

Death with Dignity Bill 2016
South Australia
Final Second Reading Speeches
November 16, 2016

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Parliamentary Procedure

STANDING ORDERS SUSPENSION

The Hon. J.J. SNELLING (Playford—Minister for Health, Minister for the Arts, Minister for Health Industries) (19:31): I seek leave to move the motion in an amended form.

Leave granted.

The Hon. J.J. SNELLING: I move:

That standing and sessional orders be and remain so far suspended as to enable consideration of the Death with Dignity Bill to take precedence over Government Business, Orders of the Day, forthwith.

Motion carried.

Bills

DEATH WITH DIGNITY BILL

Second Reading

Adjourned debate on second reading.

(Continued from 15 November 2016.)

The Hon. M.J. ATKINSON (Croydon) (19:32)

My father died the kind of death described by James Joyce in the opening pages of *Ulysses*. It is a novel about 24 hours in the life of the city in which my father was born and was published the year before he was born, 1922. It was a death in which, for the last 12 hours, I wished every breath would be his last. Yet he wished to recover and to live, and about 24 hours before he died he tried to get out of his bed in the oncology section of the Royal Adelaide Hospital, pull on his trousers and walk onto North Terrace, where, in his rugby playing days, he had been a patron of the Botanic Hotel.

He was, of course, heavily sedated, and I will never know what he felt in those final hours. In the final hour, in what I regard as a miracle, the rostered nurse was from my father's home neighbourhood of Dún Laoghaire. It was he who administered the last dose of morphine, which depressed my father's respiratory system and caused his death swiftly. Should we always 'choose life', as the T-shirts say? Not always. I would not have wanted my friend, Frank Clappis, who was dying of mesothelioma, to go on any longer. Indeed, it would have been merciful if his life had ended days earlier.

As members of parliament, we are influenced in the debate about physician-assisted suicide, or active voluntary euthanasia (AVE), by our experience of death. Not long after my father died I was elected to parliament, and in my first term I served on a two-year select committee on the law and practice relating to death and dying. No-one

who gave evidence to the committee argued that we choose life in all circumstances and at any cost. We on this committee called this position, which no-one held, 'vitalism'. Until I heard the member for Schubert's contribution on 20 October, I did not know anyone embraced it.

In my second term in parliament, I served on another long inquiry, this time the Social Development Committee euthanasia reference. In my three years working on euthanasia references, I found the dementia and motor neurone cases most troubling. Who knows whether a person with terminal dementia is suffering in his or her deep, end-stage psychotic state.

I have read the book that Andrew Denton and Go Gentle are circulating, and most of the stories make a strong case for physician-assisted suicide, although one story I read revealed unwittingly that palliative care had not been applied. One current member of the house mentioned, in supporting a previous euthanasia bill, that a loved one had refused pain relief in her illness. Our 1999 Social Development Committee report states:

Many of the survivors of this medical revolution now live with the chronic and degenerative conditions that come with old age...Demands are likely to increase and put greater pressure on the health systems as society ages.

Evidence to our committee was presented that more money is spent by the health system in the last year of a person's life than in all his or her preceding years.

If the bill is passed, especially if the member for Ashford's bill is passed, a future South Australian minister for health would make savings, not that the current minister would welcome savings obtained this way. Those who want AVE say they want personal autonomy in the manner of their death, yet they require the state to create and fund a vocation whose job it will be to terminate life.

The people threatened by the ambitions of the AVE movement are the poor and the lonely and those otherwise vulnerable, those who can be influenced by a society in which AVE is common into thinking that they should end their life because they have become a burden to others. Families are stressed by the older generation living longer than oldies could ever have expected in their childhood, with families of four living generations now common and oldies not dying swiftly of the infections and heart and pulmonary weaknesses common in the first half of the 20th century. The older generation might employ the words of Charles II of England: 'I am sorry, gentlemen, for being such a time a-dying.'

Some conclusions of the Social Development Committee have stood the test of time:

1. the ineffectiveness of palliative care in some situations;
2. the ignorance of the public about what active euthanasia entails, and the prevalence of the misconception that active voluntary euthanasia involves turning off machines or other currently legal practices;
3. the majority of dying patients' pain can be relieved with therapy and drugs, about

- 10 per cent of patients need more concentrated drug treatment for pain relief, and a small percentage of patients suffer from intractable pain;
4. the potential damage the legalisation of active voluntary euthanasia might have on doctor/patient relationships; and
 5. the law envisaged would not just control the practice of active voluntary euthanasia but was likely to confirm and encourage it.

The latter point is grasped by both sides of this debate, and the AVE advocates know that, if they can change the law first, then they can change minds and take the law in the direction they ultimately want it to go.

I do not think that Christianity in its scriptures compels opposition to the bill. There are theologically reasoned exceptions to the commandment, 'Thou shalt not kill.' In more than 30 years of going to churches across all denominations, I cannot recall a homily preached against it. It is a pity then that so many supporters of AVE resort to pre-war Australian sectarianism in debate as though Australians who happen to be Catholics or Orthodox do not have full citizenship and the right to organise and advocate for the position they conscientiously believe. If my opposition to AVE is based on ancient wisdom, it is not that of Jesus of Nazareth but Hippocrates of Kos, who lived some 350 years before.

Although Mr Denton holds that people who pray are merely talking to themselves, as he is entitled to do, just how the member for Newland's organising prayers about the bill is a threat to the integrity of our polity, as Mr Denton told the Adelaide media, is not apparent to me. Mr Denton is redolent of the approach to state-church relations in Warsaw Pact countries. Of course, the media reaction to my saying that will demonstrate the degree to which criticism of a television celebrity is the new blasphemy. The Adelaide media, with one honourable exception—Matt and Dave—refuse to give equal time to the two sides and pretend that there is no secular opposition to the legislation and caricatures opposition to the bill by having only religious opponents of the bill on their programs.

The Member for Morphett was wrong when he told the house, 'The bill we have today is the result of months and months of negotiation on behalf of the member for Ashford.' The member for Ashford moved a doctrinaire bill in the house that did not restrict AVE to people with a terminal illness and made the test of suffering wholly subjective and unreviewable by a doctor or anyone else. The Australian Medical Association (South Australia) has put a compelling case about that bill and highlighted the slapdash approach to formulating the bills and consultation on them.

The Attorney-General, hitherto an opponent of AVE, was so concerned by the member for Ashford's bill that he used the resources of his department to draft a series of amendments to it that rendered it capable of being supported by a majority of members. As the member for Ashford's bill slid towards defeat a month ago, the members who rescued the AVE proposal in this parliament were members from my part of the Australian Labor Party, some of whom conscientiously believed in a limited form of

euthanasia and others who were opposed to it.

What united us was a belief in procedural fairness and fair play, wholly absent from those who played the sectarian card via the member for Bragg's untruthful one-minute outburst at the end of the debate in October. The member for Morphett's second reading speech was, in my opinion, so lame because he was not familiar with its provisions. It had been drafted on the order of the Attorney-General. There were no clause notes.

The bill before us is not what the AVE movement wants. It prefers the bill the member for Ashford moved, and it would much prefer to the member for Ashford's bill the law as it applies in Holland and Belgium, where children can be euthanased, people with mental illnesses can be euthanased, and where the law, such as it is, is routinely ignored by doctors, especially the reporting requirements.

We are faced with a fine judgement. We could oppose all AVE bills on the assumption that, once passed, any restrictions will be removed one by one by civil disobedience and then by legislative amendment, as society becomes accustomed to the state providing death on demand, or we could support the member for Morphett's bill, put it into committee, make further amendments with a view to preventing it going on the trajectory of Holland and Belgium and offer relief to those for whom palliative care is ineffective. It is a very fine judgement.

Parliamentary Procedure

VISITORS

The DEPUTY SPEAKER: Before I call the next speaker, I would like to acknowledge in the gallery tonight the family of Kylie Monaghan—her parents, Greg and Shirley; her aunt and cousin, Sue and Christine—and an esteemed guest, former chief minister from the Northern Territory, Marshall Perron; and, of course, the many activists on both sides of the debate today. The member for Hartley.

Bills

DEATH WITH DIGNITY BILL

Second Reading

Debate resumed.

Mr TARZIA (Hartley) (19.43)

It is the duty of us all in this parliament put here by the grand architect of the universe to make laws for the betterment of the community. When I consider a bill, I consider the impact of the bill on every single citizen—from the strongest to the most vulnerable.

This is a bill I have taken very seriously. In speaking on it, I have certainly consulted my electorate again since the last bill on this topic, and I have still come to the conclusion that voluntary euthanasia laws are a dangerous step and we have one shot at rejecting this. There is nothing in the bill that prevents public policy dilemmas,

dilemmas like what happens if vulnerable people, such as the weak, the frail and the sick, who do not have the family support mechanisms around them, do not have anyone to protect them?

I cannot support a bill that would potentially allow suicide to become a business. From my reading, that is what has happened in countries like Switzerland, and that is not right. Those in favour of the bill want to pontificate that they represent the most vulnerable in our society. Allowing this bill to get through will certainly be a slippery slope. More often than not, when the activists out there have a cause, when they raise a view, there is an opposing view. Some of them are the first to say that those who are against them, with logic, are misinformed, that we use fear. It is not right.

Every member of this place is free to express a view. Their view should be respected. I am voting the way I am to especially protect those who are too vulnerable themselves to speak. Everyone has a right to engage with their electorate on this issue, engage in debate and analyse the issues in their own conscience. It is disappointing to see parts of the Labor Party, as we have seen this week, being dragged to the left every day. It is unfortunate that bills like this are clogging up the agenda, when we should be using the resources of this very parliament for much more constructive purposes for the good people of South Australia.

I want to address some of the claims that have been made in regard to the bill. It has been said, as early as this morning on radio by a member of the pro euthanasia lobby, that 'every opinion poll shows that somewhere between 70 to 80 per cent of Australians support a law for voluntary euthanasia, even amongst Catholics and Anglicans'. I have gone back to my electorate and sought feedback. Let me say that between 70 and 80 per cent of the Catholics and Anglicans in my electorate do not support this bill. It is just not the case, especially in my electorate. My data does not come from grabs on the radio. My data comes from the electorate, not from any activists who may, in fact, sometimes even have a vested interest in making sure that this bill gets up.

The Death with Dignity Bill 2016 is the second attempt to allow euthanasia law in South Australia. Whilst I acknowledge some of the public support for the idea of euthanasia, I am concerned and, unfortunately, can still see significant dangers and risks in this new bill before us today. It is imperative that we consider what this bill will allow, rather than focus purely on those it is designed for. Too often, I see advocates for this bill play on the public perception that euthanasia would only ever be for a few hard cases. From the evidence I have seen, this is simply not the case.

By the way, sometimes the polls get it wrong, but who will stand up for the silent majority? There is definitely a silent majority on this issue. It is imperative that we consider what this bill will allow. I refer to countries, such as Canada, where euthanasia laws now exist. I note the significant underestimation of the number of people expected to utilise the new euthanasia measures. I reference Dutch journalist van Loenen, who once observed about euthanasia in his homeland:

Making euthanasia and physician-assisted suicide legal started a development we did not foresee. The old limit 'thou shalt not kill' was abandoned and a new limit is yet to be found.

If you look at a country like Holland, you will notice that once you allow euthanasia you open the door to much, much more. Once the equal protection of the law for every citizen from acts of homicide to assisting in suicide is gone, it will be that much harder to draw the line next time similar issues regarding assisted suicide arise, hence the slippery slope.

As I mentioned earlier, in a recently released report on the operation in Canada of Quebec's euthanasia and assisted suicide law, three times the expected number of deaths were reported for the first seven months, with 8 per cent of cases not compliant with the law. In that instance, 18 of the 21 cases that failed to meet the legal regulations were situations where the independence of the second confirming doctor was in question. The response of the minister at the time to this was to consider making some adjustments to ease the obligation of seeking a second opinion from an independent doctor.

This, I believe, is the next debate that will open the door if we are to pass this bill before the house. This is dangerous thinking. My main concern therefore with this bill is the slippery slope and the move from euthanasia for a few hard cases to more and more cases, involving those who cannot competently ask for it and children without the capacity to give consent. I do believe there are advocates of euthanasia who want a limited rule, but unfortunately I do not believe that will change the reality of what would follow. Putting moral beliefs aside, and putting what the electorate wants aside, I believe it is plainly obvious that the practicalities also have to be considered. I do not believe we should pass this bill, which impairs the inalienable right to life.

I ask that activists consider that this is a bill we have all taken very seriously, that this is a bill where we have all had to listen to hours and hours of consultation in our electorates. However, I cannot stand here in good conscience and allow this bill for the legislated killing of our citizens in South Australia to go through. I will be opposing it.

There being a disturbance in the strangers' gallery:

The DEPUTY SPEAKER: Order! I must remind the gallery that we do not normally clap or tap.

The Hon. G.G. BROCK (Frome – Minister for Regional Development, Minister for Local Government) (19:50)

I would also like to contribute to the Death with Dignity Bill 2016. I have to make it quite clear from the start that this is a bill I would prefer not to have to vote on, but we as legislators have to consider what is the best for our electorates. Whichever way we vote in this house we will not please everybody. This is an issue that is deep in my heart as well as of others here, and I know from people I have spoken to that this weighs heavy on their hearts.

As we are aware, this subject has had many attempts to pass through the

parliament of South Australia but it has not, to my knowledge, been successful in getting to the committee stage. The late Bob Such, bless his soul, was very passionate about this subject, as were other members in this chamber, current and past.

As members in this place we have a conscience vote on this issue, which means we can vote whichever way we consider is the best direction, moving forward, for our electorates in particular. When voting on such an issue we, as legislators, should and must consider the points of view of our electors but, even in doing this, we will never have 100 per cent in favour of whatever decision we make. Everyone has their personal, religious and various other views and I totally respect those views, as we in this chamber should respect each other's views when we are voting.

As I indicated before, this is a very emotional issue, with many people having witnessed their loved ones or their friends having to go through some terrible suffering towards the end of their life. I must also make it very clear that I know our palliative care facilities across the state, and their very dedicated staff, do a tremendous job caring for patients in pain, trying to ensure that their end-of-life journey is made as comfortable as it can be. Doctors all across Australia also do a tremendous job with medication, and the religious fraternity also does everything it can to ensure a person's ending is as comfortable as possible.

This is a subject I have witnessed personally from family as well as friends and associates. All of us in this chamber and in this state are aware of the recent journey of Kylie Monaghan in my own city, what she went through and her dedication to the very subject we are discussing tonight. I have personally seen people going through the last stages of a terminal illness, they and their family being aware of the time that the medical fraternity has given them.

I have had what I consider the best opportunity to better understand the views of the people I represent during the past 12 months, in particular, by endeavouring to communicate with my electors to the best of my ability. I have gone out to my electors on six occasions asking for their views, assisting them in understanding the proposed legislation so that they have the best information available, communicating with them and ensuring their questions are answered.

I have communicated not only via the newspaper but also via TV, radio, website, social media, my bulletin, and of course people stopping me whilst out shopping, watering the garden or at numerous events. These people have felt quite comfortable confiding to me their reasons, their experiences with family or friends, and they have also been very candid about why they do not favour this bill. I have had numerous people stop at my home, call in and discuss the subject. When people can do that, and have the confidence in their local member to be able to talk frankly about it, I believe this is an issue we really need to take further.

My constituents have responded to my numerous calls for their views on the issue, and to date I continue to receive emails and phone calls daily from people wanting to

add their position to this issue on my database. I, like other members in this house, have received hundreds of emails from all over the state, and actually internationally, from people and organisations expressing their views on this very important topic. Even this week, as I am communicating with my electorate office in Port Pirie, we continue to receive over 100 emails or contacts every day.

I have had discussions with various religious groups, the medical fraternity, the nursing fraternity, the disability fraternity and the general public to canvass their thoughts, suggestions and views. To better understand the views of the people who are living in my electorate, I maintain a database with the views of the people of Frome, separate from other areas, to specifically concentrate on the views of the electorate's constituents. I have explained to everyone who has communicated with me that their communication will remain private, and by ensuring them of this I believe they were more relaxed in coming forward with their names and addresses.

I have received nearly 4,000 responses, with nearly 2,000 from my own electorate, with nearly 70 per cent of those responding asking for this bill to be further debated and voted on. If I took into account the total responses received—that is, the total from all over South Australia and internationally—the count would be nearly 6:1 in favour. By the way, I have not included activists in this database.

As has been mentioned by previous speakers, I do not feel comfortable having to make a decision on this issue, but to my recollection we have not had the opportunity to go into committee. By allowing it to go into committee, we will have the opportunity to get more detailed information. I also understand that several amendments are being proposed to the bill currently before us; I understand there could be 44 amendments. The only way to fully debate this very emotional subject is to allow the amendments to be fully debated and progressed.

As mentioned previously, I have had not only numerous emails and letters but also on numerous occasions, whilst out shopping at Woolworths, Coles or anywhere, people have come up to me and expressed their views, both for and against this very emotional subject. They are not afraid to talk about it. They are not afraid to come forward. Even if I just go to get a litre of milk in the supermarket, it is two-hour journey. This very emotional subject deserves to go for further debate, and as other speakers have indicated, to be able to be further expanded to better understand the final opportunity for a decision to be made by members of this parliament.

Again, I wish I did not have to vote on this. I have been told that I do not have to vote and I could just abstain; I cannot do that. I think we have a responsibility in here to represent the people out there. We have to make decisions in here that are sometimes very hard. I have lost my wife, my brother (to suicide) and my little grandson. They were very quick, but I have also seen, as I mentioned earlier, some people in that last stage of the trauma and the pain, and it is unbelievable until you have actually been through that personally. I believe this subject should go into committee for further progress, and again, I hope people in this chamber will make the right decision.

The Hon. J.M. RANKINE (Wright) (19:58)

This is probably one of the most important pieces of legislation we as members of parliament are asked to consider and vote on. It is a huge responsibility, and one that weighs heavily on me and, I know, my colleagues. Many people have strong views on both sides of this argument, and in the main I think they reflect very much our own personal experiences. I am no different. I will not be supporting this bill brought in by the member for Morphett, and I do not support the bill brought in by the member for Ashford, which has been adjourned and remains on the *Notice Paper*.

I do not support these bills because no matter how carefully or thoughtfully these bills are drafted, they cannot ensure vulnerable people will not be pressured or coerced into choosing euthanasia and, importantly, neither the independence nor the quality of the medical profession involved in the process of approving someone's death can be guaranteed. Just like other countries where euthanasia has been introduced, this is simply the first step. If people think this is the end of the journey as far as euthanasia is concerned, they are kidding themselves; this is just the start. This bill was not the preferred option. We will see bit by bit the loosening of criteria and safeguards.

My concern is always ensuring that euthanasia is not the first port of call, that it is not something people can feel pressured into accepting as they feel they really do have no other choice. This legislation gives me no assurance or comfort that this will not be the case. No-one wants to see unnecessary suffering—people suffering unbearable pain and suffering unbearable anguish as end of life nears. There are circumstances where families and loved ones face the cruellest of circumstances. Our priority should be ensuring that expertise, skill and funding are available to all those who need it when faced with debilitating medical conditions which are ending their lives.

This bill does not promote or require palliative care as a first option. It simply requires that the two doctors assessing the request for euthanasia explain the palliative care options that are reasonably available. There is nothing in these bills which actually requires doctors assessing an applicant for euthanasia to have any real in-depth knowledge of palliative care. There is nothing in this bill that requires either of the doctors to have any specialisation. They can be any GP, anywhere.

My concerns were reinforced when, during a briefing provided by the palliative care association, the comment was made by a senior doctor that, in all professions, there are different standards and expertise. That really goes to the heart of the matter. It goes to the heart of my fears and my concerns. With the greatest of respect, I do not trust that the processes that are meant to occur will actually occur, nor will they occur with the thoroughness required. There is no requirement that doctors actually have the necessary information in fact to provide the advice envisaged in this legislation.

The second medical practitioner who does the follow-up assessment is required to be independent of the first doctor, yet there is nothing that specifies how they must be independent. Is it just a different doctor? Perhaps a country town with two GPs? Would they really be independent? Could it be someone of the same practice with a different

billing number? Could it be the neighbouring practice and they refer to each other?

We already have legislation which requires independent assessment by two doctors, and I can tell you from bitter experience it can simply be a 'tick and flick' exercise. Two doctors are working independently. A senior doctor alters a junior doctor's recommendation. The senior doctor does not fulfil his legislative responsibility. A third and fourth doctor are made aware of this and not one of them is prepared to overturn the decision. There is much harm and distress caused because no-one is prepared to stand up and change a decision, so please do not tell me doctors act independently.

This bill tries to ensure that any person wanting to access euthanasia is doing so of their own free will, that they are of sound mind and are not coerced into choosing euthanasia. Yet, while the bill stipulates a person must be of sound mind to make an application, it also states that 'a person may fluctuate between having impaired decision making capacity and full decision making capacity'. They are not precluded if they are incapable of retaining information merely because the person can only retain the information for a limited time. What is that limited time? A few minutes, an hour, a day, a week?

The bill precludes advanced age, disability and mental health conditions as eligible criteria. Dementia is a terminal illness. It inevitably kills you, it is incurable and, depending on the stage the sufferer is at, they fluctuate in and out of reasoned thinking. It would be really easy to pressure and coerce or confuse someone in this situation to choose to die. Who is going to assess what phase they might be in when they sign an application: the doctor with limited knowledge of both dementia and palliative care, or the witness or a local JP?

What expertise does this legislation require of those making the assessments of people requesting to die? What teaching or training is required? The answer is none. The criteria for a person requesting euthanasia require that the person's death has become inevitable by reason of the terminal medical condition. It provides no time frame. I well remember a woman who had chosen to end her life. The issue was being promoted by Dr Nitschke. Luckily for her, her diagnosis was reviewed prior to her taking her life. It turned out she never had a terminal illness at all.

It is naive in the extreme to think that old people will not be pressured and coerced when it serves a purpose. The pressure can be subtle, but it happens now in relation to many things. Elder abuse is an increasing concern. What do people really think will happen? The legislation requires an applicant for euthanasia to be suffering a terminal medical condition, yet suffering has no objective standard. The legislation provides for the revocation of a request for euthanasia. The request can be revoked in writing, orally or through any other indication of revocation. To whom is the revocation made? How is it recorded? What guarantee is there that it will be recorded appropriately if given orally?

This is the compromise legislation. It is the first step, not the last. If this bill is passed by this parliament, the next step will be to weaken the constraints. There will be

a push for those with dementia, stroke victims and people with a disability to be accessing euthanasia. If we are serious about ensuring all options are truly available to people suffering terminal illness, this legislation should have ensured that patients are fully informed of all available options and that the information is provided by people with expertise in this area, not the vague or general knowledge of general practitioners.

The Consent to Medical Treatment and Palliative Care Act allows for palliative care sedation and palliative care pain relief. It makes it clear that doctors are not obliged to continue life-sustaining treatment for people approaching death, and there is no restriction on the use of pain and other relieving medications, even if this hastens death.

I had this debate with my youngest son some years ago. He is a nurse by training. We were at a function and I was talking to a senior oncologist at one of our public hospitals. My son bounded up and said, 'Sir, mum and I have been discussing euthanasia. What do you think?' He looked at my son and said, 'I want my patients to think I'm fighting to keep them alive, not trying to kill them.' Make no mistake, this legislation will forever change the doctor-patient bond.

Mr WILLIAMS (Mackillop) (20:06)

This is, indeed, a vexed question. If it were not a vexed question, it would have been resolved a long time ago. When I look at this, I look at it with the same view that I look at every matter and every question that comes before me as a legislator in this state. I ask myself, firstly: what is the ill that needs curing and is the proposed solution a reasonable and sustainable solution to that ill? When I look at what the ill is, I tell myself that nothing has changed in recent times from what we have had since time immemorial.

Unfortunately, every one of us is mortal. We all face death and we all fear it—not all, as I have known some people who have strong religious beliefs that have enabled them to face death with comfort and ease. Personally, I do not understand how they do that. I do not understand where they get that strength from because it is not something I have, but I do, to some significant amount, fear death and my own mortality. I have lived long enough to see a lot of people suffer and a lot of people die. Notwithstanding that, when I ask myself: what is the ill we need to cure? I am not convinced that we need to bring in specific legislation at this point in the history of our species to cure something which we have lived and died with forever.

The second part of my analysis is: is the proposed solution something that will work? I think the proponents of this measure are saying that there are some very vulnerable people and that we need to help and support them. Indeed, there are some very vulnerable people and, as I said, they face their final demise with fear and often in great pain. accept that. But does the solution proposed solve that problem or does it create other problems? The way I have looked at this is that I think the proposed solution creates more problems than it proposes to solve.

We had a bill brought to the parliament a little while ago, and obviously there is a lot of discussion that happens around the corridors in this place. Some people say, 'I

might support it but for this,' and that conversation goes on and on. I believe that the bill we are now looking at is that original bill with 41 amendments—no fewer than 41 amendments—designed to appease those who had some reservations about the original bill. That says to me that the people who are proposing this are not quite sure whether their proposal does indeed cure the ill they perceive.

I happen to have been around this place and observed the way we make law and the way that law is utilised in our society as we go forward, and one of the things I have observed is that quite often the best intentions of those of us in here are thwarted. Notwithstanding what we believe we are putting into the statutes of this state, the interpretation, once it leaves this place, is quite often somewhat different. Indeed, as an example from a very different part of our statutes, I have on the *Notice Paper* a matter to try to resolve an issue with the Stamp Duties Act.

In 1993, this house was assured that a particular clause had never been and would never in the future be used for a particular purpose, yet in 2000—seven years later—the crown law office of this state advised the then minister, or the department of revenue, that they believed they could defend what the parliament was told would not happen, and the law was basically changed outside of this house. That matter has not been debated by the government since March this year. All I am trying to do is put back what this house was guaranteed would be the situation in 1993.

That is but one example. In spite of our best intent, I have no confidence that the supposed safeguards in the bill before us will stand up. Indeed, I have even less confidence, if we open this gate, that the safeguards we put in place now will remain into the future. The reality is that, if we look at the few other jurisdictions around the world where they have opened the gate, we can see quite clearly that the safeguards which were put into the original legislation are slowly being watered down.

Somebody might put an example to ask about three years later or five years later—I am concerned about what might happen in 20 or 30 years if we open this gate. If we apply our minds to the worst outcome of state-sanctioned killing it is certainly not beyond my imagination to see great evil emanate from this measure—great evil. I cannot even support this going to committee because no matter what safeguards and no matter how strong we believe we make the legislation at this point, that will not be the way it is interpreted in the future. It will have opened the gate and our attitude to this matter as a community will have changed, and changed forever.

Once we open this gate, there is no going back. There is no U-turn. There is no going back and closing the gate. If we make a mistake now, we have made it forever. That is the problem. The most vulnerable people in our society, in my opinion, are not those whose protection or ease is sought through this measure. I believe that the most vulnerable people in our society would be put under greater threat by this measure, so I cannot support this even at the second reading stage.

The other thing that really concerns me is the message we would send to our

medical profession, from top to bottom. We have a fantastic medical profession dedicated to supporting our health and wellbeing. What sort of message would we be sending to the medical fraternity if we suggested to them that there is a quick and easy way out of every problem that walks through their door? Unfortunately, there are not a lot of easy shortcuts. Life is to be endured, unfortunately.

The Hon. A. PICCOLO (Light) (20:16)

In the 10 minutes I have to make a contribution to this very important piece of legislation, it is almost impossible to do justice to the issues and, more importantly, to the people who have made representations. However, I would like to thank all of those people who have taken the opportunity to express their views to me, whether they support the proposed legislation or not. At the outset, I acknowledge that whichever way I vote on this bill, I will disappoint some. Equally, I respect the different and at times opposing views expressed in this chamber irrespective of their moral or ethical basis. All have a valid place in our democracy. Our democracy is diminished when we try to lock out people from engaging in the public sphere.

In an endeavour to do this proposal some justice, and if for no other reason than as a sign of respect for those who have devoted many hours in bringing this matter before this chamber for our individual consideration, I have spoken with a range of people with quite diverse views. Additionally, I have tried to read widely on the topic to explore what has been the experience in other jurisdictions where some version of voluntary euthanasia exists. As I understand the issues, those supporting the bill believe consenting individuals of sound mind and who are in unbearable pain as a result of a terminal or physical illness should have the choice of ending their pain by ending their own life.

In short, autonomous people should have the right to control their own lives. This is classic social liberal or libertarian philosophy supported by Australian philosophers and ethicists like Peter Singer. It also takes a very utilitarian approach, in that voluntary euthanasia does more good than harm and harms no other person than the one giving consent. In a liberal democratic society now largely dominated by social liberal ideology, that is a reasonable position to adopt. In my personal view, there is nothing particularly left wing about this bill; not all progressive politics has a foundation in left wing or social democratic values.

Supporters of this bill argue that it fulfils these principles and that for a small number of people traditional medicine cannot relieve their pain and suffering. They also genuinely believe that the safeguards can be put in place to ensure that vulnerable people are not subject to abuse or the proposed laws are not misused. They further argue that the existing legal framework does not provide health practitioners with sufficient scope or protection to provide patients with a terminal illness the appropriate care. Additionally, they assert that the current laws are discriminatory and lead to unintended effects where people take their own lives rather than prolong their suffering.

Proponents, with some justification, also rely on the results of opinion polls that indicate majority support for some form of voluntary euthanasia laws. But, like any change in society, it is up to the proponents to make the case. Those who do not support voluntary euthanasia do so for a range of reasons and from various moral and ethical positions or bases. I will briefly summarise them based on my understanding.

For some, their religious beliefs lead them to hold the view that, since it is their god who gives them life, only god can end it. Those who work in health care are concerned that voluntary euthanasia could undermine the doctor-patient relationship, and, at some point in time, may require them to actually administer an act of euthanasia against their wishes on the grounds that it may offend some anti-discrimination law.

Of the greatest concern I have heard, both in the community and in this place, is that once we have crossed the Rubicon there will be pressure to expand the availability of euthanasia to a greater range of people in the community. This concern is usually referred to as the 'slippery slope' argument. Many in the community believe that no safeguards can be devised to protect vulnerable people from abuse or misuse of the proposed law. Palliative care workers believe that by improving the quality of, and access to, palliative care, there will be no need for voluntary euthanasia.

What is the evidence for the views expressed by those either for or against euthanasia? Katrina George, writing in the University of Western Sydney Law Review states:

Research confirms the significance of autonomy for patients at the end of their lives. The strongest determinants of the desire among patients for assisted death stem not from unrelieved pain, but from anxieties about autonomy: losing control, being a burden, being dependent and losing dignity.

She goes on to assert:

...for an action to qualify as autonomous it must...be sufficiently free from internal and external constraints.

Whether they are external, like strong family and cultural influences, or internal, with mental health issues, drug and alcohol abuse etc. She concludes:

...there is reason to be concerned that some populations are vulnerable to controlling influences that undermine the autonomy of their choices for assisted death. A patient's physical and psychological vulnerability at the end of life might be compounded by features of his or her context that belie the rhetoric of choice: economic disadvantage, social marginalisation or oppressive cultural stereotypes.

This concern is supported by a report prepared the Oregon Health Division, which states:

...the most frequent end of life concern cited by people requesting assisted suicide is not pain but 'loss of autonomy' (91.5%), followed by decreased ability 'to engage in activities making life enjoyable' (88.7%), 'loss of dignity' (79.3%), 'losing control of bodily functions' (50.1%) and 'burden on family, friends/caregivers' (40%), and only then 'inadequate pain control [is elicited by only 24% of respondents]...

A study in Switzerland in 2014 found that assisted suicide was more likely in women

than men, those living alone compared with those living with others and those with no religious affiliation compared with Protestants or Catholics. In older people, assisted suicide is more likely to be in the divorced compared with the married; in younger people, having children is associated with a lower rate.

Victoria Hiley, in her very readable doctoral thesis, quoting Dr Diego De Leo, the Head of the Australian Institute for Suicide Research and Prevention at Griffith University in Brisbane suggests that:

[The desire to die sooner]...may well reflect contemporary society's failure to retain a sociable place for its elders...Even healthy older people may feel so emotionally excluded...that their lives are meaningless.

Dr Brian Pollard, a retired anaesthetist and palliative care physician, when asked about euthanasia on Radio National had the following to say:

At the outset, I wish to point out that believing that euthanasia would be a socially desirable practice and making safe law about it are totally different things. As a pioneer of palliative care medicine in Australia, I have had the intimate experience of treating many dying patients and their families...Many of those, however, don't relate specifically to the patient's illness, but to their isolation and neglect, or lack of love and support, factors for which families and the community are primarily responsible.

When referring to a number of inquiries held both in England and Scotland, where to date both have rejected attempts to legalise voluntary euthanasia, Dr Pollard goes on to warn:

Each of them found that it would not be possible to make a safe euthanasia law, because the so-called safeguards can't be guaranteed to work in practice...Most dangerously, many of the resultant abuses would be difficult, if not impossible, to detect.

While public opinion is a very important consideration in formulating public policy, some care must be used when trying to extrapolate results from a general question to a specific public policy. A number of researchers have raised doubts about the veracity of some opinion polls, as they are influenced heavily by the way the questions are framed and the respondent's understanding of the issue being addressed. Writing in the *Journal of Medical Ethics*, J. Hagelin et al conclude:

Our hypothesis was the outcome of questionnaires might be affected by the survey instrument used. The present study confirms this hypothesis. These results further show the difficulties of making direct comparisons of answers to questions with different wording and response alternatives in a population with similar characteristics. Answers to questions on whether to legalise euthanasia may thus be modified by the way in which the questions and possible responses are phrased.

Researcher Lynn Parkinson, from the University of Central Queensland concludes, in her study:

Though the majority of participants supported the idea of euthanasia, patient views varied significantly according to the question wording and their own understanding of the definition of euthanasia.

If public policy is going to be driven by opinion polls, then we must, as legislators, be prepared for the many unintended consequences. Professor David Jones, in an article in

the *Southern Medical Journal*, warns of the possible impact on society generally of legalising euthanasia. He concludes:

Legalizing PAS [physician-assisted suicide] has been associated with an increased rate of total suicides relative to other states—

this is in America—

and no decrease in non-assisted suicides. This suggests that PAS does not inhibit...non-assisted suicide, or that it acts in this way in some individuals but is associated with an increased inclination to suicide in other individuals.

Opponents of voluntary euthanasia rely heavily on the slippery slope argument. I actually do not share that view because, in my opinion, once you have legalised voluntary euthanasia, it is a natural progression to broaden its application. There is nothing slippery about it; it is a natural progression to broaden its application. That is the experience in other jurisdictions, and there is no sound reason to limit its scope to a broader range of people who are suffering.

In short, if you support this bill, you should be prepared to extend its application or else you would be repudiating the basic principles upon which this bill is based. Should this bill be defeated today, we cannot stand still and need to find another way to address the concerns raised by the proponents of the bill. Both sides of the argument need to find ways to advance the debate and explore other models to address the issue.

The Hon. S.C. Mullighan (Lee – Minister for Transport and Infrastructure, Minister for Housing and Urban Development) (20:27)

I start by congratulating the member for Morphett on introducing this bill. It is a bill which responds to a lot of the concerns that a broad cross-section of members had with the other bill that was before this parliament, introduced by the member for Ashford. This bill, the member for Morphett's bill, is, in my view, far closer to the community's conception of voluntary euthanasia than the previous bill from the member for Ashford.

This bill deals with the scenario of a terminally ill person, suffering intolerably, being able to request that their life be ended earlier than might otherwise occur from the ongoing deterioration of their physical health. This bill is clear that this person must have exhausted all medical treatments as well as palliative care options. This bill establishes a detailed regime for the making of a request for voluntary euthanasia, including a regime of medical assessments, psychiatric assessments, witnessing and a revocation of a request.

This bill also sets out how voluntary euthanasia is to be administered, a protection from liability, prescribing the appropriate cause of death on a death certificate, a reporting regime and a control regime for the administration, prescription and storage of drugs. It seeks, in some detail, to address the risks that are present in the existence of such a regime. My understanding is that this bill is an amalgam of other legislative instruments in effect in other international jurisdictions. This bill has the benefit of selecting those parts of those laws that attempt to best reflect the South Australian

community's expectations when it comes to a regime for voluntary euthanasia.

This bill appears a more balanced, tighter and more conservative regime than those in operation in parts of Europe, in particular the Netherlands and Belgium. To my mind, that is a good thing. In my view, any attempt to legislate for a voluntary euthanasia regime should be very precisely targeting that small number of people in our community who are close to the end of their lives, who are suffering from a terminal and incurable illness, who have exhausted every medical and palliative care option reasonably available to them. These people, who are not only getting to the end of their life, are also at the end of their tether. They are suffering—and suffering unbearably.

Any legislation, in my view, should be firmly targeted towards these people and these people only. It should be a restrictive regime, and it should be exclusive to all those outside the predicament I have just outlined. There needs to be stricter requirements not just on who can make a request and what their medical circumstance is. There also needs to be stringent requirements on the process, the procedure, and the requirements of the request, and the assessments and the checks in place. This rigour is vitally important to the regime, and this is for a very good reason.

By legislating for a voluntary euthanasia regime, we are providing an extremely rare authority for the state to sanction the killing of one of its citizens by another. The Speaker, in his comments earlier, was absolutely correct: this is a very fine judgement for MPs to arrive at one way or another. It is a judgement that we have not made, and we do not make, in nearly any other circumstance under the laws of this state. It must only be allowed and authorised in the most narrow of circumstances and with the most stringent of requirements.

To that end, I must note this bill in its current form has some deficiencies. Please do not let me be misunderstood. This bill as it stands is a vast improvement on the previous bill, which is still, remarkably, before the parliament. For me to feel comfortable supporting this bill, the member for Morphett's bill, it requires substantial further amendment to ensure that it provides the necessary rigour of the process to which I have just alluded.

I am pleased to say that a substantial amount of work has been done by a range of members to draft amendments for consideration at the bill's committee stage should it pass at second reading. Many of these amendments satisfy some of my key concerns. However, we will all need to see which of these amendments succeed and make our own judgements about whether the bill at that point in time is sufficiently robust to support at the third reading. It is my view that if enough amendments pass, if enough of these issues are satisfactorily addressed, the bill could be strong enough to support by a majority of members, and I have to say that it is no easy task to get such a bill into that sort of shape.

I have spoken previously to this parliament about why parliaments, including this one, struggle to pass laws to allow voluntary euthanasia. From members' perspectives,

there are those who object to voluntary euthanasia because it conflicts with their religious, ideological or even ethical beliefs. As I have said previously, in my view that is absolutely fine. Those members should have just the same right to express those views as any other members have the right to express their opposing views. There should be no criticism of people who oppose these bills, these measures and these laws based on their own personal beliefs.

There are also those members, perhaps like me, who are deeply concerned about the prospect of sanctioning killing in our community. Members like me, I believe, need detailed and specific safeguards within a bill to minimise the chance of any regime being accessed in circumstances where we believe it certainly should not be. Of course, there are those members who have always been in favour of voluntary euthanasia, indeed even some who have sought to push regimes which extend far beyond to those people beyond those whom this bill is aimed at.

Trying to deliver a bill which can mediate those concerns and satisfy enough people to become successful is incredibly challenging, and indeed may not succeed in this instance. I have to say that even this evening, let alone in the previous discussions I have had, I have learnt an enormous amount from the views, opinions and contributions of other members that have been expressed in the chamber and around the corridors.

Those opposed cite the challenging nature of the issue. How do we justify sanctioning killing in our community in this particular instance? Those opposed also cite the inherent risks in providing such a regime and the concerns, of course, that such a regime may be misused against vulnerable people. In my view, all of these are entirely valid concerns. The challenge for this parliament is to address these concerns and to try to demonstrate that there can be a workable regime with sufficient safeguards.

To my mind, the issue is no clearer than this: if you believe that there is currently a small number of people in our community, people who are suffering terribly as a result of incurable terminal illness, people who have exhausted every reasonably available medical intervention and people who have exhausted every reasonable palliative care option, people who despite going through that are still suffering intolerably who cannot bear their predicament who, if given a choice towards the very end of their life, would choose to hasten their death to die and to do so as far as they can on their own terms, should they not have that ability?

As a parliament, should we not prescribe a robust regime with as many checks, safeguards and protections that we can determine? I believe those people in that predicament should have that ability, and I believe that in this parliament we should provide that opportunity for them if we can, and that is why at the second reading I will support this bill.

Ms CHAPMAN (Bragg – Deputy Leader of the Opposition) (20:36)

I rise to speak on the Death with Dignity Bill 2016. Whilst I think it is rather a misnomer of description of what we are about to do, I indicate that unlike all preceding

bills in the time I have been in the parliament that have offered this sanction and protection, I will be supporting the second reading. I indicate to you that, whilst the detail has been outlined by a number of members, to me, the thing that is impressive and distinctive about this bill is the proposal to reform our current laws.

Firstly, it allows adults of sound mind to formally request that their suffering be ended at a time of their choosing. Secondly, it ensures that the participation in the making of that request for voluntary euthanasia and the administration of the same be in accordance with strict requirements so as not to amount to a criminal offence or cause a person to suffer any other discrimination or liability. Thirdly, it ensures that the participation in the administration of the voluntary euthanasia in accordance with the rules is not to amount to a criminal offence itself. Finally, it protects those persons who decline to be involved in the making of requests for and the administration of voluntary euthanasia.

It is fair to say that although the Death with Dignity Bill is described in that way, in my view, death is far from dignified. It is permanent, it is ugly, it is something which none of us aspire to. We frequently see people we love in the throes of death, and there is nothing pleasant about it. Of course, we aspire for those we love to have as peaceful as possible a passing, but the reality is that it is not something that any of us want to see or in fact participate in. It is inevitable, but it is far from dignified.

Any sane, civilised human being would want to ensure that any of their colleagues in any form is able to have as peaceful and painless a passing as possible. We would not be a civilised community if we did not expect that, but that is not what has motivated me in considering this matter; therefore, you are not going to hear a rendition from me of the number of people I have sat with as they have died, as close as they were, whether a brother or a husband or parents, because we all experience that.

It is unpleasant—that is the kindest way you could describe it—but we all have to deal with it. For me, I think to be persuaded by the personal experience of any of those things would leave me deficient as a member of the parliament. You can say it is a humane approach, but the reality is that we have to look at what we are actually being asked to do and consider whether it is warranted and acceptable, and whether this legislation is going to be robust enough to implement what we aspire to in these objectives, with sufficient protection against the concerns.

In short, because I am usually fairly blunt on these things, this is an act to sanction the statutory killing of another person, and essentially we are asking health professionals to do that. I will come to that in a moment, because to me we ought to be looking at the consideration of that in what I call a collision between the development of our criminal laws and what we expect at one level, and what we then expect those in the health world to provide for us. Take away the personal aspect of this and actually understand the collision of two important developments in our law and in the practice that we operate as a humane and civilised community.

Firstly, let us look at the criminal law. In South Australia, it is largely codified in the Criminal Law Consolidation Act. It is supplemented by our common law. Under section 11 of that act, any person who deliberately kills someone can be convicted of murder and obviously can face life imprisonment with a minimum 20-year non-parole period. There are a number of other ancillary offences in relation to conspiracy, confederacy, or soliciting to commit murder, and they have corresponding penalties, but essentially it is about deliberately killing someone else.

There are circumstances where it can be reduced, allowing for a manslaughter conviction and a corresponding reduced sentence, or indeed to have complete protection, such as in a self-defence situation, to be acquitted of such a charge. Then we have the criminal neglect charges and offences we have developed in this parliament in the time I have been here. It is sobering to look at that again because, whilst that legislation was born in an environment where children were left neglected in their homes, it is also to deal with the vulnerable, and they include the aged. That is often what we are talking about within this debate. That carries a 15-year penalty.

Then there is suicide. Suicide is not something which you can punish a successful person for doing, because they are dead, but there are very serious offences for those who aid and abet someone who takes their own life or attempts to take their own life. Again, multiple years of imprisonment apply. Then there are special provisions in our legislation where attempting to procure an abortion outside a legal time period—the killing of a child in vitro—can attract an imprisonment term of life, whether you are trying to kill your own child or assist somebody else to do it. These are very serious offences, not to mention concealment of the death of a child at birth.

We have established a very severe and clear level of criminal law which prohibits us taking the life of another. I am not going to go through all the exceptions that allow the killing of others in warfare and certain circumstances—of course there are always exceptions with those things—but we demand, in a civilised community, that you do not kill each other. That is the requirement; that is fundamental. On the other hand, we have our health professionals, particularly medical practitioners and nurses, but there are a number of other health professionals in this category.

Can I put them as a general group—I hate to generalise, but I will on this occasion—and firstly say to them: thank you for the work that you do in trying to assist us, from birth to death, as best you can, to provide us with a healthy life and recover and intervene when required. We do thank you for that. We also need to appreciate that, especially with the capacity to intervene in the health of a person, the development of anaesthetics, the surgical techniques and the provision of drug intervention have enabled us to not just prolong life but, obviously, to ask our health professionals to intervene on a regular basis.

We do that in a circumstance where, if we instruct them to do that and provide them with the authorised and informed consent, they are able to actually conduct procedures on us which can result in our death, and sometimes that happens; in fact, it

happens on a daily basis. We give consent for health professionals to intervene to be able to undertake surgery, for example, in circumstances where there is sometimes a reckless indifference to the outcome, but also to a circumstance where the health professional knows and will advise of the very serious risk of death or disability arising out of a procedure of intervention to which the patient has consented.

We now have a situation where we have an expectation from the health professionals to provide us with the best possible, healthy and pain-free life that we can have, in a collision course with a very severe criminal sanction arrangement. I think it is incumbent upon us to look beyond the personal pain that we might individually suffer and say to ourselves, 'Can we allow this to continue in a circumstance where the lines have been blurred?'

I ask this sometimes of the health professionals: how do you deal with a neonate who is born with major disability? How can you provide for that protection? In my view, we need to explore this bill and obviously make it as robust as we can with the amendments that have been foreshadowed. It will have my support in passing the second reading.

The Hon. J.R. RAU (Enfield—Deputy Premier, Attorney-General, Minister for Justice Reform, Minister for Planning, Minister for Industrial Relations, Minister for Child Protection Reform, Minister for the Public Sector, Minister for Consumer and Business Services, Minister for the City of Adelaide) (20:46)

I will be as brief as possible on this matter because it is not very helpful for me to repeat things that have been said by others and, like the member for Bragg, I do not think there is any profit in my going through personal experiences.

I would say, though, to those who are listening to this debate today, whether they be in the parliament or whether they be elsewhere, that hopefully this debate does demonstrate one thing beyond all question: when members of parliament come to this place, from wherever they come, from whatever background they come, at important times they are prepared to bring a great deal of personal ethics, reflection and thought to the important business of the parliament.

If there is one thing that struck me from the contributions of everybody so far this evening, whether or not I agree with what they have said, it is the degree of reflection that those speakers have brought to what they have had to say, and I think it is to the credit of the parliament that in a circumstance as important as this, the parliament does not let down the people. I would particularly like to acknowledge the efforts of the member for Ashford, the member for Morphett and the member for Kaurana in attempting to resolve this matter into a form that is capable of being processed here in a meaningful way.

I place on the record that, were we voting on the first bill, I would have had no hesitation whatsoever in voting no on the second reading. I am, however, aware of there having been a great many amendments suggested to this second bill, particularly by the

member for Kaurna. Whether or not I support a second reading of this bill will depend largely on an indication as to whether or not all of those amendments are acceptable. If they are not, it is my personal view that we are going to be left in a position where we will be here for an eternity, and we will wind up with a hotchpotch of amendments—some accepted, some not accepted—and we will wind up with a complete mess.

For me to consider the matter proceeding to a second reading, I would like to be satisfied that it proceeds to a second reading on the basis that, at the very least, the additional amendments the member for Kaurna has proposed are understood to be, in effect, part and parcel of the bill that we will be taking to committee. If that is not the case, then my view is that the bill is still not sufficiently close to being capable of being resolved through the committee of the house process we are in now, and it should probably be dealt with in the way that the legislation was dealt with many years ago, and I think the Speaker spoke about this when it was referred off to a committee. Martyn Evans was the Chair of that committee and it was thought through very thoroughly.

So, if we are not going to get to that place, that is my view about it. I think we would be wasting everybody's time. We would be giving artificial comfort or concern, depending on people's points of view in the gallery, and we would achieve, ultimately, nothing except to have yet another failed attempt to finally resolve this matter. Whatever happens, I have to say that I hope the resolution of this matter this evening puts this to bed for a period of time one way or the other, and I would like us all to think about other things afterwards.

I was very impressed by the remarks made by the member for Lee. I agree very much with what he had to say, subject to the modifications I might have just articulated. The member for Bragg did a very good job of going through the legal and ethical conflicts that are sitting here. Some might find this unusual, but I do not always agree with the member for Bragg, but this evening I thought she helped us with her contributions.

Mr Marshall: Could we have that in writing.

The Hon. J.R. RAU: On this matter. For my part, there are two elements that, even if all the member for Kaurna's propositions are accepted, still give me cause for concern. The first one, which the member for Wright touched upon, is the in and out of competence problem. That is a conundrum I am still a bit uncomfortable about. The second is that the Minister for Health kindly organised the other day to have a briefing here from palliative care people. I still have a concern that the present structure, even with the member for Kaurna's amendments, may not necessarily adequately exhaust the option of palliative care to explore whether or not that can deliver a satisfactory and relatively pain-free and suffering-free outcome.

I put those things on the table but, to make it clear, my personal view is that if all the amendments the member for Kaurna is putting up are not ultimately acceptable to the mover and to the group of people who are supportive of the mover's bill, then my

inclination would be to say that we are not ready, that we have not done enough work and that we should go back to the drawing board. That does not mean we scrap it, and I certainly do not mean to be in any way critical of the member for Morphett, who has done an enormous amount of work on this, and the member for Ashford, and the member for Kaurana.

They have moved this much further than I have seen it moved in the entire period of time that I have been in this place. The member for Morphett and I have been here for the same period of time and he knows exactly what I am talking about. So, I wait with interest to see how we wind up.

Mr SPEIRS (Bright) (20:53)

I was not going to make a contribution tonight on this bill, having spoken at length on the previous version of the bill, but after some consideration I thought it was worthwhile putting some of my views regarding the bill and my general concerns about voluntary euthanasia in general on the public record.

I want to cover a couple of topics tonight: my concerns regarding the impact of voluntary euthanasia on the medical profession; the inevitable broadening of the legislation, which we have seen occur in other jurisdictions; the supposed popularity in the wider community of voluntary euthanasia, something that I would dispute; and the unintended impact that voluntary euthanasia could have on people who are particularly vulnerable in our society.

Firstly, I would like to put on the public record my thanks to those who have advocated for this bill, particularly my colleagues the members for Morphett and Ashford, who have worked diligently for a long time, much longer than I have been in parliament. I have appreciated their decency. They know that I am not predisposed to agreeing with this sort of legislation, but they have answered my questions, they have talked me through specific aspects of the bill and they have given me the opportunity to respectfully have my say during this process as well. I do want to thank them for that and also thank many of the people in the community who have respectfully lobbied me one way or the other with regard to their views about voluntary euthanasia and whether it should or should not be brought into law in South Australia.

In many ways, voluntary euthanasia and the ability to come to the end of one's life in a dignified way with minimal pain and suffering makes a lot of logical sense. We have heard many stories during this debate, both on this bill and on the previous bill, about when we, as people elected to represent our communities, have in our personal lives been impacted by people's end-of-life journeys. While that is important, I think that we have to be very careful not to let the emotions of those personal circumstances be too final in helping us come to a conclusion.

Death is inevitable and suffering on earth is inevitable. While it should shape us, in many ways I do not think that it should be the definitive reason, one way or the other, that we should or should not support voluntary euthanasia. Too often, I have received

emails from people saying that a brother, a husband, a wife, a sister or a grandparent has experienced interminable suffering. That has been unhelpful to me in coming to a conclusion around this legislation. I do not think it is useful to throw those anecdotes into this debate because, as I say, while we are shaped by our personal experiences, at the end of the day we are lawmakers and we have to look at the possible consequences of this legislation now and down the track.

I want now to work through a few quick points as to why I have particular concerns about voluntary euthanasia in general and also about this legislation. Firstly, I want to talk about the medical profession. There is no doubt in my mind—and this was discussed very effectively by the member for Wright earlier this evening—that the medical profession, in order to cope with the introduction of voluntary euthanasia, has to undergo a transformative experience.

The whole medical ethics system has to be turned on its head. In Australia today, medicine is about the preservation of life. If you add the option of the legalised ending of life, as some people say and as I have quoted before, state-sanctioned killing—I know that is strong language, but that is what this is—into the medical profession, you create a range of complexities that are very difficult to deal with.

I also think that the palliative care sector, in particular, is hugely impacted by the introduction of voluntary euthanasia. We should be very proud of where palliative care is in Australia at the moment. We have seen significant research and development undertaken in palliative care over several decades, but particularly in recent times. We have got to a place where, in most circumstances—not in all circumstances, but in most circumstances—palliative care should be able to comfort people when they are in significant pain and adding voluntary euthanasia into the mix negates the need to invest in palliative care, there is no doubt at all about that.

I have said quite a few times that I am concerned about the slippery slope that is introduced when voluntary euthanasia is legislated for, and I found it interesting when the member for Light described that more as the inevitable broadening of legislation rather than calling it a slippery slope, when you see the legislation in other jurisdictions expanded and expanded and expanded. That does happen, there is absolutely no way you can get away from that. It does not stay tight.

In other jurisdictions, when there has been the opportunity to broaden this legislation, we have seen that occur. We have seen it occur particularly in European nations, and I have said here before that Belgium and the Netherlands are specific examples of that, where children can now be euthanased. There is no getting away from that; I am not scaremongering by saying that children can be euthanased in Holland and Belgium.

A couple of weeks ago the euthanasia advocates in this parliament put on a panel which was held in Old Parliament House, where people were explaining why they supported voluntary euthanasia. I went along to that and posed a question to the panel,

asking them whether, if we passed this legislation, they would put down their tools, go off on holiday and find other pursuits rather than being advocates of voluntary euthanasia, or would they seek to broaden it. I thought they would humour me, I thought they would say to me, 'Look David, we are very happy to see this legislation introduced and that will be that,' but actually they did not. They said that they would, in many circumstances, like to see the broadening of the legislation—and that was it, admitted to.

We have also seen broadening of the legislation already happen in what I see as the crystal ball into the future, which was the first piece of legislation introduced into this parliament at the beginning of 2016. It clearly showed what the advocates for voluntary euthanasia in this state want, and that is that much broader and, in my view, more dangerous legislation. I believe that is the future of voluntary euthanasia legislation in South Australia if this is passed this evening.

There is the problem of vulnerable people, in particular. In my view, ideologically I believe that government is here to catch the most vulnerable people, to protect them, to give them the best chance in life. That is the role of government. So, when it comes to people with mental illnesses but also terminal illness, or suffering from a disability but also suffering from a terminal illness, or moving in and out of cognitive function, how do we capture those vulnerable people? How do we protect them from this legislation? In the worryingly expanding sphere of elder abuse, which is very much top of mind in policy-making in Australia at the moment, people who are subject to elder abuse are also at risk when it comes to voluntary euthanasia being legislated.

Finally, I want to talk about its supposed popularity in the broader community. I just do not think that is the case at all, and I do get sick of people saying that 80 per cent of South Australians or 80 per cent of Australians support voluntary euthanasia. In a quick phone poll, yes, they do, but when you have informed decision-making, when you have informed discussion about this through focus groups and processes like the citizens juries that are often advocated by the Premier, that sort of informed decision-making, this support falls away. It falls away dramatically and ends up below 50 per cent, and the research shows that is the case.

Capital punishment for murderers and paedophiles is supported by more than 50 per cent at first glance, but that falls away as well, and this is very similar. I cannot support this legislation at second reading, and those are just some of the reasons that is the case.

The Hon. J.J. SNELLING (Playford—Minister for Health, Minister for the Arts, Minister for Health Industries) (21:04)

Some years ago a friend of mine died quite suddenly. He was in his 60s. He was an only child whose mother had died some time earlier, and he left behind his father, who was aged in his 90s and from whom he had been estranged for many years. However, late in his life there had been a reconciliation between father and son. As he was without any other family, my family and other friends of this person adopted Robert,

which was his name, as an honorary grandfather, and Robert survived my friend by two or three years.

Robert was an avowed supporter of voluntary euthanasia, and in fact had told his neighbours in the units where he lived that he had pills and that, should the time come, he would take those pills and see himself off. When he made an advanced care directive, he made it clear that should euthanasia be legalised in South Australia his express wish was that he be euthanased. He was in and out of hospital. He was very elderly and he deteriorated quickly after his son died.

The last time he went into hospital, he went into the Royal Adelaide Hospital, a scan was done which showed that his whole body was riddled with cancer and he was very close to death. He was very frightened at that stage and, much to my surprise, when the doctor spoke to him about a treatment regime, instead of saying that he wanted to go, that he did not want any treatment, he was adamant that he wanted absolutely everything thrown at him to try to keep him going. I was shocked that this gentleman, who had been such a passionate supporter of euthanasia and had made it so clear that he did not want anything, in this moment, when confronted with the reality of his mortality, wanted everything thrown at him.

Over the next few days, as we worked through the issues together, he decided that it was not going to be pleasant for an elderly gentleman in his 90s to be subjected to radio and chemotherapy. He came round to the view that palliative care was what was best going to suit him. He died a very beautiful death. I do not agree with the Deputy Leader of the Opposition that all deaths are horrible, ugly, traumatic things. He died, I would say, a beautiful death, looked after beautifully by the palliative care team at Modbury Hospital. In fact, watching this team look after Robert made me immensely proud to be Minister for Health.

The reason I tell this story is that the person nearing death goes through a range of emotions and at any one time they could have completely contradictory thoughts about what they may or may not want done to them. My concern about this legislation is that it is not hard to imagine someone in the depths of despair, knowing that their end is very near, opting for euthanasia. Whatever safeguards there may be, it is not hard to imagine people in those circumstances—indeed, those members who joined me for a briefing by Palliative Care SA know that they said that when people request euthanasia, or request assistance in dying, overwhelmingly it is not because of uncontrollable pain, it is because of other issues: despair, loneliness, all of those sorts of things which the dying person has to confront.

Dr Peter Allcroft, a respiratory physician who looks after patients at the Repat hospital with motor neurone disease (and anyone who is familiar with it will know what a terrible condition that is), described how he cares for his patients who are at the end stage of motor neurone disease, where they are unable to breathe for themselves. They have a PAP machine, basically a respirator, which assists them with breathing. He explained the process he goes through with motor neurone disease patients who have

had enough and who do not want to continue to be provided with artificial assistance in breathing.

He said this is a long process. This is not a decision that is taken lightly, but the process he goes through once he is convinced, as the treating doctor who has built a relationship with the patient over many years, is that he sedates the patient, the respirator or PAP machine is turned off and the patient quickly succumbs.

The process he goes through in assisting his patients with motor neurone disease is a long way from what is proposed by the member for Morphett in his legislation where there is no requirement for the patient to have a relationship with a doctor who signs off on this. It is not scaremongering to suggest that there will be doctors who will be prepared to sign off on these requests, and they will be the go-to doctors for euthanasia.

They are not doctors who are going to have a relationship with the patients who are requesting euthanasia, and they are not going to be in a position to make a decision about the state of mind and where the dying person is in the process and whether this really is the decision. It is a very different process proposed by the member for Morphett to that that Dr Allcroft goes through with his patients at the end stage of motor neurone disease, and that is what seriously concerns me about this bill. I also want to say something about palliative care because, without doubt, there are South Australians who die in pain, but the reason why they die in pain is not because of failings in palliative care.

They die in pain because, for a number of reasons, good palliative care is not made available to them. To the extent as health minister I have not fixed that, that is to my great shame. It is partly availability but, to a large extent, it is also knowledge of our doctors and their knowledge of what is available through palliative care and the extent to which palliative care can alleviate suffering. Too many of our doctors are just not aware of what can be done for the dying person to alleviate suffering, and they do not refer palliative care when they should.

Doctors are human beings like the rest of us. They are not necessarily aware of the full suite of services that are available to their patients. To suggest that, when you already have a situation where so many of our doctors are not aware of what palliative care is available to patients, those same doctors, with their limited knowledge, can just the same sign off on a euthanasia request would be a grave mistake. You have these doctors who already have limited knowledge about what is available, and to expect these same doctors to be signing off on cases of euthanasia I think would be incredibly detrimental to good quality health care in our state.

Finally, I understand that many members of this house are attracted to euthanasia on the basis of personal autonomy: essentially, someone should be able to do with their own body what they wish. There are some rights that are what we call inalienable; that is, even if you want to give them up, as a state, we do not allow you to give them up.

An example of that is slavery. We do not give people the right to sell themselves

into slavery. Why don't we? Because to do so would be to compromise the rights of everyone else in the community, and the same goes with the right to life. We do not allow people to expect another person to take away their life because it would compromise the rights of all those people in our community.

It is not scaremongering to anticipate a situation where an elderly person near death, feeling like he or she is a burden to their family, requests euthanasia. Even in the most loving and caring of families, it is not unusual for the dying and suffering person to feel themselves to be a burden or to feel, however wrongly, that they are whittling away the inheritance of their children. It is not scaremongering to suggest that, under the member for Morphett's bill, those people are inevitably going to request euthanasia.

Ms DIGANCE (Elder) (21:14)

I rise tonight to share reflections on this bill from which many complex conversations and considerations have arisen. These issues and considerations are, rightly so, compounded by deep belief and deep emotion and, for many, profound conviction. I acknowledge the ultimate outcome of this bill being to facilitate an imminent passing as chosen by an individual, enabled through a process of a very personal deed of an individual acting on their own wishes.

In the main, the bill before us proposes a framework of laws to guide and enable a compassionate society on a journey. This bill is unique as it asks all parliamentarians to face issues of mortality, ethics and values, while balancing the wishes of differing viewpoints in the community. It asks every MP—all of us—to reflect, debate and challenge our role, representation and beliefs, while challenging a dialogue of a civilised, mature and compassionate society.

I thank those who have driven this process on both sides of the debate for their dedication and commitment, and also those in this place for the conviction and work on the voluntary euthanasia bill over the years; namely, the late Dr Bob Such and the current members for Ashford and Morphett.

I pay tribute to the humility of my professional nursing and midwifery colleagues, who on a daily basis care and support those at the end of life to the most dignified and personal end possible. I am proud to be a South Australian, part of a society that is committed to a passionate and robust dialogue, all the while and in the main, underpinned by respect.

I also make note and am respectful to those who have taken the time to write individualised letters, talk with me and share their individual stories, reflections, views and platforms and their most personal recounts and thoughts. While, like most in this chamber, I have personal stories and experiences around death and dying, I also have professional stories which inevitably return to the core of what it means to be human and are thus personal by default.

I also wish to acknowledge that my decision is not simply about what I believe and subscribe to, but is also, at best, a representation of those whose voices I am charged

with. My professional experience has presented me with some very challenging situations that for one family became public through despair and helplessness.

A beautiful young family woman around the age of 40 had such a severe form of muscle neuron disease that it meant she lay on a waterbed for 24 hours of every day. She was contorted, with no movement in her limbs, and fixed in a twisted posture. Not able to sit, let alone stand, all she could do was lie. It would take four nurses to turn her frail frame and to gently manage her shrivelled limbs and painful spine to the alternate position. She still developed horrific bedsores, no matter how often and carefully we turned her and tended her paper thin skin.

She could not hold a spoon to feed herself. She could not hold a straw to drink water. She could not wash herself, use her bowels without help or brush her teeth without help. She could not hold a book or magazine to read. All she could do was lie in this bed, breathe—and that became more and more laboured—and depend on those around her to do absolutely everything for her. Her husband visited every day without fail, but they had stopped her children from visiting as she found it far too painful and upsetting, with the guilt and hurt overwhelming.

She was a beautiful, grateful young woman who had lost her dignity and who, every day, every hour, every minute and every second, waited and prayed for death to ease her intolerable situation and for all who cared and she cared for. Her burden was excruciating. Her pain was extraordinary. She was trapped in a body that gave her such grief and sorrow as she waited, hoped and prayed for the end, not just for her own relief but for that of her young family and husband. She knew, and we all knew, that that day would come.

For her, this bill would have given her that safety net of relief, that safety net that she had choice. To turn a blind eye to those so distressed at the end of their life that they take their own life under a cloud of guilt and stealth, seeking eternal apology, is not, in my view, a hallmark of a compassionate and caring society. While I am a strong proponent of palliative care, it is oftentimes not available or, indeed, offered to all South Australians and oftentimes seen as a simple administration of pain relief only in which an increased dose will help the patient simply slip away.

Palliative care is in fact so much more than this. It is the treatment of pain and other difficulties, physical, psychosocial and spiritual, integrating psychological and spiritual aspects of patient care, offering a support system to help patients live as actively as possible until death, offering a support system to help families to cope during the patient's illness and in their own bereavement using a team approach to address the needs of patients and families, including bereavement counselling. We, as MPs, must champion this robust universal system and make death and dying at home, where possible, the norm.

I would promote that this bill before us work as a proponent, an impetus to strengthen palliative care services and ensure a robust and accessible system for all

South Australians, with clear support and explanation to the patient and those surrounding the patient. I know there are many MPs like me in this place who hold this conviction and wish to champion this. However, this does not take away an individual's right for choice. Tonight in this place, we are faced with an extraordinary responsibility and a grave duty, and I for one am humbled by the faith and trust that South Australians place in all of us here as their representatives. I welcome this debate and the pending vote.

Mr PICTON (Kaurua) (21:21)

There is no doubt that the policies and laws regarding the end of life are very important but also very difficult issues for parliament and individuals to deal with. It is a melting pot of ethics, spirituality, choice, care, risk and fear. There is a variety of views and perspectives and almost all of them are valid.

I have heard from many people in my electorate who have contacted me about this issue. They are mostly very passionate either for or against this bill. I have closely considered the opinion of each of those constituents and also met with them if they wanted to be heard to discuss their concerns directly. I have also met and listened to people from both sides of the argument and I have tried to seek out some of the opinions of doctors, nurses and other experts in this area who do not have an ideological view to push.

This issue, perhaps more than any other, is for many people a black or white, yes or no question. I can understand that viewpoint but I believe that there are many areas of grey. There are people who would support or oppose a euthanasia bill without concern for the drafting. I am not one of those people. The initial bill that we were asked to consider on this subject was not fit for purpose in my opinion. If it is put to a vote, since it is still on the *Notice Paper*, I would be unable to support that bill in any way.

The reasons for this have been well articulated by many of the speakers in that debate. However, suffice to say that it was far too broad and without the safeguards that I believe the community would expect. This new bill has now been introduced and addresses a number of the significant concerns that have been raised about the previous bill. However, I am still not satisfied that it is yet carefully enough drafted or provides adequate protections. I am very disappointed with the process that led us here to the point of debating this bill without what I believe is the full evidence or expertise before the parliament, or the full consideration of all the other very important end-of-life care issues and palliative care issues.

As a point of comparison, the other parliament considering voluntary euthanasia at present is Victoria. In that state, the parliament decided to establish a select committee which spent over a year researching, debating, studying and interviewing witnesses to arrive at a lengthy report proposing dozens of recommendations covering both voluntary euthanasia as well as the full spectrum of other important issues at the end of life and palliative care. That is now being considered by the government, which will report back

to the parliament, drafting a bill that will inevitably be debated by their parliament with full access to the information. Therefore, I do not believe that this process compares favourably at all with what is happening in Victoria.

This is not an issue that I have had on my agenda. I have been concerned about our ability to construct laws that provide adequate safeguards, and the antics of the likes of Dr Nitschke have always made me cringe over the last couple of decades. It should be noted that we do have a strong record in South Australia for concern for end-of-life issues and the work of Martyn Evans and many others in leading to advance care directives and the Consent to Medical Treatment and Palliative Care Act should be considered in this debate and held in very high regard by everybody in our state.

Over the last few months, though, I have spent a long time listening, reading and considering this matter. There are rational arguments on both sides that need to be considered, but I am concerned about the pain and suffering of a small number of people right at the end of their life, in pain with hopeless medical outlooks, for whom the range of legal options do not currently suffice. My view differs from the views of many, in that I think it is a relatively small number of people and for a relatively short amount of time.

For everybody in this house and the community, it is hard for this not to be a personal issue. I have had family members who have died long, painful deaths. This has been traumatic not only for them obviously but for the rest of my family. This experience brings me to consider ways in which the legal system could be improved for the end of life, but I would also want to make sure that any action we take to reform the law in this area is not going to cause loved ones harm or allow something to happen that is not in their wishes. This is about loopholes and safeguards and managing risk.

With that in mind, I have considered the bill before us. While it is an improvement on the original bill brought to the house, in my view it still needs significant amendments before I would consider supporting it. In particular, I have looked at the legislation in Oregon and considered a number of protections in that act to be superior to what has been proposed in this bill. I have attempted to review the bill to identify and to remedy the areas of greatest risk. I have drafted some amendments to try and address those concerns.

Over the past few weeks, I have discussed these amendments with some of the key proponents and opponents of the bill in this place. My amendments, as circulated, are aimed to make this a safer, more cautious and less risky proposition. This is obviously my best attempt at this, and I do not claim to be the fount of all wisdom, and I certainly will be looking forward to seeing what other members have to say in the debate. I will outline some of the amendments I have tabled.

Amendment No. 1 covers telehealth. Currently, the bill proposes that any of the consultations with doctors or a psychiatrist should be able to be conducted via telehealth. This has been of concern to a number of doctors who work in palliative care,

who argue that these types of consultations are difficult, lengthy and require the doctor to be present in person. Therefore, I propose that telehealth be limited to only those people who are in a remote location. People for whom it is practicable to see a doctor in person should do so.

Amendment No. 2 covers euthanasia equipment. Currently, the bill proposes that euthanasia equipment would be legal for sale. This is contradictory, in my view, to the provisions of the bill that are about the provision of a drug rather than the use of any equipment. I would therefore propose the removal of this provision so that various suicide-assisting devices would not become legal.

Amendment No. 3 covers subjective tests. In my view, euthanasia should only be an option after a reasonable effort at palliative care and medical treatment and where the pain is actually insufferable. As currently drafted, these areas have subjective tests attached to them which I am concerned would currently block a doctor's role to properly assess this matter; therefore, I propose to amend these. This would make sure that palliative care and medical care would have to be the first option before anything else were considered.

Amendment No. 7 covers terminal illness definition. It is my belief that the option under this bill should only be considered truly at the end of life for that small number of people. However, the current provisions specify that terminal illness should not be held to involve any particular time period. This is inconsistent with other similar acts around the world, and I recommend that we should adopt a requirement for a prognosis of six months or less of life, which is consistent with the Oregon legislation.

Amendments Nos 8, 13 and 15 deal with psychiatric assessment. This is an important provision. Currently, the bill only requires an assessment from a psychiatrist when referred from a doctor. I believe that it would be a much more careful approach for parliament to say that a psychiatrist should provide a check of a person's state of mind before the request is certified. I note that the member for Morphett has also made such an amendment, albeit to broaden the definition to include other mental health professionals.

Amendments Nos 9 and 10 deal with expiry and renewal. Currently, the bill does not involve any expiry request. I believe it would be prudent for a check-in every month with the person's treating doctor to ensure that the status of the request has not changed from when it was first made, including that there is no duress that the doctor is aware of. This would be done every 28 days by just that one treating doctor.

Amendments Nos 11 and 14 cover medical expertise. Currently, a doctor providing the assessment of the patient could be any doctor. It significantly worries me that we could see specialist euthanasia doctors, such as Dr Nitschke. Apparently, the early evidence from Canada is of doctors such as fertility doctors or gynaecologists being some of the first, bizarrely, to authorise euthanasia. I have recommended that the doctor have a speciality or expertise in the area of the person's terminal illness.

Amendments Nos 16 and 17 cover witnesses, where I propose that there should be a restriction that only one of the witnesses could be a relative and that, while we already have a restriction on employees of hospitals, there needs to be an extension to apply for healthcare professionals outside of that. Those are the amendments I have proposed; I believe they would make this a more cautious approach to this legislation. Ultimately, my vote will be determined by considering what bill this process delivers tonight, whether it is cautious and considered, whether it is likely to help address that small number of people in great need, and whether it limits the risk of this bill ultimately causing harm.

Mr WINGARD (Mitchell) (21:31)

I would like to add to this debate and say that I listened very closely to my community on this issue. I have listened to both sides of the argument, and I thank the people that have contacted me about this. I have also listened to the people who have spoken in this place on this bill. I was here until the close last night, and again I have listened to what everyone has had to say this evening, and I thank them for their contributions. What I would say on the previous bill put forward by the member for Ashford is that I would not have supported it through the second reading stage, but I have been engaged in listening to what people have had to say on this bill.

I think this is the toughest decision that we will have to make in this place and obviously it is not one to be taken lightly. I have imagined someone with a terminal illness that would be confronted by this issue that we have before us and what they might be thinking. I have also had strong consideration for the vulnerable—someone who is alone and not with the loving support that most of us here in this place would have—and how they might also confront this issue.

I have read the amendments put forward by the member for Kaurna as he has just outlined very eloquently, and I thank him for that, and I see that he has looked to tighten this bill immensely. That is a big part of the debate that has a great deal of interest to me. I have discussed with him at length a number of the issues he has raised. To me, they would need to be addressed for this bill to move forward. With those few comments, I would like to say that I have listened, and these amendments that the member for Kaurna and other members have put forward need to be addressed if this debate is to go to committee stage, from my perspective.

The Hon. A. KOUTSANTONIS (West Torrens—Treasurer, Minister for Finance, Minister for State Development, Minister for Mineral Resources and Energy) (21:33)

I rise on this bill, as I have many times over my 18 years in the parliament and this, I understand is, how many attempts to legalise?

The Hon. S.W. Key: Fifteen.

The Hon. A. KOUTSANTONIS: There have been 15 bills to legalise euthanasia and I have been in parliament since 1997 and every time we have had, I think, very

thoughtful debates. The debates always centre around a number of issues and, predominately, those issues include whether people should suffer at the end of their lives. It is like asking 'Do you love your mother?' Of course, I do not want anyone to suffer at the end of their life.

I know that the member for Morphet—who I think is a very good and decent man and someone I have a lot of time for in this parliament—is doing what he thinks is right on behalf of people who are terminally ill. I know that he is a man of goodwill and I know that there are people who are supporting him today, such as the member for Ashford. The work the member for Ashford has done over 15 years has been done because she does not want to see anyone suffer either.

The question that I ask myself is: can we do this safely? I think, fundamentally, given the things that the member for Kaurna has said, we probably could. We probably could institute a system of euthanasia where we could probably limit it to people who are terminally ill, suffering, and not receiving the palliative care they need. The question is: can palliative care deal with all those issues? I tend to agree with the health minister that we have let ourselves down terribly when it comes to palliative care.

The second question I ask myself every time this debate comes before us is: will people lose their lives against their will? Will people feel a burden, will they opt for this issue, and can we in any way minimise that type of error? Maybe we could. Maybe we could do that. Fundamentally, we probably could design a system where you could do all that, and you could have people pass through all sorts of assessments by their treating doctors, by people who have known them their whole lives, about this issue. It gets back to my first point: should people suffer?

Then the fundamental question that is being raised here today, I think it was in the member for Lee's contribution, is: should we allow one citizen to take the life of another? This is the fundamental question here. The argument of the member for Lee and, I think, people who will be supporting this legislation is, 'In almost every situation, no, other than this one situation.' I fundamentally disagree with that assessment because I believe all human life is precious.

Despite all the safeguards we can put in place to make sure that the people who want to be euthanased are the only ones who are euthanased, that the people who will have access to this are only the ones who are terminally ill and palliative care cannot serve them and that the people who are suffering at the end of their lives receive this recourse, which is basically an end of life, either through some form of medication or whatever the procedure might be, the fundamental and overarching principle here is: as a state, should we allow that to occur, and what happens if we do?

It has been my experience over 20 years that once we liberalise a law it is not the end. If this bill passes this house tonight for the second reading, as I suspect it will, then the member for Kaurna's amendments, which I think are very reasonable for people who support this legislation, are exactly the types of amendments that you would want to

have in place. Good on the member for Kaurna for coming up with them—excellent.

However, this will not be the last time that we debate this bill because, as night follows day, future parliaments will come in here and attempt to liberalise it even further. This is because the arguments that we are dealing with today to bring forward this debate, to legalise euthanasia—there will be just as many arguments about the cohort of people who are not eligible, and we will have debates about them. Then that will pass and it will grow. As I have seen over my time in parliament— and it is only a short time, I would like to think, 18 years—

An honourable member interjecting:

The Hon. A. KOUTSANTONIS: I apologise, 19 years. I can only imagine, in the parliament in 2040, what future generations will be doing about treatment. Fundamentally, it gets down to this: are we spending enough government resources, in a country as wealthy as ours, on the treatment of people who are terminally ill? Are we doing everything we possibly can to alleviate their pain and suffering? If we are not, then we should. Only then, after we have exhausted every single opportunity to make sure that they are fully funded and fully informed, to make sure that no one does suffer at the end of life, should we ever consider something like this.

Again, after 19 years, my vote will be no. I know that within my electorate this is overwhelmingly popular. Everywhere I go, when people talk to me about this issue, the same thing is said to me by my constituents, 'We want you to support legalised euthanasia.' I understand why. I understand why they think about this issue because, again, we will all go through it. We are all going to see someone who we know and love come to the end of their life, and not all will have good deaths, but there are good deaths. Some will have very terrible deaths and, of course, we all want to alleviate that suffering.

In every election, I have made my views on these issues of life and death very, very clear, and I am returned. I say to my community and the people of this state: you do not want politicians voting for what is popular; you want politicians voting for what is right and within their conscience, and that is the difficult part about being lawmakers. I have to say that this debate gets very emotional. It does get caught up in the day-to-day political atmosphere and, of course, there is a lot of pressure brought to bear on members of parliament.

My cautionary tone for those who are considering voting for the second reading speech is that this is not the end of the debate; this is the beginning. Once this bill passes, this will not be the last time we hear debate on this bill. It will happen again and again and again. We will get to a point when we cannot turn it back. We will have created a society that we did not intend to when we started at this moment, so every vote is important. This vote is crucial. If it passes this house and if it passes the third reading, it will pass the upper house and it will become law, and in the next parliament there will be more amendments to this bill, and it will not end there.

So, if you want to stop this, stop it now. Do not think that this will be just enough for people to go away and stop talking about it. This is just the beginning. This is not the end. Again, I do understand the work the member for Kaurna has done. I understand the goodwill of the people who want to do the right thing here, but I say to them and I say to all of you: look at past experiences about what occurs when we do liberalise laws and ask yourself do you really believe this as far as it will go?

The Hon. L.A. VLAHOS (Taylor—Minister for Disabilities, Minister for Mental Health and Substance Abuse) (21:41)

I had not planned on speaking tonight. I heard many speeches while I have been sitting in my room upstairs after the break. When I came to this place in 2010, I came to this place being pro euthanasia. Over that time, I have changed my story. I remember listening to another member in the chamber yesterday talking about his journey in this space. I came from the nineties thinking that it was the right thing to do, having been a coder dealing with death certificates and cancer registration, living next to a morgue in a hospital, regularly going up and down with bodies in bags and knowing the smell of death in cancer wards.

I thought that it would be merciful to let people end their life simply and have a way out. However, as a legislator, the more I have dug into this topic the more I have grave concerns for the many frail and vulnerable people I have met in the course of my duties as a normal MP in the northern suburbs of Adelaide. Through oncologists, I have been spoken to about when families are affecting the decision-making of frail and vulnerable people. I listened to the guilt and turmoil the member for Elder spoke about before with the woman who was frail and ill.

Now I stand here as the Minister for Disabilities. Recently, I heard stories about women and men with disability and how they feel neglected and locked out by our society and about the degenerative nature of some of their conditions. I also work with people with mental health issues. When I have the privilege to go into the homes of people who are living in group homes, not one of them has spoken to me about the right to die with dignity. They talk about the right to live a life and to have hope.

Despite having grave illnesses, they all talk about the quality of life they want and aspire to. Today, we have the chance, as the Treasurer (the member for West Torrens) said, to stand the line and make a decision about what sort of society we wish for. Do we want to have a society where life is valued or do we start pulling back the tide and allowing, bite by bite, people to start disappearing from this place, this state, and not protecting them when they are frail and vulnerable? I, for one, cannot do that and I urge you to vote against this bill.

Ms WORTLEY (Torrens) (21:44)

Tonight, we have heard from so many in this chamber from both sides of the voluntary euthanasia bill debate. I have read the many letters I have received, both for and against, from members of my community. I have spoken to so many of my

constituents— health professionals, doctors, nurses, carers, members of community sports clubs, Rotary, Neighbourhood Watch groups, my family and extended family, and advocates from so many representative groups—both for and against voluntary euthanasia.

Like everyone here, I bring my own personal experiences. I have read the many articles written with great passion by those on both sides of the debate. I have discussed the bill with colleagues on both sides and spent many hours considering the previous bill and the one we now have before us. Whatever the outcome of this debate, the decision we make must not be one that puts vulnerable people at risk. The previous bill I could not support. Tonight, I will support this bill through the second reading and consider the amendments and the impact on the final bill.

Ms COOK (Fisher) (21:45)

I rise with pride to speak in support of the Death with Dignity Bill. This has weighed very heavily on me for some time now in parliament under the previous iteration presented by the member for Ashford as a voluntary euthanasia bill. I have not prepared a speech. I thought what I would do is run through some of the things that I have been presented over the past 12 months by people in my electorate—people statewide, nationwide and internationally— and how I have managed to use my own thought processes and my experience through my nursing of over 30 years—yes, over 30 years is a long time—with patients in various types of settings.

One of the settings that comes to mind has done so because of the member for Elder's heartfelt contribution. For some years, I looked after people in an institution who were profoundly disabled. Not all people who are disabled have a deficit with their cognitive ability to rationalise where they want to be on this earth either. Many of them are profoundly physically disabled because of an illness or a degenerative medical condition which leaves them in a situation where they cannot care for themselves.

I could stand here and give you a very specific and colourful description of the reality of what their space is in a bed where they can do nothing for themselves anymore but lie there. They cannot use their bowels themselves and they cannot even do that lying in bed. They have to be elevated up into a position of gravity so that it helps to force this from their stomach. My point of telling you that colourful description, which I hope you can get out of your head before you go home, is that dignity is subjective. Pride is subjective. Suffering is subjective.

It is not for me to say the level of suffering that you are going through and it is not for me to say where your level of dignity lies, but I know from talking to hundreds of people while caring for them, while sitting with them, that there is a point at which dignity for them no longer exists. If they are in the throes of a condition which is going to leave them in a state of death at some point in the foreseeable future, where they are struggling to breathe, they cannot rise their chest enough to get the air in—and the Minister for Health described the ventilator used to help people with muscular and skeletal deficit to

breathe.

It is a pressure machine called BiPAP or CPAP, which blows into your throat to keep your airways patent so that oxygen exchange can take place. You lie there as a patient with that machine on, unable to move and at the mercy of that machine to keep your airways open with the fear that at any minute that could become disconnected or that at any minute you would lie there and suffocate. Suffocation for these people is one of the most terrifying sensations that they must go through, the fear of that inability to breathe when secretions build up in the chest and you feel like you are drowning. I have had these descriptions given to me over the years.

I listen to and I respect fully people's experiences they share about death, a beautiful death and a peaceful death. They do happen, and they happen, thank God, due to palliative care. Palliative care is amazing. It is not that we want to undermine, reduce or eliminate what palliative care is, but it does not always work. It is not always there for people to stop that feeling of suffering and to take away that sense of loss of dignity. Again, it is not for us to judge, it is for the people who are experiencing that themselves.

I have been challenged by people accusing us of a lack of consultation on this bill and a lack of consultation on this process. Well, goodness me, this is the 15th time it has come in front of this parliament. There has been consultation after consultation. As the Treasurer rightly points out, potentially it will come back to the house again. Somebody may well want to change what is happening with that bill. I hope it gets through, with some of the very measured and reasonable amendments from the member for Kaurna. We are all prepared to look at those things.

If it does come back here, though, I do not attest that it is always going to be to reduce what it is, in a way. Somebody might want to escalate euthanasia. They might want to make it easier. I can tell you that I can put my hand on my heart and say I cannot make it easy for people. It is not that we want it to be easy for people. We have to have the tests and we have to have the measures. It has taken us this long to get to this point. Do you really think that if someone brings an escalated bill to the house in the next few years, that it is going to be passed?

Do you really think that is going to happen? If you do, I am really sorry for the space that you find yourself in and the fear that you have about that because I do not believe that is the case. We have found it so very hard to get to this point. I do not believe that we, as a society, will accept this notion of 'slippery slope', or whatever it is that you dream up that you think is going to happen, because I just do not buy it. Like I said, this is the 15th iteration. I have watched as a member of the public and as a nurse, and I stand here, along with the member for Elder, representing our sisters and brothers in nursing.

For the people who doubt the population numbers, who doubt the level of support for euthanasia in a measured and safeguarded form, I am sorry, but you are wrong. The

nursing profession is one of the most trusted professions in our world. We are the ones who sit there with patients as they suffer, as they lose their dignity, as they express to us where they are in that space of their illness. I guarantee that these people exist, that their family members exist and that the public exists. As a nurse, I go out to dinner with them and they discuss all sorts of interesting things, such as digestive system issues and the like.

But also as a nurse, over the years people have discussed euthanasia. Euthanasia is a very real and very desired place to be for some people who are suffering, people who are frightened, people who are nearing the end of their life anyway. They are not people who will be on this earth in the next 12 months. They are people who are at the end of their life, they are suffering, they want to take control of their destiny and they want dignity. Nothing we throw at them is going to change their medical condition. It is not going to make them survive.

I want to leave you with a letter I am going to read on behalf of a man called Lawrie Daniel, who, at the age of 50, was stricken with MS. He was a father of two. I am going to read part of the letter, but I am not going to read all of it. Some of you may have heard it before. He writes:

My dear Rebecca, if you are reading this it is probably because I have made an attempt at voluntary euthanasia and I sincerely hope I have been successful.

I am so sorry for putting you and the children through this, but it has been nine years since my first physical MS symptom in 2007 and you know what I have been living with all this time and what will happen in the next horrifying stages of this disease.

If I was just dealing with incontinence, or just paralysis, or just my feet and legs feeling like they are burning with cold fire all the time, or just the physical deformities from life in a wheelchair, or just the musculoskeletal pain, or just the neuropathic pain, or just the weakness in my arms and hands...spasms, or just the total mind-and-body exhaustion, I think I might have had a fighting chance, but I am dealing with all of this at once, and it is unrelenting. You and I have done everything we could possibly think of for so long now to slow or reverse this process, and I am losing the battle.

Lawrie goes on to talk about how he saved up his medication to a point where he knew it would end his life. He continues:

I had to wait until you went on respite, because I needed six to twelve hours undisturbed (closer to 24 hours if possible) and I couldn't risk you or the children—

and he had two children aged about 9 and 12—

coming into my room after I had taken the [tablets], and calling an ambulance. It's 15 hours between the carers coming so that was my best chance. I'm sorry to everyone for having to do it that way. I didn't want to involve the carers, but I felt I had no other option.

My arms and hands have been getting worse as you know, and I had to be able to do this for myself. I have been having trouble peeling a mandarin even, and my hands could go completely at any time. I couldn't know when next I would have close to 24 hours where I was undisturbed. It may have been sooner than necessary, but I felt I had to do this now.

If we had a compassionate voluntary euthanasia process in this country, none of this would have had to happen in the way that it has. I'm so sorry I had to do this, and that you are going to have to deal with the aftermath of me having to end my life and having to end it in this way. I hope you can forgive me, and that you and the children won't see this as selfish, but as self-care

and...compassion, in a country where I have no alternative but to turn to self- help. I hope that this letter helps to explain why and how I took this step. Please show it to any relevant person/authority if you feel it necessary.

It continues:

I love you, I love our children. I am so sorry I have had to leave you all and end my life in this way, but I could see no other option available to me in the circumstances. I ask for everyone's compassionate understanding, and I ask you all to please forgive me. You and our children helped me every day during nearly a decade of my life with this illness, with infinite loving kindness. Thank you for everything.

Rest in peace, Lawrie. He should not have had to do it by himself.

Sitting extended beyond 22:00 on motion of Hon. S.E. Close.

The Hon. T.R. KENYON (Newland) (21:57)

I do not think anyone in this chamber, even those in the gallery, will be surprised by my position on this bill. I should take a moment to thank members of the public in the gallery, all the galleries, for coming in. Looking up there, I think I probably agree with about a third of you and disagree with about two-thirds of you, but you have made the effort to come in, you are playing your part in democracy, you are a participant in our democracy and I wish there was more of it, so thank you.

I start my opposition to the bill and to euthanasia in general because I should make very clear that I will not be voting at the second reading and I will not be voting for this bill at the third reading; in fact, there is no bill that I would vote for because I have a fundamental opposition to euthanasia. It is partly informed by my faith—I have never been afraid to admit that—but not perhaps in the way people would expect. It is more in the way my faith informs my view of human nature.

I have some fundamental, for want of a better word, secular principals in which I believe. First, I do not believe that the state should be involved in the killing of its citizens. I believe that from abortion to capital punishment, to euthanasia, and anywhere in between. I make only one exception, and that is where law enforcement officers are acting to protect the life of other people—highly undesirable, but acting in the defence of others and themselves, I think, is defensible.

The other concern I have—and this comes back to human nature, as I raised before—comes back to the way where, when we talk about safeguards, there are two parts of safeguards. The first part of safeguards is their structure, the way they are written, the processes behind them, that are easily observable and written into legislation, regulation, process or policy of a hospital or care facility. The second part is their application by human beings: doctors, nurses and caregivers. This is where human nature comes into play because for safeguards to work effectively all the time, we have to rely on the perfect application of them by perfectly well-intentioned people every single time.

When that fails to happen, when people naturally either make mistakes or do the wrong thing—and let's not kid ourselves, from time to time people will do the wrong

thing—that is when safeguards break down. If safeguards break down often enough, they become a norm, they become an accepted way of doing things, and they have completely and totally failed.

I do not believe in this instance or in any instance of euthanasia, or any legislation for that matter that we write, any of the safeguards that we put in are completely failsafe. The difference with euthanasia is that the results of a failure of a system or a failure of human nature can be fatal, and there is no coming back from that. That is part of my opposition to capital punishment. There are any number of examples where people have got them wrong and an innocent person has been killed. I do not accept that it would happen every time, perhaps not even often, but it will certainly happen from time to time and it may lead to innocent people dying.

I want to read an example of the subtle pressures and the potential breakdown in safeguards that we may enact that relate directly to human nature. We all received a large number of letters, and I now refer to one from a constituent whose sister was dying. It states:

When things were getting toward the end, and (keeping in mind that [my sister] had brain tumours,) [she] was still very coherent only tired and emotional, on this particular day the palliative nurse/s had gone in...to do their normal thing and for some reason they had been left alone with her. Later that day we found her very different, sad, distant, non-communicative, wouldn't engage with the Kids, [her husband, her father] or I. in fact, I could even say she was depressed—and I mean genuinely depressed. It wasn't until later that night when Dr Joseph (our family doctor and long-time...friend to [my sister and her husband]) had dropped in to check on her, that [her daughter] mentioned [my sister] was 'very different' and insisting she wanted to go in to [a] hospice and not die at home! We were devastated, but worse than that—she appeared to be more so than us!

So to cut a really long story short, Dr Joseph emerged from [my sister's] room to enlighten us. It turned out the change in Tess was simple, the nurse had made her believe that she was a burden, she felt she was a burden on her children and Dr Joseph (calling in late at night following his long days), worried that the family all had to live with the fact that she dies in the house that we remain in, concerned about the physical impact it was having on her kids having to medicate, move, feed her etc. etc.—generally worried about how everyone else was impacted by her illness!...Tess was convinced, by this outsider, that she was a burden to all and should go die in hospital. My sister was influenced and convinced (probably persuaded) by a total stranger to leave her loving family and home to go die in a hospice, where in our opinion SHE and every one of us would have suffered more...It took quite some convincing, but when she truly understood that she was wanted at home, she was ever so happy to remain and well you know the rest of it...

My point is, can you imagine if euthanasia was an option then? I dread to think.

That is an example of how subtle pressure can be applied, how systems can break down and where processes are deviated from. It may not even have been intentional pressure; it might have been an offhand response.

A number of people have mentioned dignity in dying in their contributions, and my firm belief is that dignity is not what happens to you: dignity is how you react to what happens to you and how you carry yourself. Just because very unpleasant things happen to me or to anyone else in this place or in the world does not mean we have lost our dignity. People cannot take dignity away from you. Your dignity is inherent in

yourself. Every human being has their own dignity as a result of who they are and the fact that they exist—not what happens to them.

Finally, and this was mentioned by the Minister for Health, it has become clear to me from the numerous letters that I have received from the people I have spoken to over the course of this debate that there is systemic failure in the application of the palliative care act. We have actually been through this debate before. It was about 20 years ago when the palliative care act was written as a result of a two-year long, I think, select committee process. The palliative care act allows provisions for the medication of painkillers or sedatives to relieve pain or suffering up to and including the point of death, as long as the intention is to relieve pain or suffering, a secondary effect. That is the current law.

What has disturbed me, and in fact made me a little angry, to be honest, is how little these provisions are applied across our system, and how many people are clearly suffering more than they should be or is necessary. I would urge the Minister for Health to instigate a program to better educate doctors and palliative care specialists and nurses, right across the system, to have a better understanding of the existing provisions. I do not think at the moment that we have a problem with legislation, I think we have a problem with the application of legislation. Much of what faces us and much of what is driving this debate, the public debate especially, is the failure of the existing 20-year-old legislation. I think that is a large problem.

With those words, I urge the house to reject this bill. I urge the house to vote against it at the second reading. If it does go through to the committee stage, I will be watching that. I indicate now that I will not be voting against any amendments, because I think that would be cynical, but I will not be voting for them either. I will not be doing anything to help make it easier for anyone to vote for this bill because I think the concept of euthanasia is fundamentally flawed.

The SPEAKER: We had an unseemly incident from the gallery earlier today and I will not tolerate any expression of disapproval or acclamation from the gallery at any stage of this debate. I will clear the gallery if that is necessary.

Ms BEDFORD (Florey) (22:07)

I can truly say that I have listened to every contribution to the debate on every bill in the past year, and all I wish to add is that I believe voluntary euthanasia should be part of the suite of end of life treatments available to people, with the necessary checks and balances, of course. We pay great attention to all the opinions in the debate, and we will be looking at all the amendments that come before us, and again, I will be paying a great deal of attention to each of the amendments.

I would like to commend both the member for Ashford, in particular, and the member for Morphett for all their work on this bill. I remember very well perhaps the first bill that we ever dealt with that was a conscience bill on an issue such as this, which was the prostitution debate. I am sure that those of you who were here will remember the

long hours that we spent on that and that we divided on almost every clause, something that may actually happen here in the next 24 to 48 hours.

At the very end of the debate the bill was lost and someone said to me, 'What a complete waste of time that was.' I want everyone to remember that that is how our democracy actually works. It is terrific that everyone has had something to say about this matter. This debate has been championed by a great many people, and I would just like to remember our dear friend, Mary Gallnor, here tonight.

Dr McFETRIDGE (Morphett) (22:09)

Let me first acknowledge the passion and caution with which members of parliament have approached this debate. During the lead-up today, some friendships have been severely strained; others have been cemented. I acknowledge the enormous work and help of the member for Ashford and the South Australian Voluntary Euthanasia Society. More recently, the Go Gentle group, headed by Andrew Denton and David Hardaker, has given this campaign a real boost to get this bill to this place today.

Today, we are able to choose, choose what happens to this bill. We can choose to give life to the legacy Kylie Monaghan wanted to see, we can choose to give South Australians who are dying of a terminal illness the right to choose, to choose the time of their death. They are going to die. They have no choice in that. Remember, we are debating the future of real people in real pain and real suffering. They are mothers, fathers, sisters, brothers, sons and daughters. They are your family and they are my family. Let us choose to let them go gently.

We have seen and heard arguments from many members in this place, religious groups and some health professionals, frequently about perceived dangers in allowing this change to legislation. Some arguments are blatant scaremongering, some arguments are on issues of faith, not fact. Members are correctly using an abundance of caution when considering this legislation. In making their choice, in deciding how they will vote tonight, some MPs have said they are afraid of a slippery slope, that some future changes to this legislation will manifest to include children, the disabled, the old and the frail.

Here in South Australia we are a sovereign state. This legislation, once enacted, can only change, and will ever only change, if this South Australian parliament or future South Australian parliaments allow that to happen. There is no slippery slope. I remind all MPs of what this bill—with all the agreements that the member for Kaurana and I worked on with others, we have agreed on these amendments—is going to do. This bill is about an adult person with a terminal illness making a voluntary request to access voluntary euthanasia.

The bill will require assessment by two specialist doctors. The bill will require a mental health assessment by a mental health practitioner. With my amendment it requires a prognosis of less than 12 months to live. The bill will have two independent witnesses who cannot be a health practitioner, and only one can be related to the

person. There will be ongoing monthly reassessments of the person's wishes. There will be no advertising of medical services for voluntary euthanasia. There is a ban on the sale of equipment to facilitate voluntary euthanasia. This bill will protect patients and health professionals. It will tighten up the reporting to the coroner and force annual reports to the parliament.

Let us remind ourselves of how this bill is going to work in practice. The typical person who will use the law is likely to be about 70 years of age and suffering from cancer. There will be no further treatment; they would usually only have days or weeks to live. They will be losing dignity. They will be in pain. They will have had enough. You can be sure the situation is dire, because any health professional will tell you that people will do anything to live.

We will find that not all of those who get permission to go through with voluntary euthanasia will go through with it. It is likely that a good third of those who are prescribed the medication will never use it. Instead, they have the comfort of knowing it is there if they want it. This is the experience of over 20 years in operations in places such as Oregon. Last week, Colorado voted to support the death with dignity legislation, joining Oregon, California and Canada, with a combined population of over 100 million people.

I remind everyone that this is the 15th bill over nearly 25 years to come to this parliament, and today we have the chance to show our trust in the years of debate, the years of analysis, to show our trust in the democratic process. Now is a chance to uphold the faith our constituents, our fellow South Australians, have placed in us by choosing us to be their representatives in this place. They chose us. Now we must give them the right to choose.

I will finish by saying to each and every person in this chamber that Kylie Monaghan is not really gone, just as my father, my granny, your friends and relatives whose mortal forms have stopped functioning are not really gone. We hear their voices, their laughter. We see their smiles. We have seen their suffering, we have seen their tears. They are gone but they do live on. They live on in each and every one of us here, now, today. What would you say to that person, that relation or that friend who had a terrible, painful death over weeks or months? How would you explain your vote today if you do not support this bill?

When you vote in a few moments for these amendments and going into the second reading, think of the Kylies of the state. Let this bill become Kylie's Law. Let the bill be the bill.

Division for Second Reading

The house divided on the second reading:

Ayes	27
Noes	19
Majority	8

AYES

Bedford, F.E.

Brock, G.G.

Close, S.E.

Gee, J.P.

Hughes, E.J.

McFetridge, D. (teller)

Picton, C.J.

Redmond, I.M.

Weatherill, J.W.

Bell, T.S.

Caica, P.

Cook, N.F.

Griffiths, S.P.

Key, S.W.

Mullighan, S.C.

Pisoni, D.G.

Sanderson, R.

Wingard, C.

Bignell, L.W. .K.

Chapman, V.A.

Digance, A.F.C.

Hildyard, K.

Marshall, S.S.

Odenwalder, L.K.

Rau, J.R.

van Holst Pellekaan, D.C.

Wortley, D.

NOES

Bettison, Z.L.

Goldsworthy, R.M.

Knoll, S.K.

Pengilly, M.R.

Snelling, J.J.

Treloar, P.A.

Williams, M.R.

Duluk, S.

Hamilton-Smith, M.L.J.

Koutsantonis, A.

Piccolo, A.

Speirs, D.

Vlahos, L.A.

Gardner, J.A.W.

Kenyon, T.R. (teller)

J.A.W.Pederick, A.S.

Rankine, J.M.

Tarzia, V.A.

Whetstone, T.J.

Second reading thus carried.