors, Tolstoy, says, "Happy families are all alike; every unhappy family is unhappy in its own way."

As was explained to me, the elderly and the seriously ill often feel themselves to be a burden. I feel voluntary assisted dying could be intentionally or unintentionally misused where there are vulnerable people. I am concerned about scope. This bill has limitations and restrictions as to who can access assistance to die, but I very much feel once this genie is out of the bottle expansion will be inevitable. When I read advocates of VAD have stated, "We'd rather get 70 per cent of something than 100 per cent of nothing", I am pretty sure I know what the trajectory of the policy will be in the years ahead. That seems to be the experience abroad.

As I mentioned, I have engaged with palliative care practitioners, who have two compelling messages: first, we are getting much better at end-of-life care and, secondly, treatment of serious illness is improving all the time. That is not to diminish or downplay painful terminal illnesses, but these health workers are seeing longer survival times and more successful pain management. I feel our focus should be upon greater investment in palliative care and support particularly to those regions, such as mine, that do not have much access to these services. Our Government has increased funding to palliative care by $100 million, after years of underinvestment, but more needs to be done in this debate and the sincere work of the bill's sponsors should, at the very least, give impetus to greater resourcing.

I will finish by articulating possibly what concerns me the greatest, but is not so much explored in discussions—that is, that voluntary assisted dying is killing. It may be directly, it may be indirectly, but it will very often involve one human being proactively killing another or, at least, assisting an individual to do that to themselves. It is nevertheless killing. Debating a bill such as this is one thing; to take a life or be a party to a killing is another thing. Presently, no-one in this State is allowed to kill another. We treasure life. We preserve it at all costs. We treat until there is no more treatment. I think we do that for good reason. I wonder if what it means to kill or aid a death is fully appreciated.

I live in the country and, like most people who have worked on farms, I have killed pests, sick animals and animals for food, which you can rationalise straightforwardly. It is necessary and serves a purpose, but killing another living thing does stay with you. I do not think there is a true appreciation of the potential personal toll that will accrue to health practitioners, possibly family and anyone associated with this form of killing. Make no mistake: killing extinguishes life—the gift and privilege of life. I cannot cross the Rubicon. I have too many doubts.

Dr MEHREEN FARUQI (12:06): As a member of the cross-party working group on assisted dying and as The Greens spokesperson for voluntary euthanasia, I give my support and that of The Greens to the Voluntary Assisted Dying Bill 2017. Many members in this Chamber and people in the community know how important this legislation is to us because it ends the terrible suffering sometimes endured by a small number of terminally ill patients for whom palliative care does not work and they choose to end their life with dignity. Conversations about life and death are never easy, but they have to be had. I am honoured to be part of the movement of people who have been having these difficult conversations in the community and in Parliament.

The bill establishes a robust framework that provides a compassionate option for people who have a terminal illness which has a prognosis of 12 months or less, who have decision-making capability and who are suffering severe pain or physical incapacity. This bill has been modelled on the system in Oregon, where incredibly they have had assisted dying for 20 years. For two years our cross-party working group has been working away on this bill. We have released exposure drafts, taken submissions and held forums across the State. We have received feedback, taken it on board and revised the bill many times. This has been a broad, genuine and intense consultation process, which has resulted in the bill we are debating today. No-one should have to suffer at the end of their life. But many do. If we pass this bill today for some the suffering can be relieved if they wish so. I emphasise that the choice is that of the patient—that is, the person who is terminally ill—and not of anyone else. It is not the choice of the doctor, family members or friends who might be experiencing anguish. I say that because some members in this Chamber who are opposing this bill have tried to imply that the choice could be someone else's.

Assisted dying should be a right and individuals should have the freedom to make informed, self-governing choices. A person with a terminal illness who has decision-making capacity and is experiencing unacceptable and unbearable pain, suffering or distress should be able to choose to request assistance from a medical practitioner to end their life. I believe it is cruel and inhumane to force someone to suffer when nothing can be done for their excruciating pain, when they are terminally ill and when they want to end their life with dignity.

Many of us have been following the debate in Victoria with bated breath. It was encouraging to see the bill pass the lower House. I hope it will also pass the upper House and become law. We have heard many stories from Victoria, but one that really pulled at my heartstrings was that of Victorian Cabinet Minister Jaala Pulford. She did not vote for The Greens original legislation to legalise voluntary euthanasia in Victoria in 2008. Tragically,

just a few years ago she lost her 13-year-old daughter, Sinead, to cancer, which profoundly changed the way she viewed dying and death. Sinead would not have been eligible for assisted dying, but Minister Pulford stated:

> If we can provide a legal framework to give adults who are enduring something unendurable—that is terminal—the chance to die a better death, then we should do that.

Minister Pulford is now a supporter of voluntary assisted dying. The end of life—no matter how and when it comes—is complex, but a patient must have a choice in how they experience their final months. I am sure members have read the report of the Victorian Ministerial Advisory Panel on Voluntary Assisted Dying headed by Dr Brian Owler. It makes for comprehensive reading. I know that a copy has been sent to every member. In the executive summary the panel states.

> ... suffering should always be judged by the person themselves ... The panel recognises that perceptions and judgements about suffering are inherently individual and subjective.

That is an important point. We cannot sit on our high horses and dictate to people what does and does not constitute an unacceptable level of suffering. Some medical professionals have contacted members to express their concerns about the bill. One wrote to me and stated, "The sadness I feel is that this movement is driven by the philosophy of individual autonomy." It seems that some people are threatened by the idea that patients will make their own decisions about what they want. Surely the freedom to make self-governing choices is a fundamental human right. The doctor went on to say, "Palliative care is not the answer for all patients but can we always eliminate all suffering?" To me that shows how much we need this legislation, because the current situation of telling terminally ill people in chronic pain to just wait until death comes—no matter how much suffering or agony it brings—is completely unsustainable. We cannot eliminate all suffering, so we should give people a choice. Better palliative care and voluntary assisted dying are not mutually exclusive.

Over the past months we have heard many community members and groups lobbying for and against this bill. An observation I have made is that the vote no lobbyists have predicated their views on mostly theoretical and hypothetical arguments, none of which have been borne out in the many jurisdictions around the world that have had legislation like this for decades. The reality is that a very small number of people will be eligible once all the strict criteria have been fulfilled. A person must have a terminal illness with less than 12 months to live, be experiencing severe pain, suffering or incapacity and must be able to make the decision freely.

The bill requires that a patient who has made a request for assistance must be examined by the primary medical practitioner and a secondary medical practitioner who cannot be closely associated. That must be followed by an assessment by a qualified psychiatrist or a qualified clinical psychologist to certify that the person has genuine independent decision-making capabilities. There is no slippery slope in this law. If it were ever to be changed in the future it would need another parliamentary debate and vote such as we are having today. Is that not how democracy works?

The many who are in favour of this legislation do not have the luxury of hypotheticals or theoretical situations. Some have a terminal illness or have loved ones with a terminal illness. Some have seen their loved ones spend their last days, months and years in extreme pain, begging for help. This is not abstract for them. They are waiting for us to give them some comfort that their last days will not be spent in excruciating pain. Many will not even use this right to die with dignity but will be comforted by the thought that the option is there. They are looking to us to say that their autonomy and wishes matter. This bill is not about taking away anyone's rights. It is about giving more people more rights.

Some members will have already decided that they will vote against this bill regardless of the debate, but perhaps there are others who are not yet sure. Some of them may have, like me, grown up in religious environments. I urge them to reflect on the fact that this bill has many safeguards that will prevent misuse and abuse. No-one will be forced to do anything that they do not want to do. Vulnerable people will be protected. If those who do not believe in assisted dying ever find themselves in such a situation it will be their absolute right not to use it, but they should not deny that right to other people. Some of the very real stories I and other members have heard have been completely devastating. I will share some of those stories because they are reality of what is happening today. An email I received read:

> I am 55 years old, and have recently been diagnosed with a particularly aggressive form of metastatic breast cancer. Several years ago, I watched a close friend who suffered this same form of breast cancer die an extended and painful death in front of her traumatised family. Thus I am very fearful of what lies ahead for me, and for my husband and two daughters. The fact that I cannot legally seek a way out of the suffering leads to a feeling of being trapped in a nightmare. It is a lonely and frightening place to find yourself.

Another email read:

> I have come to terms with my impending death, practically, spiritually and emotionally. I have no children or grandchildren. I fear having a horrible death. It would be so different if I had the right to control my own fate and to choose the way I could die.

Another read:

> My mother died of breast cancer in 2014 and at the end of her life was given the shocking ultimatum by her doctors that if she didn't have radiation treatment she would be paralysed for life because of how weak the cancer had made her neck. On her third last day of life she sat on her own waiting and having an MRI scan to have a mask made so she could have this "utterly necessary" radiation treatment on her neck. I'm still horrified that this was forced on a scared dying woman ... and we her family had to stay away out of the treatment rooms. Mum never had the radiation in the end because it became clear she was about to die anyway, as she'd been trying to tell them.
>
> Mum didn't want her life prolonged "at any cost" but the doctors did their best to scare her into treatment with the threat of quadriplegia. They made quadriplegia sound more scary than dying, then didn't give her the choice to die. It was completely thoughtless and lacking in empathy and did not consider the outcomes beyond 24 hours.

There are many more stories. The reality is that this reform has perhaps the highest amount of public support of anything we have ever done in this Chamber. A Roy Morgan poll released just last week showed an incredible 85 per cent support rate. That number has more or less doubled since the question was first asked in 1962. Given such a high level of support, I say to those who are thinking of voting against this bill that there is no division in the community on this. I hope that they are listening the people of New South Wales, who they represent. This bill has been a long time coming. Two years ago a group of us got together, determined to move past partisan politics and bring meaningful change for terminally ill people who wanted to end their life with dignity. It has not always been easy, because this is a complex and serious matter, and the burden of responsibility has been heavy on all of us.

I thank my fellow cross-party working group members: the Hon. Lynda Voltz, Mr Alex Greenwich, MP, Mr Lee Evans, MP, and the Hon. Trevor Khan who, in effect, has also served as our secretariat. I pay special credit to two staff members who turned our ideas into reality: Matthew Yeldham and Tammie Nardone. I also thank Matthew Hilton from my office for working alongside me. I pay tribute to my predecessor in this parliamentary seat, Cate Faehrmann. It was Cate's bill that spurred the members of the working group to come together. Before then, Ian Cohen, a former Greens member of Parliament, introduced a bill in 2001.

I note also the tireless work of Dying with Dignity NSW advocates, many of whom are here today. I thank them from the bottom of my heart. People such as Shayne Higson from Dying with Dignity and countless others have worked hard to try to make what seemed impossible possible. It was only through this collective work that we are here today, hopefully, at the brink of making history. I remind my colleagues that the community has been asking us to take action on this issue for decades. Now is the time for us to seize this opportunity and to enact a truly compassionate piece of legislation. Today all members of The Greens in this House, the House of the people, will be voting in favour of this legislation. I commend the bill to the House.

The Hon. SHAOQUETT MOSELMANE (12:20): I begin my contribution to debate on the Voluntary Assisted Dying Bill 2017 by acknowledging the work of the New South Wales Parliamentary Voluntary Working Group on Assisted Dying. I thank the working group and the parliamentary staff who have facilitated the process since it was kicked off in 2015. This bill has been two years in the making. The working group has consulted extensively with key stakeholder organisations. Indeed, since the release of the exposure draft of the bill in May 2017, it has assessed more than 70 submissions and made a number of key improvements. It is also my understanding, from talking to the Hon. Trevor Khan, that the working group is prepared to improve on the bill if further suggestions are received. The objective of the working group is simple: Australians deserve a dignified, respectful and evidence-based debate about assisted dying. A publication prepared by Dying with Dignity NSW entitled, "Assisted Dying: Some Frequently asked Questions?", states:

> We believe that in the face of unbelievable suffering from a terminal illness, the ability to choose the manner and timing of one's death should be a basic human right.

The members of the New South Wales Parliamentary Voluntary Working Group on Assisted Dying are the Hon. Trevor Khan, the Hon. Lynda Voltz, Dr Mehreen Faruqi, Mr Lee Evans, MP, and Alex Greenwich, MP. I thank them for their tireless work, their professionalism and their understanding of the complexities and the seriousness of what they have put before the House today. Whatever the outcome, and whatever one's view on this matter, it is right that we continue to discuss this important aspect of the human existence.

Like other members in this place, I have received countless letters, emails and phone calls about voluntary assisted dying. Depending on one's view of the world, some called it "assisted killing", "assisted murder", "mercy killing", "euthanasia" or, the title of the bill, "voluntary assisted dying". Some people have chosen to relay personal experience of the issue, such as those who wrote to me from Dying with Dignity NSW. I thank all of them for their bravery in sharing their story. That story is universal in its suffering. It is almost always the story of a loved one who struggled through months of unbearable pain, with the certain knowledge of impending death.

Some have chosen to relay their professional experience—nurses, oncologists, general practitioners and palliative care specialists—both for and against. They wanted to shed light on what it is like to be at the coal-face.

In particular, I thank the members of the NSW Nurses and Midwives' Association for their letters and for everything they do to assist some of the most vulnerable in our State, who are in the worst of circumstances. Others have chosen to share insight into their religious or ethical perspective, such as the Institute for Ethics and Society, University of Notre Dame, and the Catholic Archbishop of Sydney, the Most Reverend Anthony Fisher, OP. Their views matter and they also have a place in this debate. I thank them for their contributions. Former Prime Ministers have commented on the matter, as have former Premiers and Leaders of the Opposition. One might say that this bill has caused quite a stir, as it did in Victoria. I also thank them for their contributions.

Many people hold the views they express because they truly believe in them, but some, as one would expect, may push for other ulterior motives. In an effort to persuade us, some will try to suggest that there is nothing controversial about voluntary assisted dying—perhaps, that the moral weight of allowing someone to die with dignity is completely obvious. That may be so, but I do not think it is. It is not obvious. We spend most of our time in this place attempting to improve life. We seek, as members of the New South Wales Parliament, the opportunity to make life in this State materially better than it was. We think that we are doing the best for our constituents. Our instinct as legislators, whether we know it or not, and whether we achieve it or not, is to create laws that we think will, in some shape or form, make life better for people. In some cases, such as when debating the chronic underfunding of our State's public hospitals or the ongoing need for more frontline police, we even seek to protect, preserve or prolong life.

The fundamentals of our democratic system of government are to protect, sustain and ultimately improve life. Making a decision for or against the objectives of this bill for me could have been a little easier, or perhaps with little thought, a straightforward one a few years ago. Personal experiences are the best evidence on which to base your arguments. They help you to make the right decision. A few years ago a young relative of mine passed away from an aggressive form of stomach cancer. With the level of pain and suffering he was experiencing, I would have said, without hesitation, that I wished that assistance was available to relieve him of his intolerable misery. In the final three weeks of a losing battle, in a six-month fight against cancer, he was not the relative we knew. This wonderful father of three girls was reduced to a helpless human being. He was reduced to a miserable jumble of skin, bones and disease—a haunting sight. Perhaps the existence of an assisted dying law may have spared him the unbearable pain and the indignity of his slow, traumatic death. I do not know whether he wanted to terminate his life. He was a faithful man and accepted what his family saw as God's will. His family stayed with him around the clock. He did not feel the isolation that some with smaller families do. He was not alone.

People hold different views and beliefs as to what is an acceptable way to die. The complexities associated with this question cannot be thoroughly understood. Different experiences and different people in different circumstances lead to different thoughts, beliefs and views as to what is the right decision. One would think it would be straight forward—a person has a terminal illness; they are in pain; their quality of life is zero or below; the diagnosis is absolutely dim; and the doctors tell that person they are untreatable and unlikely to survive. That person should then be able to say, "What the heck!". Why extend the suffering, why inconvenience his or her family and cause loss of public resources that could be better used to help another with better chances of recovery and survival? As I said, every piece of legislation that we pass in this place in some way or another focuses on improving life. Sometimes we get legislation wrong, or the legislation produces consequences we have not intended to produce. That is true. One can never get it right all the time, every time.

We try to ensure that every piece of legislation we pass in this place comes with equivocation and safeguards to prevent against such unintended consequences. We always govern with regulations to protect the lives of the most vulnerable from the unintended consequences of pure market-based economic policy. Sometimes those regulations fail and, as a result, people suffer economically. It is well-known that not everyone in New South Wales respects those regulations. Not everyone respects the law. That is human nature. Some people may break the law, for example, relating to larceny and fraud. In those circumstances there is a cost to both society and the individual who becomes a victim of the crime of larceny. The consequences are clear—that person may lose money or property. I give that example to demonstrate that the normative force of the law is never enough to curb the imperfections of human behaviour.

There is no regulation, no law, no government intervention, no safeguard, that can be put in place that cannot be transgressed. We in this House do not see that as a reason to not make new laws. We cannot become accepting that every law can be broken, but we must continue to make laws in the best interests of society. But in this case it is not the challenge that is beyond us, it is the potential cost; it is the potential cost of getting it wrong. It is the potential cost of someone using the safeguards in a way not foreseen by this House. It is the potential cost of someone transgressing those legislative safeguards—a medical professional, a criminal or a relative. In the case of fraud, the cost of breaking the law is someone losing their property. But in the case of this legislation, the cost of transgression is the loss of life. That is a cost we cannot condone on any level, and we must never wash our hands of it.

We have a duty to ensure the utmost respect for the individual and human life. Protection of human life cannot and never should be outsourced to people who operate under systems that are designed to produce an outcome and cut costs. I can foresee that in cutting costs, lives may be cut in the process. Those who are the weakest in our society—those who are old and frail or those who come from a non-English speaking background and do not understand the system—are the most vulnerable. I know that there are many checks and balances in this bill, but we can never hand life over to the system. It is not a commodity we can simply discard; it must be protected at all costs. I understand that there are those who suffer and who ought not suffer, but the overall good that we have in protecting life must be protected at all costs.

Putting all that aside, as I said earlier, there is no better evidence on which to base one's decision than one's personal experience. For the past nine years my mother has gone through untold suffering. It all started following a botched operation when a doctor at a private hospital—who was given a hefty cheque upfront—inserted one of seven bolts that were to go into her backbone instead into her nervous system. A week later she had to be taken back into the operating theatre to be opened up and have the bolt removed. We should have sued the doctor, but we did not. On one of many of her subsequent visits to the hospital, mum contracted sepsis; her kidneys were then damaged and now operate at only 13 per cent. She has a swollen heart and a whole list of problems. Then, nine weeks ago, she suffered a debilitating stroke. She is completely paralysed and requires 24-hour care.

I pause for a moment to express my family's sincere gratitude to many of the good nurses and staff at the hospital. That is not to say we do not have complaints—we have many. But our interest now is mum and nothing else. What struck me three weeks into her stay at the hospital was when one of the doctors on duty said to me, point blank, "Look, I am prepared to keep your mum here for the next week and a half", implying that after that we and mum are on our own. The pressure on the family to start looking for a place for mum outside of the hospital added to the suffering that she and our family have been going through for the past nine weeks and nine years. The pressure never ceased until after a meeting that was called with the staff to try to begin the process. We complained that the hospital, hence the system, was trying to push us out with no care plan. We were told that there are no homecare packages available for nine to 12 months, so we are left on our own.

I do not enter the debate with the shackles of the right-to life proponents or those who regard assisted dying as against God's will; nor do I consider this bill from my own religious perspective. I respect all who hold those views, but I do not subscribe to the view that we can codify laws with regard to life. We cannot package life and legislate as to how it ought to be treated. Life is not a product and it must be protected at all costs. Rather than give in and terminate life, more money should be spent on the medical needs of our citizens. Society is measured by the way it treats its elderly, the poor and the sick. We should never lose sight of that. I will vote against the bill.

The Hon. LYNDA VOLTZ (12:34): I will support the Voluntary Assisted Dying Bill 2017. I am a member of the Parliamentary Working Group on Assisted Dying, alongside my colleagues in this Chamber Dr Mehreen Faruqi and the Hon. Trevor Khan, and Lee Evans and Alex Greenwich in the other House. I thank all my colleagues in this Chamber for their consideration of this legislation and the process that we have been through. Everybody has their own views, everybody has their own experiences, but parliaments are charged with the job of enacting legislation for the State. Voluntary assisted dying is not for everybody; some people go through their life and come to the end of their life when, hopefully, they die peacefully with their family around them. But that is not the experience of everybody.

It is undeniable that people die in excruciating pain. I visited Paul O'Grady, a former member of this Chamber, at St Vincent's palliative care in the last two weeks of his life. For all their good work—and they do exceedingly good work—the palliative care doctors and nurses could not ease his excruciating pain. He was in so much pain that even to whisper around him was too much; so much pain that he would scream in agony until my daughter refused to see him anymore; and so much pain that by the end he no longer knew us. It was similar to the pain that we all know our former colleague John Kaye experienced—most of us in this Chamber would have spoken to John in his last days—a pain he knew so well that he made contingency plans for his own life in the end, that it would not end in pain and suffering but on his own terms.

They are two stories of unbearable pain—not remote and not unknown to us, and they are not stories of people who did not have access to palliative care. Paul O'Grady and John Kaye—John with a brain the size of a planet—had the most knowledge and ability to access the best this State and country has to offer, yet it made no difference in the end. They died in agony. They are stories that we know and they are stories that doctors and nurses know, because they tell us about them. They will do their best to ease pain and suffering, but we know what people face, and that is the problem.

As I have travelled around New South Wales to towns such as Coffs Harbour, Sanctuary Point, Tuncurry, Wallsend, Charlestown, Merewether and Gosford, many people have told stories of their own fate or the fate of

their family members—people with terminal illnesses like idiopathic restrictive pulmonary fibrosis, which has no known cure, who expect to end up gasping for air and choking to death, and who so fear having a horrible death; the parent who died from motor neurone disease while their helpless children lived through the horror of the final days; and people like Gail, whom I met at Merewether but who lives in Port Stephens. Gail says:

> There are very few people you will encounter who know that they will die in the near future and exactly what the nature of their death will be. I do know my fate. I now have bone cancer in five lower vertebrae, in my thoracic vertebrae at the base of my skull, at multiple sites in five of my ribs, multiple sites in my hips, in both shoulders, one leg, one arm and a thumb. One month ago it was found that I now have lesions in my spleen and liver.
>
> I do not want to die earlier than I must, however I am very aware that I will suffer unbearable pain if my cancers run their normal course and they grow into my spinal cord. I am not afraid of dying but I am very afraid of the pain that may precede it.

But it is truly not only stories of extreme pain and suffering, unbearable as they are; it is family members dealing with the consequences of their terminally ill loved one. It is people whose partner, parent or adult child has taken their life because they could can no longer bear the pain and they know the future they face. It is stories like Coralie's, whose terminally ill father took a shotgun to his right temple. It did not kill him immediately; it took him weeks to die. It is the story related to me in Wallsend of a woman whose terminally ill husband took himself off to the bush where he died, alone, of a shotgun wound. When we last debated legislation in this Chamber on the rights of the terminally ill, I related the story of Gideon Cordover. I still think it is the most poignant story that I can relate. His father, Robert Cordover, was suffering from motor neuron disease, a terminal illness, when he took his own life in 2009. This is Gideon's story:

> 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.

This is the fundamental issue that this House faces. This is an opportunity, but not, as some have stated in this House, to enact a bill that allows people to kill or to suicide. This is an opportunity for this House to enable life to be prolonged; for people to not take action early; to not have Robert Cordover's experience of the family not having the opportunity to say goodbye because a person is faced with a death that they cannot bear so they take their own life. The evidence to the Victorian Parliament was clear: 240 people with terminal illnesses had killed themselves. They killed themselves alone and in the most horrific experience because they had no choice. They knew what their future was. They knew what they were facing. They knew the unbearable pain. They could not bear it, so they took their lives.

If we want people to have the option of every medical procedure available and palliative care, we must give them the ability to make that choice. At the moment, they do not have the choice so they are taking their lives early. We know from Oregon that 30 per cent of people do not go through with the procedure after it is approved. Why? Some may die early, but for some people it is just knowing that at the end, if it is so terrible, the choice is there, so they do not need to make that choice. It is the knowledge that they will have a choice at the end that prevents people from committing early suicide or taking their lives before they have expended every possibility. That is what the House should look into.

This bill has so many safeguards. I have attended forums everywhere and the question the public most often asks me is, "Why are you putting in so many hoops? Why are you putting them in?" Those people have been in this House and they have heard and now know why we put in so many safeguards—because we know where the debate will go and the questions people will raise. To imply that three doctors will somehow transgress all the

safeguards in the legislation is inconceivable. Why would someone transgress a law that exists rather than transgress when that law does not exist? There are already laws around how people should behave. The bill makes the process quite long—many have complained that it is a very bureaucratic process—to prevent any form of transgression.

One doctor cannot manipulate the system. Three doctors will be involved: the primary carer, the specialist in the illness from which the person suffers, and a psychiatrist or a clinical psychologist. It is not three doctors colluding among themselves and the family, but doctors in major hospitals. People with terminal illnesses are likely to be in their base hospital or in a major hospital. That is the reality of our health system, a health system that is regulated through the Public Health Act. I urge members to reconsider, if only on what we can do for the 240 people who took their own lives, because they are the people who most need our assistance. If we care about people's mental health and state of mind, this bill will give us a mechanism by which those people will be put in front of the medical profession, including a psychiatrist or a clinical psychologist who can talk to them about their state of mind and what they are thinking. At the moment, we are doing nothing to help them.

Fundamental to this bill is patient consent. The patient must be able to cross that threshold. The patient must cross a number of thresholds, but the heart of it is consent. If a person cannot give consent, then that person cannot access the provisions in the bill. I have read opinion pieces about people who have dementia and Alzheimer's, but I wonder if those who wrote the pieces have read this bill. If they have, they would know that those with dementia and Alzheimer's cannot give consent and therefore will not be able to access the provisions in the bill. Likewise, people with mental illnesses who are unable to consent will not be able to access the provisions in the bill.

People must be terminally ill to access the provisions in the bill. A large number of people have asked me, "What about the disabled?" We can ask that about any group of people. A person must be able to cross the threshold of this bill—they are terminally ill and there is a reasonable expectation that they will die within 12 months—to access its provisions. If a person cannot cross both of those thresholds, they cannot access the provisions in the bill. It goes back to the slippery slope argument or what this bill might look like in the future. We cannot go there because the request to receive assistance to end their lives voluntarily is a medical one and certain thresholds have to be met. People who have activated advanced care directives cannot access the provisions in the bill because they are unable to give consent to medical treatment. That is a completely different model of legislation.

That is completely different legislation. It is the first point one must cross to access the threshold of this bill, which provides many safeguards. I appreciate that people can feel uncomfortable with legislation. Parliaments tend to be more conservative than the communities they represent and we have had experience of that recently. However, members must put aside personal views and consider what is in the best interests of the State. During the debate members have quoted people, particularly former Labor politicians and Prime Ministers. I think the person who said it best was former Prime Minister Bob Hawke, who said that opposition to assisted dying "doesn't meet any requirements of morality and good sense" and that Australia has the legal and medical framework to manage such a law.

If we are quoting people let us be realistic. We are legislators; we legislate all the time. We establish frameworks to protect people and that is exactly what we have done with this legislation. We all have our own experiences of family members and sometimes that brings us to legislation, and legislation is necessary for those few people who need this bill: those who are terminally ill and dying. Members have received letters from those people and may have met them. I urge members to support this important bill. People right now are awaiting for this bill because they know the future they face. Members should remember that their decision today impacts on the future of those people.

I want members in this place to remember the 240 people with terminal illness who took their own lives. I ask members to give people with terminal illness a chance to pursue every avenue of palliative care, every medical progression that is available to them, every choice to manage the pain as long as possible, safe in the knowledge that if it does become unbearable, if it gets so bad, they will jump through all these rigid bureaucratic safeguards so that they can access the provision in the bill. If members do not do that, the coroner has already told us of the alternative. It is up to the Parliament.

The Hon. LOU AMATO (12:52): I speak in debate on the Voluntary Assisted Dying Bill 2017. The question as to whether voluntary assisted dying should be legalised may be a topic beyond the scope of human reasoning. That does not mean we should not discuss the pros and cons of adopting a voluntary assisted dying paradigm. However, it may mean that our discussions, no matter how well intentioned or informed, can never arrive at the right answer. The answer we seek seems simple: Is adopting voluntary assisted dying as a sanctioned practice the right thing?

I have thought very deeply on this issue and have taken so much into account. I have witnessed the emotionally challenging deaths of both my parents and dear friends. My father was an agnostic and probably would have voted for this bill. On the other hand, my mother had faith and to this day I have an image burnt into my mind of how they both died: They died terrible deaths. During those times I believed that voluntary assisted dying may have been a more humane approach than to allow a person to die in agony. The question that revolves in my mind without a clear answer is death and suffering and what are we to do about it? Is our final and absolute role in death limited to palliative care only or should we take the next step and actually hasten death in an effort to be compassionate?

The truth is that I do not know the answer. The question is too big for me as I acknowledge my human frailty and imperfect reasoning. Life and death—we see it, we experience it but we do not fully understand it. In this place we pass a raft of legislation designed to make our State a better place. Many times new legislation may produce some form of inequality or injustice that must be remedied through either amendments or the introduction of a new bill. Rarely, if ever, does a perfect piece of legislation pass through this place for its final ascension into law. However, the difficulty with voluntary assisted dying is that any such legislation entails the death of a human being. Granted, much of the legislation we pass in this place directly and indirectly impacts upon the lives of our community. However, it does not involve the termination of a person's life. There are many who will say that my statement "I do not know the answer" is not good enough as I have a duty in this place to form a definitive opinion based on fact.

There are many of us who acknowledge that humanity is constrained within a finite reality. That reality does not provide us with the intellect or tools to understand all things. Most things are outside human reasoning, hence the raft of imperfect legislation we pass, even on rather simple matters. Governments do make mistakes. In fact, many fellow Australians spend considerable amounts of time criticising some of the difficult to comprehend decisions that are made by governments, many of which do not represent community consensus. If we are to be honest with ourselves, we must admit that the divide of opinion in our community on euthanasia is in truth a resounding "We do not know the answer either".

There is no community consensus on the issue and considering that we represent the community, our representation must be a reflection of community views. How can we then legislate without clear consensus? In truth we cannot. Considering mistakes have been made in the past through the legislative process, can we, with surety, draft legislation that is perfect and just? Can we be sure that we do not open a window into a quagmire of problems and regrets? Can we be sure that in time we do not become desensitised to voluntary assisted dying and begin to debate the inclusion of handicapped children and others we deem to be suffering as candidates for euthanasia? Many opponents of this bill are deeply concerned that through subsequent amendments it will be legal for even elderly people of good health to have access to euthanasia. No-one knows the future for certain.

One wonders how many elderly people will be pressured into taking their own lives to satisfy greedy relatives watching their inheritance being eroded through nursing home costs. What will be the final path of this bill? Will a day come when we are stamped with a use-by date or can legally apply to be euthanised because we have become tired of life? Can any watertight legislation passed in this place remain so or will it eventually be eroded by amendments and begin to resemble the Belgian model of euthanasia? Presently the Belgian model allows for the euthanasia of non-terminally ill people who suffer mental illness or neurological conditions such as quadriplegia.

All that is required is that the person be at least 18 years old, and make voluntary and repeated requests that their lives be ended. The legislation does not specify the number of requests required, which is open to interpretation. It is interesting to note that Belgium is the first country to permit the euthanasia of non-terminally ill people since Nazi Germany. We are dealing with human lives and any decision we make must have, at the very least, full community consensus. Presently the most important prerequisite for the introduction of any legislation—community consensus—does not exist. Communities do not have the answer to the question of euthanasia; therefore, as their representatives, neither do we.

Many countries that have already adopted what is termed as voluntary assisted dying or physician-assisted suicide are beginning to see the psychological strain imposed on the medical profession. Dr Kenneth R. Stevens, Professor and Chairman Emeritus of the Department of Radiation Oncology, Oregon Health and Sciences University, Portland, Oregon released a paper entitled "Emotional and Psychological Effects of Physician-Assisted Suicide and Euthanasia on Participating Physicians". In the summary Professor Stevens states:

> Physician participation in assisted suicide or euthanasia may have a profound harmful emotional toll on the involved physicians. Doctors must take responsibility for causing the patient's death. There is a huge burden on conscience, tangled emotions and a large psychological toll on the participating physicians. Many physicians describe feelings of isolation. Published evidence indicates that some patients and others are pressuring and intimidating doctors to assist in suicides. Some doctors feel they have no choice but to be involved in assisted suicides. Oregon physicians are decreasingly present at the time of the assisted suicide. There is also great

> potential for physicians to be affected by countertransference issues in dealing with end-of-life care, and assisted suicide and euthanasia. These significant adverse "side effects" on the doctors participating in assisted suicide and euthanasia need to be considered when discussing the pros and cons of legalization.

The whole impetus of a voluntary assisted dying paradigm is to relieve suffering. However, if we increase the suffering of our medical professionals what have we achieved? Presently doctors have the highest suicide rate of any profession. This has been exacerbated by mandatory reporting of doctors if they seek professional psychological or emotional assistance. Almost all doctors who are faced with emotional issues refuse to seek help as the risk of mandatory reporting may affect their license to practice. We do not want to see doctors who are presently at a high risk of suicide ending their own lives after taking another. Ontario is one of the few provinces that tracks doctor participation information. An article published in February this year in the *National Post* entitled "Take my name off the list, I can't do any more", states that just eight months after Canada introduced voluntary assisted dying in Ontario 24 doctors have requested to have their names permanently removed from a list of physicians willing to assist in voluntary death. A further 30 have requested their names be put on temporary hold.

When confronted with our extreme limitations on matters pertaining to either life or death, quite a few of us respectfully acknowledge a higher authority than our own. I did not want to travel this path, but I believe it is important. I do not believe that those with faith should be pressured or made to feel ashamed of that faith. I always leave faith out of decisions that I make, but this is about life and death and I feel it plays a part. I watched both my parents die—one had faith and one did not. It was hard on me. Obviously that higher authority is our limited understanding of a creator of the universe. In my life I have subscribed to the Christian teachings, which, on innumerable occasions, I have had difficulty accepting or following. I am not strong in my faith and that candle has flickered, but never gone out. However, I humbly accept that where I do not know the answer I must seek guidance through the teachings of my faith.

My faith, as do all the great faiths of the world, teaches that all life is a gift from the One and the giving back of the gift remains outside our authority. I consulted with various religions to understand how the wider community felt about this subject. It is difficult. I will one day be dying and I wonder whether I will regret my vote. I have to have faith that there is life after death. The previous statement does, however, create some cognitive dissonance: If all life is a gift from the One, then all living creatures are imbued with the same gift and our practice of euthanising sick animals must surely be wrong. Put another way, if we are comfortable with the euthanasia of animals then we should be comfortable with the euthanasia of human beings. I am not so sure of this. Obviously, being a person of faith, my perceptions are deeply anthropocentric and I may unduly classify people somewhat differently to animals.

This perception, whether right or wrong, ultimately results in two distinct rules on the moral question of animal versus human euthanasia. For me the euthanasia of animals on compassionate grounds is within our delegated authority, but not so for our own kind. Some will obviously protest that I am more compassionate to suffering animals than to humans. Some may even suggest that because I am not battling a terminal illness I can in no way understand the personal suffering of those who do. To these suggestions I humbly admit I do not have all the answers. However, I do possess the same moral attributes common to humanity, which means that I abhor all forms of suffering and wherever possible seek ways to reduce pain and suffering. Having said that, I revert to my original reply to this bill, which is: I do not know the answer and with humility I accept the teachings of my faith that does not allow for the euthanasia of human beings. This bill has an unknown future. J. R. R. Tolkien states:

> Many that live deserve death. And some that die deserve life. Can you give it to them? Then do not be too eager to deal out death in judgement. For even the very wise cannot see all ends.

With the deepest of respect, hopefully we possess enough wisdom to acknowledge at least that we cannot see all ends and the tragic slippery path of this bill. I oppose the bill.

The PRESIDENT: I will now leave the chair. The House will resume at 2.30 p.m.

The PRESIDENT: Order! According to sessional order, proceedings are now interrupted for questions.

Questions Without Notice

MINISTER FOR RESOURCES CHIEF OF STAFF

The Hon. ADAM SEARLE (14:30): My question without notice is directed to the Minister for Resources. In light of the statement by the Minister's chief of staff that "fossil fuels have no future" and the call by the member for Upper Hunter yesterday for the Premier to sack that chief of staff, does he retain the Minister's full support?

The Hon. DON HARWIN (Minister for Resources, Minister for Energy and Utilities, and Minister for the Arts) (14:30): Yes, he does.

SOLAR ENERGY

The Hon. BEN FRANKLIN (14:31): My question is addressed to the Minister for Energy and Utilities. Will the Minister update the House on how the adoption of solar energy is benefitting regional New South Wales?

The Hon. Penny Sharpe: This is the second time this week you've done this one. Are you recycling them already?

The Hon. DON HARWIN (Minister for Resources, Minister for Energy and Utilities, and Minister for the Arts) (14:31): You were not listening, Penny. You need to hear it again.

The Hon. Adam Searle: Point of order: Responding to interjections is disorderly at all times.

The PRESIDENT: Order! I uphold the point of order. I remind the Minister that members are to be referred to by their correct titles.

The Hon. DON HARWIN: The New South Wales Government is committed to a secure, affordable and clean energy supply for the State. The Government recognises that solar energy is a key part of the energy mix and that it will become even more important in the future. We are a sunburnt country and a land of sweeping plains—and this combination of space and sun make New South Wales a fantastic place for solar power. I am sure the honourable member will be thrilled to know that regional New South Wales is leading the State in solar on both the household and utility scales. In September last year the Australian Renewable Energy Agency [ARENA] announced funding for five new large-scale solar farms across regional New South Wales. Combined, the five ARENA-supported projects will have a capacity of 160 megawatts and will generate enough clean electricity to power around 62,000 homes.

Activity has picked up and around 238 megawatts of large solar is under construction in New South Wales this year. That infrastructure is being built across the regions in Parkes, Griffith, Dubbo, Goulburn, Manildra, Glenn Innes and Jemalong. It is bringing big benefits. The projects will deliver more than $400 million in new investment and create more than 500 jobs during construction. When completed, they will more than double the State's large-scale solar capacity. In addition, around 4,000 megawatts of proposed solar farms have been approved or are progressing through the planning system in New South Wales. Those projects should make us optimistic about our energy future. They will support jobs and investment in regional New South Wales and drive down costs for future solar farms.

We are hearing exciting news from the sector that the price of solar continues to fall. In a few years it could be cheaper than wind power. Members will be interested to hear that Shoalhaven Water is looking into installing a 30-megawatt system at its sewerage treatment plant. I am also pleased to report that regional New South Wales is leading the pack on rooftop solar. The Narrabri, Warrumbungle and Tweed local government areas lead the State in levels of solar uptake. In those areas around one in every three homes has solar on its roof. It is great to see households and businesses across the State being savvy and embracing solar as a clean, secure and affordable energy supply of the future. I thank them for it; it is doing us all a service. This Government backs the solar industry as part of a bright future for regional New South Wales.

MINISTER FOR RESOURCES CHIEF OF STAFF

The Hon. WALT SECORD (14:35): My question without notice is directed to the Minister for Resources in his own capacity and representing the Premier. Given comments by prominent 2GB broadcaster Ray Hadley yesterday in which he stated, "Don Harwin, who is just absolutely a basket case having a chief of staff who publicly derides coal in the State of New South Wales, get your house in order, Gladys, please", has the Premier or anyone in the Premier's office spoken to the Minister about his chief of staff's comments on coal?

The Hon. DON HARWIN (Minister for Resources, Minister for Energy and Utilities, and Minister for the Arts) (14:36): I have discussions with the Premier on a range of matters all the time. I can assure the member that my chief of staff and I are working towards a solid future for New South Wales as it transitions towards secure, reliable and affordable forms of power. My chief of staff has my full confidence, and we have the full confidence of the Premier and are getting on with the job. We are not being distracted by the sorts of comments that the Hon. Walt Secord is referring to.

The Hon. WALT SECORD (14:36): I ask a supplementary question. Will the Minister elucidate his answer in regard to describing comments by Ray Hadley as a distraction? Does he stand by those comments?

The Hon. Scott Farlow: Point of order: The Minister did not refer to the comments by that broadcaster as a distraction. The question is therefore not seeking an elucidation of the Minister's response.

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

NSW FARMER OF THE YEAR AWARD FINALISTS

The Hon. BRONNIE TAYLOR (14:37): My question is addressed to—

The Hon. Greg Donnelly: Come to the microphone. We can't hear you.

The Hon. BRONNIE TAYLOR: That is a first.

The Hon. Niall Blair: Point of order: It is difficult to hear the member over the interjections. I request that the clock be restarted and the member begin her question again so that you, Hansard and the Ministers at the table can hear it.

The PRESIDENT: Order! I uphold the point of order. The Hon. Shaoquett Moselmane will not comment when points of order are being taken; it is my job to respond. It was difficult to hear the member over the interjections. The clock will restart and the member will begin her question again.

The Hon. BRONNIE TAYLOR: My question is addressed to the Minister for Primary Industries, Minister for Regional Water, and Minister for Trade and Industry. Will the Minister update the House on what the Government is doing to recognise the farmers and regional women who support the New South Wales economy and rural communities?

The Hon. NIALL BLAIR (Minister for Primary Industries, Minister for Regional Water, and Minister for Trade and Industry) (14:39): I thank the member for her important question. Last week I was proud to announce the finalists for the 2017 New South Wales Farmer of the Year. Chosen from a competitive field of producers from across the State, we were able to highlight the work of a young broadacre farmer, a seasoned canola producer, and a husband and wife team with a blossoming biodynamic enterprise. In the running to be the State's farmer of the year are: Troy Blackman, from Upper Orara near Coffs Harbour, who was the ABC Rural 2016 Young Farmer of the Year; Will Coulton, from North Star in the Gwydir Shire, near the Queensland border; and Mike and Velia O'Hare, from Beckom near Cootamundra. The prestigious title will be awarded on 11 December and there will be a $10,000 prize for the winner.

Our New South Wales farmers are the best in the business. These awards are a deserved acknowledgement of those producers who are at the top of their game. The New South Wales Farmer of the Year award, which is now in its fourteenth year, is an opportunity to recognise the State's rural champions, including farmers using a combination of agricultural management skills and innovation, and farmers who focus on profitability, environmental sustainability and community involvement. Last year's winner was Port Stephens' barramundi farmer Nick Arena, while Cowra mixed farmer Ed Fagan received the 2015 title. The New South Wales Farmer of the Year award is a joint initiative between New South Wales Department of Primary Industries and NSW Farmers, supported by SafeWork NSW and the *Land*.

The NSW Hidden Treasures Honour Roll is another way for us to recognise the contribution made by New South Wales residents, in particular rural and regional women. This year 103 women have been recognised. They were nominated by their communities for their tireless work in rural and regional New South Wales. The 2017 Hidden Treasures Honour Roll was unveiled at the NSW Rural Women's Gathering in Narrandera last month. The twenty-fifth gathering provided an opportunity for women to come together, learn from one another and, most importantly, have a voice in their local communities. It was hailed as a major success, attracting hundreds of women, with 250 enrolments throughout the weekend.

Every year, I am delighted to hear the inspirational stories from the Hidden Treasures Honour Roll—and this year was no different. The variety of volunteer work is exceptional and inspiring to people across New South Wales. I thank each and every woman for their dedication and unwavering support for families, charities, organisations and businesses in their local areas, and I acknowledge their treasured place in our society. The Government has pledged $30,000 in funding for next year's gathering, to be hosted by the Merimbula community in October 2018. Research has shown that for every dollar spent on gatherings, $2.20 is returned in economic and social value by increasing opportunities for women to learn new skills and gain access to services and information.

The NSW Rural Women's Gathering and the NSW Hidden Treasures are an annual initiative of the New South Wales Department of Primary Industries Rural Women's Network. Earlier this year I also had the honour of attending the function to celebrate 25 years of these gatherings. It was a good opportunity to hear from those who kicked off this initiative and to look at how it has grown over the past 25 years. My good friend and member for Cootamundra, Steph Cook, represented me at the recent gathering held at Narrandera. She made a fantastic contribution to that event. She was proud that such a gathering was held in her community in the first week of her becoming a member of Parliament. It is a fantastic initiative and we are proud to support it through the Department of Primary Industries. [*Time expired*.]

The PRESIDENT: Order! Before I call on Mr Justin Field to ask his question, I remind members that it assists the Chair enormously to be provided with a list of members who are going to ask questions and in what order. But it also assists the Chair enormously if those members are in the Chamber when it is their turn to ask a question.

MICROPLASTIC POLLUTION

Mr JUSTIN FIELD (14:43): Point well made, Mr President. Here is another point well made: My question without notice is directed to the—

The Hon. Niall Blair: Point of order: The question already contains argument. It should be ruled out of order.

The PRESIDENT: Order! I did not hear the first part of the question over the interjection. The member will ask the question again.

Mr JUSTIN FIELD: My question without notice is directed to the Minister for Energy and Utilities. Following my question on 14 September regarding potential plastic fibre pollution in Sydney drinking water, the Minister responded, "Sydney Water does not test for plastic fibres in the drinking water supply." Given that microplastic fibres can attract other pollutants, such as perfluorooctane sulfonate [PFOS] and perfluorooctanoic acid [PFOA], and Newcastle University has recently announced plans to examine plastic contamination in the Hunter Water supply, will the Minister work with water utilities to ensure testing across New South Wales, including in areas potentially impacted by PFOS and PFOA contamination? If not, why not?

The Hon. DON HARWIN (Minister for Resources, Minister for Energy and Utilities, and Minister for the Arts) (14:44): Mr Justin Field has asked me a question about microplastics before. On that occasion I made the point that the risk to consumers of microplastics in Sydney's drinking water is extremely low. Both Sydney Water, under my administration, and WaterNSW, under the administration of the Deputy Leader of the Government, have stringent testing processes in place to manage the drinking water catchments and treatment to minimise the level of contaminants entering the catchments and passing through treatment processes. The member has raised the University of Newcastle research and Hunter Water.

I advise the House that Sydney Water is aware of the issue and the international research that is being conducted, and is actively involved in research to understand the implications and emerging risks of microplastic pollution on wildlife and the environment. I am happy to look into the additional matters raised by the member and ascertain some more information from Sydney Water about the work it is doing. I am sure it would also be the case with the work that WaterNSW does, if the member wants to pursue that separately. This is an important area and I am happy to take the remainder of the question on notice to get the member some additional information.

MOUNT VICTORIA TO LITHGOW RAIL INFRASTRUCTURE

The Hon. PAUL GREEN (14:46): My question without notice is directed to the Minister for Resources, representing the Minister for Transport and Infrastructure. My office has received representations regarding upgrades to the Ten Tunnels Deviation between Mount Victoria and Lithgow from Lithgow City Council. Will the Minister advise the House on the progress of construction and the proposed schedule of works over the coming two years? Will the Government guarantee that with the purchase of the wide trains from Korea that the train service between Mount Victoria and Lithgow will be maintained on a permanent basis?

The Hon. DON HARWIN (Minister for Resources, Minister for Energy and Utilities, and Minister for the Arts) (14:47): I thank the Hon. Paul Green for his question. This is obviously a matter of great interest to him and other members in this Chamber. I will direct the question to the Minister for Transport and Infrastructure for a reply at his earliest convenience.

MURRAY-DARLING BASIN PLAN INQUIRY AND MONICA MORONA

The Hon. MICK VEITCH (14:47): My question without notice is directed to the Minister for Primary Industries, Minister for Regional Water, and Minister for Trade and Industry. Does the Minister support the decision to provide former National Party staffer Monica Morona with a six-figure payout, despite her involvement and subsequent termination, from DPI Water in relation to the Murray-Darling water theft scandal?

The Hon. NIALL BLAIR (Minister for Primary Industries, Minister for Regional Water, and Minister for Trade and Industry) (14:48): I thank the member for his question. As the member well knows, employees of the department are employed under the appropriate provisions either in the award or contracts under the legislation that the secretary manages. I have no role in the employment of those staff, let alone decisions concerning termination and entitlements resulting from any termination.

The Hon. MICK VEITCH (14:48): I ask a supplementary question. Will the Minister elucidate his answer as to the specific reasons for Monica Morona's termination? Was it due to her involvement in the irrigator's confidential departmental information?

The Hon. NIALL BLAIR (Minister for Primary Industries, Minister for Regional Water, and Minister for Trade and Industry) (14:48): As I have said previously in this House, I will not go into the specifics of either individual cases or individuals. Again, I do not employ or make decisions about the employment of staff within the department. I am happy to take the question on notice and refer it to the department for a response. The department is well versed in what it can and cannot disclose in relation to individuals and the conditions of such decisions in relation to individuals' employment within that agency.

SYDNEY MODERN PROJECT

The Hon. DAVID CLARKE (14:49): My question is addressed to the Minister for the Arts. Will the Minister update the House on the Sydney Modern Project and will the Minister outline the key features of its final design?

The Hon. DON HARWIN (Minister for Resources, Minister for Energy and Utilities, and Minister for the Arts) (14:49): In June 2013 the Government gave an initial commitment of $10.8 million to prepare plans for the gallery's expansion. Following an exhaustive design competition process, Pritzker Prize-winning Tokyo-based SANAA was selected as the preferred architect in May 2015, and in June the Government committed a further $4 million to progress the design and planning of the Sydney Modern Project. In June 2017, following the State budget, the Government committed $244 million towards the Sydney Modern Project, and the Art Gallery of New South Wales is to raise an additional $100 million privately.

A key milestone has now been reached with a State-significant development application being lodged with the Department of Planning and Environment. The application will be on public exhibition for review and feedback until 15 December 2017, and the plans show the blueprint for what will be one of the world's great art museums. The expanded Art Gallery of New South Wales will deliver significant benefits to all of New South Wales by injecting more than $1 billion into the New South Wales economy over 25 years and creating more than 240 full-time jobs.

Key features of the project include rainwater harvesting, solar roof panels and low-energy air-conditioning. The project will include the repurposing of former World War II naval oil tanks, as well as the creation of an outdoor public art garden providing continuous access between Woolloomooloo and the central business district. It will incorporate the latest building and operational technology to allow the gallery to achieve a five-star Green Star rating under the Green Building Council of Australia—a first for any museum in Australia. The State-significant development application will be determined in 2018, and construction will begin in 2019, with the project to be completed in time for the gallery's 150th anniversary and the 100th anniversary of the Archibald Prize in 2021.

The expansion has only been possible thanks to a great working partnership between the Art Gallery of New South Wales, Roads and Maritime Services and the Royal Botanic Gardens. They have put together a plan to minimise tree reductions and turn the common area between the expansion and the existing building into open public space in the form of an art garden. The art garden and entrance plaza will be accessible 24 hours a day, seven days a week, and access to the roof terraces will be free of charge to visitors. This will create an expanded gallery that will be the heart of the city's cultural precinct, linking the Royal Botanic Gardens, Woolloomooloo, the Sydney Opera House, the State Library of New South Wales, the Hyde Park Barracks and the Australian Museum.

MARRIAGE EQUALITY SURVEY

Reverend the Hon. FRED NILE (14:53): I ask the Leader of the House, the Hon. Don Harwin, representing the Premier and the Attorney General, a question without notice. What impact will the successful plebiscite on same-sex marriage have on New South Wales laws, and when the Federal Parliament legalises same-sex marriage what changes, if any, will be required to New South Wales laws?

The Hon. DON HARWIN (Minister for Resources, Minister for Energy and Utilities, and Minister for the Arts) (14:54): We all know that yesterday the results of the national postal survey on same-sex marriage were released. Of the 12,727,920 voters who submitted survey responses nationally—representing 79.5 per cent of all eligible voters in Australia—61.6 per cent voted yes.

The Hon. Trevor Khan: Sorry, what was that number?

The Hon. DON HARWIN: Some 61.6 per cent voted yes to changing the law to allow same-sex couples to marry and 38.4 per cent voted no. In New South Wales, 4,122,236 of the 5,187,681 eligible voters submitted a

survey response. This response rate of also 79.5 per cent is consistent with the national average. The New South Wales Government will now carefully consider any legislative amendments by the Commonwealth Government, including any practical implications for the Registry of Births, Deaths and Marriages. Obviously, until a bill emerges in its final form it is difficult to make any more of an assessment than that. But if a bill is passed I am sure it will include the recognition of same-sex marriages contracted overseas. I know that for our colleague the Hon. Shayne Mallard, who had to go overseas to get married because he and several other colleagues in this Chamber have not had the right previously, his marriage to his partner will be recognised in Australia very soon.

DEPARTMENT OF PRIMARY INDUSTRIES—WATER EXECUTIVE TRAINING PROGRAM

The Hon. SHAOQUETT MOSELMANE (14:56): My question without notice is directed to the Minister for Primary Industries, Minister for Regional Water, and Minister for Trade and Industry. How many Department of Primary Industries Water senior executives have now completed the Public Service Commission's Executive Essentials training program, which provides "exposure to Westminster-derived professional ethics"?

The Hon. NIALL BLAIR (Minister for Primary Industries, Minister for Regional Water, and Minister for Trade and Industry) (14:56): I thank the member for his question, which asks for specific numbers. I do not have those specific numbers with me in the Chamber. I am more than happy to take the question on notice, refer it to the department, get those numbers and come back to the member. Because some allegations have arisen out of the *Four Corners* report and the Secretary of the Department of Industry has already started to make some structural changes, we might expand the inquiry to go beyond the Department of Primary Industries, because I am sure that some of the people who have done the said training are no longer in the Department of Primary Industries and may be in new sub-parts of the Department of Industry.

It will clearly illustrate that Government has made significant changes to address some of the fundamental issues arising from allegations that came out of the Department of Primary Industries Water branch. I was not happy with some of the allegations in the *Four Corners* report and some actions have already been taken in response to Mr Matthews' interim report. Part of that response is that the Water part of the Department of Industry is now out of the Department of Primary Industries and is sitting in another part of the cluster. I will ask that we look at the Department of Industry rather than just the Department of Primary Industries to see who has had that training.

POPPY INDUSTRY

The Hon. MATTHEW MASON-COX (14:58): My question is addressed to the Minister for Primary Industries. Will the Minister provide the House with an update on the first poppy crops being safely grown in New South Wales?

The Hon. NIALL BLAIR (Minister for Primary Industries, Minister for Regional Water, and Minister for Trade and Industry) (14:59): The first opiate poppy crops have been planted in New South Wales and we are now seeing the successful flowering of a new industry. Last year, this Government introduced the Poppy Industry Bill 2016, which enables opiate poppies to be grown safely and securely in New South Wales. This is an essential first step in the production of medicines that are vitally important for the quality of life of many people. The Department of Primary Industries [DPI] is overseeing the cultivation, processing and movement of alkaloid poppy material grown under the six licences issued so far.

The first poppy crops were grown in the Central West and Riverina regions of the State and up to 400 hectares are on track to be harvested soon. The crop I saw recently was thriving, and I can report that a field of flowering poppies is one of the most spectacular sites in the Primary Industries sector anyone can see. All of the farmers who are growing poppies in New South Wales have contracts to supply TPI Enterprises, the only Australian-owned licensed poppy processor. I understand the rest of the crops, in secure locations around the State, are growing just as well as the paddock I saw images of last week, which suggests a strong future for one of this State's newest industries.

Opiate-based medicines are used for a wide range of conditions, including pain relief, palliative care and anti-addiction medicines. They are clinically important and cost effective, and it is anticipated that global demand for narcotics derived from processed poppies will continue to increase. Against this backdrop, there is potential for the alkaloid poppy industry in New South Wales to be worth tens of millions of dollars over the next decade, providing jobs, income and opportunities. Australia currently supplies more than 50 per cent of the world's opiate market, and the growing and processing of poppies was reportedly worth $290 million to the Tasmanian economy in 2013. Of the eight companies that process poppies for opiate manufacture globally, three are based in Australia. New South Wales can harness this advantage because we have the right growing conditions, and the best and most innovative farming sector in the country.

The industry is and will remain highly regulated at State, national and international levels, with licence conditions and guidelines providing clear and rigorous requirements for the industry. It remains illegal to take, use, sell or grow poppies without a licence in New South Wales. Illegal possession of opiate plants, plant parts or substances derived from them is a criminal offence that attracts heavy penalties. Within this regulatory framework, New South Wales farmers can now obtain a licence to include poppies as part of their annual crop rotation, providing a valuable additional income stream. Their efforts will also ensure that Australia remains a global leader in the supply of essential pain relief medicines to patients in need.

An alkaloid poppy industry provides an opportunity to establish a new high-value rural industry in New South Wales, one that has a well-established international reputation and strong prospects for future growth. The first flowering crop of poppies in New South Wales is a significant milestone. I made some comments in the media that this is the first time we have grown poppies in New South Wales, but then I received a letter from a former DPI gentleman who is now in his 90s. He corrected me and said that we grew them at one of our research stations during World War II. That is how good our DPI people are. Even when they leave, they continue to take an interest in what this Government is doing. This is the first commercial poppy crop in this State. It is great to see a new industry that started in this Chamber and is now flowering out in the paddocks.

DEPARTMENT OF PRIMARY INDUSTRIES VISIT MY FARM INITIATIVE

The Hon. MARK PEARSON (15:03): My question is directed to the Minister for Primary Industries. In response to my question regarding his department's Visit My Farm Initiative, he referred me to the publicly available details. The program lists 44 farms on the website, but not one is an intensive piggery, broiler or battery cage facility. However, 90 per cent of all pigs and three-quarters of all broiler chickens and layer hens are intensively farmed in New South Wales. Is the Minister confident that this program provides the public with an accurate representation of farming production systems in New South Wales when only free range farms are listed on the website? At Lucy Land in Bulahdelah, they say:

> Our sheep are lovingly cared for from birth. They have constant access to … hugs. We don't … remove the tails and we certainly do not mules. Our teenage boys are lovingly cared for and humanely treated right up to the moment of their passing.

The Hon. NIALL BLAIR (Minister for Primary Industries, Minister for Regional Water, and Minister for Trade and Industry) (15:04): I am glad that the Hon. Mark Pearson has taken the effort to look at the types of farm experiences available.

The Hon. Mark Pearson: You told me to.

The Hon. NIALL BLAIR: I told him to do that and he listened. That is what it is about. As long as we continue that relationship—I tell him to do something, and he listens and does it—we will get on beautifully. I am glad that the member looked at the website. The scheme is an important one that connects the next generation with the farms, farming systems and farmers of this State. He is right that we do not offer families the experience of farm visits into some of the more intensive operations, predominantly because of not only workplace safety legislation but also our State's biosecurity obligations. This is a well thought through program that can take families into an experience that they may not normally have and educate the members of that family and the younger generation about what they may see on their farms.

Connecting families with those farmers is a fantastic initiative. However, we also have obligations and duties in some of the other production systems. Strict control measures restrict who can come into those operations, predominantly workplace safety legislation that not only protects the workers but also protects anyone else in that workplace. The people who are in charge of the operations under that legislation have obligations and responsibilities to those visitors, which means that it may not be appropriate for those operations to welcome visitors. We should continue to reiterate the message that we must take biosecurity seriously in this State to protect not only our producers, their livelihoods and their incomes, but also the environment. For those reasons, there are some limitations on what types of operations are available for these experiences, but that does not mean that we should stop this program or these experiences.

I welcome the fact that we now have farmers who are willing to allow these experiences and welcome visitors onto their farms. As the member quite rightly said, the people who are offering these experiences are those who care passionately about their livestock, their farm and the lifestyle that it provides. They are so passionate that they want to share that experience with others who do not usually get the opportunity to see what it is like to be on a farm, hug a lamb or see what happens on a farm. I congratulate the Department of Primary Industries on this program and I congratulate the farmers who have put up their hands to be involved. More importantly, I congratulate those who are willing to participate in the program and visit these farms. This Government supports our farmers and all that they do. Their legal operations will always be supported by this Government, which is why we are also willing to promote those farmers who are part of that promotion.

The Hon. MARK PEARSON (15:08): I ask a supplementary question. Will the Minister elucidate why it is that the same biosecurity protocols would not necessarily apply to free range operations and if those biosecurity protocols could also be applied to intensive farms for visits from the public?

The Hon. NIALL BLAIR (Minister for Primary Industries, Minister for Regional Water, and Minister for Trade and Industry) (15:08): As the Hon. Mark Pearson was here during debate on the biodiversity legislation, he knows that biodiversity is everyone's responsibility. It does apply to small operations but there is a different level of risk associated with a small number of livestock on an operation. Obviously there is still a risk, but, when we compare the likelihood of risk and outcomes on a small operation to the likelihood of risk and outcomes on an operation with a very large number of livestock, the risk is obviously much lower.

We must respect that large operations with large numbers of livestock may not want associated risk over which they do not have control. For example, a few years ago I visited a large egg-producing operation in Western Sydney. I only went to the front office and a limited area of that operation because I, too, have chickens at my place. That operator had very strict requirements and rules in place to protect the biosecurity of its operations. We want these operators to protect their operations and to understand their responsibilities. The same rules apply; it is just another level of risk. We must respect the ability of operators to make determinations about the control of their workplace.

[*Business interrupted.*]

Visitors

VISITORS

The PRESIDENT: On behalf of all members, I welcome to the Legislative Council student leaders and staff of Wyndham College, Quakers Hill High School, Riverstone High School, Glenwood High School, St Mark's Catholic College, Norwest Christian College and The Ponds High School, guests of Mr Kevin Conolly, member for Riverstone.

Questions Without Notice

WATER MANAGEMENT AND COMPLIANCE

[*Business resumed.*]

The Hon. JOHN GRAHAM (15:11): My question without notice is directed to the Minister for Primary Industries, Minister for Regional Water, and Minister for Trade and Industry. Given that the Ombudsman's water report released this week identified nepotism and bullying, lack of trust, internecine rivalries and low morale within New South Wales water compliance agencies, what steps has the Minister taken to respond to these serious issues?

The Hon. NIALL BLAIR (Minister for Primary Industries, Minister for Regional Water, and Minister for Trade and Industry) (15:12): I thank the honourable member for his important question on the release of the Ombudsman's report this week. The NSW Ombudsman, in its report on page 3 under paragraph 2.3, "NSW Government response to the Matthews interim report", has clearly highlighted aspects of the response including:

- an internal investigative task force has been established to determine action to be taken in relation to the specific allegations of non-compliant and illegal activities referred to in the Matthews interim report Terms of Reference …
- policy changes will take effect, including a "no meter, no pump" policy for all Category 1 water users

We have discussed that in some detail—

- consultation will commence in relation to potential legislative changes to implement the basin-wide policy and structural recommendations
- an externally run "Speak Up" service will be established within the Department of Industry for staff and members of the public to lodge anonymous reports of maladministration or unprofessional conduct, with matters to be assigned to independent investigators
- an internal training program on ethics is to be established
- a new stakeholder and community engagement and consultation framework is to be implemented
- a new Natural Resource Asset Division … is to be created—

That is before the House at the moment—

- a new Chief Natural Resources Regulator is to be created as part of the newly consolidated Crown Lands and Water division …

That is what the Ombudsman put on the record in relation to the Government's response to the Matthews report. The Department of Industry has already appointed Ross Carter to act in the chief regulatory officer role. The

recommendations around structural and policy reforms either are being drawn up or in some cases are before this House for consideration next week. I have indicated to the House that installation of meters for all larger water users is a priority. We will move to ensure this requirement is rolled out as soon as possible across New South Wales. This will be consulted on in early 2018.

The Government is looking at the new stakeholder engagement and community consultation framework for implementation across all activities. The Secretary of the Department of Industry has the statutory function of managing misconduct, including of staff who may have acted outside of departmental policies and procedures. That is currently underway. The department is implementing a cultural change program to address potential gaps in values and behaviours and, expanding on what was reported in the Ombudsman's report, has called for tenders to establish the externally hosted Speak Up service where staff or others can lodge instances of observed apparent maladministration or unprofessional conduct. Not only has the Ombudsman referenced the Government's response, there is an update on the actions already implemented by the secretary of the department in response to Mr Matthews' report. I will be watching the implementation of those actions—as will others in this House, I am sure.

SYDNEY STORMWATER CHANNELS

Mr SCOT MacDONALD (15:16): My question is addressed to the Minister for Energy and Utilities. Will the Minister update the House on the work Sydney Water is doing to transform Sydney's concrete stormwater channels to once again resemble natural environments?

The Hon. DON HARWIN (Minister for Resources, Minister for Energy and Utilities, and Minister for the Arts) (15:16): I thank Mr Scot MacDonald for his question about a subject on which I have enormous interest. On Wednesday 25 October I had the pleasure of visiting Powells Creek in North Strathfield. When I say "creek", it is not a free-flowing creek as one might imagine but instead a concrete-encased stormwater channel. Fortunately this section of channel is one site of Sydney Water's channel naturalisation program. This program looks at opportunities when channels are due for renewal to instead naturalise the assets to improve amenity and waterway health and to support the development of blue-green corridors. Sydney Water has committed $18 million for the Powells Creek project to transform the concrete stormwater channel to more closely resemble the natural riverbank it once was.

Rather than simply replacing the deteriorating concrete banks, Sydney Water is taking the opportunity to deliver a better outcome for the community. Sydney Water has worked with key local councils, State agencies, local environmental groups and residents on the planning and design of the project. The old concrete is being removed and replaced with gently sloping banks constructed with sandstone and native plants. The naturalised banks will provide a habitat for birds and other native wildlife. Sydney Water will also build seats, a boardwalk and shared paths for the community to enjoy, which will allow visitors and residents alike to reconnect with a more natural waterway. The section of river being naturalised is approximately one kilometre long and the project will include planting a staggering 40,000 native plants on the site.

The local community has been highly supportive of the restoration of the waterway, which over time has become highly modified and degraded due to a long history of industrial and urban development. The project represents a significant investment that will improve the foreshore area and the waterway's ecological health, providing a wonderful place for the local community. The Powells Creek naturalisation project is just one of several similar projects being undertaken across Sydney. Naturalisation of sections of the Cooks River was recently completed and similar works in the planning stage in Sydney's inner west are at Johnsons Creek in Annandale and St Lukes Park in Concord. Also under planning is Muddy Creek at Rockdale in the St George area. This program of channel naturalisation demonstrates the Government's commitment to turn concrete into conservation and ensures that stormwater planning and management plays an important part in delivering a sustainable and liveable Greater Sydney for generations to come.

WATER MANAGEMENT AND COMPLIANCE

The Hon. ERNEST WONG (15:20): My question without notice is directed to the Minister for Primary Industries, Minister for Regional Water, and Minister for Trade and Industry. Given the serious allegations about water theft that is said to have occurred in 2015, will the Minister assure the House that prosecutions can proceed by extending the statute of limitations for those offences?

The Hon. NIALL BLAIR (Minister for Primary Industries, Minister for Regional Water, and Minister for Trade and Industry) (15:20): As I have said previously, there are a number of investigations going on and there has been a detailed response in relation to this matter. The ongoing role and decisions about compliance and prosecutions are the subject of a bill before the House, which will be dealt with next week. I am not going to pre-empt the outcome of that process.

The Hon. Walt Secord: A bit of weekend homework?

The Hon. NIALL BLAIR: The Committee stage is set down for next week. Rather than take a point of order to have the question ruled out of order given there is a relevant bill before the House, I have shown the member the courtesy of informing him about the Government's response. The Government is taking the allegations seriously. Mr Matthews made an interim report and this Government has taken actions in relation to these matters. The bill before the House is in response to those allegations.

REGIONAL INFRASTRUCTURE

The Hon. NATASHA MACLAREN-JONES (15:22): My question is addressed to the Minister for Primary Industries, Minister for Regional Water, and Minister for Trade and Industry. Will the Minister update the House on the Government's commitment to infrastructure projects across New South Wales?

The Hon. NIALL BLAIR (Minister for Primary Industries, Minister for Regional Water, and Minister for Trade and Industry) (15:22): We have so much to talk about. We are seeing unprecedented levels of spending on key infrastructure projects beyond Sydney, Newcastle and Wollongong. Since this Government came to power in 2011, the Liberals and Nationals have invested record funding into rural and regional areas. A key part of that is the $30 billion Restart NSW Fund. On 30 June this year $29.8 billion had been deposited into the Restart NSW Fund and $9.1 billion of that fund has been committed and reserved for regional areas. That is 30.5 per cent of the overall Restart NSW Fund. There are 355 regional projects through local government and non-government organisations that have received funding, with 113 projects already completed. On the North Coast the Government is spending just over $46 million from this one fund on 24 projects. In the Far West it is $76 million on 35 projects and that is—

The Hon. Don Harwin: Point of order: The interjections are intolerable. They are not witty or clever; they are just cackling the same line over and over again.

The PRESIDENT: Order! I was going to uphold the point of order until the Minister uttered the last sentence. I will call members to order if they continue to interject. The Minister has the call.

The Hon. NIALL BLAIR: Is it not interesting that as soon as I start talking about money going into regional New South Wales, money that was unlocked because of actions this Government took and which were opposed by the Opposition, those opposite start to object and interject.

The Hon. Scott Farlow: Point of order: The question was asked of the Minister, not of the Hon. Mick Veitch.

The PRESIDENT: That is not a point of order. The point of order should have been about the interjections by the Hon. Mick Veitch. I call the Hon. Mick Veitch to order for the first time. I call the Hon. Penny Sharpe to order for the first time for interjecting during the point of order.

The Hon. NIALL BLAIR: For far too long communities across rural and regional New South Wales were forgotten by those opposite when they were in government. Now we are starting to see the project—

The Hon. Scott Farlow: Point of order: My point of order is that interjections are disorderly at all times. The Hon. Mick Veitch is flouting your order to cease interjecting.

The Hon. Penny Sharpe: To the point of order: The Hon. Scott Farlow is correct on this occasion, interjections are disorderly at all times. The member should quit while he is ahead.

The PRESIDENT: Order! I uphold the point of order and I thank the Hon. Penny Sharpe for ruling on the point of order. The message is clear to everyone. The Minister has the call.

The Hon. NIALL BLAIR: I can understand why the Hon. Mick Veitch is the only one from the Opposition willing to speak up. It is the same in caucus. He is the only voice on the other side of the Chamber for regional New South Wales and he is smashed each time in caucus. That is what you get under Country Labor—one lone voice. The public saw how it was when Labor was in government—it forgot the regions. This Government is delivering for the regions. The Hon. Mick Veitch has good intentions but he is smashed by his colleagues and not even supported by those who are the supposed duty MLCs.

The PRESIDENT: Order! Stop the clock. The only reason I am not calling members to order is that with the half a dozen interjections on my right and the half a dozen interjections on my left it was hard to keep up with who was interjecting. The Minister has the call.

The Hon. Ben Franklin: Point of order: Mr President, you asked for the clock to be stopped at 56 seconds. The clock shows 51 seconds. I ask that it be rewound in order to hear another five seconds of the Minister's excellent speech.

The PRESIDENT: As most of the interjections were coming from the Minister's side of the Chamber I will leave it at 51 seconds.

The Hon. NIALL BLAIR: The community sees again and again the lazy approach of those opposite. The alternate government in this State has only one voice which starts to get a little excited when the Government speaks about regional New South Wales. That member wishes he was part of a government that is rolling out the money across the State, as this Government has. His voice is drowned out by those of his colleagues who are more interested in taking on the issues of inner-city Sydney than providing the infrastructure that regional communities were left without until 2011 when the Liberal-Nationals came to government. The Restart NSW Fund has provided 30.5 per cent of its funding to rural and regional New South Wales for much-needed infrastructure projects. We will hear more about this next week.

The Hon. DON HARWIN: The time for questions has expired. If members have further questions I invite them to place them on notice.

Deferred Answers

PUBLIC HOUSING RENTS

In reply to **the Hon. PAUL GREEN** (12 October 2017).

The Hon. SARAH MITCHELL (Minister for Early Childhood Education, Minister for Aboriginal Affairs, and Assistant Minister for Education)—The Minister provided the following response:

> The New South Wales Government is conscious of the need to ensure affordability for elderly tenants. Accordingly, it has ruled out changes to the assessment of Family Tax Benefits Part A and B [FTB] and the Pension Supplement for the purposes of assessing a household's contribution to rent. These recommendations would have had a significant impact on affordability for elderly social housing tenants, particularly those who receive both FTB and the Pension Supplement.
>
> Further information about IPART's final report and the New South Wales Government response can be found on the Department of Family and Community Services [FACS] website at*: https://www.facs.nsw.gov.au/reforms/social-housing/Release-of-the-final-IPART-report-and-NSW-Government-response*.

GENDER REASSIGNMENT REVERSAL SURGERY

In reply to **Reverend the Hon. FRED NILE** (12 October 2017).

The Hon. SARAH MITCHELL (Minister for Early Childhood Education, Minister for Aboriginal Affairs, and Assistant Minister for Education)—The Minister provided the following response:

> This question should be referred to the Minister for Health and Minister for Medical Research, the. Hon Brad Hazzard, MP.

HOME INSURANCE PREMIUMS

In reply to **the Hon. MARK PEARSON** (12 October 2017).

The Hon. DON HARWIN (Minister for Resources, Minister for Energy and Utilities, and Minister for the Arts)—The Minister provided the following response:

> The Emergency Services Levy Insurance Monitor [Monitor] has not received any evidence of, and is otherwise unaware of, excessive increases in the rate of Emergency Services Levy [ESL] recovered under insurance policies for manufactured homes or residents of "over-55 lifestyle villages" in New South Wales.
>
> Information of the kind described by the Hon. Mark Pearson, MLC, is of interest to the Monitor. The Monitor would be grateful for that information to be provided to his office, so that appropriate inquiries may be made into the matters raised.

STATE FOREST LAND REVOCATION

In reply to **Dr MEHREEN FARUQI** (12 October 20117).

The Hon. DON HARWIN (Minister for Resources, Minister for Energy and Utilities, and Minister for the Arts)—The Minister provided the following response:

> I am advised in 2009, the Natural Resource Commission recommended to NPWS to implement a trial of ecological thinning in river red gum reserves to address management problems associated with high stem density and canopy dieback in strands of river red gum forests.
>
> NPWS has commenced a five-year post-thinning monitoring programme.

Petitions

RESPONSES TO PETITIONS

Voluntary Assisted Dying

The Hon. SCOTT FARLOW: I lodge a response to the following petition signed by more than 500 persons:

Voluntary Assisted Dying—lodged 12 October 2017—(The Hon. Greg Donnelly)

I move:

That the petition be printed.

Motion agreed to.

Members

LEGISLATIVE COUNCIL VACANCY

The PRESIDENT: I shall now leave the chair for the joint sitting. The business of the House will be suspended during the joint sitting. The House will resume at the conclusion of the joint sitting following the ringing of the bells.

[*The President left the chair at 15:31*.]

Joint Sitting

ELECTION OF A MEMBER OF THE LEGISLATIVE COUNCIL

The two Houses met in the Legislative Council Chamber at 15:49 to elect a member of the Legislative Council in the place of the Hon. Greg Pearce, resigned.

The PRESIDENT: I declare the joint sitting open and call upon the Clerk of the Parliaments to read the message from the Governor convening the joint sitting.

The Clerk of the Parliaments read the message from the Governor convening the joint sitting.

The PRESIDENT: I am now prepared to receive proposals with regard to an eligible person to fill the vacant seat in the Legislative Council caused by the resignation of the Hon. Greg Pearce.

Ms GLADYS BEREJIKLIAN: I propose Natalie Peta Ward as an eligible person to fill the vacancy of the Hon. Greg Pearce in the Legislative Council for which purpose this joint sitting was convened. I move that Natalie Peta Ward be elected as a member of the Legislative Council to fill the seat in the Legislative Council previously vacated by the Hon. Greg Pearce. I indicate to the joint sitting that if Natalie Peta Ward were a member of the Legislative Council she would not be disqualified from sitting or voting as such a member, and that she is a member of the same party—the Liberal Party of Australia—as the Hon. Greg Pearce was publicly recognised by as an endorsed candidate of that party and who publicly represented himself to be such a candidate at the time of his election at the tenth periodic Council election held on 26 March 2011. I further indicate that the person being proposed would be willing to hold the vacant place if chosen.

The Hon. DON HARWIN: I second the motion.

The PRESIDENT: Does any member desire to propose any other eligible person to fill the vacancy? As only one eligible person has been proposed and seconded, I hereby declare that Natalie Peta Ward is elected as a member of the Legislative Council to fill the seat vacated by the Hon. Greg Pearce. I declare the joint sitting closed.

The joint sitting closed at 15:52.

[*The House resumed at 16:01*.]

Members

ELECTION OF A MEMBER OF THE LEGISLATIVE COUNCIL

The PRESIDENT: I announce that at a joint sitting of the two Houses held this day, Ms Natalie Peta Ward was elected to fill the vacant seat in the Legislative Council caused by the resignation of the Hon. Greg Pearce. I table the minutes of proceedings of the joint sitting.

The Hon. BEN FRANKLIN: On behalf of the Hon. Don Harwin: I move:

That the document be printed.

Motion agreed to.

The Hon. BEN FRANKLIN: On behalf of the Hon. Don Harwin: I move:

That the President inform His Excellency the Governor that Ms Natalie Peta Ward was elected to fill the vacant seat in the Legislative Council caused by the resignation of the Hon. Greg Pearce.

Motion agreed to.

The PRESIDENT: According to sessional orders proceedings are interrupted, half an hour after the conclusion of questions, to permit the Minister to move the adjournment motion if desired.

The House continued to sit.

Bills

VOLUNTARY ASSISTED DYING BILL 2017

Second Reading Debate

Debate resumed from an earlier hour.

The Hon. ADAM SEARLE (16:02): I support the Voluntary Assisted Dying Bill 2017. This bill establishes, in the safest and most protective way provided by any like regime of which I am aware, the right for certain terminally ill persons to request and receive assistance to end their lives voluntarily, with medical help, by the administration of a lethal substance. Importantly, patients must take the final step themselves. The capacity for a spouse, family member, or friend to administer the lethal substance present in an early draft is not present in this bill. A patient seeking assistance will be required to self-administer. When a patient is unable to do so, only a qualified doctor or nurse can assist. Medical practitioners, health facilities or healthcare providers have the right, under this bill, to conscientiously object to providing assistance.

This legislation touches on a most difficult social, legal and personal issue because it goes to what remains in our society a great taboo—a frank discussion about death, about the end of life, in circumstances often involving pain and great suffering for individuals and their families. Any debate, whether in our society or in a parliamentary chamber, on this matter of conscience will be a little raw and difficult for participants and for anyone listening. Like many others, I do not come to this debate with a completely open mind. Although this is a matter of conscience and members in this place will be able to exercise a vote not constrained or dictated by party, we all come to this matter shaped by our own lives and experiences.

In 2013 when we last debated and voted on a matter of this kind, although I voted in favour of it I was still tentative and a little uncertain. But the more I read and the more I talk to people, whether they are laypersons or experts, the more certain I become that a measure of this kind is not only necessary and right but also the best way to reduce suffering. I note that individual members in this place bring their own social, philosophical and religious sensitivities to the debate, and I respect that. It is important when we debate matters of conscience that whatever our views we are respectful to one another and to those outside this place in relation to those differences of opinion. If we conduct ourselves in that way on matters like this we will be exhibiting Parliament at its best.

Australia was the first place in the world to pass a law giving terminally ill people the legal right to be helped to die—in 1996 in the Northern Territory. But with only four people being able to use the law it was rendered inoperative the next year by the Federal Parliament on the proposal of the Howard Government. That was more than 20 years ago. Since then the organisation Go Gentle stated in 2016 that there had been 28 unsuccessful attempts to pass a similar law in various Australian States. A twenty-ninth attempt is underway in Victoria and I think this is the thirtieth attempt. Over that time, opinion polls in this country have continued to show overwhelming and growing public support—at 85 per cent now—for assisted dying to allow for better choice at the end of life.

It is perhaps worth noting that surveys on the matter consistently show high levels of support, even amongst those persons who are religious. A national Newspoll survey in 2012, for example, showed that 88 per cent of Anglicans and 77 per cent of Catholics agreed that a doctor should be allowed to meet a request from a hopelessly ill patient for assistance to die. I refer to the earlier contribution of the Hon. Lou Amato who noted that the division of opinion is divided in the community. There are differences of opinion but I believe that a consensus has emerged.

Like the majority of Australians, I believe that terminally ill persons should have the right to choose a dignified end to their life. The alternative, which we now have, is that many are condemned to suffer extreme and often prolonged physical and psychological pain—pain for which there is often no relief. Death is complicated and difficult. We as a society are not good at talking about the end of life. We do not want to have to face it and we shy away from dealing with it but many people do not have the luxury of choice in the matter. But they are not suicidal. We are not discussing assisted suicide. Suicide is when a person wants to die. The people who are suffering and who we are discussing today do not want to die but they are dying anyway. The prospect of doing so—that journey of pain, loss of autonomy, dignity and quality of life—can fill those involved with terror and

misery. Surely those facing this prospect deserve to be able to exercise control over how much they suffer as they near the end of their life.

Death is unavoidable but we can decide to treat those who are dying with more compassion and allow them more choice. I believe we can no longer ignore giving those patients whose death is close the right to ask for help if their suffering becomes unbearable and untreatable—to have a choice about what happens to them at the end of their lives; to choose to go a little earlier, peacefully, and on their own terms. Regardless of one's views, this debate is about respect. It is about compassion. It requires empathy and it requires courage. It can be very painful to watch someone we love endure those last weeks and days. For those who have experienced it, it is not something that can ever be forgotten or recovered from. We have heard many stories of those who have watched their loved ones die in debilitating agony and fear.

Like many, my views have been shaped not only from what I have read or heard but also from my lived experience. My father died of cancer over a six-month period. The treatment of his pain was not always successful, and came at the cost of quality of life. The best treatment he had—medicinal cannabis—is not legally available in this State today. I note this Parliament recently rejected measures to address that problem. My uncle died of motor neurone disease over a two-year period. Had he not lost the use of his arms, he would have taken his own life. In his last days he begged his wife and my mother to help him to die. They, of course, did not. He slowly suffocated and then drowned as a result of his illness. But while he suffered he was not in pain that could be treated—morphine was not needed—and his end was terrible.

A close family friend living in Switzerland recently died from ovarian cancer. Anyone who knows that illness would be aware how dreadful and untreatable it is at the end. While she was registered with the well-known facility Exit, she was unable to access its services. Her health deteriorated so fast that the treatment of her pain with morphine meant she lapsed in and out of consciousness and therefore could not satisfy the requirements of being of sound mind or giving informed consent. That should give those with reservations about this bill some comfort that the legal frameworks for assisted dying work. Nevertheless, knowing that the option existed provided significant comfort for her and her husband during her last months. Many people have similar stories about the passing of their loved ones.

Without better options available to them, without the peace of mind of a painless death, people are left to resort to often painful and sometimes unsuccessful ways to end their lives before enduring more pain and suffering. Assisted dying is already happening in Australia, but without proper regulation, oversight and accountability. That is also unsatisfactory and dangerous. We should regulate the process to make it available for all who need it in a proper, safe and medically supervised way. This is what I have heard from medical practitioners, nurses and those practising palliative care. As the Hon Walt Secord noted, medical and allied health care professionals are divided on this issue, as is the wider community, although I believe it has a high level of public support. In this matter I am guided by what I believe will result in less suffering based on the available evidence.

In undertaking this task we are fortunate to have the benefit of drawing on overseas knowledge and experience from Oregon in the United States and countries such as Canada, Belgium, Switzerland and the Netherlands. We know what works and what does not. We know the strengths, weaknesses and controls in those long-running systems from years of thorough study and review, as well as debate from all sectors of the community and those involved in the process. We can take the best parts of all those approaches to create the best law and practices possible.

This bill is a result of the efforts of the NSW Parliamentary Working Group on Assisted Dying, made up of members from across parties and Houses, and many in the community who contributed to this process. I commend the members of the group who for two years worked diligently and conscientiously on the construction of this bill to ensure that we would have the most safeguarded eligibility criteria and processes for requesting this assistance than any other proposal of its kind. It is careful and measured. It is reasonable and extremely well supported by evidence. It means that the risks raised against assisted dying—of exploitation and pressure being brought to bear on the aged, the disabled, those living with mental ill health or persons who are otherwise vulnerable—are simply not present in this bill. In order to die through the processes offered in this proposal affected persons really will have to want to avail themselves of it.

Those members concerned with the magnitude of this decision, which some have said is about life and death, should be aware that this is not a new thing for us as a Parliament. We do it all the time. Each time we allow a budget to pass without adequate funding for life-saving measures—for example, in palliative care and mental health services in our health system—we permit life and death to be in the balance, whether or not we want to acknowledge it. Perhaps a more direct and recent example is the Terrorism Legislation Amendment (Police Powers and Parole) Bill 2017, which confirmed in certain circumstances the right of police officers to shoot to kill. Members should read the contributions made in that debate. I stand by my vote on that matter. Unlike

that legislation, this bill does not authorise one person to take the life of another. It permits persons facing the end of their life to take control and to depart on their own terms.

I understand there are those who are fundamentally opposed to the legalisation of assisted dying. I respect that. No clauses placed in legislation will be able to meet their concerns. However, we must not simply raise endless hypothetical scenarios about things that could happen under these laws as proof that it cannot ever be safe. Canadian Justice Lynn Smith confronted this in her landmark 2012 decision that paved the way for assisted dying laws to be introduced in her country. She said:

> It is unethical to refuse to relieve the suffering of a patient who requests and requires such relief, simply in order to protect other hypothetical patients from hypothetical harm.

I agree wholeheartedly. I will address two of the main groups of arguments that are often raised against voluntary assisted dying so that the public debate is not perpetuated by myths and misconceptions around this critically important issue. The first is the argument that voluntary assisted dying is a slippery slope that threatens the disabled, elderly and vulnerable. We have also heard the myth that it can affect society's belief in the sanctity of life, leading to mission creep. The theory warns that legalising voluntary assisted dying would lead to more people than intended pursuing that avenue. It warns that it would expose the most vulnerable in society—people with a disability, dementia patients and the very frail—to an increased risk of assisted suicide through coercion in the belief that they are not valued by society or that they have become a burden.

Let us be real about this. There is simply no evidence from jurisdictions that have legalised assisted dying to give anyone any concerns that the elderly, disabled or vulnerable are at risk of being prevailed upon to depart earlier. There is no evidence to that effect. Opponents also argue that such legalisation would foster a cultural shift towards devaluing human life and would implicitly condone life-ending acts that could lead to doctors or family members feeling justified in ending life without explicit consent. Again, there is no credible evidence of any increase in the incidence of life-ending acts outside the law in those jurisdictions. The fundamental safeguards in this bill that the Hon. Trevor Khan outlined, such as the strict eligibility criteria, the required sign-off by two medical practitioners and an independent qualified psychiatrist or clinical psychologist which are subject to applications to the Supreme Court by close relatives, should satisfy fears of such slippery slope theories becoming reality under this legislation.

There is also the argument of mission creep—that the eligibility criteria will be widened over time, based on overseas experience. I remind members that in other countries the government has driven the initial laws and the changes. In our context these laws are appropriately the result of non-partisan and free votes exercised by members of Parliament. That is an important safeguard that should provide comfort to people in this Chamber and in the wider community. I urge members to make their decision on what is in the bill, not what might be proposed in 10 years or 20 years.

Secondly, there is a myth that palliative care can relieve all suffering. I am firmly in favour of significant improvements to the quality of and the access provided to palliative care. That should be done regardless of the debate on this bill. While assisted dying is contentious, access to palliative care services should not be. Palliative care is about enhancing quality of life through health care and support of people with a life-limiting illness. It is provided by and informed by professionals who specialise in the field. It is an essential component of a modern healthcare service and an increasingly important part of the wider health and social care systems. However, we know that the approach of NSW Health to planning and evaluating palliative care is not effectively coordinated. There is no overall policy framework for palliative and end-of-life care, nor is there comprehensive monitoring and reporting on services and outcomes. In a recent report the Auditor-General stated:

> NSW Health has a limited understanding of the quantity and quality of palliative care services across the state, which reduces its ability to plan for future demand and the workforce needed to deliver it ... At the district level, planning is sometimes ad hoc and accountability for performance is unclear.

We also know that funding for these much-needed services is not adequate. New South Wales is painfully short of palliative care specialist doctors and nurses, particularly in rural and regional areas. Everyone who needs palliative care should receive it. No-one should be excluded, certainly not because of poor planning or limited funds. Palliative care services in Belgium, Netherlands and Oregon have markedly improved since similar laws were introduced. I hope the same will occur here.

Whatever happens with this bill, I urge the Government to implement in full all of the Auditor-General's recommendations for a better resourced, better respected and better valued palliative care system. As earlier speakers have identified, the challenge is for us to ensure that the Government invests more in palliative care, particularly in remote and regional locations. Many members in this and the other place—including the present Treasurer, who has written an opinion piece opposing this bill—are in a position to achieve that outcome. I look forward to seeing a massive increase in the funding and availability of palliative care in next year's State budget.

Importantly, palliative care does not work for everyone. With terminal illness there can be suffering for which there is no available relief. Even the best palliative care cannot alleviate all the pain, nausea and extreme discomfort some people experience at the end of their lives. The palliative care sector internationally, including Palliative Care Australia, has acknowledged this. As past president of the Australian Medical Association Dr Brendan Nelson put it, there is "a small group of patients for whom no amount of medical treatment is going to relieve their suffering".

Latest figures from the Wollongong University Health Services Unit, which collects data from 106 palliative care units across Australia, show that one-fifth of people in their last 24 hours of life died in moderate to severe pain despite the best efforts of palliative care providers. We must bear in mind that not all those with a terminal illness are in physical pain, but they may lose their autonomy, their control over their lives and their access to and enjoyment of all the things that make life worthwhile for them. When they lose this, and when death is imminent and the end will be miserable and usually painful or involving great suffering, why should we deny them the choice of avoiding it?

Why are we forcing people in that circumstance, already so vulnerable, to have an uncertain and undignified end to their life? Where is the humanity in that? Where is the decency? This bill is all about alleviating that suffering. Let us be clear: This is not a debate about palliative care or voluntary assisted dying. This is about incorporating the option of voluntary assisted dying into our palliative care framework for a more comprehensive service for all patients. Voluntary assisted dying will not diminish palliative care in this State; it will complement and improve it, as it has done in many jurisdictions where voluntary dying has been legalised. As the man acknowledged as the "father" of palliative care in Australia, Senior Australian of the Year 2013, Professor Ian Maddocks, said:

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

This bill is about granting terminally ill people the right to make a choice about how they live the final stages of their life, and how and when they wish to die. It is an intensely personal matter that no-one wants to find themselves or a loved one in a position to have to consider, but the reality is that many families must do so. It is for them that we should support this bill so they can decide for themselves what is best for them at that critical time. If terminally ill people are done fighting an unwinnable war, they should be given the opportunity, if they wish, to say they have had enough to alleviate their physical and mental anguish and distress in the face of further unnecessary suffering and deterioration.

The outcome of this debate should be based on sound evidence, well- reasoned arguments and informed by the wishes of the community, and with the knowledge that this bill has some of the most rigorous safeguards and protections, and enforces strong monitoring procedures and levels of compliance to counter the fear of the misconceptions I have outlined earlier. If one would not use it, one does not have to access this law. But have the humanity not to deny others the chance to pass away peacefully with dignity, in a medically supervised manner. It is not about imposing anything onto any other person. It is simply about making available another palliative care option for those with unbearable terminal suffering. It is about giving them the option; putting end- of-life decisions back in the hands of already dying patients—a choice for each eligible individual, about that individual, by the individual. That is why I will vote for this bill. Frankly, it should be their choice, not ours.

The Hon. SCOTT FARLOW (16:21): The Voluntary Assisted Dying Bill 2017 represents the crossing of a threshold that will have fundamental consequences for our society and our outlook. From the outset I state that I do not doubt the good intentions of those who bring this bill before the House. They are motivated by deep love, compassion and, of course, their own experiences. I respect that. They want to give people autonomy over all aspects of their life, including the end of their life. I also respect that. My motivations are also motivated by love, compassion and concern and are founded in my own experiences. I have had to examine my conscience on this bill as two months ago my nan, my strongest ally in life, the person who did so much to form who I am, was diagnosed with stage four lung cancer. She is one of the people I love most in the world and I never wanted to see her suffer. But I never want her, or anyone in her situation, to be subjected to the vulnerabilities that will be present under this bill.

I believe that there can never be sufficient safeguards to allow euthanasia to occur and I believe that is evident in this bill. The difficulty with euthanasia is those things that are never said, those acts that are never seen, and those expressions that are never written. Coercion is not necessarily overt. For the person who is suffering with terminal illness, the suggestion from his or her carer that supporting them is difficult, the mention of endless medical treatment, the evident strain on relationships, and the pressure on employment are all brought to bear. Under this legislation having someone care for another with a terminal illness will no longer be an expectation, but the dynamics will change to see that become a selfish and indulgent act. Nothing ever needs to be said. That guilt will engulf vulnerable people because of this legislation. That is the seismic change that this legislation will

introduce to our society. Without this bill there is a barrier; with this bill we will walk over a threshold and there will no longer be a barrier.

Make no mistake, the guilt that engulfs the vulnerable and terminally ill will be a major driver for the use of this legislation if it becomes law. This legislation will fundamentally change the psyche of our society. Expressions such as "better off dead" will no longer be expressions said in vain but will become a component of our society's mindset. The Ethics and the Legalisation of Physician-Assisted Suicide: An American College of Physicians Position Paper expressed such concerns. I quote:

> Others are concerned about being a financial, physical, or other burden on their family.

It also stated:

> Some individuals might view themselves as unproductive or burdensome and, on that basis, as candidates for assisted suicide, especially if a physician raises it or validates a request.

I am concerned about the prospect that people will avail themselves of this legislation out of guilt—the guilt of burden. There are no protections possible in this bill to prevent that. But, to be fair, I do not believe it is possible to encapsulate such amendments. The Australian Medical Association [AMA] does not support this bill. Largely, the medical profession—and I admit it is not universal—has opposed this legislation. Dr Michael Gannon, President of the Australian Medical Association, said:

> The current policy of the AMA is that doctors should not involve themselves in any treatment that has as its aim the ending of a patient's life. This is consistent with the policy position of most medical associations around the world and reflects 2000 years of medical ethics.

Many proponents and supporters of this legislation cite the opinion polls in favour of this legislation, and the need for the Parliament to reflect the will of the people. I have heard those arguments again today. Having studied polling and market research, I know that the result is as much dependent on the question asked. I turn to Edmund Burke's speech to the electors of Bristol, where he said:

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

That is why when members from both sides of this House are confronted with such legislation, we grapple with it. A concept and a tagline such as "dying with dignity" is one thing, but we know that the devil is in the detail. I have a deep interest in mental health, particularly in the prevention of suicide and attempted suicide. When it comes to suicide the constant and consistent message that we send is: There is no problem that is too big or too grave that taking one's life is the only answer. The same should be true when it comes to terminal illness. While suicide may be the leading cause of death for those between the ages of 18 and 44, the highest rates of suicide are amongst men aged over 85. Within that cohort, the rate of suicide is 34 per 100,000. Some may say that the basis of those figures is why this bill is needed—I have also heard that argument today—but many of those people are seeking relief from terminal illness, and suicide rates would decrease if such legislation were to be enacted. Proposed section 33 (2) (b) (ii) states:

> (b) the cause of death of the patient:
>
> (ii) is taken not to include suicide or homicide.

Some jurisdictions make the distinction in records between "assisted suicide", such as that encompassed in this bill, and "unassisted suicide". However, with the introduction of euthanasia legislation elsewhere the experience has been that the rates of suicide have increased, not decreased. In the *Southern Medical Journal* of October 2015, under the title, "How Does Legalization of Physician-Assisted Suicide Affect Rates of Suicide?", it is written:

> Controlling for various socioeconomic factors, for unobservable state and year effects, and for state-specific linear trends, we found that legalizing Physician Assisted Suicide was associated with a significant increase in total suicides (including Physician Assisted Suicide) and no reduction in rates of non-assisted suicide.

Voluntary assisted dying was introduced in the American state of Oregon in 1997. In Oregon, before the legislation was introduced, the suicide rate per 100,000 was 15.44; in 2016 it was 19.3. In Washington, it was 12.7 before the legislation was introduced; in 2016 it was 15.7. In Montana, it was 18.6 per 100,000 and now it stands at 24.3. In Vermont, it was 12.77 before the introduction of voluntary assisted dying legislation and now it stands at 19.1. In the Netherlands, one of the first countries to introduce such a scheme, the suicide rate has increased from 8.1 per 100,000 in the year 2000, to 9.4 in 2015. An American College of Physicians 2017 paper found that:

> Physician assisted suicide laws have been associated with a 6 per cent increase in total suicides (15 per cent in those older than 65 years) in the states where physician-assisted suicide is legal. Maybe the cause of this is, as the American physicians again suggest, that "legalized physician-assisted suicide medicalizes suicide. Physician-assisted suicide is not a private act but a social one, with effects on family, community and society."

When we are concerned about the rates of suicide in our society and we send the message that death is never the answer, legalisation, such as with this bill before the House today, runs contrary to that argument. Again, it is the case that with this legislation we are crossing a threshold and it has significant reverberations and unintended consequences. The bill before the Victorian Parliament included a specific provision under section 9 (2), which stated:

> A person is not eligible for access to voluntary assisted dying only because the person is diagnosed with a mental illness within the meaning of the Mental Health Act 2014.

No such similar provisions are contained in this bill. In this law there could be significant consequences for those with mental health issues. The slippery-slope argument is often raised in debate, but in this area it is not just some abstract theory; it is the evidence and reality around the world in jurisdictions that have introduced such legislation. Most notably, we should turn to the Belgian and Dutch laws, which were enacted in 2002. In Belgium the law was extended in 2014 by removing the age limit, thereby to include terminally ill children. The first minor to be euthanised was in September 2016. There has been controversy over twin brothers who were deaf and going blind and decided to avail themselves of that law and end their lives, despite not having a terminal illness. In its study on trends between 2003 and 2013, the Canadian Medical Association concluded:

> Our findings showed an increase in euthanasia among older persons and patients without terminal disease in the most recent years.

In the Netherlands, the Termination of Life on Request and Assisted Suicide (Review Procedures) Act 2002 does not have the criterion of a terminal illness. Patients between 12 and 16 years of age require the consent of their parents to avail themselves of the legislation. Mark Langedijk convinced doctors and psychiatrists that he satisfied the criteria due to depression, anxiety and alcoholism, which constituted unbearable suffering with no prospect of improvement. Recently, the proposed Completed Life Bill would allow euthanasia to any person aged 75 or over who decides their life is "complete".

Boudewikn Chabot, who is a psychogeriatrician and prominent euthanasia supporter, believes that the Dutch laws are starting to get out of hand and that the safeguards are failing their communities as they are not being upheld. In 2016 there were 6,091 reported instances of euthanasia in the Netherlands—141 were patients with dementia, which is up from 12 in 2009, and 60 were cases of chronic psychiatric illness, up from zero in 2009. In Holland many patients, before they check into hospital, write contracts to ensure that they will not be killed without their explicit consent. How significantly has that legislation altered the relationship between patient and physician? If we are to even look at this bill in comparison to the legislation that is before the Victorian Parliament we will see differences and no doubt a future argument to change any law in New South Wales. For instance, it is inevitable that the question will be asked: Why should euthanasia be available to those aged over 18 in Victoria, but restricted to those aged over 25 in New South Wales? And that will only be the beginning.

When considering legislation such as this, safeguards are the most vital element—and this bill sadly lacks them. It is my belief that in a bill that places this responsibility on the state it is impossible for a government to ever possibly include sufficient protections and safeguards. To those libertarians who would support this bill I say that this is a state-sanctioned bill; it is not a matter for the individual, but it becomes a matter for the State. I turn now to the elements of the safeguards proposed by this bill.

First, there is the examination by two medical practitioners—one of whom must be a specialist in the area—who must concur that the patient is suffering from a terminal illness, that illness is causing the patient severe pain, suffering or physical incapacity to an extent unacceptable to the patient, and that there is no medical measure acceptable to the patient that can be reasonably undertaken in the hope of effecting a cure. Problematic in that is the definition of "terminal illness". As part of that definition it is required that the illness "will result in the death of the person suffering within the next 12 months".

I started this contribution by speaking about my nan, who was diagnosed with stage four lung cancer two months ago. Not one doctor can tell us how long she has left to live or is prepared to give a prognosis of her life expectancy. It was a similar situation for my wife—who is, coincidentally in the gallery—who lost her father to cancer 6½ years ago. Weeks from his death, doctors simply expressed that they could not give any indication of his life expectancy. I am sure I am not alone in my experience. Some members of the Chamber are registered nurses, who would have witnessed this firsthand with countless patients. In the *Mayo Clinic Proceedings* journal a medical team wrote in 2005:

> Accurately predicting life expectancy in terminally ill patients is challenging and imperfect.

That was based on a study of survival predictions for 468 patients, which demonstrated that only 20 per cent of those predictions were accurate. This right sets a very low threshold in requiring pain, suffering or incapacity that is solely subjectively unacceptable, with no objective assessment. This largely will allow for the medical practitioners to ask a question, "Do you have pain, suffering or physical incapacity that is unacceptable?" If the answer is "yes", then that is sufficient to meet the test in the legislation. There is no objective threshold in this

assessment of the two medical practitioners in this regard. On the contrary, the test for the treatment is, again, subjective in its acceptability to the patient. However, an additional, often unachievable, hurdle is that the treatment is undertaken in the hope of effecting a cure. That is a very high and, I dare say, unattainable bar to reach when considering terminal illnesses. This, again, is why this legislation is deficient and will result in a system whereby willing practitioners will tick and flick.

Even in the Victorian legislation the Advisory Panel on Voluntary Assisted Dying determined to include the term "incurable" in the definition of terminal illness. That is a clear deviation from the legislation that is before this House. In addition, under this legislation the person must be examined by a qualified psychiatrist or psychologist, who must certify that the patient has decision-making capacity and had made their request freely, voluntarily and after due consideration. A psychiatrist or psychologist is simply not in a position to make this certification with 100 per cent confidence and to ensure that these actions can be taken without coercion, and that is what is required in order to even countenance legislation such as that before us today. My greatest concern is that with this legislation we will see the most vulnerable in our society fall victim to guilt in such situations—guilt for being a burden on their loved ones, guilt for being too much trouble, and guilt that is all-consuming. In its position paper on the Victorian legislation, the Australian Medical Association Victoria proposed a safeguard and criteria, which stated:

> … the patient's motivation to end their life is not associated with a perceived view that they are a burden to others, are unfairly consuming resources, or cannot afford to receive health care … and the patient's motivation to end their life is not associated with the perceived needs or wishes of another person.

There is no such protection in this bill. While I believe it is impossible to ever fully protect the vulnerable in such legislation, the deficiency in this legislation is profound. The avenue for challenge contained in this legislation through a Supreme Court review is only available to a person who is a close relative of the patient. As sad as it may be, in cases where a patient is coerced or placed under duress to make a decision to end their own lives, it is largely family members, the likely beneficiaries of the estate, who will be the instigators of such activity. It seems to me quite bizarre that only a close relative of a patient is able to seek such an order. One would think that a treating physician of long standing who became aware of a request for assistance to voluntarily end a life, or a neighbour, a minister or a friend would be able to seek such an order, but under this legislation they have no right. There is no safeguard.

In addition, as there is no requirement to inform family members and only a 48-hour cooling off period, it is highly likely that family members will not know before a person's death that a request has even been sought and granted. Again, there is no safeguard. Under this legislation there is a 48-hour cooling off period, that is all. We know that for many of the patients eligible under this legislation they have their bad days and their good days; there are ebbs and flows in their suffering and in their resolve. In Canada there is a 10-day cooling-off period. In Oregon there is a 15-day cooling-off period. In Washington State there is a 15-day waiting period from the first oral request and written request and a further two-day wait between the written request and the writing of the prescription.

My grandpa would have been someone who would have said yes to this bill. All of his life he said he never wanted to be sick, he never wanted to be old—he hated me calling him "Grandpa"; he always wanted to be called Jim. Unfortunately, I never obeyed his request in that regard. He would say, "If I ever get sick, just take me out the back and shoot me." He contracted cancer. After a first round of hospitalisation and treatment he seemed to make a recovery. He still complained about hospitals and how he never wanted to go back. A few months later he would find himself at Balmain Hospital—a fitting place to return to for a man with black and gold running through his veins—to fight the fight of his life against cancer. When he went in that last time, with only a 48 hours cooling off period I think he would have made the decision to end his life. But as he struggled for weeks and weeks, I saw the man who never wanted to be sick fight for life day in and day out, through the most debilitating pain. Gasping for air, choking constantly on his own saliva, every time it looked like he was growing exhausted he fought for more.

My grandpa was never a religious man, but I got to pray over him in his final hours. I had barely been able to touch the man through my life. I got to feel hand in hand as I commended him to the Lord in the fight for his life and for his soul. The man who in all good conscience months and even weeks from his death claimed that he would have ended it all, stared at death and chose life in his heart. Though his body was ravaged, his mind still wanted to be alive. He chose life with all its pain, its suffering, its despair. His was not a comfortable existence, but it was an existence. Where there is life, there is hope. With a 48-hour cooling off period, he would have been dead. With this legislation, he would have been dead.

But in those final days he stared down death. He fought—something he always vowed never to do. In that time, before I was in this place I resolved in my heart that if I ever had the opportunity I would oppose legislation such as this. In my grandpa's case he never wanted to be a burden, as none of us do. In all rational

sensibility, what are a few months or weeks worth? What sort of quality of life do you have and at what cost to those you love the most? But you have life, that amazing gift that we all share and are bound by on this planet. If this Parliament passes this legislation, we will be removing that right from the most vulnerable in our society and we will be changing the compact of our society. No longer will the compact survive that you are nursed through birth and through death. For all these reasons, I oppose the bill.

The Hon. ERNEST WONG (16:41): I join my Labor colleagues to make a contribution to debate on the Voluntary Assisted Dying Bill 2017. In doing so, I note at the start that not all of my Labor colleagues will share my views. That is both the challenge of conscience votes and the benefit of them. We often divide predictably in our views on bills, but on days like today we find that those across the aisle become unexpected allies and those in our own party become dissenters from our view. That is fine. That is good. That is the very purpose of the conscience vote. In my view, these matters often bring out the very best in a Parliament.

This bill has been brought forward by the Deputy President and Chair of Committees, the Hon. Trevor Khan. I know that it is the result of work from members across the Chamber and I respect their efforts. I also respect the empathy and compassion that has driven their efforts, and I have no doubt that their intentions are entirely pure. However, as others have noted, the attempt to codify that compassion into law has wide-reaching and unpredictable implications, and there is no simple or clear consensus on support for this bill—not in this House, in the medical community or in the community at large. With such a significant legal and ethical change at hand, I believe that consensus would need to be clearer before New South Wales law could adopt such a paradigm legal shift.

Some will argue that this bill would codify and therefore provide protection around practices that we know or suspect are happening in any case. I am sure that all members have received, as I have, anecdotal evidence of pain relief and palliative care given in the full knowledge of the secondary effect of hastening a death. Indeed, the Australian Medical Association's [AMA] formal position on this issue acknowledges that reality. But death as a secondary effect and death as the primary objective are deeply distinct things. I am sure we all understand the complexities and implications of New South Wales law embracing the latter proposition. Like other members who have spoken today, I reject the more outlandish suggestions in this regard—comparisons to totalitarian regimes and the like. But even without such comparisons, the implications of a rule-of-law country having a statute that empowers the deliberate taking of life are massive. As former Prime Minister Keating put it in his now often-quoted opinion of 19 October:

> What matters is the core intention of the law. What matters is the ethical threshold being crossed. What matters is that there will be people whose lives we honour and those we believe are better off dead.

Mr Keating also noted the power imbalance that should be acknowledged between a suffering and weakened individual versus the doctors, nurses and loved ones around them. This is before we begin to contemplate how this imbalance worsens in the event that any of those stakeholders have less than ethical intentions. Yet that is something we must contemplate. While those advocating this bill have the best ethical intentions, it is in the nature of our role as legislators that we must contemplate how laws will be applied by those with lesser intentions. When the consequences of the bill are so total, I believe we need either a great codification against risks or a higher standard of ethical intention across our whole community before I could support a bill that has the aims of this one. Therefore, I will be voting against the bill. I am not alone in my concerns. There are different views strongly held within the medical profession. The president of the Australian Medical Association, Dr Michael Gannon, has explained that the position of the AMA is opposition to interventions that have as their primary intention the ending of a person's life. As Dr Gannon recently told Fairfax Media:

> Once you legislate [assisted death] you cross the Rubicon. The cause for euthanasia has been made in a very emotional way and this is the latest expression of individual autonomy as an underlying principle. But the sick, the elderly, the disabled, the chronically ill and the dying must never be made to feel they are a burden.

I also join my colleagues who have noted that with a clear aim of minimising suffering, better palliative care support and funding must surely be a preferred solution to the compassionate problem we seek to solve. Again, Mr Keating summarised the submissions of palliative care groups well on this issue. He said their submissions highlight:

> [The bill] is a disproportionate response to the real problems of patient pain and suffering, a situation that demands greater priority in public care and funding. It is true that if this bill fails then some people will endure more pain and this is difficult for legislators to contemplate. It is also true, however, that more people in our community will be put at risk by this bill than will be granted relief as its beneficiaries.

Those last two sentences are deeply powerful. Mr Keating is right that it is difficult to contemplate the immense suffering of someone for whom voluntary end of life is a real consideration, and it is further difficult to know that my objection to this bill may prolong that suffering. But the Rubicon mentioned by Dr Gannon is a real one. While

it pains me to contemplate the suffering of those needing and deserving better palliative care, it genuinely scares me to think that my actions could contribute to the exploitation of our most vulnerable citizens.

This bill is not just an issue that faces us today, but rather one that poses significant future impacts on social values regarding life. I have had countless conversations with friends, families and constituents about the realities of this bill, should it be passed, and all too often the word "regret" comes to the fore of these discussions. I have heard stories of families re-engaging and of patients using this window of time to positively reassess the fundamental meaning of their life and to tick all the boxes they left vacant for another time. The focus turns from quantity to quality and it reawakens a sense of what and who is important.

Many people do not get the opportunity to spend precious last moments enjoying what makes their lives purposeful with those who mean the most to them, such as parents, children, husbands and wives. Recurring regrets I have heard mentioned stem from a fear of not doing or saying more in the precious last moments spent with loved ones. I truly believe that no matter how much pain, both physical and psychological, may be the case, those last minutes of holding hands, embracing life and supporting each other no doubt will be the most precious last moments to be spent, not planning for a suicide.

I recall in my youth watching a film called *Whose life is it anyway?* It was a play by Brian Clark. The story portrayed and the message conveyed in the film had a significant impact on how I viewed an individual's right to choose the timing of his or her death. For many years I was in favour of the mentality of people being able to determine their own life for those experiencing significant levels of pain and severe impairment. However, over the course of the last 30 years my views on this have changed dramatically. I can only attribute this to experience. I came to realise, through my own life experience, that no matter how tragic, painful or debilitating life may be, each and every experience is poignant in one's individual journey through this life, of which we each only get one.

I believe our responsibility lies in ensuring that every person in New South Wales has access to the best possible level of palliative care in the final stages of their lives. Our focus needs to be on reducing suffering whilst the illness progresses to natural death. If death were to become an option, patients may choose to die through fear of becoming a financial or emotional burden while others may find themselves having to justify their right to live. Where is the dignity in this? We must consider the impact of legalising euthanasia not only at an individual level but also at institutional, governmental and societal levels.

The right to die could become a duty to die, with patients feeling pressurised into requesting assisted suicide. Patients might choose to die not only because they cannot bear physical pain any more or only because they do not want to live but also because they decide the financial and emotional burden they are placing on their family and loved ones is not worth it. I note the submissions of palliative care groups, which argue that much of the suffering we see amongst patients with advanced illness is preventable. I know this was a point made today by our shadow health Minister, the Hon. Walt Secord, and is one he has made consistently for many years. I support his conclusion that rather than attempt euthanasia laws, the Berejiklian Government should do more in palliative care to alleviate pain and suffering.

I note his reference to care experts, who argue that with the right funding and support we now have reached the stage at which we have the expertise to respond through medication to almost all levels of pain. Possibly all parties to this debate can agree that if this minimisation of suffering is now possible, surely that should be our best pursuit. It is certainly an aim and indeed a law that I would be pleased to support. Having the same compassionate aim is one thing, but what we are debating today legally is a very different thing. Therefore, I cannot support the bill. I emphasise again that saying this is not to deny the compassionate aims of those who have brought the bill to this Chamber or those who have supported them outside this Chamber. Rather, it is to reflect realistically on the capacity of this Chamber—flawed and human as it is, with a heritage of both great decisions and poor ones—to make a flawless judgement on so critical a change. Respectfully, I do not believe we are there yet. I thank members for their attention.

The Hon. CATHERINE CUSACK (16:53): I state at the outset that I oppose the Voluntary Assisted Dying Bill 2017. I acknowledge that its authors have consulted and made valiant efforts to narrow the bill and tighten safeguards to give it the best possible chance of support. But all this has done is reinforce my core concern, which is that the bill seeks to relativise the value of human life. It takes the State into forbidden territory, defining and regulating who must live and who may die. It is a complete anathema to the ethical framework that has quietly underpinned good governance in this country, an ethical and moral framework that has curbed Big Brother and if maintained will protect our citizens in perpetuity from the risks and abuses of state-sponsored death. I agree with Paul Keating that it is a threshold we must not cross.

I received a letter from a patient attacking Paul Keating's views, saying, "I thought he was a progressive but clearly I was wrong." As someone who is regarded widely as very progressive in the Liberal Party, I want to deal with this perception pushed by the pro-euthanasia lobby that opposition to the bill is driven by conservatism

and religious bigotry. They have been very successful in glossing over the genuine complexity and anxieties that ought to be openly discussed and addressed. It reflects poorly on the quality of modern political debate where matters of such great principle can be so easily characterised as bigotry. To highlight the complexity of this issue, I invite members to listen to the contribution of my colleague the Hon. Dr Peter Phelps—I speculate he will champion the cause of assisted dying on the basis of personal autonomy, freedom of choice and limiting the role of the State.

These are great principles of liberalism. I agree with those principles, but I have reached the opposite conclusion. For me the bill does not limit the scope of the state; it expands it dramatically into authorising people's deaths. I agree that this bill would increase personal autonomy for a small number of terminally ill citizens, but it would be at vast risk and expense to the wider community in respect of the suicide contagion and exposure of sick and vulnerable people whose rights, dignity and protections would at one stroke be removed, devastated or impacted by the passage of this bill. Today we have to weigh our responsibilities to a small group of stricken citizens—a heartbreaking group of citizens—against the safety of other vulnerable citizens and their families, and the wellbeing of our community as a whole. It is said that 85 per cent of Australians support assisted dying. I have taken the trouble to ascertain the question asked in that survey, which was conducted by Newspoll. The question was:

> Thinking now about voluntary euthanasia. If a hopelessly ill patient, experiencing unrelievable suffering, with absolutely no chance of recovering asks for a lethal dose, should a doctor be allowed to provide a lethal dose, or not?

I am grateful to the ABC's FactCheck, which has undertaken detailed analysis and discussion in asking a question like this. It explains that it is a leading question and therefore the results are unreliable. I consider it a hopelessly simplistic method of ascertaining opinion, noting that it changes as one introduces different variables to the survey question. I believe that there is strong support for euthanasia, but there is also zealotry and overreach claiming 85 per cent support. That reinforces my concerns about the campaign for the bill and severely undermines the credibility of the proponents every time they brandish it as a fact when the opposite is true. Paul Keating has written:

> Opposition to this bill is not about religion. It is about the civilisational ethic that should be at the heart of our secular society … In public life it is the principles that matter. They define the norms and values of a society and in this case the principles concern our view of human life itself. It is a mistake for legislators to act on the deeply held emotional concerns of many when that involves crossing a threshold that will affect the entire society in perpetuity.

I want to focus on the adverse outcomes that Mr Keating says will affect the entire society in perpetuity. This is critical because the proponents of the bill say there are no adverse impacts. They say that because the bill is overflowing with protections, nobody else's rights will be jeopardised. The refusal to concede any of these difficulties—indeed, the sheer aggression with which some proponents of the bill reject all difficulties out of hand—takes me aback and means we cannot rationally discuss the issues at all.

It is absurd for intelligent people weighing up the arguments to say that any law that seeks to measure and relativise the intrinsic value of human life can be fully contained to a handful of terminally ill patients, especially with the bill featuring so many differing rules and procedures to other jurisdictions, giving an impression of the random and temporary nature of many of these restrictions. For example, the minimum age specified in the bill is 25 years. This is a unique age limit for New South Wales. There is no science or ethical explanation for it being 25 years. In Victoria the minimum age is 18 years, while overseas it is as young as 12 years. Immediately we have a detail that I promise will be amended in future. We have already proposed significant differences within State jurisdictions, when comparing this bill with the Victorian bill. Of course, they will be debated and amended in ways we cannot envisage in the future.

Please do not tell me this bill will not be amended; that treats us as fools. This bill proscribes a framework and says doctors take responsibility for case-by-case details. But the major organisations representing the doctors say, "Don't do it. Don't tear our foundation ethics that have served Australians so well and so faithfully for so long". The medical profession believes it will be deeply impacted by this legislation, but all we are told in response is, "Don't worry about it". Apparently we can dismiss the profound concerns and opposition of the very people whose expertise vastly exceeds our own, and who we expect to implement the legislation. Am I the only person who can see a problem with this?

The wider impact of greatest concern is the changes it will bring to our bedrock values and attitudes. I refer to the behaviour of the State. The bill introduces the proposition that "a dignified death" is a "human right" and that it is the responsibility of Government because we are a "compassionate society". That ought to terrify all of us. It is Orwellian doublespeak. It ticks every box for a dystopian society, because once the principle is established that the State has a responsibility to relativise human existence, then the instruments of the State, being the courts, the parliaments, the health bureaucracy, the IT people and the Pharmaceutical Benefits Scheme—all of them—will absolutely go ahead and start measuring suffering and expanding the circumstances. We will start

to become "inclusive" in the name of Orwellian compassion and I can assure the House that by renting our core values today we will reap a terrible price in 50 years time. It is guaranteed.

This bill is a Trojan that will change our values and expectations in a way that civilised Australians do not anticipate and most definitely will not like. Indeed, it has never been more important to resist emotional temptations urging us down that track. We are living in an era of profound technological change. It is transforming work, medicine, communications, the economy and society itself. It challenges our fundamental moral beliefs and I want to shout from the hilltops that now is the time of greatest risk to a civilised future. We should seek to cling to those core principles and values that have preserved democracy, and served us and kept us together so well. Do not throw away our moral compass just as we are navigating the most profound and rapid changes in human history.

I cannot speak highly enough of the committed professionals who work in palliative care. Overwhelmingly they are against this bill. In recent years governments and medical science have significantly stepped in to ease that final journey with improved pain management and palliative care. Those in the field will tell you how far they have come. All our efforts must focus on what is yet to be achieved. An additional fear of mine is that the bill will undermine the pace and drive to achieve that progress.

The bill is modelled on Oregon's legislation; a small State and one of a handful of American States to go down this track. They are all western States with very different cultures to ours. For example, Oregon is an "open carry" State, which means it is okay to carry loaded firearms in public. Oregon still has the death penalty. Significantly, Oregon's suicide rate has surged since its 1998 reforms. It has been claimed in this debate that does not happen, yet it has. The Oregon Health Authority, Public Health Division, Oregon Violent Death Reporting System, has published a report entitled "Suicides in Oregon: Trends and associated factors 2003-2012". It is very disturbing reading. The executive summary begins:

> Suicide is one of Oregon's most persistent public health problems. Suicide is the second leading cause of deaths amongst Oregonians aged 15-34 years and the eighth leading cause of death amongst all Oregonians in 2012.

In 2012 the age-adjusted suicide rate amongst Oregonians was 17.7 per 100,000, which is 42 per cent higher than the national average in America, which has a high suicide rate. The rate of suicide amongst Oregonians has been increasing since 2000. Males were 3.6 times more likely to take their own lives than females. The highest rate was among males over 85 years and older, with 72.4 suicides per 100,000. These are the people this legislation is meant to assist. These figures do not include the assisted dying deaths because assisted suicides are not called suicides and are not included in Oregon's suicide statistics. These figures are net of assisted suicides. The annual report from Oregon reviewing the reasons people choose assisted suicide all relate to "loss of enjoyment of life and capacity" and "loss of dignity". "Insufferable pain" is ranked seventh on the list. "Being a burden" ranks higher.

I note that many members have spoken about this issue. I understand the pressure of being a burden. As the Hon. Scott Farlow said in his contribution to the debate, you are in a vulnerable state. If I were terminally ill and I was told I had two weeks of insufferable pain and the health care will cost $10,000, I would look at my sons and say, "Give me the injection". I am absolutely certain that is what I would say. I have placed the doctor, my family and myself in a situation where the choice has to be made. There is greed and elder abuse, but there is also the natural feeling of not wishing to be a burden. It was well explained by the Hon. Scott Farlow. This bill, which sanitises the language surrounding this issue, states:

> A death resulting from the lawful provision of assistance under the proposed Act is not to be regarded as suicide for the purposes of a provision of the Crimes Act 1900 that relates to aiding and abetting a suicide.

Secondly, under this bill official records of death are to be doctored by order of Parliament so that State-authorised suicides are not allowed to be called "suicides". Section 33 requires an illness be stipulated as the cause of death, even though that is simply untrue. The bill states:

> (b) the cause of death of the patient:
>
> (i) is taken to include the terminal illness of the patient, and
>
> (ii) is taken not to include suicide or homicide.

I simply cannot support falsifying State records for any reason. The proponents of the bill might argue it is a kindness to dance around the truth that it is an authorised suicide, proscribed and funded by the State. I understand tweaking the death certificate is viewed as compassionate, but falsifying records, deleting the truth and replacing it with the pretence of a natural death, when that is not what happened at all, is just wrong. Say what you like in the newspaper death notice or at the funeral, but let the Government records record the truth. I support maximising individual autonomy in life, but that must never extend to a person's death, which simply ought not be the realm of Government, because it opens Pandora's box whereby the State relativises human life. I have weighed the side

effects of this bill impacting our ethical framework, softening the taboo on suicide, and increasing opportunities for abuse of the sick and vulnerable, and I cannot support the bill.

It has been stated in this debate that people like me do not care about the suffering of terminally ill patients. It is a statement that is offensive and it sends the incorrect message that if this bill fails it is because we in this House are impervious to their needs. It brushes away the legitimate concerns being raised on behalf of all sick and vulnerable Australians, including those at risk of suicide. Twenty-seven years ago I was a young mum in awe of the magic of the new baby in my life. I had a number of family and friends afflicted by the AIDS virus, all of whom believed they faced a certain painful death. I lost a dear friend who kept secret his battle with AIDS. I woke up one day to the devastating news that he was dead.

The official nonsensical story was that this young man had died of a heart attack. Even today the truth is incredibly painful and difficult to process. It tells you everything you need to know about what gay and lesbian people have suffered, perhaps not fully understanding the extent to which those of us who love them have suffered alongside them. A few weeks after my friend took his own life, the AZT breakthrough swept world headlines. My friend died for nothing. Many of my gay friends recall with sadness those who died awfully. I choose to recall with joy those who did not die. I thank God the bill was not law in the 1990s, because I could have lost two people I adore had they been offered that choice. We are all imperfect. Please do not say we do not care, because we care deeply. As John Donne put it:

> No man is an island entire of itself; every man is a piece of the continent, a part of the main;
> if a clod be washed away by the sea, Europe is the less, as well as if a promontory were,
> as well as any manner of thy friends or of thine own were; any man's death diminishes me,
> because I am involved in mankind.
> And therefore never send to know for whom the bell tolls; it tolls for thee.

The Hon. MICK VEITCH (17:09): I speak in debate on the Voluntary Assisted Dying Bill 2017 and indicate my support for the bill. Many members will recall the debate in this Chamber in May 2013 on the Rights of the Terminally Ill Bill, which was similar to the one before us. It sought to give a dying person who was suffering so greatly and did not want to live the legal right to ask for, and receive, medical help to die. A number of significant developments have occurred since that time. I intend to look closely at what has changed since 2013. My views, however, have not changed. I express my appreciation to the cross-party working group that did a lot of work to have the legislation prepared and presented to this Chamber. The members worked well together.

As with all members, I draw on personal experience and much reading in coming to my position on this legislation. These issues are not easy. I know many of my colleagues from all sides of the Chamber have found this debate difficult. It is indeed a difficult and complex public policy debate. Voluntary assisted dying has exercised my mind for some time, not only because of the 2013 bill or this debate. I have read many of the emails and letters covering both sides of the debate. I have not read them all because there are so many. Most, not all, correspondence has been respectful. It amazes me that some correspondents are convinced that an abusive, hostile and vile missive will swing our positions. They have come from both sides of the debate. However, these are few, and by far not the majority. Sometimes respectful correspondence is much more powerful.

As a part of a my decision-making process I have looked at some of the history on this public policy debate both here and abroad. In 2013 assisted dying was legal in eight jurisdictions. Switzerland is by far the most experienced, having permitted assisted dying since 1942. Oregon has had such a law since 1997, and the Netherlands and Belgium since 2002. It has been legal in Luxembourg, Washington State and Montana since 2009. Since then assisted dying has become legal in Vermont, Quebec and Columbia, and last year in California, Canada and Colorado. Earlier this year it became legal in Washington DC. Turning to the Australian States, an assisted dying bill in Tasmania was defeated narrowly last year as was a similar bill in South Australia. In that case, it was lost on the casting vote of the Speaker.

Recently, as I am sure members are aware, the Victorian Legislative Assembly passed an assisted dying bill, which is being debated in its Legislative Council today. The amendments being considered and debated in that jurisdiction include reducing from 12 months to six months the time frame in which terminally ill people can access lethal medication. This limitation would not apply to neurodegenerative diseases such as motor neurone and multiple sclerosis because doctors have advised that people who suffer from those conditions may be unable to provide clear requests within the shorter time frame. Other amendments being considered in Victoria include increasing funding to palliative care programs, restricting the scheme to people who have lived in Victoria for 12 months, and requiring that deaths be recorded as assisted dying as well as the disease.

It is worth spending a little time on the Victorian process that has led to this significant and welcome development in that jurisdiction. A cross-party parliamentary committee began its extensive research into end-of-life choices in 2015. The inquiry took more than a year to complete and included broad consultation with interested parties in Australia and overseas jurisdictions that have assisted dying laws. It tabled its final report in June 2016. A major conclusion was that "prohibition of assisted dying is causing some people great pain and

suffering. It is also leading some to end their lives prematurely and in distressing ways." It recommended the introduction of an assisted dying law.

The Andrews Government then established a Ministerial Advisory Panel on Voluntary Assisted to develop a safe and compassionate legislative framework for Victoria. The panel was made up of clinical, legal, consumer, health administrator and palliative care experts. As with the parliamentary committee, the panel also conducted an extensive consultation process with a range of stakeholders. It researched thoroughly end-of-life care and voluntary assisted dying frameworks in other jurisdictions. The bill that was passed in the Victorian Legislative Assembly is the result of the work of that panel. It is comprehensive, logical and rational.

The work in our jurisdiction is worth acknowledging. As I said earlier, I extend my appreciation to the cross-party working group. In my view it has done well. The issue that exercises my mind most on this important public policy debate is the exploitation of the vulnerable. As in 2013, the most significant argument advanced in 2017 in opposition to law reform in this area is the need to protect the vulnerable. This should not be dismissed and is an important consideration for all. Everyone agrees that the vulnerable need to be protected. People look to experience in overseas jurisdictions for evidence of abuse. A common claim from opponents of this type of legislation is that it is impossible to develop adequate legislative safeguards to protect people from the misuse of these laws. During my contribution to the 2013 debate I referred to the conclusion of the Royal Society of Canada, which stated:

> There is no evidence from the Netherlands supporting the concern that society's vulnerable would be at increased risk of abuse.

In 2016 the Victorian committee stated:

> The evidence is conclusive that assisted dying can be provided in a way that guards against abuse and protects the vulnerable in our community in a way that unlawful and unregulated assisted dying does not.

The latest academic review of experience in the Netherlands found that in the five years from 2012 to 2016, 33 cases of assisted dying—0.13 per cent of the total—were identified as not having met the required standards of due care. The majority of these had not followed the procedural criteria. I should add that the Victorian committee also stated:

> We found no evidence of institutional corrosion or the often cited "slippery slope". Indeed, the regulatory framework has been unchanged in Oregon, the Netherlands and Switzerland for many years.

In arriving at my position on this bill, I have inspected the provisions in the bill that protect the vulnerable. I am satisfied there are adequate and sufficient protections for the vulnerable. Therefore, I support the bill.

The Hon. Dr PETER PHELPS (17:16): The termination of one's own life, apart from a limited set of circumstances, is irrational. It is irrational if you subscribe to any of the three great Abrahamic faiths because suicide is an explicit rejection of the omniscience and omnipotence of God—the old saying that "God would never send such tribulations that they cannot be endured." It is even more irrational if you are an atheist because of the disparity between the finite human existence we have and eternal non-existence. In purely economic terms, the marginal utility of a year, a month, a week, a day, an hour, or even a single second is close to infinite. Suicide is irrational except for, as I said, one circumstance. If I lose a finger or an arm, or both arms, or all my limbs, that is unfortunate, but I am still me. Our "me" is our mind; it is not our body. If you do not believe me, you can ask Stephen Hawking. While I have my mind I have my true life, my past, my present and my future. While I have my mind, I have my existence.

During my time in Parliament I have attempted to pursue what I see as the core values of classical liberalism, not conservatism. I have tried to base my decisions in this place and the party room—which I do not talk about normally—on those principles. The key principle of classical liberalism is this: You own your life. I will say it again: You own your life. If you reject this idea then you condone the idea that somebody else has a higher claim on your life than you do. But nobody, and I mean nobody, owns your life—and you do not own the lives of other people. If you believe otherwise then you are explicitly endorsing a moral justification for slavery. That is not to say that people cannot put themselves in voluntary servitude to others, whether it be a kibbutz, and collective farm, a monastery, or a set of religious ideals that guides their daily life. But the key point is this: It is the voluntary acceptance of these by the individual that legitimises the choice. No man can have a right to impose an unchosen obligation, an unrewarded duty, or an involuntary servitude on another man. There can be no such thing as "the right to enslave". Indeed, there are only three "rights" worthy of that name: life, liberty and the ownership of property. It is the sole legitimate function of the Government to protect these three natural rights.

In the exercise of these rights, you must not, however, violate the rights of others. Moreover, all interactions with other people must be done only with the voluntary consent of those others. If you own a lawnmower, you may use it as you see fit—or you may dispose of it. It is your property. If you own your life, you may use it as you see fit—or you may dispose of it. It is your property. The core principle remains the same: Do

what you will with what you own, but do no harm to others. I have tried to follow this principle through my parliamentary career.

I distance myself from the fairweather libertarians of the Left, whose selective adoption of the principles of freedom are limited to those instances that suit their agenda—drugs, abortion, euthanasia—but who are otherwise happy to use government to coerce speech codes, expropriative taxation, and increased personal and corporate regulation. This is because the Left fails to understand the true meaning of freedom: Since you own your life, you are responsible for your life. You choose your own goals based on your own values. And, thus, virtue can only exist where you are, in the words of Milton Friedman, "free to choose". This is the basis of a truly liberal society. It is not only the most practical and humanitarian foundation for human action; it is also the most ethical.

Evil does not arise only from evil people, but also from good people who tolerate the initiation of force as a means to their own ends, however virtuous they may seem. In this manner, good people have empowered evil throughout history. Using governmental force to impose a vision on others is intellectually lazy and always results in perverse, unintended consequences. If I have disagreements with this bill, they lie in the over-bureaucratisation of the process and the failure to allow for suicide in the only circumstance that I see where it is rational.

I could be in a completely painless, but utterly vegetative state, and not be allowed die. I could be facing a slow slide into dementia, and not be allowed to die. I do ask where is the dignity of losing control of my bodily functions and forgetting my very closest family members? And thus you have a horrible catch 22. The only time it is legitimate, in my view, to end your life, as a rational action by a person, that is the only time when you lack the mental capability to make that rational decision. It will come as no surprise that I favour the ability to establish living wills, which would enable individuals to rationally choose to exercise a distant and prospective life-termination option at a time when they have the mental capacity to do so.

I accept some of the practical arguments of the opponents of this bill. Is it the thin end of the wedge? Of course it is. Inevitably, there will be a person who is subject to excruciating, but only intermittent, pain who will argue that the existing provisions are too restrictive, and there will be calls for a loosening of the restrictions on compassionate grounds. Similarly, there will be those who face a long decline, exceeding two years, but whose mental capacity and abilities at that stage say, "Why should I suffer for a prolonged period of time when there is no hope of recovery? Why can't I go, even though my death is not imminent?"

Having also sat on the inquiry into elder abuse, I have no doubt that there will be a cohort of callous and venal progeny who will be subtly—and even openly—exhorting the early death of their parents. But I cannot agree with opponents of the bill who say, "Oh, this is a violation of the non-aggression principle because the death of family members has an inevitable emotional impact on friends and family." This is a bad argument. It is the same feelings-of-others argument for which we, rightly, criticise section18C of the Racial Discrimination Act and section 20D of the Anti-Discrimination Act. No government should legislate to protect individual feelings.

Nor am I enamoured of arguments that this in any way legitimises or provides moral cover for suicide more generally. To accept that argument would be to accept that the decision of Parliament to do something represents a moral judgement. That would be incorrect. Parliament is a fundamentally amoral institution—not immoral. What is legal is not necessarily moral, and what is moral is not necessarily legal. While government has, unfortunately, taken over more and more of the social functions of mutual societies, of religious organisations and volunteer groupings, government has not similarly transposed the moral frameworks that allowed for those civil society institutions to flourish.

To suggest that more than 100 people from widely different philosophical backgrounds could provide a coherent set of core beliefs is ludicrous. And the idea that morality is established by a bare majority of 50 per cent plus one is even more farcical. People who look to government for moral direction are completely and utterly mistaken. Government is amoral—and every minority should be thankful that it is. This is precisely the reason why government should be limited because, within the limits of the non-aggression principle, each man is his own moralist. As parliamentarians, we can disagree with something without making it illegal. We can agree with something without making it mandatory. That is why I can say that I fundamentally disagree with euthanasia—but I do not believe I have the right to impose my views on others. I may seek to persuade, but I have no right to impose. I have no right to do so as an individual, and I should have no right to do so as part of a collective group of individuals which we call a "Parliament".

The same principle applies to abortion. And precisely for the same reasons, I believe it is utterly inappropriate for government to seek to prohibit the expression of opposition to abortion. Or gay marriage, or expressing opposition to gay marriage. Or eye-ball tattooing, or expressing opposition to eye-ball tattooing. Governments should not be banning burqas, but neither should they be banning criticism of the burqa, or the religious and cultural doctrines that provide justification for the wearing of the burqa. The time when the State

was the enforcer of the State religions has now passed, at least in any country that is worthy of the title "civilised". But nor should the State be the enforcer of the new secularism of the chattering classes.

The silencing that is done in the name of contemporary progressivism, is justified by the bunkum notion that because government has legalised "X", then "X" is now above criticism. And, worse, the argument—overwhelmingly from the Left—is that when opposition to "X" continues, then it is the right and duty of government to criminalise opposition to "X". I ask supporters of the bill: Why should I vote for it when I fear that they will almost inevitably seek to criminalise the peaceful protests that will spring up outside euthanasia clinics? In a few years time will there be calls for a ban on protests outside such clinics? Will there be 250-metre exclusion zones? Where is the spirit, much less the legislative enactment, of the principle that,

> "I disagree with what you say or do but I will fight to the death your right to say or do it?"

Once we accept that government has the right to set the boundaries and conditions of our very existence, there is no philosophical limit to the potential for government despotism. Nevertheless, as I said, I will support this bill. I cannot vote against a philosophical position at the core of my world view of what government is and what government should and should not be simply because I fear that future members of Parliament will be as shallow and hypocritical as they have been in the past. I am voting for the bill because there is a fundamental principle at stake: You own your own life and, provided that the non-aggression principle is not violated, you should be able to do with your life—including dispose of it—as you and nobody else sees fit.

The Hon. PAUL GREEN (17:30): Like other members, I have experienced the deaths of several relatives. My father died of cancer. I was very thankful for every minute I had with him up until the end. Like the Hon. Scott Farlow's grandfather, my father fought all the way. I am thankful he did that because it allowed me to spend valuable time with him. In debate on the Voluntary Assisted Dying Bill 2017 I say first and foremost that the Christian Democratic Party is pro-life. We believe in the sanctity of life, that humanity is more sacred than the rest of creation, and that God giveth life and God taketh away. As hard as it is to understand during grieving and suffering, we believe God made us in his image and therefore places immense value on each of us. I acknowledge the contribution of the Hon. Adam Searle noting the respect we show for each of our diverse views.

The Hon. Dr Peter Phelps said that your life is your own. It probably is, until you give it to Christ. The Christian world view is that Christ owns our lives and that they were bought for a very high price. On Good Friday and Easter Sunday many of us appreciate the death and resurrection of Jesus. It represents the hope that allows us great victory over the sting of death and to move into the wonderful promise of eternal life as coheirs with the Lord Jesus in heaven. Reverend Dr Steve Bartlett, the Director of Ministries at the Baptist Churches of NSW and ACT, wrote to me saying:

> We believe that life is God's gift and that our task is to protect and nurture life to the best of our ability ... We believe the value of life is not diminished by age, productivity or illness (or disability).

The Christian Democratic Party believes it is important to note that respect for human life from conception to its natural ending is not limited to Christian belief but is also documented in ancient Greece. The Hippocratic Oath was taken to the Greek gods containing the statement, "I will use treatment to help the sick according to my ability and judgement, but never with a view to injury and wrongdoing." Doctors take an oath to, first, do no harm. Ultimately, this requires doctors to do all they can within their power to ensure a patient's life. Voluntary assisted suicide goes against everything doctors stand for. The Australian Medical Association is opposed to euthanasia and physician-assisted suicide, although some doctors within the association may have a different view. It argues that doctors should not be involved in interventions that have as their primary intention the ending of a person's life. Catholic Archbishop of Sydney the Most Reverend Anthony Fisher has stated:

> The doctor-patient relationship is built upon trust. Voluntary assisted dying undermines this.

Further, Anglican Archbishop of Sydney Glenn Davies has said:

> Respect for human life is not just a religious value, but a foundational value for all societies.

This legislation, even with included safeguards, represents a fundamental shift in criminal law to allow one person to play a part in ending another's life. The defining aspect of our law is that human life is to be protected, human rights are universal, and there should be no exception. Voluntary assisted suicide denies true human dignity and reduces it to a subjective concept measured by categories which are constantly changing in perception. We believe doctors should always err on the side of caution. As a former palliative care nurse, I know patients have good days and they certainly have bad days. But when we start to legislate along this path we create a dilemma for our healthcare professionals. In the Parliament of Victoria Dr Carling-Jenkins quoted Martin Luther King Jr, who said:

> Injustice anywhere is a threat to justice everywhere. We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly affects all indirectly.

In the euthanasia debate in the Victorian Parliament Dr Carling-Jenkins went on to say:

> It is a bill which represents injustice. If passed here in this place, we will be undermining justice everywhere, so to debate this bill is a grave responsibility.

Father John Flader, an author at the *Catholic Weekly* and the former director of the Catholic Adult Education Centre in Sydney, recently stated:

> True compassion leads to sharing another's pain; [and comforting them through the process]—it does not kill the person whose suffering we cannot bear.

In *No Man Is an Island* Thomas Merton wrote:

> We must be willing to accept the bitter truth that, in the end, we may have to become a burden to those who love us. But it is necessary that we face this also. The full acceptance of our abjection and uselessness is the virtue that can make us and others rich in the grace of God. It takes heroic charity and humility to let others sustain us when we are absolutely incapable of sustaining ourselves. We cannot suffer well unless we see Christ everywhere, both in suffering and in the charity of those who come to the aid of our affliction.

Like the Hon. Mick Veitch, I have been approached by various groups regarding coercive risk, elder abuse and concerns about the disabled and vulnerable. Disability advocates have written to us with real fears. They are worried, angry and concerned and they do not trust the safeguards. John Moxon, co-founder of Lives Worth Living, stated:

> One of the things people are very poor at is predicting how they will feel about and react to a set of circumstances in the future ... people who fear disability or illness usually find the strength to continue and, indeed prosper ... allowing someone to elect to be killed (or given the means to kill themselves) shortly after receiving a diagnosis of a terminal illness would be criminal—because people need the time to process and adjust to a new situation.

Forecasting a terminally ill person's death is not an exact science. Evidence shows that doctors find prognostications very difficult. There are many examples of people living well beyond a prognosis of 12 months. Measuring mortality is not straightforward.

I take this opportunity to share with the House something that happened in my time as a palliative care nurse. In fact, a lot of the weighting on my decision about this legislation is based on this. Generally the life expectancy of patients admitted to the palliative care unit I worked in was approximately four to six weeks, but I can recall one instance where a patient actually went home. I cannot explain it, but somehow that patient returned home to be a wife, a mother and a grandmother. She continued her life. This patient was told she had a terminal illness and was admitted to the palliative care unit because her life was expected to expire and then went home. This concerns me greatly. I cannot bring myself to a place where there is an error of judgement in one case; it is one error too many. The Bureau of Health Information states:

> While death is an important and clearly defined outcome, it reflects a combination of unmodifiable patient factors as well as quality and safety factors that are amenable to change.

If this bill is passed, patients could end their life when they have more than a year to live. This would rob them of the opportunity to reconsider their situation, which could have improved over time, particularly if accessing high quality palliative care. Assisted suicide could lead people to years of unresolved grief because they have not gone through the dying process—Dr Elisabeth Kubler-Ross is renowned in this area—and that process needs to be gone through. I am concerned that people will be left with unresolved conflict if they are not able to do that. Death is not an individual experience; it affects family, friends, medical teams and even communities when people die at an early age. We live in a society that no longer appreciates this time in life—the time of dying. It is precious. Palliative care nurses and healthcare professionals appreciate it. Indeed, many thrive on the opportunity to ensure that patients are made comfortable in their last days. Our most precious time in life, our last moments, should be spent with our families, friends and others around us.

It should also be remembered that we live in an era of significant technological advancement. Amazing research and investment is being made into clinical trials that could well see a cure to some terminal illnesses—for example, melanoma. In saying this, the Christian Democratic Party acknowledges the deep and personal challenge that many patients and families experience when facing a reduced life expectancy. Many of us have loved ones or know of others who have suffered through a terminal illness. I feel enormous sympathy and compassion for those who are in pain and dying, and I do not doubt that many in this House feel the same way.

I acknowledge the Hon. Trevor Khan. He is a man of great humanity. He carries the burden of this legislation and what it means. The Christian Democratic Party also acknowledges that, sadly, some people in New South Wales die painful and undignified deaths. No-one wants to die a prolonged and agonising death but, where approximate life expectancies are given, we need to have a sensitive, equipped and high-quality palliative care system in place to ensure people are cared for. They should be given the greatest opportunity for comfort and

the chance to die pain free. That care is not intended to prolong life, merely to provide the patient with comfort and, hopefully, quality.

As a member of the crossbench, I am committed to upholding the confidence of the people of this State in our healthcare system. That means doing everything we can to prolong life. The people of New South Wales also need to be assured and have absolute faith in the Government's provision of healthcare services. I note the Hon. Adam Searle spoke about funding in the 2018 budget for palliative care services. The Christian Democratic Party believes in the importance of palliative care to improve the quality of life for those patients and families facing the problems associated with life-threatening illness, through the early identification and impeccable assessment and treatment of pain and other problems—physical, psychosocial and spiritual. If this bill is passed, patients in New South Wales accessing assisted suicide may never know the benefits of palliative care because there is no requirement for a person to genuinely engage with one of its specialists, only for the patient's primary practitioner to make an offer of referral. The Australian and New Zealand Society of Palliative Medicine states:

> There is a concern that the legislative proposal will divert attention away from the larger problem of service gaps for the broader population of people currently receiving end-of-life care in NSW, for whom the priority is access to high quality palliative care and support.

St Vincent's Health Australia is the largest non-profit provider of health and aged care services in Australia. St Vincent's has extensive expertise in providing end-of-life and palliative care. Dr Richard Chye, Director of Palliative Care, St Vincent's Hospital, Darlinghurst, stated on ABC Radio Sydney:

> This is not about religion, it is about practice ... Palliative care is about relieving suffering by caring.

I commend the Government for its commitment to a $100 million injection into palliative care. However, across Australia people, including the Indigenous, the aged, the disabled, those from low socio-economic backgrounds, migrants, and residents of regional, rural and remote areas, lack access to good, quality palliative care provisions. I note the Hon. Bronnie Taylor commented on this earlier, but it was my experience as mayor of the Shoalhaven that some people declined radiotherapy because they had to travel daily on a bus to Wollongong. That was too much of a burden. So it was fantastic that we were able to get a linear accelerator in the Shoalhaven. Catholic Health Australia states:

> Palliative care in Australia is currently chronically underfunded and under resourced. As identified in the August 2017 report released by the NSW Auditor-General on palliative care services, NSW Health's approach to planning and evaluating palliative care is not effectively coordinated with no comprehensive monitoring and reporting on services and outcomes. If passed, this legislation will threaten the provision of palliative care through resourcing an alternative instead of improving the current system to meet community need.

In Australia we are blessed; our palliative care services are amongst the best in the world. We must ensure that those who are approaching the end of their life in New South Wales have access to this excellent palliative care, rather than assisted suicide and euthanasia. Human dignity is not being able to choose the time of one's death, it is being aware that one's basic right is the right of respect for life. When death becomes the answer, as human beings we have lost the opportunity to go beyond our limitations, to try harder and to offer hope to these people. In conclusion, I leave the House with two passages from the *Bible*—Ecclesiastes 3:1-2 and 3:11-13:

> For everything there is a season, and a time for every matter under heaven: a time to be born, and a time to die...

> He has made everything beautiful in its time. He has also set eternity in the human heart; yet no one can fathom what God has done from beginning to end. I know that there is nothing better for people than to be happy and to do good while they live. That each of them may eat and drink, and find satisfaction in all their toil—this is the gift of God.

The Hon. PETER PRIMROSE (17:49): The Voluntary Assisted Dying Bill 2017 was introduced into this House on Thursday 21 September. It had been developed following extensive, lengthy and ongoing consultation. As a proud member of the Left of the Labor Party in New South Wales, my position on the bill is hardly a secret. But following the debate on the Rights of the Terminally Ill Bill in 2013, after reviewing the evidence and after listening to the tragic experiences of so many people, I decided to join the Dying with Dignity organisation to show my support for voluntary assisted dying legislation with strict safeguards. My thanks to everyone who has contacted me about this legislation. It has not always been possible to respond to everyone, but they should be assured that I have appreciated them taking the time to let me and other members know their views.

Those against the bill argue that it represents suicidal endorsement of the intentional ending of someone's life and that it could be misused. Those in favour of the bill argue that it is a humane reform that is necessary to allow people to choose to die with dignity. Both positions are put by people who are equally caring and thoughtful. Both positions are put by people with strong ethical and often religious convictions. Some opponents of the bill have argued, I believe correctly, that it is difficult to have a fully informed discussion about this whole issue because of the failure of our community to fund and guarantee access for all to quality care at the end of life. However, not all terminally ill people view palliative sedation, which is essentially a medically induced coma, as a satisfactory alternative to assisted dying.

Many people want choice and control at the end of life and to be able to communicate with loved ones. Nevertheless, one thing we can all agree on is the need for a major, sustained and coordinated expansion of palliative care services right throughout this State. It is also undeniable that legislating to support the choice of assisted dying for terminally ill people has wide public support in New South Wales and across Australia, as shown by professional polling over the past quarter of a century. For example, in 2002, a Roy Morgan Research national poll asked the following question:

> Thinking now about voluntary euthanasia. If a hopelessly ill patient, experiencing unbelievable suffering, with absolutely no chance of recovery asks for a lethal dose, should a doctor be allowed to give a lethal dose or not?

To this question, 73 per cent of respondents answered yes. In other polls, those who were unsure outnumbered those who said no. In 2007, the same question was asked by a national news poll. This time 80 per cent of respondents said yes and 14 per cent said no. In 2009, Newspoll found the yes vote had climbed to 85 per cent, and the no vote had dropped to just 10 per cent. In 2012, Newspoll found the yes vote was 82.5 per cent and the no vote was just 12.7 per cent. In June 2015 the Economist/Ipsos Mori poll asked the following question:

> What do you think about doctor assisted dying? Do you think it should be legal or not for a doctor to assist a patient aged 18 years or over in ending their life, if that is the patient's wish, provided that the patient is terminally ill (where it's believed they have 6 months or less to live), of sound mind, and express a clear desire to end their life?

The result was that "yes" gained 73 per cent and "no" 15 per cent. In 2015 and again in 2016, the ABC vote compass asked a similar question, and in both years found the yes vote to be 75 per cent and the no vote 16 per cent. Every poll over the past 15 years has come up with similar figures. The latest Morgan Poll was released on 2 November this year. The poll asked:

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

The result of the poll was that 85 per cent of New South Wales respondents said yes. Those who oppose this legislation can claim many things when making their case, but they cannot claim to represent the overwhelming majority of the community who want this legislation enacted. In all Australian jurisdictions it is unlawful to assist someone to commit suicide, yet it is not unlawful for someone to attempt to commit suicide. Perversely, therefore, it is unlawful to assist someone to do an act that is not unlawful. Despite this, the criminal law is rarely invoked in such cases, especially in relation to voluntary physician-based euthanasia. Where public prosecutors choose to undertake such prosecutions, the sentences imposed are at the very low end, and usually do not involve imprisonment.

One example is in *R v Godfrey*, a 2004 case before the Supreme Court in Tasmania. Godfrey received a suspended sentence after pleading guilty to assisting with the suicide of his elderly mother. Justice Underwood imposed a suspended sentence, stating that Godfrey's crime "was motivated solely by compassion and love" and "was an act of last resort". That is not an unusual decision. So if one purpose of the law is to reflect and enforce the values of our society, then given the public polling that I referred to earlier, it seems that members of the judiciary are more in touch with the views and values of the overwhelming majority of Australians than some members of this Parliament.

The legal fiction that the law as it stands aims to protect life at all costs becomes even more apparent when we consider that while taking active steps to assist someone to end their life is unlawful, the law does permit life-sustaining treatment to be withheld or withdrawn in regulated circumstances. Under our current law, it is already possible for doctors to withhold or withdraw treatment when they decide it is not in the patient's best interests, such as when the treatment is held to be futile. It is lawful also for a person relying on life-sustaining treatment, such as a respirator, to make a decision for that equipment to be turned off, so enabling them to die. Yet, perversely, another person who is equally ill, experiencing unbelievable pain but suffering from a different condition that does not require such artificial life-sustaining treatment, cannot legally ask to be assisted to die. This area becomes murkier when considering that our current law also allows decisions to withhold or withdraw life-sustaining treatment to be made by and for a person who lacks decision-making competence.

Through an advance care directive a person can decide, while they are competent, what medical treatment they want and do not want when they lose their ability to make decisions for themselves. As shown in the 2009 decision of the Supreme Court in *Hunter New England Area Health Service v A*, Justice McDougall made it clear that a refusal of treatment did not need to be based on medical information. A refusal of treatment would be valid whether it was based on religious, social or moral grounds, or even on no apparent rational grounds at all. Any failure to comply with an advance care directive may be considered an assault and battery under common law.

A second way the law allows life-and-death decisions to be made regarding medical treatment when a person lacks competence is through substitute decision-making, as enacted in our adult guardianship legislation, with all the protections that that entails. Of course, a third way that the law allows such decisions to be made is

by parents who can decide for their children, with the criterion being what is in the child's best interests. In Australia, to be lawful, palliative care must be provided with the intention to relieve pain and not to cause or hasten death, although the death may be foreseen. But the centrality of the legal notion of intention raises many issues.

For example, where do you place the palliative practice of terminal sedation when a patient is kept under deep continuous sedation to manage pain, while artificial nutrition and hydration is withdrawn and withheld, ultimately leading to death? The intention is to treat symptoms rather than shorten life, but shortening life is a totally foreseeable consequence. I am not suggesting for a moment that these are not legitimate, appropriate or caring practices, but I am suggesting that the much-touted belief of legal protection of life at all costs in Australian and New South Wales law is nothing but a fiction. Leaving aside the practical and myriad complexities thrown up by real-life situations, even at the level of our black-letter law, it is simply not the case that there is an absolute prohibition of ending life, nor an absolute obligation to keep the terminally ill alive regardless of other considerations.

Some caring and deliberate acts or omissions undertaken by medical practitioners in the full knowledge that a person will die as a result are lawful in New South Wales, while other caring and deliberate acts undertaken by medical practitioners that lead to death are held not to be lawful. It is clear that the current regulatory framework does not work. There is a clear body of empirical evidence that voluntary euthanasia and assisted suicide are already taking place throughout Australia and New South Wales. Evidence from major surveys by Australian doctors such as the 1997 research by Kuhse, Singer, Baume and others using a sample of 3,000 doctors with a response rate of 64 per cent found the following:

> The proportion of all Australian deaths that involved a medical end-of-life decision were: euthanasia, 1.8% (including physician-assisted suicide, 0.1%); ending of patient's life without patient's concurrent explicit request, 3.5%; withholding or withdrawing of potentially life-prolonging treatment, 28.6%; alleviation of pain with opioids in doses large enough that there was a probable life-shortening effect, 30.9%. In 30% of all Australian deaths, a medical end-of-life decision was made with the explicit intention of ending the patient's life, of which 4% were in response to a direct request from the patient. Overall, Australia had a higher rate of intentional ending of life without the patient's request than the Netherlands.

These statistics are broadly comparable to the vast volume of academic research in Australia and other jurisdictions. In the short time left to me, I will examine some of the other myths surrounding vulnerable people that have been referred to already in this debate. One myth is that potentially vulnerable people such as the elderly or disabled will be at risk under a voluntary assisted dying law. Where voluntary assisted dying is legal, there is no evidence that potentially vulnerable groups such as those over the age of 85, people with disabilities, people of lower socio-economic status and those with mental health problems are adversely affected. Research has found that in no jurisdiction was there evidence that vulnerable patients have been receiving euthanasia or voluntary assisted dying at rates higher than those in the general population. This bill requires a person to be suffering from a terminal illness which, in reasonable medical judgement, will result in the death of the patient within 12 months. Patients also have to be experiencing severe pain, suffering or physical incapacity to an extent deemed unacceptable to them and eligibility has to be confirmed by two medical practitioners and a psychiatrist or clinical psychologist to confirm mental competence.

The bill also contains additional safeguards to the Oregon law, including a framework for judicial review to the Supreme Court. There is far more involved in the decision than a patient merely requesting it. Another myth is that in Oregon and Washington, where assisted dying is legal, "feeling a burden" is regularly cited as the reason for a request. In reality, patients who request assisted dying in Oregon and Washington give several reasons for their choice. Burden falls low on the list. The key reasons for requesting assistance to die in both states are: loss of autonomy at about 90 per cent; being less able to engage in enjoyable activities at about 88 per cent; and loss of dignity at 79 per cent. Burden is less frequently cited. It is cited in 40 per cent of cases in Oregon and 59 per cent of cases in Washington. Research shows that this can reflect the patient's own feelings rather than how caregivers view them. Caregivers find positive meaning in caring for terminally ill family members who have requested assisted dying. Under this bill, two doctors and a psychiatrist or clinical psychologist will be required to independently assess the person making a request, including exploring the reasoning and motivations for a request to ensure there is no coercion. People can also change their minds at any point.

The next myth is that an assisted dying law would be the start of a slippery slope. In Oregon, where assisted dying law has been operating safely since 1997, there have been no cases of abuse of the law and no widening of its initial limited scope. Assisted deaths in Oregon account for just 0.4 per cent of total deaths. Those opposed to assisted dying often cite the wider eligibility criteria of the laws operating in Belgium and the Netherlands, but these have always been much wider in scope than this bill proposes and therefore do not represent a slippery slope. Research of jurisdictions that allow assisted dying shows that concerns about abuse have not eventuated. The eligibility criteria and safeguards are restricting access only to those who qualify and are protecting vulnerable people. For each of those myths and arguments that I have read out, if the time was available

to me, I could quote or read through the research findings and the references. I am making assertions but all the assertions I am making are based on empirical evidence, not on myth-making.

There are many other things I could say, even though other members have already said many of these things and others will say them, I believe it is important for each of us to say why we believe—often passionately—in what we are saying. It is incumbent on us to base our contributions on evidence and the law rather than simply making assertions. That is what I have tried to do in my contribution. The second reading debate on this bill involves a vote as to whether or not we agree on the general principles of the bill. If it is passed, the House will vote on any detailed amendments in Committee and there will be a vote on the third reading of the bill. For those who disagree with the bill on religious grounds no amount of rational debate or amending could change their views, but for those who argue that the protections in the bill are not sufficient, I urge them to consider voting for the second reading and then to propose additional protections in Committee. If they do not believe the debate is satisfactory they can make a final decision at the third reading. I commend the bill to the House.

The Hon. WES FANG (18:08): My contribution to debate on the Voluntary Assisted Dying Bill 2017 will be brief. I do not envisage, nor is it my intent, to alter the positions of other honourable members in this place. Rather, it is my wish to put on the record the reasons I will vote in favour of the bill. From the outset I thank all those who have spoken today for their compassion for and understanding of the different positions on this incredibly important issue. I know this is a deeply personal issue for many members. I was at my father's bedside in the days leading up to his passing from cancer and I held his hand as he died. I listened respectfully to the contributions of members on both sides of the debate. Despite having a long-held view in support of assisted dying, I carefully reconsidered my position on the issue to ensure I reflected not only my views in this place but also the views of others, in particular, in rural and regional New South Wales.

I have always been of the opinion that those who have lived their lives with dignity should have the right to choose how and when they end their life in order to preserve their dignity should they have a terminal illness. If this is their decision, I believe they should have access to assistance to minimise their pain and suffering. During the debate I have heard from people living with a terminal illness about the unbearable and prolonged suffering that they endure. The stories are heartbreaking and they have truly resonated with me. No-one should have to endure the final stages of their life in intolerable pain and distress against their wishes.

At the bedrock of our democracy is one simple right—choice. The Voluntary Assisted Dying Bill 2017 enshrines this important tenet and affords an individual with a terminal illness the right to choose his or her destiny and the manner in which his or her life is ended. Importantly, the Voluntary Assisted Dying Bill 2017 is not a replacement for palliative care. It is not a choice between one or the other. I am a firm believer that terminally ill patients should have access to both proper palliative care services as well as the option of assisted dying. The decision should be their choice and their choice alone.

As stated by other members, the bill contains significant safeguards to protect the vulnerable, the elderly and medical practitioners. These protections are considered and appropriate. I acknowledge the work of the NSW Parliamentary Working Group on Assisted Dying. Its members include the Hon. Lynda Voltz, Dr Mehreen Faruqi, Mr Lee Evans, Mr Alex Greenwich and particularly my fellow Nationals colleague the Hon. Trevor Khan. Their many months of work in drafting this bill is truly a hallmark achievement on what can be accomplished through cross-party cooperation and I thank them for their tireless efforts. I reiterate that this bill is about choice. It is about giving people suffering during the final stages of their life the option to choose to end their life with dignity, surrounded by friends and family, at a time and place of their choosing. I believe we have a responsibility to at least give them that peace. I commend the bill to the House.

The Hon. BEN FRANKLIN (18:11): I make a brief contribution to debate on the Voluntary Assisted Dying Bill 2017. Today we debate an important and deeply emotive issue. It is one that I believe every member of this House comes to with a sincere engagement, whether through personal experience, studied assessment or spiritual grounding. I genuinely respect the sincerity of every member of this House, many of whom have struggled with this bill, in searching their consciences to determine the position that sits most comfortably with them. I think for many it is not a black or white decision. Many, and I include myself among that number, can see the genuine intellectual and philosophical merit of the views raised on both sides of the debate.

I understand the concerns raised by those who do not support the bill—worries about coercion, that this is the thin end of the wedge or that there are other potential risks to both individuals and society more broadly. I understand them and I have wrestled with a number of them myself. But I will support this bill and I will do so for two reasons. First, I am satisfied that the safeguards in the bill are substantial. To consider this option, people must be in the final stages of a terminal illness; they cannot be under the age of 25; they must be assessed by two medical practitioners and a qualified psychiatrist or clinical psychologist; and their decision must be made freely, voluntarily and after due consideration. To me this is reasonable. Having discussed this bill and the safeguards

contained therein with numerous residents in the northern rivers region, it appears that the vast majority of them agree as well.

Secondly, for me it all comes back to the fundamental issue of personal choice. If this bill passes today it will provide people with a choice, with another option they may consider as they near the end of their lives. We have all received hundreds of emails and phone calls from residents across the State on the issue. Many of them were tragic, detailing lives ended in pain and indignity, and asking—no, begging—to be allowed to make the choice where they can determine their own end, where they can say the gentle goodbyes and end their lives peacefully and in relative comfort. I know there are some risks and if this legislation is passed I shall be closely watching its implementation. But allowing those people to make the ultimate choice at the end greatly outweighs those risks.

Today many members have discussed examples of appalling and horrific end-of-life situations and I, too, have some examples that are close to home and that I do not intend to detail today. But what is clear to me is just how many people are affected by these situations. For those who are frightened, suffering and nearing the end, being able to have that choice—that fundamental and final choice—seems to me to be utterly reasonable. Indeed, I believe that simply having that option potentially available could provide a substantial level of comfort for many, even if not utilised. The deep discussion on issues relevant to the bill that we have witnessed today has been substantial and I do not intend to rehash the range of arguments previously made just for the sake of it.

However, I would like to comment on two issues that have been consistently raised throughout this process. The first is the issue of palliative care. There seems to have been a false dichotomy created in parts of this debate that somehow it is about assisted dying or palliative care, or if we increase funding and support for palliative care there will be no need for this bill. In response to that I state that this is not an either/or decision. Of course palliative care is critical. Of course there should be more focus and support given to it, but palliative care does not alleviate suffering in every instance. I want excellent palliative care to be the appropriate course for every person at the end of their life but in the event that it is not, I believe people should be able to consider the other option we are discussing today.

The second is the suggestion that voting in favour of this bill will lead to a slippery slope or mission creep, as others have said; that inevitably the restrictions will be loosened and that today's safeguards will be weakened. I am voting on what is before us today. I do not believe it is an inevitability. It is not the case in Oregon whose laws have not been amended at all since its original inception 20 years ago. But if a new proposal emerges during my time in this place I shall consider it in a sober and clinical way and I would expect every member to look at it in depth and examine their conscience once again.

In conclusion, I thank all those I have met and who have contacted me to discuss the issue. The meetings and feedback have been, on the whole, appropriate and respectful. It has been exactly how Parliament should work. It has been a challenging debate for this place and for me but I am convinced that the appropriate safeguards in this bill mean that when determining my position my fundamental belief in the central importance of individual liberty can prevail. I support the bill.

The Hon. JOHN GRAHAM (18:17): I support the Voluntary Assisted Dying Bill 2017. In the last week a prominent Sydney tabloid newspaper—the *Sydney Morning Herald*—published an article about this bill under the headline "A matter of life and death". I reject that description. This is not a matter of life and death. If it was, I would oppose the bill. If it was, I would choose life. If it was, it would come up against one of the most fundamental human instincts—to fight for life. Humans do rage against the dying of the light; we cannot help it. This issue is not a choice between life and death. It is a choice between death and a horrible death; between a sad death and a sad, painful death; between the tragedy of any death and the tragedy of a lonely death. Faced with that choice, I intend to support the legislation. I believe this issue should be settled between citizens, their families and their doctors; not citizens and their members of Parliament. With all due respect to the rest of my colleagues—and I am fond of them all—when it comes to death and dying I will be picking up the phone to my local doctor, not to my local MP. This is no time for amateurs.

This is, however, a question about the proper role of the State; about how far the State should go in shaping an individual's right to choose not the fact but the manner of their own death. The power we have in this Chamber is to set the rules and to establish the legislation that governs how those choices are made, or how those choices are constrained. Andrew Denton argued the case that under the current law there are three options for someone with a terminal disease. They are most crudely characterised as suicide, starvation and sedation. It was the first of those that has weighed most heavily on the debate in Victoria.

The evidence of the Victorian Coroner had a major impact on the deliberations of Victorian members of Parliament on all sides of the House. It is hard reading the transcript of his evidence, but it is easy to see why it was so influential. The Coroner describes unflinchingly the suicides of people with terminal illnesses. In detailing

and defining these Victorian deaths the Coroner has spelt out the manner of these deaths—about one a week in that State. The largest number have hung themselves, but they have also bled to death, poisoned themselves, asphyxiated themselves, shot themselves with guns, and in one instance with a nail gun. These are violent deaths. They are most often lonely deaths. These people confronting death are almost always alone. Why are they alone? They are scared of legally implicating their loved ones in their death. Here is the story of Terri Eskdale and her partner, Mark. She says:

> Mark died alone and without a word of goodbye because he had to protect me. That is what upsets me the most—he had to die alone and in an unnecessarily violent way. This has affected me in many ways. People seem to think that now I am not a carer I am free to live a new life. I am not. I am mourning the loss of my life partner and I am dealing with the shock of finding him dead. I should have been able to be with him and hold his hand—it would have been a comfort to both of us.

These people are more scared of legally implicating their partners than they are scared of death. So they end up dead on the back lawn, hanging under a bridge, or in front of a train—alone. That is the fault of the law. The existing law drives people to do things like that. I cannot imagine what it takes to kill oneself with a nail gun. What does it take to drive an otherwise sane person to do that? Part of the answer—not all of the answer—is the state of the existing law. For that reason it has to change. We simply do not know the comparable figures in New South Wales of suicides for people with terminal illness. We should. However, if it is one per week in Victoria it will not differ much in New South Wales. I will speak about the importance of a sense of control. I expect this bill, if passed, to be used sparingly. I certainly hope that will be the case.

In 2016 in Oregon 133 people died under the provisions of their legislation. That is in a state with a population roughly half the size of ours. In Oregon one-third of people who acquire the prescription to kill themselves choose not to do so. One of the main benefits expressed in studies of Oregon's experience is giving people a sense of control of their circumstances. That alone helps to alleviate their suffering. That makes sense to me. In this debate there has been a lot of talk about people's last days. What has been discussed less often is the long and uncertain medical journey that people have often been through prior to those last days. It was beautifully expressed in *The Long Goodbye*, by Meghan O'Rourke—her memoir of her grieving after her mother's death. She writes:

> So much of dealing with a disease is waiting. Waiting for appointments, for tests, for procedures. And waiting, more broadly, for it, for the thing itself, for the other shoe to drop.

A sense of choice and control is fundamental to our sense of self. That was the view of Holocaust survivor Viktor Frankl, who said:

> Everything can be taken from a man but one thing: the last of the human freedoms—to choose one's attitude in any given set of circumstances, to choose one's own way.

I cannot imagine any time that is more important than at the end of one's life. These are matters of power. One issue that worries me is the idea that society's less powerful might be exploited under any system—the frail, the poor, the disabled, and the persuadable. However, let us be clear-eyed about our current system. Let us not pretend it is perfect. Let us be honest about the lack of safeguards under our current law. Let us be honest about the lack of scrutiny. We simply do not know enough in New South Wales about how terminally ill people are dying. Without this knowledge we cannot protect the interests of the least powerful. Even in Victoria, the committee found there is no way of knowing how often terminal sedation is used in that State. The Victorian report states:

> Its use is not centrally recorded, the extent of its use is unknown, and no guidelines exist to regulate it.

Finally, on the importance of honesty in this debate, I agree with an earlier contribution on this issue by the Hon. Greg Donnelly. We will vote different ways on this bill. I agree with his call to avoid euphemism in this debate and for plain speaking. These issues are harder than they should be because in our society we do not speak openly of death, of dying or of suicide. Even the *Age*, in reporting the evidence of the Victorian Coroner, reported:

> Fairfax media has chosen not to include some of the raw details of the Coroner's evidence, much of which was so shocking that it profoundly shaped the parliamentary inquiry...

I see that as a part of the problem. In a society fascinated with youth, we do not speak often enough about ageing and dying. We might understand death less now as a society than we have in the past—not its medical details but the loss, grief and reflection that it brings. A dramatic increase in human life expectancy has meant that in the modern world death has become increasingly private. That was a luxury that did not extend to human history in times of war, flood and famine. In ancient times life was brutal, and often short. A human life might have been worth less than half of what it is today. Death had to be confronted, although not always honestly, but the topic was unavoidable. That is no longer the case in our society. These current laws do not help. They promote an artificial silence on these matters. They are a barrier to an honest discussion being had between medical staff and citizens seeking medical assistance. So I agree with the call for honesty in this discussion.

A number of members have spoken about the remarkable developments in modern medicine. I see that as one reason why our medical laws will have to change. We will soon reach the point where the modern medical ability to extend life almost seems to create a fusion of human and medical machines. That was how I felt visiting dad when he was in hospital in intensive care fighting the cancer that eventually killed him. Dad was incredibly well cared for, but he was bedridden, intubated and unable to speak. He did not want to die and he recovered for some time, but he was determined never to return to the intensive care unit.

Faced with that issue, and the increasing ability of medical machines to sustain human life, over time our laws will need to change and respond by giving patients more control over their care. So there it is: not life and death, but death and dying. Lastly, I want to speak about hope and fear. I hope to be part of a community that dies well. I hope not to die horribly. Let us be honest: I do not want to die. Realistically, I hope not to die painfully. But more than any of these things, I hope not to die alone. That is one of my worst fears. Of course, it is exceeded by the fear of any parent, that of our children dying before we do.

When I die I want to die with my family around me and with close friends who have been with me through the ups and downs in my life. I want them there so I can say goodbye. Those are my hopes. Those are hopes that some people with a terminal illness cannot share under current laws. Those laws will result in them dying alone, having not said goodbye. We cannot stop them dying. We can vote to stop them dying alone, to let them choose; to give them control and to let them say goodbye. I commend the bill to the House.

The PRESIDENT: I will now leave the chair. The House will resume at 8.00 p.m.

Mr DAVID SHOEBRIDGE (20:00): As a Greens member of Parliament in this House I am pleased to say I support the Voluntary Assisted Dying Bill 2017. I am bound not only by policy but also by my own conscience. Hopefully we will see this bill pass in this House tonight. This is a conservative bill. I commend the work of the Hon. Trevor Khan, the Hon. Lynda Voltz, Dr Mehreen Faruqi, Alex Greenwich and Lee Evans who worked together across party loyalties to produce a bill that has the greatest chance of passing this Parliament. It is a much more conservative model than I would choose for voluntary assisted dying. This model clearly has legislative precedence based upon the Oregon model of voluntary assisted dying rather than the more expansive models of voluntary euthanasia that we see in European jurisdictions. A vigorous campaign was brought against this bill, much of which was built on poor information or misinformation.

Given that the bill is based upon the Oregon model, it is worthwhile reflecting briefly on the experience in Oregon. That State has had voluntary assisted dying legislation for 20 years and it has not been amended in any substantive fashion in the 20 years it has been on the statute books. The tiny fraction of individuals in Oregon who access the bill has remained at 0.4 per cent to 0.5 per cent of deaths in that State throughout the 20 years the law has operated. It has not operated as a slippery slope to expand the numbers or the classifications of people who have access to voluntary euthanasia. If this bill is passed, it would not be a slippery slope to broader access to voluntary euthanasia. If this bill is passed, it will set a clear benchmark that I am confident will stay on the statute books for decades before a political consensus moves it. That has been the experience in Oregon and in other jurisdictions. The argument that this is a slippery slope to a broader form of voluntary assisted dying or voluntary euthanasia is false.

I note the contributions of a number of members in this Chamber who have gone through the operation of the bill in detail. I commend the contribution of the Hon. Trevor Khan, who set out the many checks and balances in the bill in a well-structured fashion. I will not deal with each one of them, but I will deal with the broad structures of the bill and indicate how it will operate. First, the preconditions to the provision of assisted dying are set out in part 4. Both a primary medical practitioner and a secondary medical practitioner are required to assess the patient. The primary medical practitioner will first consult with the patient and will have to form particular views before he or she can offer assistance to help somebody with a terminal and appallingly painful illness to end their life. Part 4, clause 18 states:

> (1) The primary medical practitioner must not provide assistance to the patient under this Act unless the primary medical practitioner has, after examining the patient in this Part, formed the opinion that:
>
> (a) the patient is suffering from a terminal illness, and
>
> (b) the illness is causing the patient severe pain, suffering or physical incapacity to an extent unacceptable to the patient, and
>
> (c) there is no medical measure acceptable to the patient that can be reasonably be undertaken in the hope of effecting a cure.
>
> (2) In addition, the primary medical practitioner must not provide the assistance to the patient unless the secondary medical practitioner has, after examining the patient under this Part, confirmed that opinion in a written statement provided to the primary medical practitioner.

A terminal illness under this bill is defined as:

> … an illness that will, in reasonable medical judgement, result in the death of the person suffering from the illness within the next 12 months.

Many patients who can benefit from this bill would be suffering from illnesses such as aggressive terminal cancers and all the consequential pain and suffering, much of it unbearable, that occurs towards the end of a terminal cancer. Many of us would have witnessed a close friend or loved one lose their life to that kind of aggressive disease and be familiar with their suffering. The bill has a series of other checks and balances. As well as having those conditions signed off by the primary and secondary medical practitioner, the test of a terminal illness will have to be satisfied and the patient must be at least 25 years of age. In addition, clause 20 (4) states:

> (4) The primary medical practitioner must not provide assistance to the patient under this Act unless the qualified psychiatrist or qualified psychologist, after examining the patient, makes an assessment that, in the opinion of the qualified psychiatrist or qualified psychologist:
>
> (a) the patient has decision-making capacity in relation to the request for assistance, and
>
> (b) the patient's decision to request the assistance has been made freely, voluntarily and after due consideration.

I will not detail the other checks and balances contained in the bill. For many who are concerned that perhaps this all happens in the dark and that there is no place for external review, part 5 sets out the Supreme Court review of requests. Part 5, clause 24 (1) states:

> (1) The Supreme Court may, on the application of a close relative of a patient—

The definition of "close relative" is outlined in the bill—

> make an order that a request certificate relating to the patient—

That is the request certificate for assistance for voluntary dying—

> is not an effective request certificate for the purposes of the Act.

In making such a determination, the court must be satisfied that either the patient was not suffering from a terminal illness, the patient was not at least 25 years of age, the patient was neither an Australian citizen nor a permanent Australian resident, the patient was not ordinarily resident in New South Wales, or at the time of making the initial request for assistance the patient did not have the decision-making capacity to make the request, or the patient's decision to request the assistance was not made freely, voluntarily and after due consideration.

The bill contains additional provisions relating to a voluntary assisted Death Review Board and coronial oversight. A great deal of care has gone into drafting the bill to ensure it is replete with checks and balances. On my reading of it, I cannot envisage a person who is not freely and voluntarily determining to end their life after having been advised by their medical practitioners that they have a terminal illness that will kill them within 12 months and that they will suffer unacceptable and appalling levels of pain. Under this bill they can choose a dignified exit to their life rather than a death of excruciating pain that they would otherwise face. I am grateful for the very detailed submission provided by Dying with Dignity. Under the heading "Dispelling the Myths" it states:

> Despite the overwhelming support in the community and despite the evidence that maintaining the status quo is unacceptable, the vocal minority who oppose assisted dying laws have to date been successful in blocking this leg.
>
> Opponents go to great lengths to plant seeds of fear, uncertainty and doubt in the minds of the general public, but more importantly, in the minds of politicians. They use misinformation and 'cheery picked' statistics to divert the debate away from sensible and evidence-based arguments into the realm of distortion and scaremonger.

Many of the submissions that I have received from opponents of the bill would fit that description. Poll after poll of the community has made it very clear that an overwhelming majority of Australians want this law to pass and recognise that people should have the right to die with dignity. I have witnessed at close hand my close friend and colleague Dr John Kaye, with whom members of this House are familiar, struggle with a terminal illness. I saw the appalling and uncontrollable pain that he was in towards the end of his life. He was given the best assistance with palliative care, but even the best assistance could not manage the pain. He, like others, was facing increasing unmanageable pain, and many lose their dignity. If the disease affects a person's mental capacity, their very soul and sense of identity are taken away. To see that happening to your loved one and to not have the capacity to end their life before all their dignity is taken away from them is impossibly hard. I only wish that this bill had been in place for my colleague Dr John Kaye.

I will end my contribution by reading onto the record one of dozens of deeply heartfelt personal submissions I received. I have read the personal stories of Kathy, Karen, Helen, Kendall, Joe, Scott, John, Alex, Nancy and Cathy, to name but a few. If members are not compelled from reading such stories to support this law I do not know what would get a majority of members over the line. Lia and Chela are sisters and long-term residents of New South Wales. Their mother, Ingrid, was diagnosed with colon cancer in 2010. She was in her early sixties. One of her daughters was in her late teens and the other was in her twenties. Ingrid was not ready to die, but she had no choice, having been diagnosed with terminal illness, and they were not ready to lose their

mum. It came as a huge shock to them. Chemotherapy gave her a few more years, but her pain became extraordinary. They state:

> Mum had always been a supporter of voluntary euthanasia and after the initial shock of her terminal diagnosis had worn off, she dedicated many hours to researching the possibility of dying at home, before she lost mental wherewithal. She found support on illegal online forums where she found instructions on how to buy a lethal dose of muscle relaxants from Mexico and have it shipped to Australia under the guise of veterinary supplies. All she had to do was swallow the dose, lie down and she would fall asleep within a matter of minutes. Although she was not sure she would use the drugs, she found that having them, hidden away in a cupboard, gave her a sense of choice in a situation she absolutely did not choose.
>
> Although she made the decision to tell us of her intentions and that she had bought these drugs, she unfortunately never felt comfortable telling us her specific plans. At first, she thought it would be possible for family to be with her and to support her in her final moments, but as she became more and more sick, she began to rethink our involvement. Although she wanted us to be there with her, she was distressed by the serious legal ramifications for us of being involved in voluntary euthanasia. Similarly, she was worried about telling friends of her plan. These concerns weighed heavily on her mind and forced her to plan a death that was solitary and secret.
>
> In March 2012, Mum had a belly the size of a pregnant woman at full term, could no longer use the toilet without assistance and was in constant and awful pain. It was clear that she was not going to get better. She took the drugs at home in the early hours of the morning, alone and in secret. She left a note for us saying that she felt entirely at peace. Because of the illegal status of voluntary euthanasia, we didn't get to say goodbye. Rather than her taking her own life, we see this more accurately as taking her own death. Taking it back from the cancer that had taken everything else from her. This was her death and the fact that she was able to die with some level of dignity, before she lost her mental capacity, was a rainbow in an otherwise dark storm.
>
> However, we strongly regret the fact that Mum had to spend so much energy on the logistics of managing her death. Unfortunately, with the current laws in place, she was unable to seek medical or psychological counsel to help her with this medically fraught and emotional decision. Further, she was forced to seek products that are not suited for human use. She was aware that there was a possibility that the drugs might not kill her and that she would instead end up in an even worse situation during her final few weeks. At a time when the planning of even the simplest task requires a mammoth effort, she was worrying about whether or not her choice to skip her final weeks of anguish would end up landing her children in jail. In her final months, she refused to go into care because she knew she would not be able to take the drugs unless she was at home. If only she could have talked with her doctor about her wishes and come up with a medically safe, emotionally rewarding and legally sound plan for her death.
>
> Above all, we are devastated that the laws, as they currently stand, took Mum's last few good weeks from us. Mum was acutely aware of the fact that, if she wanted to euthanise herself, she would have to do so while she could still walk and think for herself. Because of the current laws, she was forced to die before she really had to. By preventing voluntary assisted death, our current laws rob already sick people of the life they have left. We can't help but think of the few extra weeks we might have had with her, had she been guaranteed a legal, painless death with medical and psychological supervision.

If the pleas from Lia and Chela do not persuade a majority of members in this House to vote for this law, I do not know what will.

Mr JEREMY BUCKINGHAM (20:17): I speak in debate on the Voluntary Assisted Dying Bill 2017. At the outset I commend the working group for its enormous effort in this space over the past two years. I am very proud, from a partisan viewpoint, that I am part of a political party that has championed this issue, together with Mr Ian Cohen, Cate Faehrmann, Bob Brown from Tasmania, the Australian Capital Territory and the Victorian Greens. But I am more proud of this Parliament coming together through this cross-party working group to develop what is an incredibly important, considered, detailed and excellent piece of legislation that deals with a most vexed issue. It delivers for the advocate group Dying with Dignity for voluntary assisted death. I note that the working group issued an exposure draft for consideration, amendments were made and they are in the bill.

When I first became a member of Parliament we debated a bill introduced by Ms Cate Faehrmann on voluntary euthanasia. At that time a good friend of mine James McKay was dying from a terminal illness and he told me on a number of occasions how much he wanted to see that bill pass. The bill failed and in the intervening period James passed away. It is with his experience in mind that I make my contribution tonight. I first contemplated the concept of euthanasia in the 1980s when listening to the poetry of those most wonderful bards Lars Ulrich and James Hetfield from the American thrash metal band Metallica. Members would be aware of their classic album *And Justice for All*.

The Hon. Dr Peter Phelps: It is rarely off my rotation list.

Mr JEREMY BUCKINGHAM: Very much so. The fourth track on the album, called *One*, tells the story of the fictional character Joe Bonham from the novel *Johnny Got His Gun* by Dalton Trumbo. In the novel solider Joe Bonham is hit by an exploding landmine that removes his limbs and face, causing him to become a prisoner in his own body. The lyrics include:

I can't remember anything
Can't tell if this is true or dream
Deep down inside I feel the scream
This terrible silence stops me
Now that the war is through with me
I'm waking up, I cannot see
That there's not much left of me

Nothing is real but pain now

I found those words incredibly profound. It was difficult to think that life could lead to someone being trapped in their body to live a life of pain and misery, and that on any measure the person would be better off dead. I found it profound to realise that there are cases in which people would be better off dead. The fellow in the story was not suffering from a terminal illness, so the bill does not deal with his particular circumstance. I listened to the contribution of the Hon. Dr Peter Phelps, who said that voluntary assisted dying can have merit in certain instances when people are in vegetative or degenerative states. I agree with that, but we are not dealing with those situations in this bill, which provides a defined framework for voluntary assisted dying.

I have found many of the contributions on both sides of this debate interesting and compelling. In my contribution I will try to traverse new ground. I am guided by the utilitarian and consequentialist arguments that death and euthanasia happen anyway. Death, of course, is a reality of life and passive euthanasia happens in our society every day. Individuals with terminal conditions often take it upon themselves to, in effect, commit suicide. We have heard examples of many doctors and other health professionals saying that it is what they have to do. They are not providing palliative care; they are actively helping people to pass away.

I expect that most of us have experienced or will experience this. My mother-in-law, Sheila Bradbury, passed away after a long illness. I had to question why the health practitioners were basically helping her to pass at the eleventh hour after months of unnecessary suffering. If this legislation had been in place, with the safeguards and the framework set out, she might have chosen an assisted death that could have alleviated two months, two weeks, two days or even two minutes of her suffering. It is important to note that assisted dying is happening anyway. It is incumbent on us to recognise that it will not go away. We should legislate to help people have a good death. "Euthanasia" from the ancient Greek means "good death". We should all hope to have that if we can, but voluntary assisted dying is just one option. This is about freedom of choice. Euthanasia is voluntary in its nature, and that is the first word in the title of the bill. Some people may choose palliative care. Others may meet the criteria in the bill and make a request for assistance as provided for in part 3. The criteria as set out in clause 9 (2) are:

(a) the person is at least 25 years of age, and

(b) the person is an Australian citizen, or a permanent resident of Australia, and is ordinarily resident in New South Wales, and

(c) the person is suffering from a terminal illness, and

(d) the medical practitioner (referred to in the proposed Act as the ***primary medical practitioner***) has informed the person that, in the medical practitioner's opinion, the person is suffering from a terminal illness, and

(e) as a consequence of the terminal illness, the person has been experiencing severe pain, suffering or physical incapacity to an extent unacceptable to the person.

I repeat that the suffering or physical incapacity must be unacceptable to the person. They will make a request for assistance because they know they are going to die and they want a good death. Over time our society has experienced incredible historical and cultural variations on what a good death means. Palliative care is a relatively new concept that has come into being since the invention of modern medicine and anaesthesia. In times gone by, when a person's number was up they were left to the priests or the gods of their choice. Not much else could be done. Prolonging life and easing pain only emerged in the eighteenth, nineteenth and twentieth centuries.

A recent study published in the *American Journal of Geriatric Psychiatry* gathered data from terminal patients, family members and healthcare providers aimed at clarifying what a good death looked like. The literature review identified 11 core themes associated with dying well, which were culled from 36 studies. The themes included pain-free status, engagement with religion or spirituality, experiencing emotional wellbeing, having a sense of life completion or legacy, having a choice in treatment preferences, experiencing dignity in the dying process, having family present and saying goodbye, quality of life during the dying process, a good relationship with healthcare providers, and the "other" category that included such things as having pets nearby and being near healthcare facilities.

The number one theme of a good death was having control over the specific dying process. Having a choice, having control and being able to make a request is what this bill provides and is what the United States study identified as the key element. I do not often concur with the Hon. Dr Peter Phelps, but I agree that the right to die is a fundamental freedom so long as a person is doing no harm to anyone else and they meet the requirements. This bill is about freedom of choice and allowing people to make a rational decision to maintain their dignity and have some control over a process that, sadly, we will all go through.

As a monumental stonemason in western New South Wales I met many people who were preparing for a good death. People in their eighties and nineties would come in to choose their headstones after having

considered their decision for decades. They had picked out the monument, the headstone and the writing. They knew they were going to die and they knew where they wanted to be buried. They had control over all of those things. They had paid for the funeral and picked the songs and the flowers. They knew they had a terminal illness. They were planning for possibly six months of pain relief, being near family and taking that last holiday. But the last six months of their lives were a staggering, spluttering mess because they could not choose to step off in the way they wanted to. It was sad. I saw upstanding people die in terrible ways. Why can one have control over all those elements yet lose that control and dignity in an exorable process at the end?

People do not want to lose control. That is why we have seen, for example, the coroner's report in Victoria, backyard euthanising, et cetera. This matter will not go away. We have an ageing population and more people are aware of these issues. We have a more secular society and more and more people will demand this. Indeed, as other members have argued today, public opinion is moving in one direction. The regulations and form of the bill are brilliant. I do not want to spend my time skewering the opposition arguments but there is a paradox in society on attitudes to death. Some say that death should be avoided at all costs and we should decry anyone who would seek their own death in any circumstance or who would shorten their life. This is a vexed issue.

In so many instances we celebrate those who, in the prime of their lives, have made a rational decision to effectively suicide for a greater cause. Our greatest commendations for valour on the battlefield are for suicidal bravery. We laud them. We recognise that they died valiantly and we call them heroes. However, if people who have lived a full life—people in their seventies, eighties or nineties—and coming to the end, because of the nature of this mortal coil, decide to avoid pain and suffering through assisted dying, then somehow that is not commendable. There is some moral uncertainty in that. I find it a paradox and not one that I can probably answer. We will continue to return to this issue until it is the law of the land. I commend this brilliant bill to the House.

The Hon. COURTNEY HOUSSOS (20:33): I make a contribution to debate on the Voluntary Assisted Dying Bill 2017 to explain why I will be voting against the bill today. This is not a decision that I have taken lightly. I acknowledge and thank the many, many people who have taken the time to call, email or write to me to convey their views on this bill. I know many have not previously participated in the political process but have been compelled to do so because of their strong views on this topic. There is no doubt that there are deeply and sincerely held views on both sides.

I have heard from doctors about the fundamental change this would mean to the doctor-patient relationship—undermining their oath to do no harm—and the profound effect on the mental health of the doctors who would be tasked with implementing this bill. I have heard from palliative care specialists about the need to make not just their latest advancements but even basic palliative care available to all in the community. I have heard from ethicists about the dangers of introducing such legislation and from lawyers about their concerns with this legislation. I have also heard and read many heart-wrenching stories, as many members of the public have sought to share their personal experiences. These stories have been incredibly moving. I have deep sympathy for those who have lived with terminal pain or have witnessed their loved ones in these awful situations.

I place on the record that I have the greatest respect for the medical professionals who care for terminally ill patients. I acknowledge Brett Holmes, the general secretary of the NSW Nurses and Midwives Association, who yesterday told me that the nurses who stay with their patients in their final moments often say they lose a small part of themselves with every death. I am humbled by that dedication and care. No-one wants a terrible death and no-one wants to see more suffering, especially when it involves our loved ones. However, my concern is that, in seeking to alleviate the suffering of a few, this bill will fundamentally undermine the legal framework and concepts that underpin our society. As legislators and as elected representatives, we must make decisions that are in the best interests of our entire society. As John Watkins, the former member for Ryde and former Deputy Premier, said recently, we should not find ourselves motivated by "individuals speaking from the depths of their grief". I agree with the sentiments expressed by former Prime Minister Paul Keating only weeks ago when he said:

> What matters is the core intention of the law. What matters is the ethical threshold being crossed.

I believe that our laws provide the framework for our society. I am not naive enough to think that they do not inadvertently result in suffering. Indeed, the decisions we make in this place can have unforeseen or negative consequences. However, we must evaluate them on their intentions, as I have done with the bill before the House. To be fair to both sides, many of us in this Chamber speak of the need to protect the most vulnerable in our society—children, the sick, the disabled and the elderly—and it is the elderly whom we often seek to protect. Therefore, in the context of this debate, I am deeply troubled by the increasing prevalence of what has been termed "elder abuse".

This Chamber was the first in the nation to undertake an inquiry into this insidious, complex and still emerging issue. The findings were sobering and revealed neglect, financial exploitation and even violence, often

inflicted by those directly charged with providing care. The shame felt by many victims and their reticence to report elder abuse reinforces my belief that, as my colleague the Deputy Leader of the Opposition and shadow Minister for Health, the Hon. Walt Secord, said, there can never be appropriate safeguards to protect our most vulnerable in legislation such as this.

That belief was reinforced by my time working on the Legislative Council Select Committee on Off-protocol Prescribing of Chemotherapy in NSW last year. Having heard evidence from patients and their families, both on the public record and in camera, I was struck by the oft-repeated statement that patients simply accepted their doctors' treatment recommendations without question. Indeed, it caused me to realise that I do the same thing. As a result, I find it deeply troubling that we could include the option of ending one's life prematurely in the range of tools at a doctor's disposal.

As I have already said, I will be voting against this bill. On decisions such as these, when we are not bound by our party's platform or policies, we each, as individual members, must come to a decision to vote in accordance with our own morals, beliefs and ethics. There is no doubt that my decision today has been shaped by my faith and my belief in the unique gift and innate value in the mystery of life. It has shaped my views on this debate in the way that the views of other members have been shaped by their personal experiences. But I strongly refute those who argue that I am seeking to impose my religious views on others. Rather, my deeply personal decision to vote on this legislation is shaped by my life's experiences, as other members' decisions will be shaped by theirs.

While my faith may have influenced my decision, so many of the doctors, disability advocates, lawyers, ethicists, academics and members of the public who contacted me to express their opposition to this bill emphasised their position was not based on religion. Indeed, to again quote Paul Keating, who put it far more eloquently than I can:

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

There is a clear precedent that over time these laws will shift. We have seen a broadening of these laws, particularly in European nations. When Belgium introduced a right to die bill into Parliament in 2002, the community was assured that those laws would not extend to children. In February 2014, Belgium became the first country in the world to allow euthanasia for terminally ill children of any age. In the Netherlands the laws have shifted from being extended to patients who were considered to be suffering unbearable pain with no hope of a cure. Now, the Dutch Government has announced that it plans to extend the law to include those who are suffering no terminal illness but have the opinion that their life is complete. While this bill may not provide for such broad take-up, it is inevitable that if we pass this legislation tonight, this Chamber will consider this extension in the future.

Many members have commended the working party for its work in the debate today. I too respect the work it has done. Before I end my contribution, I pay tribute to a colleague and friend of mine, Greg Donnelly. As members are aware, Greg is a passionate opponent of euthanasia. His opposition may be rooted in faith, but his position has been deeply researched and carefully considered over many years. Over the past few months he has sought to share this knowledge by organising countless forums for members and staff to familiarise themselves with the issues surrounding this legislation. He has shared articles, letters and speeches—and many cups of coffee. I wish I could say I have read them all. As with the many representations I and my office have received, I have endeavoured to read them.

I accept that our system is not perfect. I agree with many, on both sides of this debate, who have said we need better palliative care, with more resources. Moreover, a key issue is that as a society we rarely discuss death, despite its inevitability for us all. But I will conclude with the words of Dr Richard Chye, the director of palliative care at St Vincent's Healthcare, who wrote this week:

> We need to be absolutely sure our palliative care system is accessible to all, irrespective of postcode, income, diagnosis or doctor. Across Australia access to palliative care is patchy and largely down to luck.
>
> No terminally ill Australian should ever find themselves in the position of being unable to experience quality palliative care but able to access assisted suicide.
>
> As a nation so regarded for our access to universal healthcare, we owe ourselves and our loved ones a lot more when it comes to dying.

I thank the House.

The Hon. MATTHEW MASON-COX (20:44): This bill is euphemistically called the Voluntary Assisted Dying Bill 2017, but it should be renamed the "State-sanctioned Suicide Bill 2017". This bill is about

suicide and assisted suicide, not voluntary assisted dying. This name is a clever play on words to cloak the intent and purpose of this dangerous bill and somehow make so-called mercy killing more palatable to the public. The last time this issue was debated in this place was in 2013 when the Greens introduced The Rights of the Terminally Ill Bill. This is testimony to the power of words and the importance of trying to frame the debate in your terms. The legal case against this flawed bill has been comprehensively put by those who have preceded me. While I strongly endorse their critiques, there are a few issues with this bill that I wish to draw to the attention of the House before I address the philosophical basis behind this bill and the myriad of unintentional consequences that would follow its passage through this Parliament. Under clause 9 of the bill, a person is eligible for termination if:

(a) the person is at least 25 years of age, and

(b) the person is an Australian citizen, or a permanent resident of Australia, and is ordinarily resident in New South Wales, and

(c) the person is suffering from a terminal illness, and

(d) the medical practitioner (referred to in the proposed Act as the primary medical practitioner) has informed the person that, in the medical practitioner's opinion, the person is suffering from a terminal illness, and

(e) as a consequence of the terminal illness, the person has been experiencing severe pain, suffering or physical incapacity to an extent unacceptable to the person.

Under part 4 of this bill, the eligible person must be examined by a primary medical practitioner, a secondary medical practitioner and a qualified psychiatrist or psychologist. Termination cannot proceed unless the qualified psychiatrist or psychologist is of the opinion that the patient has decision-making capacity and the decision has been made freely, voluntarily and after due consideration. If all these conditions are met, under clause 12 the patient is afforded a cooling-off period of 48 hours before termination can precede. The patient can also withdraw a request for termination at any time. The termination framework raises many more questions than it answers. A terminal illness is defined in clause 4 as an illness that will, in reasonable medical judgement, result in the death of the person suffering from the illness within the next 12 months.

Why has a period of 12 months been chosen when the Oregon model upon which this bill is based nominates a period of six months? What constitutes "reasonable medical judgement" in all of the circumstances? Should it not be the correct medical opinion? Is it possible to reasonably form a medical judgement with certainty, particularly as advances in medical science are now so rapid that a cure could be found within the prescribed 12-month period? Should the reasonable medical opinion be sought from a pro-euthanasia medical practitioner, an anti-euthanasia medical practitioner or the consulting specialist attending to the patient at the time? Why has eligibility been limited to patients who are at least 25 years old? Why did the Victorian legislation choose 18 as the minimum age? Will the next step be to harmonise legislation across State boundaries and then perhaps internationally? Will harmonisation ever end and, if so, where will it end?

Why is there a cooling-off period of only two days under this bill? When you buy a set of encyclopaedias from a door-to-door salesman you automatically get a 10-day cooling-off period. Should there not be more protection under this bill when someone's life may depend upon it, particularly when the proclivity of elderly patients to change their minds is well documented? The bill's proponents champion the safeguard of judicial review by the Supreme Court pursuant to part 5 of this bill. Close relatives of the patient may seek an order to revoke the "request to die by lethal dose" certificate on the grounds that the patient does not satisfy the eligibility criteria or does not possess decision-making capacity, or that the patient's request was not made freely, voluntarily and after due consideration.

"Close relatives" is deliberately defined narrowly to only include a person's parent, guardian, child, sibling, half-sibling, stepsibling, spouse or de facto partner. As there is no obligation to notify all or any of the patient's close relatives, there is a real risk that some family will not even find out about the patient's decision prior to the patient's death. Indeed, a patient could be terminated without any close relatives being notified. So how could a close relative possibly ask the courts to intervene to stop the termination if they do not know about it? Why are they not notified under the provisions of this bill?

It is important to note that the inclusion of a judicial review process expressly acknowledges that patients will be provided with a lethal means to kill themselves, or for a doctor or nurse to kill those who were not eligible, did not have a decision-making capacity or whose request was not made freely, voluntarily or after due consideration. The inclusion of this so-called safeguard graphically exposes one of the central flaws of this bill. It accepts as an express fact that even with all of its so-called checks and balances, patients will get through the asserted rigorous and failsafe process when they should not have been able to do so. It accepts as an express fact that under this bill patients will either kill themselves or be intentionally killed when that should not occur. In plain words, it accepts that there will be unlawful, State-sanctioned suicide and murder. This judicial review safeguard is illusory—it is a shimmering image on a distant horizon.

It is also worth noting that the ineligible, involuntary overborne patient that the judicial review safeguard is meant to protect will be far less likely to communicate anything about the lethal dose process to anyone, including any close relative, if he or she has one. The ineligible, involuntary overborne patient had better tell a close relative who cares about his or her lethal dose plan rather than someone who has led them to this involuntary place as there is no coming back from death. Once a person has died, it is game over. This bill cannot resurrect anyone. Perversely, this judicial review safeguard will fail miserably to protect the ineligible, those lacking a decision-making capacity, or those whose voluntary free will has been overborne. It is not a safeguard; it is an open path to abuse.

Even if by fortuitous chance a concerned, close relative does become aware of the lethal dose process upon which an ineligible or overborne patient has embarked, there is the small matter of the cost and process of Supreme Court proceedings. One cannot just go before a Supreme Court judge and say, "Excuse me, your Honour, my parent, sibling or partner is going to kill themselves by lethal dose approved by a doctor, but they have been led down this path by X who told them Y. Could you stop it now before it is too late?" Concerned close relatives will need lawyers and affidavit evidence, including expert medical evidence. They should make sure that they have a lazy $10,000 to $20,000 in their back pockets—far more if it goes to a contested hearing with medical experts at 10 paces—in case they find themselves in the invidious position of being concerned, caring and close relatives. Creating a right to intervene is meaningless if someone cannot afford to exercise that right.

On any legal measure, this bill is deeply flawed. It is also deeply flawed on philosophical, ethical and moral grounds. It is apparent from the lengthy and passionate contributions of members that many hold strong opposing views on the general issue of euthanasia and the specific remit of this bill. Often these views arise from personal experiences and circumstances. I respectfully acknowledge those experiences and circumstances. I, too, have personal experience of people close to me dying from a terminal illness and those experiences naturally inform my views. I will be forever grateful to the critical role played by palliative care nurses in the dignified deaths of both my parents. Sure, it was tough and at times distressing, but both my parents wisely saw it as the final stage of life—something to be embraced and an opportunity for reflection and for saying goodbye to loved ones rather than something to be dictated by fear.

In my experience, the beauty, dignity and frailty of the human condition are often magnified by the shadow of death. The truth is that we as a society often do not afford our elderly the respect they deserve. To many, death is a taboo subject. Those close to its door are often locked away in nursing homes and retirement villages, out of sight and out of mind. However, the elderly have much to give and we can learn much from them in the last stages of their lives. In my role as a Minister in this Government and as a member of this place, it has been my privilege to visit many of these facilities. At times, I acknowledge, it has been confronting but mostly it has been uplifting to witness the spirit of residents and the wonderful work of their carers. What we should be doing as a society is honouring our elderly by properly resourcing the full spectrum of end-of-life care and, in particular, ensuring palliative care is accessible to those who need it. If this were truly the case I contend that this debate would be largely redundant—it too would be peacefully laid to rest.

The issue of adequate resourcing also applies to the areas of mental health and disability services. Often these areas intersect with our elderly, disabled or infirm suffering from mental illness but lacking adequate access to support services, particularly in rural and regional areas. We have come a long way on these fronts with the substantial increase in national funding for these services and the introduction of the National Disability Insurance Scheme, but we still have much further to travel.

How can we as a society offer the irrevocable option of State-sanctioned suicide when we have not adequately provided access to these essential support services to all members of our community? It is a false choice of the darkest kind. Is this really the sort of society we want to create? Should death be characterised as just another commodity, the final commodity, for someone to acquire? Are our most vulnerable citizens, our elderly, our sick, our disabled, and our mentally ill, to be exposed to the cold ambivalence of utilitarianism? Are they past their use-by date? Are they to end up as another by-product of our disposable society? Is this really the message we want to send to future generations? Why do we invest so much in suicide prevention; why do we as a society naturally choose life over death, love over despair? Why do our doctors sustain life whenever they can and take an oath to protect us, to do us no harm?

Why do we as a Parliament prescribe the greatest penalty for the crime of murder? Why have most Western liberal democracies abolished the death penalty? The answer is self-evident. The sanctity of life is fundamental to our shared humanity and our shared human dignity. It is the bedrock of our ethical teachings, the golden thread through our world religions and the cornerstone of civilised society. This bill strikes at the heart of this conventional wisdom in the name of individual rights and under the banner of compassion.

I recently met with disability advocates who strongly oppose this bill because of the inherent risks involved. They spoke of their fears about whether they might wake up one day after surgery with a "do not

resuscitate" tag around their wrist. They worry about doctors having more power over their welfare and whether they will slowly but surely be seen as a burden if legislation like this passes. They already feel the weight of misdirected sympathy, well-intentioned pity and low expectations. Sadly, so has my family. We vividly remember the day our youngest daughter was born and the terrifying silence which enveloped what should have been a celebration of new life; the sidelong glances, the long, excruciating wait for the arrival of the specialist, the heart-breaking diagnosis, followed by the fear of the unknown. Our lives literally flashed before us as we huddled alone, broken and confused.

Today, when we reflect on those harrowing days, we remember some of the well-intentioned but disturbingly judgemental thinking that surrounded us. We were repeatedly asked, and continue to be asked even to this day, whether we took the in-utero tests to check on our baby's health—the implication being that we should have requested a termination and that our precious daughter had a lesser right to live because of her disability. This sadly is now the accepted reality in places like the Netherlands. It is referred to as the "Groningen Protocol"—named after a paediatric hospital which permits doctors to end the lives of babies born with disabilities or terminal conditions. Do we want to risk going down this pathway in time? I think not.

Our youngest daughter and each of our children bring us enormous joy and love—blessings beyond words. As parents, our vocation is to love and protect our children, to help them become the best they can be, whatever challenges they may face. In my daughter's case, I naturally worry about what will happen when my wife and I die and I cannot help but think that she may be less safe if this bill is passed. I know that many parents of disabled children also feel the same way. It is vitally important that their views are heard in this debate. The reality is that if the door to euthanasia is opened, whether or not we like it the door is unwittingly opened to other types of potentially deadly practices and their associated unintended consequences.

This was implicit in the recent findings of the inquiry by Portfolio Committee No. 2 into elder abuse, which revealed shocking instances of abuse of the elderly and disabled involving family members and carers. Financial and psychological abuse including the misuse of powers of attorney, coercion, the theft of assets and the virtual imprisonment of elderly parents for financial gain were reported. The addition of a State-sanctioned pathway to suicide, combined with a natural reluctance on the part of an ageing or disabled person to be a burden to their loved ones or an unending financial cost to society, creates the real risk of dangerous, perverse outcomes. Sadly, this has been the result in overseas jurisdictions, notwithstanding the protections provided under the applicable laws.

The experience in places like the Netherlands, Belgium and the United States is very clear: Open the gates, and cross the life-death Rubicon at your peril. The proponents of this bill implore that we trust the Oregon model. It is, in their words, "a safe and effective framework". What guarantees are we actually given that the scope of this bill will not change over time? None, absolutely none whatsoever. We all know the truth in this place. If passed, this law can be amended at any future time as this Parliament sees fit. What guarantee is given that not one single patient will be mistakenly terminated under this bill?

The Hon. Greg Donnelly: None.

The Hon. MATTHEW MASON-COX: None. The truth is that no-one could possibly give such a guarantee. Indeed, the experience overseas and the bill's own framework explicitly acknowledge that mistaken killing will occur if this bill passes. One mistaken death is unforgivable; it is one death too many. How can we as legislators allow that to happen? I beseech all members to search their conscience for the truth as today each of us, whether we like to acknowledge it or not, will be making a life or death decision that will survive our time in this place. It is our solemn duty, the oath that binds us all, to act in the best interests of all the people of New South Wales. Let us not forget that this bill tolls loudest for the most vulnerable people in our community. Whilst it is well-intentioned, it is undeniably a dangerous response to those who deserve our compassion and our support in the most vulnerable stages of their lives.

Today we must not let them down. The experience of other jurisdictions that have gone down the path of State-sanctioned assisted suicide is a grave warning to us all should we, too, choose this path. Rather, let us reaffirm our shared humanity, our shared commitment to build a community that offers hope and actively pursues quality of life for all, regardless of personal circumstances, whilst also supporting a dignified death for each. Let us choose life, love and mutual support, not death through misplaced compassion based on the tyranny of individual rights. Accordingly, I strongly urge all members to oppose this dangerous and deeply flawed bill.

The Hon. DANIEL MOOKHEY (21:03): I speak in debate on the Voluntary Assisted Dying Bill 2017. I hold dear the principle that amongst government's first obligations is the duty to prolong the lives of its people and improve the conditions in which they live. Through great toil and hardship my side of politics has sought to interpolate this idea into the basic social contract. We have worked for strong occupational health and safety laws, for restorative workers compensation systems and for universal health care, free at the point of use, as

ameliorations of the vicissitudes of class which result in some people having longer lives than others. In each of these instances we have used the State's power for the beneficent purpose of lengthening life and uplifting its conditions.

This bill contains a different proposition. It prefers the State as the supervising institution, not for a person wishing to maintain their life, rather for persons wishing to end their life with the assistance of a physician. Paul Keating said that, for any Parliament to endorse that principle, that Parliament must irrevocably traverse the ethical threshold that maintains that all human life deserves protection and it must take leave of the golden principle that says the State's responsibility is to honour all human life. I struggle with crossing that threshold.

I worry that by passing this bill we would revive in the healthcare system the practice we have outlawed in every other state system, the active involvement of the state in a citizen's death. I worry because when the state had that power the state's fallibility led to injustice and I am not satisfied health care will differ. Institutionally Parliament receives constant reports of medical errors, diagnostic failures, prescription mistakes and surgical mishaps. Historically our answer to evidence of our fallibility is to show caution. The precautionary principle which reigns in so many of our laws sprang first from the wellspring of medical regulation. We prohibit practices if there is a plausible risk that harm will result. The error reports attest to plausible risk.

A healthcare system with the addendum of a voluntary assisted dying scheme is no less susceptible. If this bill passes, the tempering restraints will weaken. Who will bear the risk? I fear it will be those whose health care is already socially determined, who already lack their fair measure of healthcare resources. A truck driver is more likely to smoke cigarettes and risk lung cancer than is a banker. A construction worker is more likely to be exposed to dust diseases and contract mesothelioma than is a radio announcer. A city dweller has faster recourse to early diagnosis than has a rural resident. Those people are more likely to need this law.

Some assisted dying proponents say that the antidote to this inequity is to enable an assisted death. I thought hard about the argument. I see its merits. Surely the answer to inequity is equality, not assisted dying? Can the risks be mitigated? The bill tries. It utilises consent. No patient is compelled to end their life. No physician is ordered to participate against their will. The bill is crystal clear; the mechanisms are well crafted. My previous experience as a lawyer reminds me that it is never simple to express and validate consent. Most medical litigation turns on those questions. I recall the evidence from medical professionals during the chemotherapy underdosing inquiry that consent, especially in the last 12 months of life, is a word that drips from a lawyer's tongue.

The only mitigation which would have alleviated my anxiety about a physician assisted dying bill is the fulsome support of physicians. Physicians are not supporting this bill. The Australian Medical Association's opinion is clear. I am invited to consider the view of other physicians in support of the bill and I am sure they exist in great numbers, but if we are to bestow this power on physicians, my preference is for near unanimity of support from physicians upon whom that power is bestowed.

That is crucial for this law to succeed. It is also vital for maintaining public confidence. Those are the reasons why I am voting against this bill. I have not reached my decision lightly. I have read the heartfelt letters from terminally ill patients in favour of this law. I have also met them. I have spoken with close friends who have imperilled family members and who want this bill to pass. I have met only with organisations that support this law. All of them have asked me to show empathy, and I have tried to do that to the best of my ability. Like many, I have summoned my personal experiences of death and suffering to try to walk in their shoes.

Happenstance has meant that I am deciding my position on this bill on 16 November. Tomorrow, 17 November, is the thirtieth anniversary of my father's death. At age 44 he passed away from complications resulting from a cardiac arrest. For the last few days of his life he was practically paralysed. Those days are some of the only memories I have of him. I do not know if he would have supported assisted dying laws. Nor do I know my family's opinion of his likely intentions. All I know is that his death was tragic. All death and suffering is tragic. Fellowship and humanity beseech me to try to alleviate that when I can. But when I as a lawmaker use the power of the state I must do so only if I am satisfied that it will do good for a great number of people and present minimal risk. I do not have the level of confidence needed to support assisted dying. Without it, I cannot vote for the bill.

The Hon. DAVID CLARKE (21:11): At the outset I declare my opposition to the Voluntary Assisted Dying Bill 2017. I oppose euthanasia and voluntary assisted dying, and do not want them legalised in New South Wales. Why is it that only seven mainly small nations have legalised euthanasia and the other 186 have not? Why is it that only four States in America have legalised euthanasia and the other 46 have not? Why is it that our Parliament previously has rejected euthanasia and why has it been rejected by the parliaments of Western Australia, South Australia and Tasmania, as well as the Federal Parliament?

Why is it that the major medical and health bodies in Australia and throughout the world do not support euthanasia? They include bodies such as the Australian Medical Association; the Society of Palliative Medicine; the Palliative Care Nurses Australia; the American College of Physicians, with a membership of 152,000 medical physicians; the British Medical Association representing 160,000 doctors and medical students from all branches of medicine across the United Kingdom; and the World Medical Association, the peak body representing 112 national medical associations and more than 10 million physicians.

Why do all these nations, parliaments and medical professional bodies oppose euthanasia? The reason that this worldwide opposition exists, despite decades of proselytising by euthanasia advocates, is that the dire and negative consequences established by the massive weight of evidence as opposed to emotion outweighs beyond doubt any alleged benefits. The case against legalised euthanasia and assisted suicide is overwhelmingly strong for a host of ethical, medical and practical reasons. That is why the Premier of New South Wales and the Leader of the Opposition oppose this bill and why former premiers including Mike Baird, Barry O'Farrell, Bob Carr and Morris Iemma opposed moves to legalise euthanasia.

It is why former prime ministers Paul Keating, Julia Gillard, Kevin Rudd, John Howard, Tony Abbott and current Prime Minister Malcolm Turnbull have opposed legalising euthanasia and assisted suicide. Julia Gillard said that she had never been satisfied that policy proposals from euthanasia advocates had enough safeguards and were almost impossible to conceptualise to stop exploitation and perhaps callousness towards people in the end stage of life. Paul Keating says that euthanasia is "a threshold we should not cross". He has branded euthanasia as "deeply regressive" and he has said it is "an abrogation of the core instinct to survive". In condemning the passage of a euthanasia bill through a second reading in the Victorian Parliament, he said:

> I am sure it is true that those who voted for the legalisation did so with the best of intentions ... but ... good intentions are not enough.

The truth is that in the history of legalised euthanasia the "slippery slope" is its main generating force. It is the ever present pivotal factor in this legislation. We have only to look at the Victorian experience. A panel of three barristers headed by Peter Willis, SC, found that the Labor Government's euthanasia bill went significantly further than the recommendations in the Victorian Legislative Council report into end-of-life choices when it was published only months earlier in June 2016. The panel of barristers found that the bar to be an eligible candidate for euthanasia was lowered significantly.

Paul Keating said that euthanasia was making it legal to participate in a person's death. As night follows day, legalised euthanasia inevitably leads to a relaxation of safeguards, either through legislative amendment or as a result of medical practitioners ignoring such safeguards altogether. Inevitably we will see a widening of the catchment pool of potential patients for whom euthanasia has been made an option. Inevitably we will see a breakdown in the safeguards protecting the vulnerable. It is the classic slippery slope effect in operation, despite the protestations of euthanasia advocates who deny the existence of any slippery slope.

The bill already has gone down its own slippery slope by liberalising the restrictions on euthanasia contained in Oregon's euthanasia program, which is purportedly the model for the bill we are debating. The bill before us provides that a euthanasia patient must be suffering from a terminal illness from which they are expected to die within 12 months, which expands the six-month period provided for in the Oregon model. The proposed New South Wales model has doubled the catchment area of the Oregon model for potential euthanasia patients. If that is not a slippery slope in action before our eyes I do not know what is. A further problem with the bill is that substantial expert medical opinion argues that it is a fallacy that a person can be assessed accurately to have only 12 months, or thereabouts, to live. That same expert medical opinion argues that accuracy of time of death can be established only within the two-week to three-week period prior to actual death.

When the Netherlands' euthanasia laws were introduced in 2002 they were restricted to those with unbearable and incurable pain. But over the years this has been expanded and relaxed to encompass those who suffer from post-traumatic stress disorder, depression, severe alcoholism and even, in one case, a person who had a pathological fear of dirt and another who for psychiatric reasons complained of loneliness. A United States National Institutes of Health study of the Dutch experience with euthanasia in practice found that of a sample of 66 people who had been euthanised, 37 had given social isolation as a key motive. It seems to me that to go from a starting point of "unbearable and incurable pain" and to end up a few years later at a finishing point of post-traumatic stress disorder, severe alcoholism or social isolation as grounds for euthanasia is a mighty slippery slope in anyone's language. Yet that is precisely what has happened in Belgium and the Netherlands and it has even already started here with this very bill tonight.

But the slippery slope has not ended there, with consent now having become optional or even unnecessary in Belgium and the Netherlands. In February 2014 the Belgian Parliament, by a vote of 86 to 44, extended euthanasia to include terminally ill children without any age limit whatsoever. Since 2002, when the Netherlands

legalised euthanasia, its restrictions have been greatly and continuously relaxed. As from January 2016, for example, patients can be helped to die even if they are incapable of making their current feelings known. In Belgium in 2016, 13 per cent of Belgians who were euthanised did not have a terminal condition as required under their law. In October 2016 it was announced that the Dutch Government intended to legalise assisted suicide for people who felt they had "completed life" but were not necessarily terminally ill. Increasingly, people in Belgium and the Netherlands are being euthanised without them requesting it and without proper consent being given. This is despite assurances that the safeguards are in place to prevent this happening.

In a study published in 2010 it was found that 32 per cent of all euthanasia deaths for the Flanders region of Belgium had not been requested or consented to by the patient. Reasons given by physicians for not obtaining a patient's consent were that they were comatose in 70 per cent of cases; had dementia in 21 per cent of cases; or because the physician thought that it was in the best interests of the patient in 8 per cent of cases. In the Netherlands it is a similar story. In 2005, for example, 20 per cent of deaths by euthanasia or physician-assisted suicide were administered without the patient's explicit consent. While it is mandatory in both Belgium and the Netherlands to report cases of euthanasia, this requirement is frequently ignored. In Belgium, almost half of all cases are not reported to the federal control and evaluation committee. In the Netherlands the rate of non-reporting is 20 per cent, although there is anecdotal evidence to suggest that the figure could be as high as 40 per cent.

For the nine months that euthanasia was legal in the Northern Territory, before it was terminated by the Federal Parliament with the support of both the Coalition and Labor, it was ascertained that, of the seven patients who sought euthanasia, two had been given inadequate information as to their true medical condition and the treatment options available to them. It was further found that four of the seven patients suffered from depression. This was further confirmation of the fact that euthanasia is meant to be available only to those who are suffering pain from a physical and terminal condition. It now has moved down a slippery slope road, which euthanasia advocates deny even exists, to encompass psychological and psychiatric reasons that are often nebulous, vague and non-specific.

All in all, it adds up to a bleak picture of non-compliance or abuse of euthanasia laws resulting in people being frequently euthanised without their consent, or being euthanised for reasons other than those specified in euthanasia laws. It is hardly a position that gives confidence to the community, especially to the elderly, the sick, the vulnerable and the disabled. If we have euthanasia laws in this State how many elderly people will refuse to attend a doctor or a hospital for treatment for their ailments out of fear they may be euthanised against their will at some future point? A recent parliamentary inquiry into elder abuse and a Federal Law Reform Commission report highlighted examples of the aged, the frail and the vulnerable being subjected to coercion and manipulation by family members for financial gain. Legalised euthanasia—the way that it unfolded and has been administered overseas—shows that it will open up new opportunities for disreputable relatives of aged, frail and vulnerable people. But experience shows many occasions when proper consent never was given.

I never have understood why it is that when some compare euthanasia and capital punishment, both of which involve state-sanctioned killing, the major argument against capital punishment—and correctly so—is that it is not reversible once it has been carried out, yet when these same people consider euthanasia the fact that it is also not reversible does not seem to be of the same importance. What if there has been a misdiagnosis by a physician and the patient is not going to die after all? Virtually every one of us knows someone, or has heard of someone, who was diagnosed with a terminal illness and who lived much longer or are even still alive years after they were meant to be dead. What if someone made a choice to be euthanised during a period of grief, stress or temporary depression? What if palliative care becomes more effective as time goes by and is able to provide a quality of life that is reasonable or even high?

When it comes to capital punishment, we have all heard the expression that it is better that 10 guilty men go free than one innocent man be found guilty. How much more meaning that expression takes on when the innocent man found guilty is then executed. There can be no reversal. We have abolished state-sanctioned killing because of its irreversibility. Euthanasia is irreversible, yet the safeguards proposed in this bill are imperfect, defective and flawed, as others in this debate already highlighted in detail. Those who drafted those safeguards have done their best but they have fallen short, and they will always fall short in protecting the vulnerable against conniving relatives, or because of misdiagnosis, or because of human error, or for all the reasons that have caused euthanasia programs overseas to be abused and, in many instances, to go off the rails.

Can the safeguards protect people who were euthanised but should not have been or who were euthanised by a liberal rather than a literal interpretation of the grounds for euthanasia? Innocent people die, just as innocent people were executed when there was capital punishment. Capital punishment is gone so any wrongful conviction of an innocent man can be reversed. But the action of wrongly euthanising a person cannot be reversed. I will not put those people at risk. I will not be voting for this bill.

The Hon. ROBERT BROWN (21:29): The clock says that I have 20 minutes for my contribution to this debate but I will not take anywhere near that length of time. I offer congratulations to the Hon. Trevor Khan on doing the best job he could in putting forward the Voluntary Assisted Dying Bill 2017. It is not enough to convince me that I should vote yes, so I put on the record that I will be voting no. I cannot speak for my colleague the Hon. Robert Borsak or my colleague in the other place—if the bill is sent there—the member for Orange, Phil Donato. Members of our party will have a conscience vote on this matter, and that is the way it shall remain.

I will make two points. The first is that there has been a lot of emotive language used on both sides of this debate. It appears to me that there has been one common theme tonight. There have been differences about the veracity or the quality of the arguments, but both sides of the debate seem to agree that attention needs to be paid to palliative care. Our palliative care is not good enough, it is not universal, it is not equal, and we are therefore letting down the people we seek to represent.

I put on the record that I am a Catholic—not a very good one—but that is not determining my decision tonight. During the debate I have seen members rolling their eyes or shaking their heads. That is okay, because it is a very personal matter that is being debated. It also is evident to me that this debate is going to be finely divided; it will go right down to the wire. That indicates that neither side of the argument is wrong; it is just that opinions differ. I have said my piece. I will be voting no. I thank the House for its indulgence.

Ms DAWN WALKER (21:31): I support the Voluntary Assisted Dying Bill 2017. First, I acknowledge the members who have brought this bill forward—the Hon. Trevor Khan, the Hon. Lynda Voltz and my Greens colleague Dr Mehreen Faruqi. I have been very moved by members' contributions to this debate. Every one of them has been very heartfelt. We have all been touched by this issue. This bill is about giving people a choice, and giving their families the support they need during a very difficult time. As others have pointed out, helping terminally ill people to end their lives is something that is happening already. This bill is not going to change that. What it will mean is that there are frameworks, regulations and supports in place that will allow people to die with dignity and that will support their families through the process. There is no doubt that people need a better choice than what is available to them now. Denying them that choice puts them, their families and medical professionals in a terrible position.

When my mother was terminally ill, she was allowed a weekend home from her palliative care bed to say goodbye to her beloved home and garden. During the visit she contracted pneumonia and the visiting nurse took me aside—I had three very young children at the time—and suggested that I did not have to intervene, that I could not call an ambulance and I could let my mum pass away in her home with me. I knew that the nurse's suggestion came from a compassionate place, but I had no support or capacity to help my mum to choose where or how she wanted to die. I was frightened and very confused. I called the ambulance. Mum returned to the hospital, where she died early one morning before I could get there. I regret that mum died alone.

I do not know what we would have done if we had had the support to talk it through and if it had not been put to us in such an unexpected and confronting way. I feel very strongly that it is a failing that we currently do not have the framework to allow people to die with dignity or to allow them to have that conversation with their families and their doctors well before that critical point. I am supporting this legislation so that other terminally ill people and their families will not have that same experience. They will have the support to make that choice together. I commend the bill to the House.

The Hon. MARK PEARSON (21:35): I support the Voluntary Assisted Dying Bill 2017. I commence my contribution by offering my absolute respect and admiration to the Hon. Trevor Khan, the Hon. Lynda Voltz, Dr Mehreen Faruqi, Mr Alex Greenwich, MP, and Mr Lee Evans, MP, for crafting, over a long and arduous period, a piece of legislation that has gone to every length possible in the current culture of our Parliament and society to recognise an individual person's decision, with a sound mind, to end the suffering and distress that person has endured for far too long and for which there is no or very little hope of any reprieve.

There is a huge difference between keeping someone alive and staying alive compared with living. This issue is about the dignity of people—after they have utterly exhausted all of the palliative care options offered and every treatment has been given, with all the pain, distress and discomfort the very treatments bring to a person who is already ravaged by cancer and their body is being torn apart by the disease—in their ability to make a decision. It is important to realise that only very few people suffering in this way want to choose that path. They are choosing to end an intractable suffering when there is barely a glimmer of any hope to recover from the pain, distress and extreme discomfort ravaging their bodies. The pain is not acute; it is chronic. They have lived with it every moment of every day and have struggled for a long time.

I ask members—in fact, I implore them—to put aside all of their beliefs, be they religious or cultural. Victorian parliamentarians have talked with enormous respect and intelligence about how they have had to turn their minds to putting aside these influences when making this decision on behalf of the people of their State. I ask

members to put aside their religious and cultural influences, family conditioning or fear of death and the unknown. I ask them to put aside their fear of losing a ministry, their desire to attain one, or their fear of jeopardising possible preselection. I ask them to look into the eyes of the person whose body is riddled with cancer and disease, whose face is weary, whose eyes are sunken, whose lips are drawn, and who is utterly exhausted and withered. I am talking about a courageous human being whose body is ravaged by an internal battle. I want members to respect that person's wishes even if there is a vague glimmer of hope that there will be a treatment breakthrough in four months, six months, one year or two years.

Members say that we must invest millions of dollars in palliative care. However, we must take into account that the person who is asking for assistance to die and to be free of this ennui, distress and extreme pain has exhausted the palliative care available to them now. They do not want to wait one month, six months or one year in the hope that something will be found that can help them. That person has chosen not to tolerate even one more hour or one more day of misery or pain. We must take into account also the effect of the palliative care itself. Palliative care is not perfect; the drugs used do not offer absolute relief from extreme pain. They do offer great relief for some time, but they are drugs to which a person becomes very tolerant very quickly. In addition to the pain and distress of the cancer, the patient exists in a dull world where they are aloof, disconnected and, in fact, more alone.

I now will examine the safeguards about which people are so concerned. I sent a copy of this bill to my best friend—whom I met when I was 16 years old—seeking his assistance. He studied science, then medicine, and then psychiatry, and he is now head of an anaesthesiology department. He was involved in a program that assisted children to work out and try to rate their own pain relief, as when a medical professional asks a very small child, "What is your pain on a scale between zero and 10?" they cannot say. This program attracted a great deal of controversy, but it is now a leading technique used to help children to control their pain and to stay connected to their family and friends. This doctor is held in high esteem by the former Governor of New South Wales, Professor Marie Bashir.

In addressing the issue of the psychological state of a person who chooses to die after all this, I believe the safeguard in this bill is very clear and covers the field as best it can. I understand that there is a concern that the person may be suffering from depression and that this depression may cloud their thinking and cause them not to make the correct judgement about whether they would choose to die or not. In an assessment of that person, a trained psychiatrist with at least five years clinical experience could clearly tell whether he or she is suffering from what one would call a clinical depression or an endogenous depression where a person's judgement can be marred or distorted.

Obviously, someone who is grappling with death, pain, distress and anguish all day is going to be depressed, but it is a reactive depression—a depression that one would think would obviously occur in such a situation. A psychiatrist who assesses that person will be able to clearly diagnose whether the patient is suffering from such an endogenous depression that could mar their judgement as opposed to an obvious reactive depression. Also, a psychiatrist, or perhaps a clinical psychologist, would be able to peel away, in a very comprehensive discussion with the person, the influences that have been brought to bear on them in the making of this decision. I have absolute faith, from my knowledge of psychiatry over 24 years, that a very experienced psychiatrist would be able to clearly detect whether the person who is making this decision is being unduly influenced by their family or others for other agendas. The psychiatrist would be able to peel all that away so that at the end of the assessment we can be assured that if that person continues to say, "Help me: Help me die. Help me shut off and tear away this dreadful, oppressive painful life from which there is no reprieve", they are making that decision of their own free will.

Finally, I refer to this hysteria that this is just the thin end of the wedge and that next there will be an amendment that will mean that disabled children will be killed and that mentally ill people will be euthanised or able to take their own life with assistance, et cetera. I think the Hon. Ben Franklin hit the nail right on the head when he said that we are looking at this bill today, now. There may well be amendments in the future, but we cannot allow the contemplation of anything that might happen in the future to have any influence upon the decision we have to make when we are looking at this very well-crafted bill, which covers all these fields and sets up the safeguards as best it can. If there was an amendment in the future of that nature, it would come before this House and we would have trust in the members who are elected by the people of New South Wales to then assess and debate, as we have done with this bill today, any amendment that may open up an Act in the future to such changes.

This is an extremely important bill which I believe upholds the dignity, respect and quality of life that people choose to have, and when that is no longer possible, when they are deciding that they have had enough, when they have exhausted everything they possibly can with their medical specialists and when they have honestly and wholeheartedly looked at their situation—and it is their personal inner situation and circumstances they are making a decision about—this bill offers them an option to end ongoing harm and pain in their body. That upholds

the medical oath that we cannot harm people. If we do not allow people to make this choice and we do not agree to this bill, with all its safeguards, we sanction the continuation of harm to people that could otherwise be avoided through their own choice. I commend the bill to the House.

Mr JUSTIN FIELD (21:50): I acknowledge the cross-party working group that brought the Voluntary Assisted Dying Bill 2017 to the upper House. I acknowledge the Hon. Trevor Khan, the Hon. Lynda Voltz and my colleague Dr Mehreen Faruqi, who led for the Greens in this debate and who articulated with great clarity the arguments in support of this bill. I acknowledge also those who championed this cause over many years. I had the opportunity to meet some of those passionate advocates when I worked for Cate Faehrmann, a former member of the Legislative Council who introduced the Rights of the Terminally Ill Bill in 2013. I also note an earlier effort by Ian Cohen, a former Greens member of the Legislative Council. Those bills did not pass in this House but the public debate on this issue has moved forward since then. A cross-party consensus bill being introduced in the House today is an example of what can be achieved when we work together.

I thank also those who wrote to me about this issue, some of whom are probably still in the Chamber tonight. Whether or not I agree with them, I appreciate the fact that many people took the time to express their views on this issue. This is not a matter of conscience for The Greens as it is for other parties. We have a clear party policy to support changes to the law that give adults the right to choose to end their own life with dignity in circumstances where they have a terminal illness that causes them severe pain and suffering. I am proud to be a member of a party that is prepared to take on challenging issues such as this and that publicly pushes for these changes. It is not an easy thing to do because there always will be different views among The Greens in this House, and among members of other parties, in particular on issues that relate to fundamental questions such as what it is to be human and to be alive.

We are never going to agree, particularly in this place, but we need to be able to answer fundamental questions that support the idea that individual personal liberties should be extended to give adults who have the capacity access to professional medical support to end their own lives in circumstances of extreme suffering as the result of a terminal illness. Giving someone that right should not challenge another person's views on these matters. It is not a question of conscience for The Greens because we support the principle of individual human rights. We recognise the inhumanity of forcing people to continue to live in pain and suffering, or of forcing them to make a decision to end their life in a potentially violent way because other options are not available. We have heard from members today and tonight that that is already happening in some circumstances.

It will continue as a consequence of not supporting legislation such as this. In some of the public discussion about this bill, in some of the parliamentary debate today and in some of the correspondence I have received, it is clear that concern about this bill extends far beyond its scope. Some have tried to suggest that this bill is something other than it is. That is frustrating, especially so for those who may be in a position where these choices are currently in their minds, those who might be suffering from a terminal illness right now or who have family or friends in that position and are looking to us in this place for leadership and change.

The bill is the product of a comprehensive process borne out of an extended public discussion over many years, and a deliberate cross-party effort to find a way forward. It gives a person who is 25 years or older, who is suffering a terminal illness from which he or she would reasonably be expected to die within the next 12 months, who is experiencing extreme pain, suffering or physical incapacity to the extent that he or she does not have the ability to access professional medical support, the choice to end his or her life. This bill cannot and does not force anyone at any stage to access assisted dying. Individuals have to be capable of deliberately making that choice. The doctors involved also will make a choice. No-one is being forced or coerced and there are robust protections in place to ensure that that does not happen.

Despite many claims to the contrary, this bill does not open up assisted dying to children or to people with depression. It does not prevent people from taking advantage of the best palliative care, and it does not inhibit governments from investing in improved palliative care or aged care generally. This law will not be the catalyst for the elderly or sick being seen as a burden in society, though no-one doubts that more should be done today, whether or not this legislation is supported, to improve the quality of lives of older Australians, including valuing their capacity to make ongoing contributions to society right up until the end of their lives. The idea that unscrupulous and greedy family members will suddenly try to convince loved ones to seek to die, if this law passes, ignores the protections in the bill and grossly underestimates our love for family and one another generally. I do not accept that humanity can be shifted by black letter law like that.

More frustrating to me than the spurious nature of some of the arguments against this legislation is that they often mask a more fundamental objection that is simply religious. At its foundation that objection is based on the idea that only God has the right to take someone's life. I am not suggesting that all opposition to this bill is based on religious belief or is without foundation. I have listened to the arguments and I accept that there is foundation for them. I do not suggest that having a religious objection to this bill is in any way wrong.

I acknowledge that not all people of faith are homogenous in their views on this or on any other issue. I am not trying to undermine the religious views of members of this place, or of members of the public, but I cannot accept or abide the idea that one person's religious view can or should determine the choices that another person can make. If people's views do not accord with this legislation they do not need to avail themselves of these laws. I struggle with the idea that as elected representatives our personal views should outweigh the right of all members of our community to make their own choice.

We live in a secular not a religious State. The decisions made in this Parliament should serve the interests of the people of this State, not of religious doctrine. I am not blind to the fact that organised, conservative religious organisations that are fundamentally opposed to this sort of legislation based on religious doctrine fund and organise campaigns to oppose these sorts of laws. The influence of religion continues to be disproportionately represented in our parliaments. On issues like this undue influence is failing to represent the views of the Australian public and trying to continue to impose these religious views on other people. It is clear that there is broad public support for laws to assist terminally ill people to end their own lives with the assistance of a doctor. I accept that some of the polling can be and has been disputed in this place, but I do not think anyone would reject the suggestion that faced with all the evidence, the majority of Australians support assisted dying laws.

There is something broken when high levels of public support struggle to be translated into laws through our Parliament. It is hard not to draw a comparison with the recent marriage equality debate. We are still going through the challenging exercise within the Australian community of reshaping our marriage laws to reflect equality in personal rights. The postal survey was the result of the failure of our Federal Parliament to be able to make a decision on an issue that has long been shown to have clear majority support within the Australian population. In the case of marriage equality that failure was driven by minority and often religiously motivated political campaigning, including within one of our major political parties. The outcome of the marriage equality postal survey has been unequivocal, but the process has driven campaigns based on non-relevant and at time harmful arguments that serve only to deepen public divisions.

Here again we have strong and unequivocal support for a major change to social policy. Much like marriage equality, the question of assisted dying legislation comes down to individual rights, some of the most personal of choices we could make; and yet we see the same types of arguments being run, efforts to muddy the waters, playing the slippery slope case, and typecasting of victims, in this case the elderly or sick; in the case of marriage quality it was children. But in fact, much of the opposition is based fundamentally on religious grounds, and an effort to enforce upon us all the faith-based views of a few.

It will not surprise members of this place or people watching or reading this debate that I am not a religious person. I am not a person of faith, but I am a philosophical person and I have thought about how each of us who does not hold a faith, who does not have some set of guiding rules passed down from on high, base our daily decisions. On what do I base my decisions in this place? It easy to say that I am not person of faith, but I believe in science and evidence. Of course, although science might give us the capacity to do certain things and to understand certain things about the world, it has limits on helping us to work out what should be done and what is the right thing to do.

Existentially, of course, one could make the case that all of this is a bit absurd, and one day the sun will explode—expand and engulf our planet—and that is truly a case of from dust to dust for human life on this earth. But that is not the question before us today; we are not trying to resolve those ultimate existential questions. We are legislators making decisions about how we treat each other here and now. I find it challenging under those circumstances to find any other value more compelling as a guiding principle than to do what I can to minimise suffering. That is the principle that guides my environmentalism, and it guides me here today. I have not been in this place long but I recognise that it is not every day that there is an opportunity to make new laws that will really deliver for people, and that will so clearly alleviate some suffering in our society, even if for just a few. I commend the bill to the House.

The Hon. GREG DONNELLY (22:02): In contemplating what I would say tonight in my contribution to the debate on the Voluntary Assisted Dying Bill 2017, I thought the quickest thing would be for me to refer to my speech in the debate on a similar bill in 2013, which might move things along. I thought there might be support for this suggestion, but I will not revisit matters covered extensively, I might say, in supporting the position I hold, which is opposing this legislation. I will not seek to critique the alternative views, with which I disagree, as they have been critiqued by others in this House. Instead I will fill in some gaps as best I can. As we know, this is the oldest Parliament in Australia and essentially the Legislative Council has been functioning in New South Wales since 1824. Section 5 of the New South Wales Constitution Act provides:

> The Legislature shall, subject to the provisions of the Commonwealth of Australia Constitution Act, have power to make laws for the peace, welfare, and good government of New South Wales in all cases whatsoever.

I re-read that provision as I made notes in preparation for my contribution to the bill because I cannot reconcile the words in the Constitution, particularly the reference to making laws for "welfare", with this bill should it be passed by this House and the other place and become law. In fact, I submit the position is quite the opposite. That bring us to the point: Where are we with respect to this debate on euthanasia? Members have expressed their views, perspectives, moments in their life, experiences, relationships, and individual occurrences with close family members and friends that have given them particular insights into how they have come to formulate their view. I will share mine very briefly. It is not a personal experience of a family member but is something about which I have spoken in the House before.

I attended the World Federation of Right to Die Societies Biennial Global Conference in Melbourne on 8 October 2010. I have previously stated in this House how this conference has helped me to gain insight into this type of legislation, which is assisted suicide and euthanasia. I concur with members of this House who have spoken about the importance of having clear language to describe what is being contemplated. The penny dropped for me at this conference as to what we are really looking at here. This biennial conference was open to the public for only a couple of hours; the rest of the conference was a closed meeting. During the public session a number of people spoke. Indeed, a couple of speakers, through their words and PowerPoint presentations, had a profound effect on me and shaped my vigorous opposition to this type of legislation.

That afternoon a presentation was given by Professor Jan Bernheim, Department of Human Ecology, Faculty of Medicine, Vrije Universiteit Brussel, and I listened to him intently. He said, "I'm here to provide you with advice about advancing the legislative framework of euthanasia and assisted suicide in Australia." He talked about the Belgian experience and described himself as one of the leading figures in the architecture of that legislation. He said they strongly encourage the Australians to adopt the strategies that their colleagues had implemented in Belgium and he outlined it in his PowerPoint presentation. I subsequently asked for a copy of that presentation and he generously provided it with quite a detailed flowchart. He said that euthanasia and assisted suicide had to be drawn into and made part of the medical, nursing, caring, political and general public discourse with respect to palliative care.

Professor Bernheim was articulating a deliberate political strategy to be adopted to advance the movement of assisted suicide and euthanasia. He said, "This is how we did it in Belgium and if you simply try to ram it through, it will not work. It takes time, subtlety, patience, nuance and a lot of work". He said the wrapping of euthanasia and assisted suicide into the holistic concept with the language of palliative care was absolutely necessary to insulate assisted suicide and euthanasia from criticism and attack. "You have to make it part of the continuum." One of the speakers today made that point. "We need to see that euthanasia fits into a palliative care continuum". Professor Jan Bernheim said, "This is precisely the strategy that we developed." He explained how it was done through sitting down with like-minded people. He strongly recommended that we adopt it here in Australia.

Professor Margaret Otlowski, from the faculty of law at the University of Tasmania, spoke in similar terms. She was bold in her speech. Professor Otlowski explained her view of the best way to thread the needle, assuming that getting euthanasia and assisted suicide legislation onto the Australian statute book was a worthwhile important legislative initiative. What did you need to do in Australia? This was an international convention held in Melbourne with a lot of interest in legislative reform in Australia. I can quote the professor, as I wrote it down at the time. She was crystal clear and unambiguous.

In 2010 she said, "Promote the physician-assisted suicide model instead of the strict euthanasia model and in the current context this is clearly the least path of resistance. I encourage people interested in this matter to look at the legislation operating in Oregon in the United States". That was her strong considered advice. That is why we are presently looking at Oregon-based legislation in New South Wales. It is no mystery. It is not a mystery to anybody who has been watching how this matter has been developed and sought to be introduced culturally into Australian society as something that we should support as good.

We are talking about a good bit of suicide and a good bit of euthanasia. This legislation provides clear acceptance of the proposition that assisted suicide and euthanasia is not bad; a bit of this is good. A bit of assisted suicide is good, it is a public good; and a bit of euthanasia is good, it is a public good. In 2013 Cate Faehrmann presented this legislation to the House. I bumped into Cate at the conference in Melbourne. I do not know who was more surprised. It was morning tea and as I walked in to get my muffin when I saw Cate and I said, "Cate, how are you?" We shared a short cup of coffee and a bit of muffin and moved on with the rest of the day. I digress. Sometimes we move in circles that overlap. In 2013 we debated Cate Faehrmann's specific bill and it was comfortably defeated. I note that the Hon. Trevor Khan abstained from that vote. I appreciate the way he opened his heart that day when describing his father's utter suffering. His position at the time was that he could not support the proposition in the bill and so he abstained. Clearly, that had a profound impact on him.

We are now debating the 2017 iteration of the bill. Let us face it, we are dealing with a much more wily character in the Hon. Trevor Khan than we ever had to deal with in Cate Faehrmann. We all know Trevor is a good operator by any measure. Establishing a parliamentary working group on voluntary assisted dying was a great idea to advance this case. When I became aware that the group had been established I thought, "Here we go, something's happening." It would come as no surprise that I have been following this closely. The placing of "parliamentary" in the name of the working group was absolute marketing genius. It may have been inadvertent, but it happened. An unintended consequence of what I sincerely think was a clever decision was that over the years a number of people have told me they thought they were making a submission to a bona fide parliamentary committee. It is not up to a working group to try to read people's minds about what they think they are contributing to, but that is what a number of people thought. Of course, it was not a parliamentary committee and I simply told them that they ought to have a further look at it.

The way in which the group consulted, received submissions and worked through them was a closed shop. The working group was made up of five politicians who want assisted suicide legislation to be enacted. The people who wanted to advance the case for palliative care and raise some concerns about the propositions in the bill told me they faced a bit of a struggle. That might be debatable, but some of them said they were told very politely, "Thanks very much, but this is not about palliative care." They said they were a bit concerned about that. Some of the organisations that felt their concerns in their detailed submissions were given short shrift were not tiddlers but large organisations such as the Royal Australasian College of Physicians and St Vincent's Health Australia.

I accept that at that stage the bill was a consultation draft and it has to be acknowledged that the final iteration of the bill picked up matters that were raised in the consultation process. I will not cavil with that, but I will cavil vigorously with some of the surveys. I will not go into the detail, but I passed a criticism on to a colleague in this House whom I will not name. I found it a little bit curious that a lower House member would put an electronic survey on their website for only 10 days before closing it and publishing the result saying that a large number of people support euthanasia. The question was hardly clear and unambiguous in the sense that it was not a leading question. However, all of that is grist to the mill.

Part 8 concerns the Voluntary Assisted Death Review Board. A particular organisation contacted me only three days ago and said that I could put its comments on record. I received a phone call from the executive officer of Palliative Care New South Wales who had just read the bill. He stated that no-one had asked the organisation whether it wanted to be named in the bill. He said, "In fact, we don't, but we are in the bill." I said, "Don't raise it with me; I didn't draft the bill." Whether the other organisations in the bill were consulted and consented to being in the bill is worth exploring on another occasion. The idea of putting professional organisations in the bill without consultation or consent is pretty bloody rich.

I do not intend to go through the legal concerns about the bill. I make it clear that people might think my criticisms of the provisions in the bill are important in their considerations. The 53-page critique of the bill by the member for Ku-ring-gai, Alister Henskens, SC, has not been discussed in detail tonight. I have not even spoken to the bloke and his critique turned up in my bloody email. To this day, I have not spoken to him about his 53-page critique. But I have read through it and it puts some pretty bloody big holes in the case for the bill. It is a shame we are approaching the end of the debate tonight and this critique has not been discussed. I know that all members of this House received the critique at the same time—from memory, it was 8.30 p.m. on 12 October 2017. No member can say that they have not had a chance to look at this most significant critique, which raises concerns about the legislation in a most dispassionate way.

I have undertaken a fair bit of consultation to encourage people to consider a range of issues. I thank those people for their participation. I conducted some events at Parliament House and I am grateful to those people who attended and used the events to inform themselves. That was the least I could do to advance some understanding of the bill. I thank most sincerely the hundreds of people who have sent correspondence, and I know that all members have read it. [*Extension of time*]

Regardless of where members stand on this legislation, I am sure I speak on behalf of every member in this House when I say that the correspondence we have received—I must confess I have not responded to it all—includes personal experiences that we have taken most seriously, and they have shaped and formed our thinking on this legislation. I have received multiple correspondence from professional organisations also. A number of my colleagues have mentioned the professional organisations that have expressed concern about the legislation. I do not have time to put them on the record. I find it quite extraordinary that the issue of elder abuse has not registered with those who support the legislation.

Our small contribution in the New South Wales Parliament was a couple of years ago. The Commonwealth Attorney-General's report, which I think is 500 pages long, is now resulting in the commission to the Australian Institute of Family Studies [AIFS]. The AIFS has sought to undertake serious, detailed, long-term

research into the issue of elder abuse. It is very difficult for me to comprehend how we can support this legislation while keeping elder abuse at arm's length, with no connection between the two. Members have touched on the New South Wales Auditor-General's report in their contributions. For the record, a colleague on my side of the House spoke earlier this evening about the Government doing more in this area next year if those opposite think this legislation is not good enough, and that more money could be allocated for palliative care.

This Liberal-Nationals Government has done more for palliative care in this State than the Labor Party ever did. I could not get the issue on the agenda, which is probably a reflection on my inadequacy and inefficacy in presenting the arguments. But Jillian Skinner and Brad Hazzard have done more for palliative care in this State, and all power to them. I have put that on the record before and I will continue to advance that view of the Government. The Labor Party has some catching up to do if it thinks it can just talk about this issue. They are good words, but there is no bloody action. At the end of the day, if we agree about relieving pain we have to stump up and accept that great work has been done. We cannot sit back and say, "The Government has to do more." There is $100 million in the current budget—the gall of someone to say the Government has to do more next year! My time has run out. I thank my colleagues for their patience. I have worked with many of them—particularly the Hon. Walt Secord, the Hon. Robert Brown, the Hon. Paul Green and the Hon. Scott Farlow. I urge honourable members to oppose the legislation.

The Hon. SHAYNE MALLARD (22:26): I speak in support of the Voluntary Assisted Dying Bill 2017. This is progressive legislation that empowers our citizens who are suffering unimaginable pain in the final months of their lives to control the manner of their death with dignity and peace of mind. I congratulate the Parliamentary Working Group on Assisted Dying, and particularly our respected colleague the Hon. Trevor Khan, on the incredible work they have put into the legislation before the House tonight, including the impressive consultation process that was undertaken. Whilst we in this place will clearly divide on this most sensitive issue, today is a day when, in my view, we have seen the best of the parliamentary process. I have been impressed by the content of most of the speeches today and the level of respect accorded to the speakers by this Chamber.

The traditional binary division in this House works to support strong and stable government for the benefit of the citizens in this State but it can also, through the action of the Westminster party system, suppress opportunities for difficult reforms—often, as has been mentioned in this debate, those reforms that are strongly supported by the community. I commend our Premier and the Government for clearing the way for this legislation to be debated today and allowing a conscience vote for members on my side of the House. I am sure that other members have similar appreciation of their leaders. Today's legislation has, without doubt, presented me with one of the most difficult decisions of my political life. The Voluntary Assisted Dying Bill 2017 will provide an option for terminally ill patients whose death is imminent to end their pain, suffering and distress on their own terms. It will, as the Hon. Bronnie Taylor said in her powerful speech earlier today, empower them and give them control over the final part of their life.

The bill closes a gap in which such patients have no legal recourse and will all too often resort to illegal, inadequate and distressful methods to end their suffering. For many of us, this is extremely uncomfortable territory to visit—as evidenced by many of the contributions today. For many of us, it brings back painful, emotional and often raw experiences and memories. Sometimes we do not want to relive them. There have been quite a few moist eyes in the Chamber today. I certainly have felt great empathy and compassion for my colleagues. My personal, direct experiences with dying and death, thankfully, have been limited.

The generation before me, my parents—the baby boomer generation—are thankfully still with us, healthy and happy. In fact, yesterday my parents celebrated their fifty-fourth wedding anniversary. My only close experience with death has been my beloved nanna, Gladys Peterson, a divorcee who raised alone my mum and Aunty Pat as a single mother. She was the generous, much-loved matriarch of our family. Her death from cancer at the age of 79 was sad to witness. She left us all too soon but in a cloud of morphine, with relatively good palliative care at the Dubbo hospital. We all had time to say goodbye in our own way. I think we would all wish for a loving, gentle death for our loved ones and, of course, for ourselves just as, it seems to me, that my nanna had and deserved after all her years of sacrifice and love.

Clearly, that relatively peaceful exit is not always an option. Palliative care cannot help everyone and it is clear that it does not always alleviate all pain and suffering. It does not guarantee peace of mind or security for those who are confronting a painful and, perhaps, terrifying death. I fully support the calls for more funding and especially more community engagement with palliative care policies and the services that are offered. It is clearly the preferred option in my mind. I echo the words of the Hon. John Graham. I believe that we need to shrug off the remnants of the Victorian era denial of death, the hiding of death, the hiding of people at the end of their life. We must embrace that period of life, like so many other cultures do, and come to a better understanding that death is a part of living. In many ways, this bill will offer peace of mind, control and dignity for those confronting death and perhaps their loved ones as well.

In relation to the Oregon bill, upon which this bill is based, the experience has been that since 1997 a third of the patients who have gone through the assisted dying process have, in the end, not taken the prescribed substance to end their life. I think that is an important point. One can conclude that the peace of mind and security, knowing that they were in control of their destiny, was a powerful aid. They were empowered over the end of their life. In considering this bill I have given thought about how I feel about life and the inevitability of death; how I would feel about my partner or my parents choosing to access this legislation. That is deeply distressing and confronting. But the reality is that my feelings about such a scenario come a distant second.

As a love one, wanting to indirectly prolong the suffering of my loved one against their will so that I can get a precious few more weeks or even months by their side is, in my opinion, selfish and indirectly cruel. Not intentionally so, but nonetheless that is a consequence. I concluded that I would support the decision of my loved one to be in control of their end of life should they be sadly in the bill's narrowly defined circumstances. In his well-researched second reaching speech, the Hon. Trevor Khan drew on evidence from the Victorian Coroner's Court. I found this evidence stark, confronting, painful, tragic and very compelling. I would like to remind members of it.

The evidence is that between January 2009 and December 2013, 2,879 people committed suicide in Victoria. Of those, 240 people had irreversible physical health conditions, with the highest frequency being for those aged 65 or older. These 240 people died in horrendous circumstances. Seventy-four poisoned themselves, 64 hanged themselves, 34 died as a result of a firearm, 19 died through a threat to their breathing, 13 died from motor vehicle exhaust, eight died from rail—by throwing themselves in front of a train—seven died from a jump from height, five died using a sharp object, and 16 died from other causes. We owe it to people in desperate circumstances to offer them another option, a legal option. I want to refer to some of the correspondence I and most members have received in this regard. Today, correspondence from professional bodies has been quoted a lot, and I respect that, but I want to quote from people who have written to us about their views on this legislation. I will protect their names. The first is Ms C, a registered nurse of 35 years, who wrote:

> People in NSW are suffering bad deaths, despite our best medical care available. We cannot cure all disease, and we cannot relieve all suffering and yet current Australian law pushes the terminally ill towards taking their own lives, alone and often in a violent manner. She continues:
>
> The reality for a minority of people at the end of their lives is that even the best palliative care will not relieve pain and suffering. Loved ones are also powerless to help.

Ms G, a 77-year-old, writes of her fear of dying without dignity or control of her end of life. She says:

> So instead of concentrating on my existence, and devoting the moments I have left to family—I live in fear of my future days. The fact is I would not have to if my government listens to, according to statistics, 80% of their constituents and make changes to legislation which would eliminate that fear from sick people.

She goes on:

> It is well deservedly assumed that a large proportion of vehicle accidents may be caused by people wanting to escape pain; people jumping off the roofs, throwing themselves under the train, shooting themselves, and attempting suicide by swallowing all kinds of medication—just to end up in a bigger mess—all this could be eliminated by allowing people to be in control of their lives and deaths.

Mrs R wrote to me about the gap in the laws. She wrote:

> In NSW today, it is legal, if you are dying and suffering beyond medical help, to end your suffering by committing suicide, often violently and alone.
>
> It is legal to refuse all medical treatment, food and water, and to die slowly of starvation and dehydration while your disease takes its course. It is legal for a doctor to slowly drug you into a coma while your family waits for days, or weeks for you to die. This can happen without your consent.
>
> But it is not legal if you are dying and suffering beyond medical help to end your suffering painlessly and quickly with the help of a doctor.

We have received hundreds of letters and emails on this legislation, each heartfelt and passionate. I thank all of those correspondents who took the time to write to us. One that moved me the most was from Ms I, who said:

> My own long experience working in Palliative Care and in a hospice, despite the excellent care given, only reinforces my view that there are patients whose discomfort and mental anguish is exacerbated by not feeling in control, nor having any choice about the end of their lives.

She continues:

> People who have cruel conditions such as Motor Neurone Disease, whose bodies die inch by inch while their minds stay intact, are amongst those who might choose assisted dying.

She concludes:

> Below is a message written to me by my closest friend Joan, in the last three weeks of her battle with this disease. You can see that her wonderfully sharp mind was still totally intact, but she was already almost completely paralysed. Her message describes graphically her anguish.

The message read:

> It's so much worse than I had imagined.

Members will recall receiving a photograph with that. It was very moving. I know from the mountain of correspondence that the views and beliefs are strongly held and quite polarised. I fully respect the view of those opposed to voluntary dying and I appreciate the religious beliefs held by many people. Though I consider myself more spiritual than religious, I accept their deeply held beliefs. I have grappled with the issues of the sanctity of life and the role of the State to protect life. That is one reason why I am totally opposed to the death penalty, whether here or abroad. I have been grappling with the work that we all do to prevent suicides also. The Hon. Taylor Martin explored this dilemma in his contribution to the debate. But I have managed to compartmentalise in my mind or separate preventable suicide from terminal illness end-of-life choices.

A preventable suicide is a healthy life ended prematurely and usually as a result of mental health issues. We work hard to prevent those unnecessary early deaths and draw those who are afflicted back to the joys of a long, healthy and fruitful life. But I acknowledge that great care must be taken to distinguish our signals to the community. All suicides are preventable; an end-of-life decision for the terminally ill is vastly different. This is not the first time I have debated voluntary dying. The first time was in 1993 when I was the New South Wales Young Liberal President. Voluntary euthanasia was the subject of a successful motion at our convention—I think it was at Terrigal—where I spoke and voted against the motion. I recall that at the time there was great media interest on the radio and television and in the press in this radical Young Liberal policy. That was nearly a quarter of a century ago; truly ahead of its time. Since then, my views and those of society have evolved significantly on this issue.

I will not dwell on the details of the bill, as many members already have done so, but I will touch on the positive elements of the bill which will help mitigate the risks. These elements include the "12 months from dying" requirement; the focus on terminal diseases only; the exclusion of mental illness such as dementia; the requirement for two doctors as well as a psychology expert to agree to the request; the mandatory 48-hour cooling-off period; the option for family to appeal to the Supreme Court for judicial intervention; the legal protections for medical practitioners involved in the process; the establishment of the Voluntary Assisted Death Review Board, which will report to the Minister, and the broad membership therein; and, finally, the five-year statutory review of the legislation. Those safeguards provide a rigid framework for this bill.

I will briefly touch on some of the contributions made earlier today on the slippery slope argument or, as the Hon. Rick Colless referred to it in his very heartfelt contribution, bracket creep. I also note the contribution of the Hon. Ben Franklin. This concern is often expressed in legislation like this. However, in my view, it is not for us in this Chamber in 2017 to second-guess the circumstances, motivations, reasoning or the decisions of parliamentarians of the future. Just as those of the past have legislated for their days and times, we are dealing with legislation today for our time. Future sovereign Parliaments will agonise, take evidence, inquire, search their conscience and cautiously legislate just as we are doing here today. I have great faith in the parliamentary process. This is a very difficult bill that confronts so many of our beliefs and values, but it addresses in a structured, careful and compassionate way the gap in managing the end of life for many of our citizens. This is a powerful step forward for our humanity. I commend the bill to the House.

The Hon. NIALL BLAIR (Minister for Primary Industries, Minister for Regional Water, and Minister for Trade and Industry) (22:40): My contribution to debate on the very important Voluntary Assisted Dying Bill 2017 will be brief. I commence by thanking all of those who have contributed to both sides of the debate—members of this House, professionals in this area of expertise, advocacy groups and especially those who have taken the time to write about the experiences that have shaped their views on this issue. I have tried to ensure all correspondence received by my office on this matter has been replied to in a timely manner.

I note that it has been reported in the media this week that I may have been wavering on my position on this matter. That is not the case. I have had a firm view on this matter for many years—a view formed not from my religion, culture, professional background or education, but from experience and contact with those who have passed at the hands of aggressive cancers or, in some cases, motor neurone disease. This week I chose not to disclose my view in the media or contribute to the speculation surrounding this matter. I respect the role of this House and the contributions of its members to the debate. I have welcomed the opportunity to listen to the arguments put forward on this issue by members in the respectful manner that we have seen throughout this debate.

I am a supporter of palliative care and I was especially proud of the Government's response to the calls for increased palliative care resources in regional New South Wales—calls made by one of my closest friends

who became one of the faces of that campaign when he shared the experience of the loss of his mother and the role that palliative care played in her passing. This will go a long way to address many shortcomings we see across regional New South Wales at present. However, for some, it sadly will not be enough and to me this debate is not about palliative care versus voluntary assisted dying.

As I am one of the last to speak in this debate, and noting the time, I will not go over the many arguments that others have made to support their position. Arguments around choice, safeguards and protections, the vulnerable, slippery slopes and the impacts on medical professionals have been well addressed throughout today. It is not necessary to repeat them. I am not a medical professional or a lawyer. I am someone who lives in a regional community and, as I said earlier, someone who is making my decision based on personal experiences and the lasting impact that that has had on the families involved in those experiences. That is why I will be supporting this bill.

The Hon. NATASHA MACLAREN-JONES (22:43): Members' speeches have been powerful on both sides of the debate on the Voluntary Assisted Dying Bill 2017 because dying and death touch everyone personally. I respect the range of experiences, views and beliefs expressed, because we have all shared, or will at some stage, difficult circumstances. In listening to this debate, I have been forced to revisit some of the most painful times of my life, as have many of my colleagues. I will not talk in detail about my father's death at the age of 45, or the people I cared for as a nurse, including a young man who suicided within hours of being discharged from hospital despite being of sound mind, or the person who fights to live and surprises me with his strength.

I know that the decision I make today must not be made based on personal experience or my emotions. As a legislator, I owe that to the people of New South Wales. This bill will allow a person to commit suicide with the assistance of others. Although I am a Catholic, my position on this bill is not based on religion. Rather, it is based on specific concerns I have about parts of the bill and the cultural shift it will involve for the medical profession. Much has been said by others in this debate, and I do not intend to repeat those remarks or to reiterate information about research conducted or the correspondence provided.

However, I will place on the record my concerns about the unintended legal consequences of the bill, the review process and lack of protections from coercion for vulnerable people. I am concerned about the pressure placed on medical practitioners to predict a terminally ill patient's likely date of death or to determine an individual's decision-making capacity. I am concerned also about the power of a psychiatrist or psychologist to determine a person's motivation in wanting to die, which could change over time but too late. For those reasons, I do not support the bill.

The Hon. TREVOR KHAN (22:46): In reply: This has been a long debate, but I believe it has been important. If we had been required to stay here all night, I would have continued to sit in this chair for as long as it took to see this matter concluded. I thank all members for their contributions to the debate; I will not mention them all individually. I thank almost all members for the courtesy with which they presented their views. I fully understand that there is passion on both sides of the debate. However, unlike what seems to have happened in Victoria, this debate has demonstrated the very best this Chamber has to offer.

The debate has been respectful, although I note that at least one speaker suggested that proponents of the bill have been dishonest. This bill has arisen out of our honest appreciation of how medicine is actually practised. It is not based upon some mythical and unattainable gold standard, or some fanciful belief that doctors can cure all ills and treat all pain and suffering. I am the son of a doctor. Admittedly, my father was a humble general practitioner, but he was a humble general practitioner who practised for more than 50 years. I greatly admired my father and his skill, but he was no miracle worker. If he were alive today, he would be the first to make that admission—not only about his own ability but also on behalf of all of his colleagues.

Much has been said in this debate about the sanctity of life. Indeed, the Hon. Adam Searle made reference to the Terrorism Legislation Amendment (Police Powers and Parole) Bill 2017 that was passed by this House in June. Mr David Shoebridge described that bill—I think quite rightly—as the "shoot to kill bill". It arose from the Coroner's recommendations following the Lindt Cafe siege. That legislation had the effect of sanctioning police officers unequivocally and pre-emptively shooting people. I am not being critical of those who spoke in support of the legislation—in fact, I supported it and I believe to this day that it was necessary. However, let us be clear: If members want to talk about the sanctity of life and every life being important, apart from The Greens and the Hon. Mark Pearson, we passed through this House without a blink a bill that allowed police officers to take out a person who was believed to be a terrorist. Sanctity of life—and now we have somebody in the sights of a gun.

But let us be clear about our laws in New South Wales. Self-defence is a law that in certain circumstances completely excuses from liability the taking of a life—completely exonerates a person who has killed another. So much for the sanctity of life. The law of provocation in New South Wales, until work which was chaired by Reverend the Hon. Fred Nile, allowed the reduction of the penalty for the taking of a life. For instance, if a gay

man made an unwanted sexual advance to another man in a bar, his killer gets a reduction from maybe 20 years down to, say, six years for an unwanted sexual advance by a homosexual. I say to the opponents of this bill: so much for the sanctity of life.

In the course of preparing this bill we held forums across the State, one of which was held at the University of New South Wales. I was invited to go along and give an explanation of the bill. I was not part of the forum panel but I was part of a presentation. It was an interesting discussion and there was a palliative care specialist present who is an outspoken opponent of this bill. In the course of explaining why the bill was not important he gave a demonstration of what palliative sedation—which another palliative care specialist was kind enough to describe as "holiday sedation"—could do. He said it was not restricted to people who had unbearable pain; it could deal with existential pain. I am just a traffic court lawyer so I needed an explanation as to what existential pain is, and he gave it.

He made it very plain and repeatedly said that a lady to whom he had administered palliative sedation was not dying but was suffering a degree of incapacity. She could walk around but he explained that she was suffering considerable grief because she could not ride a bike anymore and it was causing her profound suffering. So he sedated her and, as he pointed out, she subsequently died. In the forum that took place at the university a representative of Dying with Dignity, Shayne Higson, was on that forum and presciently asked, "How long did she last when she got this sedation?" This was a lady who was not dying but was suffering existential pain because of her loss of capacity. She lasted for two days. There was a collective intake of breath from those people present after this explanation—a lady not dying but suffering existentially was sedated and died within two days.

The other person who was on the panel was Nick Cowdery, who supports a bill such as this—an eminent Queen's Counsel who practised in the criminal law area, not in the equity jurisdiction. There was then a discussion about what was the intent of giving the sedation, and it came down to the palliative care specialist saying that the primary cause was to deal with her existential suffering and the secondary effect was that she died. This is the primary and secondary issue that we hear talked about all the time. That is an example of palliative care specialists providing a level of treatment for their patients.

I am not arguing that it is bad, but it is entirely unregulated. One does not have to be a rocket scientist to consider the implications of palliative care specialists deciding for themselves, in some cases without the consent of the patient or their relatives, that they will sedate the patient and give them a sedation holiday. There were two studies in the *Medical Journal of Australia* in 1997 and 2001 on this issue, "The intention to hasten death: a survey of attitudes and practices of surgeons in Australia" and "End-of-life decisions in Australian medical practice". There was a 2007 study in the *Journal of Medical Ethics* also, "End-of-life decisions in medical practice: a survey of doctors in Victoria (Australia)". Each of the studies demonstrated that approximately a third of doctors in Australia have administered drugs to a patient with the intention of hastening death.

Presently, there is no requirement for the patient to be assessed by two doctors and a psychiatrist, no requirement for the death to be overseen by a death review panel and no opportunity for close relatives to head off to the Supreme Court. These deaths are done under cover with a wink and a nod. That is the state of our current law. In this bill we are providing a legal framework in circumstances where the studies demonstrate that approximately a third of patients in Australia who are dying are essentially hastened to their end by their doctor. The study that the Hon. Peter Primrose referred to by Kuhse, Singer, Baume, Clark and Rickard states:

> Although Australian law recognises the right to refuse treatment, it generally prohibits the intentional termination of life, whether by act or omission. Our findings, together with the previously cited studies of doctors in Victoria and New South Wales, suggest that Australian law has not prevented the practice of euthanasia or the intentional ending of life without the patient's consent. Our study shows that while 30 per cent of all Australian deaths were preceded by an action or omission explicitly intended to end a patient's life, in only 4 per cent was the decision taken in response to an explicit request by the patient.

So much for the fundamental change in the relationship between doctors and patients that we have repeatedly heard about from opponents of the bill. The doctors are doing it now for the benefit of their patients. It is all being done unregulated, unsupervised and unchecked. I understand what the opponents say but it does not reflect the reality of honest medical practice in New South Wales. The nurses know what the doctors are doing, which is why they support this legislation.

The Hon. Greg Donnelly: Not palliative care nurses.

The Hon. TREVOR KHAN: Greg, I was quiet for you. I thank heaven that some patients are provided with the relief that they want. The reality is that it is occurring without the legislative framework that this bill will provide. We should not worry about a "slippery slope" because we are already at the bottom of the hill. I wish to refer to a couple of things that have been raised. In Reverend the Hon. Fred. Nile's contribution, he made reference to a patient in Oregon who was held down and injected contrary to their desires. The Dying with Dignity people, who are not too bad with their computers, have been looking for this apparently documented case but cannot find

it. My two staff members—who are pretty good with Google—cannot find it. It is baffling that we cannot find this case.

The case that Reverend Fred Nile described is unusual as an assisted dying case because under the Oregon model, the doctor cannot assist in the end-of-life treatment; the patient has to do it themselves. The Oregon model provides for the oral ingestion of a barbiturate; it does not involve an injection. If what Reverend Nile describes as having happened in Oregon did happen, it was not an assisted dying case but a murder. The doctor might as well have grabbed an axe from the corridor and bludgeoned the patient to death as they were held down on the bed, because that is what it was—a simple first-degree murder in the American context. It was not an assisted dying case. If that is the quality of anecdote upon which we are deciding on this bill today, we should think again. That is not the quality of evidence we should be relying upon in making these decisions.

The Hon. Taylor Martin referred to suicide. Suicide is legal in New South Wales. It is not a question of whether it is illegal—it is legal. In 1983, sections 31A, 31B and 31C of the Crimes Act were introduced. Those sections made it illegal to aid and abet a suicide, but it is legal to commit or attempt suicide. I say that not because I want to demonstrate again that I am just a mere traffic court lawyer, but because that was a demonstration of our law already having made adjustments to deal with the realities of life. That was done because we knew that people were attempting suicide and killing themselves and that we had to provide a mechanism that would ensure that, if they attempted suicide, they would then go to hospital and get treatment without fear of being prosecuted. That is what it is about. If the slippery slope is that we suddenly are giving the nod to suicide, it was done in 1983, not now and not by this bill.

Reference has been made to suicide rates, particularly suicide rates in the United States. In that regard, the State with the highest suicide rate in the United States is Wyoming with 28 deaths per 100,000 people. Alaska has 26.9 deaths and Oregon is thirteenth on the list with 17.8 deaths. Wyoming and Alaska do not have assisted dying provisions. So let us not talk about how this type of legislation will lead to an outcome. There is no question that Oregon has a high rate of suicide, but it is not because they have assisted dying legislation. Their rates of suicide have increased, but they have increased consistent with the rise in suicide rates in the United States over the period of time. Let me suggest some things that will have increased the suicide rate over the period of time: apart from the problem of opiate addiction rates in the United States, they have sent tens of thousands if not hundreds of thousands of men off to Iraq and Afghanistan and we know the outcome of that in terms of suicide rates for returnees. They have had the global financial crisis—but they do not call it the GFC; they call it the Great Depression. People have been thrown from their homes and jobs. What affects suicide rates? Things like unemployment.

The opponents of this bill will produce a statistic and say, "This follows that." The fact is it is far more complicated than that. Some of the studies that have been presented by opponents of this legislation are—with the greatest of respect—simply rubbish. They are statistically unfounded. Simply generating a number and suggesting that there is a correlation or there is a causative relationship is an old trick, even by academics. We must look far wider than a simple number compared over a period of time to work out whether it means anything. I tell you that the studies have been debunked.

In the short time I have left for my contribution, I say to the proponents of this legislation, particularly those from Dying with Dignity, that I am grateful for all they have done in helping us through this process. I thank all of my colleagues who obviously thought long and hard about this legislation. I thank my staff members Richard and Matt as well as Tony Nardone, who works for the member for Sydney, Alex Greenwich. I thank Parliamentary Counsel, who have gone through 30 drafts of this bill in getting us to this stage. I thank the stakeholders also who contributed to our discussions in the lead-up to bringing forward this legislation. We changed our bill to try to reflect some of the issues that were brought up during discussions; we have tried to do our best.

We have tried to do our best not for ourselves, although we have a professional desire to do the right thing, but for those people who are in the end stages of their life—people like Annie Gavrielides and her family, Belinda Scott and her father, and all those others who have written to us. This is a matter of life and death for them. It is not that we are bleeding hearts; it is looking in the eyes of people and knowing that what we are doing here as legislators actually matters. If this bill goes down, they will not get a second chance. We will get a second chance because we will bring this bill back again if it does not pass here tonight. We will bring it back in the future. [*Extension of time*]

Those people will be left without a legal alternative. They will be left without a choice. They will be left without the level of control that they want over the end of their life. We take on an awesome responsibility when we enter this place. As I said to one of our members today, I think it is the best job in the world. But a vote such as this is one of the most onerous responsibilities we will ever have. I thank the House for its consideration.

The PRESIDENT: The question is that this bill be now read a second time.

The House divided.

Ayes 19
Noes 20
Majority.....1

AYES

Blair, Mr N	Buckingham, Mr J	Fang, Mr W
Faruqi, Dr M	Field, Mr J	Franklin, Mr B (teller)
Graham, Mr J (teller)	Khan, Mr T	Mallard, Mr S
Pearson, Mr M	Phelps, Dr P	Primrose, Mr P
Searle, Mr A	Sharpe, Ms P	Shoebridge, Mr D
Taylor, Ms B	Veitch, Mr M	Voltz, Ms L
Walker, Ms D		

NOES

Amato, Mr L	Borsak, Mr R	Brown, Mr R
Clarke, Mr D	Colless, Mr R	Cusack, Ms C
Donnelly, Mr G	Farlow, Mr S	Green, Mr P
Harwin, Mr D	Houssos, Ms C	MacDonald, Mr S
Maclaren-Jones, Ms N (teller)	Martin, Mr T	Mason-Cox, Mr M
Mookhey, Mr D	Moselmane, Mr S (teller)	Nile, Reverend F
Secord, Mr W	Wong, Mr E	

Motion negatived.

Adjournment Debate

ADJOURNMENT

The Hon. DON HARWIN: I move:

That this House do now adjourn.

WATER MANAGEMENT AND COMPLIANCE INTERIM REPORT

Mr JEREMY BUCKINGHAM (23:15): This evening I will speak on the incredibly important Ombudsman's report that was released yesterday, "Investigation into Water Compliance and Enforcement 2007-17", a special report to Parliament under section 31 of the Ombudsman Act 1974. As honourable members would be aware, over the past three months there has been a rolling scandal enveloping and inundating New South Wales that has exposed the rottenness at the heart of water administration compliance and licensing regimes in the region of the Barwon-Darling river system.

Acting Ombudsman Professor John McMillan, AO, has presented a damning indictment of the administration of water in this State. We have learnt that since 2007 there have been three investigations and we are currently halfway through the fourth investigation. There were investigations in 2009, 2012 and 2013. The first investigation related to specific allegations of malfeasance. The progress report for the present investigation paints a bleak picture of water management in this State. The report states that due to constant restructuring and gross underfunding over the past two decades the administrative functions of water management regulation have been restructured and moved between different government agencies 20 times. That is once a year.

How could there be a coherent and cohesive bureaucracy managing water in this State when it is constantly being torn apart and smashed back together. This is clearly occurring through design. Who benefits from it? The answer is big irrigators and water users in the system. No-one can understand what is going on because the people who monitor compliance and enforce regulations are never in the job for long. There is constant reform leading to anarchy. The strategic investigation unit [SIU] within the Department of Primary Industries [DPI] was scaled down from 12 officers to six in the months prior to the transformation, thereby rendering it ineffectual.

Four officers were transferred to WaterNSW and there was no longer a unit comparable to the SIU in DPI Water. That is 12 officers overseeing a river system that is 1,472 kilometres long. There are more parking

meter officers within a two-kilometre radius of this building on any business day than there are officers overseeing the administration of billions of litres of water in the Darling River worth billions of dollars. The staff member delegations tasked with enforcement action were removed. Senior DPI Water executives improperly directed SIU staff that were authorised officers. No enforcement action was taken on unlicensed dams that contained large volumes of water.

The Ombudsman's report outlines a specific example in 2007 where the department became aware that a massive dam had been constructed in the middle of a river. The Ombudsman directed the department to investigate, and the department ignored it. The dam collapsed and washed away a few roads and some infrastructure. There has been no departmental investigation. These are the matters that are now before the Independent Commission Against Corruption. This is a damning indictment on the administration of water in this State. There is a litany of disasters in 2009, 2012, 2013. We need a royal commission into the administration of the Murray-Darling Basin, DPI–Water and the various Ministers who have overseen a catastrophe that has wasted billions of dollars of taxpayers' money and contributed to the continuing death of the Darling River.

WENTWORTHVILLE CENTENARY OF ANZAC CEREMONY

The Hon. NATASHA MACLAREN-JONES (23:20): Ten per cent of the New South Wales population volunteered for service during World War I and 1 per cent of them did not return home. The war shaped our nation, both domestically and internationally. We affirmed the values we stand for and simultaneously the international community saw our nation's strength, courage and determination. Australia's involvement in World War I began in 1914 when Britain and Germany went to war on 4 August. The war would continue until 1918 and the four years of fighting would prove to be a traumatic event for Australia and the world. World War I was the first major conflict that our country faced as a new nation and our State made a significant contribution to our nation's overall war effort. Being the most populous State at the outbreak of the war with more than 1.8 million residents, New South Wales played a vital role in forging the Anzac legacy, both on the battlefields and at home.

As part of the commemorations for the Centenary of Anzac, the New South Wales Government is supporting a $47 million Anzac Memorial Centenary project to enhance the Anzac Memorial in Hyde Park that will deliver the original architectural vision of Bruce Dellit. The enhancement will provide new spaces to tell the stories of New South Wales' involvement in all wars and peacekeeping missions, and honour those who have served. I acknowledge the work of the Minister for Veterans Affairs, the Hon. David Elliott, in championing this significant redevelopment and the Centenary of Anzac projects.

A significant project is the development of the Hall of Service, which is a civic space that will architecturally and artistically pay tribute to the Hall of Memory in the original building. Artist Fiona Hall designed this space following her proposal that a plaque be created for every town, suburb and locality around New South Wales that enlistees of World War I gave as their place of address. In total, some 1,700 plaques will be on display and a sample of soil collected from the area will be displayed alongside the placename, providing a valuable space for education, reflection and remembrance. To ensure the soil collected is similar to that found in the area l00 years ago, a hole is dug half a metre in depth in order to reach the natural soil.

Recently I had the pleasure of joining assistant principal Tareena Eastwood, school captains Chloe Furner and Alikashif Jawadi, and other students from the Wentworthville Public School for the soil collection ceremonies at the Wentworthville Park Memorial. On that day, we commemorated the names of those who had enlisted to serve from Wentworthville. Sadly, the seven Wentworthville men who enlisted to serve their country are today buried in cemeteries in France and Belgium. The youngest, Private John Lancelot Andrews, was just 19 when he was killed in action serving with the 54th Australian Infantry Battalion while the eldest, Corporal Spencer Parkes, was killed in action serving with the 45th Australian Infantry Battalion, leaving behind his widow, Alice Maud Parkes.

Also honoured on the Wentworthville Park memorial are Lieutenant Gordon Wallace Markham Mills of the 13th Australian Infantry Battalion, who was awarded the Military Cross and was killed in action; Private Keith Randolph Godbee of the 35th Australian Infantry Battalion, who died of wounds; Private Harry Roberts of the 20th Australian Infantry Battalion, who died of wounds; Private Alexander Sidney Ede of the 2nd Australian Infantry Battalion, who was killed in action; and Lance Corporal Robert Arthur Sloan of the 13th Australian Infantry Battalion, who died of wounds. Most of those men were in their twenties and many died just months before the war ended. One hundred years on, World War I remains an important part of our national history and our students are learning about the heroism and sacrifice of our diggers.

It is important that we remember the legacy of those brave men and women who left our shores to serve our nation. I am proud that the Government is supporting the Anzac Memorial Centenary project so that future generations will have a record of those defining moments. I pay tribute to our service men and women and their

families for the great sacrifices and hardships they have endured, and continue to endure, so that we can continue to live our Australian way of life. Lest we forget.

CHINA-AUSTRALIA TRADE RELATIONS

The Hon. SHAOQUETT MOSELMANE (23:24): Before I commence my adjournment speech on Australia-China relations, I make a declaration of interest. Ever since I was a young man I have had a great fascination with China. It is a great nation with a great history and great people. Sometimes I joke that my paternal grandmother was of Chinese ancestry. My amazement with China has never ceased—in fact, it grows by the day. I always have held the Chinese people in high regard. I admire their work and family ethics. The reality is that I feel a strong bond with China, Japan and the Asian people in general. The dedication and strength of its leaders such as Mao Zedong, Liu Shaoqi, Zhou Enlai, Hua Guofeng, Deng Xiaoping, Hu Yaobang, Jiang Zemin, Hu Jintao and now Xi Jinping have made China one of the key engines of the global economy in less than seven decades. Hate them or love them, they have turned China from a poor, weak, underdeveloped farming economy—the sick man of Asia—to the China that now nudges the sky with its skyscrapers.

China is developing great relationships with many countries around the world, providing aid and investments that have kept the global economies growing, including projects such as One Belt One Road, the Asia Infrastructure Investment Bank and the work China does with the other BRIC nations of Brazil, Russia and India. China is the conveyor belt that has helped to grow our economy and I expect it will continue to grow in future. Thanks to the cooperation of the University of New South Wales, I may soon have a memorandum of understanding signed with the East China Normal University in Shanghai. Tomorrow morning a second meeting will take place with Professor Cheng to move this project forward. Chinese Australians ought to be as proud of their commitment and dedications as I am.

I have had the honour of visiting China on numerous occasions. My first visit was in 1997 as a councillor of the then Rockdale City Council, which established a sister city relationship with Tanggu in Tianjin, China. I have never looked back. Because of this, I see our future with China and the Asia-Pacific nations. People must accept that we are in the Asia-Pacific region and should see our country as a member of this community of nations. Sadly, some still refuse to let go of the past and our dependence on the United States of America for our security and the United Kingdom for our culture. Under conservative governments, our foreign policy has followed the USA all the way—no matter what. Under Turnbull, Abbott and Howard, our strategic partnership with the United States of America has continued along the path of reliance over independence.

We have no independent foreign policy and blindly adhere to US-driven interests. Consequently, we continue to miss out on the benefits of our relationship with China. This is not to say that Australia should consider cutting ties with the USA and the UK. But Australia must see its future in the Asia-Pacific region. Australia has no deeper national interest than to ensure that the great success story of our century—the economic transformation of Asia in the Asian Century—continues. We must do away with the deep-seated Sinophobia that appears to underline and drive our foreign policy. One does not need to look far to see evidence of this Sinophobic outlook. Articles suggesting that young Chinese nationals studying at Australian universities are operatives of the Chinese Communist Party are now commonplace, as is the continued scrutiny and paranoid suspicion that some darker purpose lies beneath the recent increases in Chinese investment in Australian industry.

One has to wonder what kind of strains this revived yellow peril places not only on Australia-China relations but also on the 1.3 million Chinese Australians and the thousands of Chinese students and investors. As former Prime Minister Paul Keating and Foreign Minister Bob Carr said, it is abundantly clear that we should see ourselves as an Asian nation. We should reach out to the Chinese rather than put up walls, and we should do whatever we can to avoid getting into military alliances that serve no purpose other than to create tensions with our biggest trading partner.

SHOOTERS, FISHERS AND FARMERS PARTY

The Hon. ROBERT BORSAK (23:29): I speak on the coming of age of the Shooters, Fishers and Farmers Party. In two by-elections on 14 October, one in Murray and the other in Cootamundra, my party proved that the 60 per cent swings against the National Party at booths in the Orange by-election last year were no fluke. Orange was won on 23.8 per cent of the primary vote, and we received 23.3 per cent in the Cootamundra electorate and 31.5 per cent in Murray. We demonstrated once and for all that the National Party is the weak underbelly of the Coalition, and it will be the National Party that will lead to the Berejiklian Government being forced into Opposition in 2019.

Once and for all, we proved that the Shooters, Fishers and Farmers are not merely a single-issue party. I thank our two candidates, Matthew Stadtmiller and Helen Dalton, as well as our volunteers and supporters. Without them we would not have had this result. At last month's by-elections there was only one political party

speaking about firearms, and that was the National Party. They told rural people why they wanted to take them away from them yet again, as they danced on the graves of a recent tragedy in the United States. On 4 October 2017, the National Party issued the following statement on its Facebook page before deleting it several hours later:

> ... firearms serve a purpose for Police to keep our streets safe and farmers to protect their livestock. But that's it.

Make no mistake, those in the National Party ran a dishonest campaign on firearms laws, and they know it. They have even admitted to doing it. Unlike what the National Party says, the Shooters, Fishers and Farmers Party does not support US-style firearms laws, and we never have. Our position always has been simple: keep firearms licensing but overhaul the system so that it does not persecute licensed law-abiding firearms owners. A person is not a potential criminal just because they possess a firearms licence. On the contrary, they have to hold themselves to a higher standard than most citizens in order to keep that licence. There are few other areas where laws are made on the back of scaremongering press releases, but unfortunately firearms policy is one. The real improvements in firearms regulation have been safe storage, universal background checks, and licensing. Make no mistake, the Shooters, Fishers and Farmers Party just wants fairness for people who lawfully own firearms. The increases in legal firearms ownership actually correlates with a decrease in crimes involving firearms.

I was on the ground in the electoral district of Cootamundra, and every single day our candidate Matthew Stadtmiller was in the newspapers, on radio and on television highlighting why Katrina Hodgkinson and The Nationals have failed them. We had no campaign infrastructure in Cootamundra or Murray, no branch membership and no history of a presence, and yet we managed a swing of more than 20 per cent of the primary vote in Cootamundra and 30 per cent in the two-party preferred vote in Murray. The Nationals retained these seats but with a dramatically reduced margin. They hung on by the skin of their teeth. It is instructive to reflect on why the Cootamundra and Murray by-elections came about in the first place. In the Cootamundra electorate, the sitting member, Katrina Hodgkinson, announced her resignation suddenly in July at a time when the Murray-Darling Basin water scandal was making headlines. What a strange coincidence indeed. On 27 October, Andrew Clennell wrote in the *Australian* newspaper:

> The Berejiklian government is facing the real spectre of a public ICAC inquiry potentially involving … former primary industries minister Katrina Hodgkinson just months out from the 2019 state election.

It is a shame voters in Cootamundra were not informed of this before the by-election. The Nationals volunteers, including a staff member in Deputy Premier Barilaro's office, even wore fluorescent orange vests when handing out leaflets that said, "You don't need to number every box". It was a tactic aimed at tricking voters into believing they were distributing official Electoral Commission material. They got away with it because their material mimicked that of the Australian Electoral Commission and not of the NSW Electoral Commission. That is disgraceful. There will be much fallout in the Coalition and indeed The Nationals after the most recent by-elections. As a keen hunter, I love the thrill of the chase and I know when I have found my mark. Just wait until 2019.

AUSTRALIA-KOREA POLITICS AND BUSINESS FORUM

The Hon. SCOTT FARLOW (23:33): Last week I had the great fortune of travelling to Korea on a self-funded trip to partake in the fourth Australia-Korea Politics and Business Forum [AKPBF] and the first such forum to take place in Korea. I pay tribute to my dear friend, the founder of the AKPBF, Sang Doo Ok, His Worship, the former Mayor of Strathfield; to his wonderful family, who were involved in organising it; and to all the committee members, including my good friends William Seung and David Min, who worked diligently to make the event so successful.

The 350 people from Korea who attended the forum have a great interest in developing the Australia Korea relationship. Since its inception, the forum has attracted many luminaries of Australian politics, including the current Prime Minister and the current Premier of New South Wales. The forum was established on the back of the Korea-Australia Korea Free Trade Agreement. Whether it is Australia's demand for Korean technological and manufacturing exports or Korea's needs for Australian agricultural and resource exports, we are complementary economies.

The relationship between Australia and the Republic of Korea is a special one, even if it is a young one. Australia and the Republic of Korea share a great bond forged through the Korean War. Ever since then, we have stood shoulder to shoulder with each other. When the Korean War broke out in 1950, Australia went to the aid of South Korea. We sent 17,000 troops under Prime Minister Robert Menzies, Australia's longest serving Prime Minister and the founder of my party. Sadly, 340 of those soldiers lost their lives and never returned to Australia. I was fortunate enough to remember their sacrifice in the city of Gapyeong, Korea, along with delegates from the AKPB Forum.

The Hon. Dr Peter Phelps: Killed by Mao Tse Tung's Chinese Army.

The Hon. SCOTT FARLOW: As was discussed before, yes indeed. I note the wonderful tribute that is paid to the Australian servicemen who served in Gapyeong. The Australian War Memorial is a feature of the town. I was grateful to the City of Gapyeong—which is a sister city of Strathfield where I was formerly mayor and served on the council—and the wonderful work they do in honouring the service of the Australian, Canadian, New Zealand and American troops who served there. Notably, the inscription on the Australian War Memorial states that those who fought there fought for freedom. However, the inscription on the New Zealand War Memorial states that those who served fought for the ideals of the United Nations Charter. I found that quite instructive on the difference between the approach and ethos of Australia and New Zealand.

Similarly, along with Yoojin Kim, the New South Wales Trade and Investment Commissioner in Seoul, I was fortunate enough to visit the National War Memorial of South Korea just before Remembrance Day and pay my respects to the Australian servicemen who lost their lives. Again there is special recognition for the Australian troops who served in the Korean War—which is technically still ongoing—and there was a great remembrance of the sacrifice of the Australian troops, particularly the gallantry of them in the Battle of Gapyeong, which was a major turning point in the Korean War.

Each year Australia and South Korea have bilateral "2+2" talks with our respective foreign and defence Ministers. Other than the United States of America, Australia is the only nation to have that relationship with South Korea. Now more than ever Australia's understanding of Korea is not through conflict but through the products that we have in our home, the car that we may drive and, most importantly, our neighbour next door. Australia is home to the sixth largest Korean community outside of Korea. It is our eleventh largest ethnic grouping in New South Wales.

We now have 98,776 Korean-born people who call Australia home, and a further 123,017 people of Korean ancestry, of which 66,613 call our State home. Last year New South Wales welcomed 211,800 visitors from South Korea, which represented growth of 16 per cent from the previous year. Based on visitor numbers, South Korea now ranks as this State's fifth largest visitor market. What was most moving on the trip was to see Korean Australians in their homeland at the Gapyeong memorial as we remembered the sacrifice of the Australian diggers. They were visibly moved as they realised that they can call Australia home because of the sacrifice of the Australian diggers. It was incredibly moving and a very special occasion.

REDFERN SPEECH TWENTY-FIFTH ANNIVERSARY

The Hon. JOHN GRAHAM (23:38): It was a speech in a Sydney park—a rundown one at that. The audience was distracted—laughing, lounging or barely playing attention. Then the mood audibly shifted as the figure on stage, familiar from television, started speaking unfamiliar words. On 10 December it will be 25 years since that speech was made. The park was in Redfern, and the speech was one of our nation's greatest. The words that quieted the crowd were these:

> It begins, I think, with that act of recognition. Recognition that it was we who did the dispossessing. We took the traditional lands and smashed the traditional way of life. We brought the diseases. The alcohol. We committed the murders. We took the children from their mothers. We practised discrimination and exclusion.

It was their unfamiliarity that gave the words their power. An Australian Prime Minister had never talked about our history to the Australian people in the way that Paul Keating did that day in those unvarnished terms. Keating said:

> … the test which so far we have always failed. Because, in truth, we cannot confidently say that we have succeeded as we would like to have succeeded if we have not managed to extend opportunity and care, dignity and hope to the indigenous people of Australia …

Since that speech 25 years ago we have had a more honest national discussion. We have had the Apology to the stolen generation. We have declared, in this place, our support for the speaking of Indigenous languages that were once banned—that people were once punished for learning. We have declared that we will close the gap. However, if we are honest, we have not yet met that test that Keating set. We have not closed the gap. We have not saved the languages, despite the urgency to do so while elders are dying. We have not cleared the jails; instead, we have filled them. We have not changed the Constitution to give a voice or recognition to Indigenous Australians. We have not yet been honest about the past.

It is on that last point that I want to recommend a remarkable project to the House. That is the online map being led by historian Professor Lyndall Ryan at the University of Newcastle. I met with her in Newcastle recently to discuss the project. This project is starting to catalogue and map each of the frontier conflicts or massacres that we know of on the east coast of Australia. It is not the first catalogue—although it may be the most comprehensive—but it is the first map. In the past we have been able to say what happened and when, but rarely where, other than in the vaguest of terms. Until now, we have had a history without geography. That is to say, it

is the first time that this history of conflict with a people to whom the land was sacred has been given a sense of place. I look forward to seeing how the project develops.

I also take this chance to call for Keating's speech—for the historical moment it represented—to be better recognised in Redfern Park. There is a fragment of the speech placed there. It is low key and leaf covered. It is possibly the most important fragment of the speech, but it does not convey some of the things in the speech. It does not convey the test that Keating sets for the nation. It does not convey his call for the practical building blocks of change. He said:

> If we improve the living conditions in one town, they will improve in another. And another. If we raise the standard of health by twenty per cent one year, it will be raised more the next. If we open one door others will follow.

I call on the City of Sydney and the State to do more to mark this significant place, this significant moment and this significant speech in a more appropriate way.

The DEPUTY PRESIDENT (The Hon. Shayne Mallard): The question is that this House do now adjourn.

Motion agreed to.

The House adjourned at 23:43 until Tuesday 21 November 2017 at 14:30.