

Voluntary Euthanasia Bill 2016

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Hansard

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VOLUNTARY EUTHANASIA BILL

Second Reading

Adjourned debate on second reading.

(Continued from 9 June 2016.)

Mr KNOLL (Schubert) (10:48): We have been debating this bill in this place for over nine months. It is something that I know each MP here has grappled with on a personal level. This parliament has been extremely respectful in giving time today to deal with this issue, and that is quite a feat considering the fact that it is a conscience motion. It was reliant on each of the 47 MPs here actually making the decision that today was to be the day when we would debate this issue.

For us now not to have a decision today, I think, is disrespectful. I think it is disrespectful to allow this uncertainty to continue for many, many more months. I think about the thousands of emails from both sides of this argument that we have received and of the people who have travelled from interstate and all over the country to be here this week, to persuade MPs this week. For that effort to now go to waste I think is very disrespectful, especially to those who we heard from earlier this week from Lives Worth Living who do not otherwise have many means, who came here this week to make sure that their voices were heard as loudly as possible.

I also think that we need as a parliament to show the courage to make a decision because, no matter what decision we make, one side of the argument is going to be happy and the other not so. What we can do is give certainty to all sides of the argument, but essentially otherwise today we put off that decision for months and create more uncertainty for months.

This is the first time I have been through this debate, and it has come at a huge personal emotional cost. I think that many of us here on both sides of this argument need a decision so that we can move on because, whilst this sits on the table, I know that many of us will struggle to deal with the other issues that our state faces. I urge all to help make a decision today for all those on all sides of the argument who have worked with this parliament, the entire South Australian community and this parliament, to make today the day that we make a decision on this issue.

I love life. It is infinitely better than the alternative, and I am genuinely grateful for every day that I am given on this earth. The confluence of events and random chance that have led me to being alive here at this stage of human history is a gift of such immense value that I can never fully appreciate it and, whilst I cannot appreciate it, I intend to take advantage of this immense gift to the fullest.

We live longer, with a better quality of life, with so much more choice, technology and free time to spend with family and friends than at any other time in human history. I am grateful for this gift, and every night I pray to say thank you. However, for those in here who do not want to thank God for the chance that they have been given to be on earth, alive at this time in human history, then thank evolution, thank biology, or thank the random chance, that one in a million if not a billion chance, that means that we in this room, across our country and indeed the world get to be alive at the greatest time in human history.

As a society, we spend so much effort improving life and prolonging life. Health is the biggest part of our budget, and we do so much to try to reduce death in all its forms. We are heading in the right direction when we do this, especially when we talk about the prevention of suicide, which is why I find this bill so wildly

inconsistent and that those who seek to do more to prevent suicide, who are not willing to support suicide, are willing to support something called euthanasia.

With this as a background, I am an advocate for human life in all its forms. When this question comes before us, I struggle. I struggle when I hear the stories of those who are suffering and would like us to approve this question to give them choice. But what I struggle with most is the concept that my vote would give rise to a situation where life is ended prematurely. This question comes with its nuances and subjectivity that make it difficult to find a perfect solution.

Often in this place, seeking perfection is the enemy of doing good, but I do not feel that this applies to this question. When we are talking about the conscious act of taking life, then perfection is what we must seek. If even one life were be taken prematurely, then I would feel responsible, and that responsibility would sit too heavily on my conscience, as it would sit, I think, on all of our consciences. Life is the most precious thing that we have, so if we here make a decision to approve a bill that leads to someone wrongly losing their life—even months, days or minutes of life—then that is something for which we would all have to take responsibility.

Over this journey, I have heard stories of those misdiagnosed with a terminal illness who may have considered this option. Once re-diagnosed, I have heard stories of the joys of life that these people were able to go on to experience—the joys of a new child coming into this world, the purity of two people making the decision to be with each other for life and affirming that decision in front of family and friends, or, indeed, the simple joys of good food and good company and a good glass of red wine and the beauty that exists in our world at every turn.

I know that the discussion we are having here today centres on the quality of life versus the quantity of life, but I would contest that we must continue to preserve both in whatever combination they come. It does seem interesting to me that those in this debate who do believe or, in my case those who struggle daily and desperately want to believe in the concept of an afterlife, are the ones who are seeking to keep people away from that future for longer and that those who do not believe want us to get to that final end quicker. Our time on this earth is too short, and in my view we should do all we can to extend it.

I know I cannot comprehend the pain and suffering that some go through and I do have huge sympathy for those people, but I think that is why we must continue to invest in medical science and I think that is why we must preserve the status quo. I would hate to see a system that has an out clause where it is not necessarily those who are asking for death who are denied, but in my view it is more about those our medical system will shape as to wanting that end. In fact, there may be a subtle change in the way our medical system approaches people whose lives they do not consider are as worthwhile as others and that, indeed, we channel people towards that end in conscious and subconscious ways.

I also know this question will become redundant in the future as we continue to improve palliative care and the cure of terminal diseases. Indeed, the concept of voluntary euthanasia—

There being a disturbance in the strangers' gallery:

The SPEAKER: The gallery will show the same respect to the member for Schubert as was shown to the member for Morphett or I will clear the gallery.

Mr KNOLL: The concept of voluntary euthanasia is actually quite a modern construct and I think advances in medical science have taken terminal illnesses and turned them into acute and manageable. As we continue to do that, this question will become more and more irrelevant. So I say again that I want life. I want it in

greater quantity and greater quality. I want it for myself. I want it for my family and friends. I want it for everybody. I also, dare I say it, want it for those who no longer want it for themselves, whether we call it suicide or euthanasia, for there is an eternity to experience the alternative.

So I cannot vote for any stage of this bill or any subsequent bill. As a society, we value life more now than at any other time in human history, and to create a passage to shorten life in this way would be a retrograde step. Life is precious because it is finite. To live forever and ever would render life meaningless, but having just that little bit extra would be pure joy—the joy of extra minutes stolen from death where we truly understand the value of what we are giving up. I urge my colleagues: we cannot do this. From the depth of my heart and from the central core of my being, please do not head down the path where we devalue life in any capacity.

Mr GARDNER (Morialta) (10:57): I wish to place on the record, perhaps briefly, my comments on the Voluntary Euthanasia Bill. I have spoken on previous bills that have come to this chamber on this matter, so I will allow people to read at length those contributions from 2011 if they wish to get my detailed position on all the aspects. However, just in brief, I did point out in those bills that my judgement certainly at that time on voluntary euthanasia would be tied to certain safeguards: matters to do with requiring a second opinion of the initial diagnosis, requiring informed consent and requiring a confirmation by mental health professionals that somebody was not suffering from treatable depression. This bill does not meet the safeguards that were put there.

On other occasions, some bills have passed a second reading for contemplation of amendments in a committee stage. I remind the house that in 2011, when one of these bills was dealt with that was introduced by the then minister for health John Hill, there were amendments moved, amendments that I moved myself to those bills, that were rescinded in following weeks upon the argument that some ministers had been in meetings when those amendments were debated. Minister Hill in particular, I think, was the one who moved the rescission motion. He found that, because he was not there to present a case, not all the facts had been brought to bear.

In the meantime, the Royal Australian and New Zealand College of Psychiatrists, I think it was, wrote to all members expressing their concern that their members could not be privy to a bill or a set of amendments that would allow, in effect, a tick off for euthanasia, a tick off for suicide, as they identified it. It is a situation that I have grappled with ever since. I am grateful for the many constituents who have come to see me or who have written to me. Well over 100 people have written to me on both sides of this issue, as well as to other MPs, so I am thankful for that.

There is another bill on the agenda at this point. Given the complexity of the committee stage last time and, given the fact that there is another bill on the agenda, for better or worse, I indicate that if there is a second reading vote on this Voluntary Euthanasia Bill then I will not be supporting it.

Mr VAN HOLST PELLEKAAN (Stuart) (11:00): This is a very serious issue, an extremely serious issue that we come here to debate. It is far more serious than many that we deal with here, and I can actually see both sides of the issue very well. I grew up in a family that was very open to voluntary euthanasia. My mother was diagnosed with cancer when I was about 10 years old and it was something that we discussed around our kitchen table. She wanted the opportunity for voluntary euthanasia, if it was necessary. Thankfully, she has never needed to, or wanted to

take that up. She is in her senior years now. She is not particularly healthy at all, but I know that, consistently through her life, that is the view that she has had and it is something that we have discussed as a family, as I said, from my being a boy onwards.

But I also understand the other side of the issue too. In a briefing yesterday one of our parliamentary colleagues said that, generally, this is about the principle and not about the detail. I have a very different view from that. I really can deal with the principles and I grapple with which principle is more important: sanctity of life versus opportunity to choose. Both of those things I believe in very strongly. So, the detail is incredibly important because we as a group of legislators, regardless of our political affiliation, have a great responsibility to the detail on this issue.

In that spirit, I have engaged very openly. I have not been able to meet with every single person who has wanted to meet with me, but I have met with as many people as possible, I have attended as many briefings as possible, and I found that, overwhelmingly, the people who have engaged directly in writing, or directly in person, or directly on the phone, have done so in a really positive spirit, regardless of their perspective on this issue.

I would say that the overwhelming flood of emails from people you have never heard of, sending you exactly the same script hundreds and hundreds of times, have no impact on me, to be quite blunt, but the people I have actually sat down with, engaged with, spoken to on the phone etc., I have found have all come in a very good spirit. A few people have said, 'If you vote for this, I will never vote for you again.' A few people have said, 'If you vote against this, I'll never vote for you again.' So, to be quite blunt, those people count each other out.

This is not an issue that I, and I hope any of my colleagues, would choose based on how people are likely to vote for them at the next election. Hopefully, regardless of our position on these issues, they will find other issues to decide on. As I said, there will be some people who will hold that view, and fair enough for them, but there are more than enough of them on both sides of the argument for me to think seriously about the issue rather than that particular style of lobbying.

I have gone through the bill put forward by the member for Ashford in great detail, and I do not support it. I would be very willing to consider amendments to that bill. I understand the issues that are going on behind the scenes, and I say, quite squarely, that I have absolutely nothing to do with the business in the background about pushing for adjournments, pushing for it to be voted on, pushing to have a different bill proposed instead, and questions about whether we should discuss the amendments or should we prevent people from discussing the amendments. I say quite openly, too, not one member of parliament has come to me to ask me to become involved in those discussions either, which I greatly appreciate, and greatly respect.

So let me say that I find this a very difficult issue. I do not support the bill as the member for Ashford has put it forward. I have gone through it in great detail, and did so several months ago and have revisited my thoughts and my notes on it. Interestingly, when you do that and you go through the consultation and the lobbying with lots of people, there are a lot of people who say you must support it for this reason, and then you find out the bill is actually not quite what they are telling you is critical. Then there are people who say you must not support it for this reason—well, the bill is not actually exactly the way they think it is either.

I will not support the bill that we are debating at the moment. I would be open to considering ways of improving it. I understand the member for Morphett has

put his bill forward in a way to try to progress that. I leave myself as open to the next bill as I was to the current one when it was put forward to consider and make up my mind. If there is a vote on an adjournment today, I will sit in the gallery for that vote because I think that is actually part of the whole game playing. I think that is part of the game playing on both sides.

If there is a vote and a division on whether or not we should adjourn this bill, I will sit right there and I will watch. If it comes to a vote on the bill, I will sit in the chamber and I will vote on the bill as I see fit. I will not back away from making a decision on behalf of the people I represent in parliament on this extremely difficult issue, but I will not participate in the game playing either. With those words, hopefully my position is very clear.

The Hon. S.C. MULLIGHAN (Lee—Minister for Transport and Infrastructure, Minister for Housing and Urban Development) (11:06): It is my view that the issue of voluntary euthanasia is perhaps the most difficult issue that a parliament can consider. While there are many people in our community who are supportive of it, and indeed a number of people in this chamber are supportive of it, there are also many in the community who are not and some who are stridently opposed to it. Indeed, many in this chamber are stridently opposed to it.

After thinking about this issue, and considering firstly the bill which was put forward in February of this year and also a bill which has just been introduced, I can understand why many people do not support voluntary euthanasia. I can understand that some people's religious beliefs preclude them from supporting voluntary euthanasia. I have no criticism of those people. Far be it from me or indeed anyone else, I believe, to criticise someone for their religious beliefs or how they line up on a matter because of those beliefs.

I also understand that many see perhaps what could be described as a biological imperative. We as humans, like all other organisms, relentlessly strive for survival—that is as common to us as it is to anything else on this earth and that quest for life should also preclude a regime of voluntary euthanasia. I understand that argument. I also understand the argument that it is the most unusual and perhaps also extreme measure for a parliament to enable a government to enable the lawful killing of one citizen by another. That fundamentally contradicts what many would call a social contract or a basic element, a fundamental element, of a relationship between a citizenry and its government.

Here in Australia, we almost do not allow that on any basis whatsoever. We do not allow it for capital punishment, and in fact the only thing I can think of off the top of my head might be, in the most extenuating of circumstances, allowing a law enforcement officer, in an effort to protect a larger proportion of the community, to execute that form of duty. For those reasons, and perhaps many others, I understand why many people oppose voluntary euthanasia. It cuts across what many people see as fundamental obligations of themselves as members of parliament. It is understandable then in that context that so many attempts at legalising a voluntary euthanasia regime in South Australia, and indeed in other places around the country, have failed.

I believe that unfortunately there are still a number of people within our community, albeit a small number of people, who are suffering the symptoms of terminal illnesses which are so severe, and so torturous and unbearable, that it places them in a terrible and dreadful circumstance. I also believe that some of these people have gone through accessing every possible or reasonably available medical intervention, and, indeed, beyond that every reasonably available palliative care support or option, that could be made available to them, but still find themselves in

this dreadful circumstance of intolerable suffering.

So the question for me is: should I, as a member of parliament, or should the parliament as a whole, contemplate, for this small group of people within our community, allowing a regime that will enable them, of their own choice and of their own volition, to make a decision to end their suffering earlier than what otherwise might occur from their terminal illness? In my view, that is something that should be provided for this small number of people within our community.

The bill we are currently debating regrettably does not do that. It casts the net far wider and seeks to provide what is called by the bill's title 'a voluntary euthanasia regime', but in a way which is not about people with a terminal illness, which is not necessarily about these people who have exhausted every medical intervention or palliative care option available to them. In its form, my view is that this bill cannot be supported.

However, as we have heard from the member for Morphett this morning, an alternative proposition has been put in this parliament, a proposition that is focused on an individual suffering a terminal illness. There is a proposition from the member for Morphett, in his bill, that sets out a quite rigorous and robust regime for the making of a request for voluntary euthanasia and how the request should be carried out. It is far more robust than the bill that was introduced in February in terms of protections and safeguards which would be absolutely necessary and, in my view, the bare minimum for a regime that could provide for voluntary euthanasia here in South Australia.

I realise that is not what we are discussing right now. We are discussing the original bill, which was introduced in February. If this bill were to continue being considered, and if the bill were to continue through the process and go to a vote at the second reading stage, I realise that there might be not just me but potentially other members of parliament who could not bring themselves to support a regime as set out in this current bill.

However, I think it is pleasing to those people—many of whom, perhaps, are here visiting the parliament today—who strongly believe in voluntary euthanasia, as well as to members of parliament who are focused on having the most specific, robust regime for voluntary euthanasia, that in the coming weeks the parliament will have the opportunities to debate and vote on a far more robust voluntary euthanasia regime, a regime, I would say, that reflects the community sentiment of those who seek for voluntary euthanasia to be accessible here in South Australia.

I do not believe the community expectation around voluntary euthanasia is reflected in this current bill. I believe the community expectation is reflected in the bill that the member for Morphett has introduced, and I suspect there will be many members of parliament who will seek some further improvements to that bill that the member for Morphett has introduced. It is on that basis that I think we all estimate today that what is likely to occur is that debate on this bill will not conclude but will be adjourned, and perhaps will not ever be restarted. Instead, a more robust regime for voluntary euthanasia, as foreshadowed and outlined in the member for Morphett's bill, will take the place of this current bill.

Given how much time, effort and understanding all 47 of us, and perhaps even the 22 in the other place, have put into thinking about this issue and considering what a voluntary euthanasia regime should entail, I suspect that there does not need to be a long period of time of further discussion, negotiations and consultation before the member for Morphett's bill can be contemplated. On that basis, while it may be disappointing to some people who were hoping for some

resolution of this matter today, it certainly seems from the actions of the original bill's sponsors as well as the member for Morphett's bill, that there is likely to be significant progress on voluntary euthanasia in South Australia in the coming weeks.

We should recognise and pay tribute to the hard effort that has gone into this from members of the local community, as well as members of this parliament to rapidly accelerate the progress that has been made on this issue, not just this week but in the past weeks and months.

Mr SPEIRS (Bright) (11:16): This is obviously a very difficult decision when placed before any parliament in any jurisdiction. I agree with the member for Lee when he states that it is perhaps the most difficult decision to come before any parliament at any time. The issue of voluntary euthanasia, which is essentially the sanctioned killing by the state, is an incredibly difficult one for any policymakers, any decision-makers or any leaders to contemplate. However, that is what we are elected for and that is why we are here: to consider, to take on board evidence and to come up with a decision one way or the other on a range of issues, but today the bill before the house is on the issue of voluntary euthanasia.

I believe that it is very easy for people, when they are polled over the phone or asked in a casual way whether they support voluntary euthanasia, to say yes. How many times in our lives have we said as individuals, 'Shoot me if I ever end up like him. Shoot me if I ever end up like her'? I have heard that from family members over and over again, and I have heard it from friends. People do not like the idea of interminable suffering. People do not like the idea of pain in their lives so, in an informal or casual way over a telephone poll or when speaking with friends, it is quite easy to say that this is something that you are comfortable with, this is something that you would support.

However, when you are one of 47 people, or 69 if you take into consideration the members of the other place, if you are one of that class of people you actually have that responsibility on your shoulders, so it is much harder to reach that final conclusion. It is much harder to come up with the decision one way or the other. People often say to me, 'Well, 80 per cent or 70 per cent of people within the South Australian community, 70 per cent or 80 per cent of your electors would support this.'

I then say to them, 'But they aren't the ones who have to make the decision.' They are not the ones who stand up in parliament and take responsibility for these laws going right or these laws going wrong or these laws being initiated, which sets up a situation where they could be broadened and increased in scope in the future. It is easy to say that you are in favour of euthanasia in a casual sense but when you start to look at legislation, when you start to undertake analysis and when you research the issues that are associated with voluntary euthanasia, that decision becomes a lot harder.

While laws have been instituted in other jurisdictions, and perhaps most notably in the European nations of Holland and Belgium, most countries in the world have chosen not to go down this path. Most jurisdictions have decided that going down this track requires such a reworking of medical efforts, such a change in the behaviours of doctors, such a change in family relationships and the very principles of human life, that they decide not to even contemplate going down the track of legislating voluntary euthanasia.

It is also interesting to note that this is very much a First World problem, it is a rich country's problem. I have worked across Africa and I can tell you that no-one talks about voluntary euthanasia over there, where the hope of life and staying alive

is significant in those countries. This is a rich person's problem, this is a rich country's problem, and even when I dissect my community, it is the richest parts of my community which support voluntary euthanasia. It is a very interesting demographic and geographical study to undertake.

Looking at the laws that are before the South Australian parliament today, and we have to consider the laws that are before the parliament. We have had a new bill introduced this morning, but that is not the bill that we are discussing today. The bill which is before the South Australian parliament is perhaps one of the broadest ever to be framed in the voluntary euthanasia debate in Australia's history.

Traditionally, euthanasia laws have been framed around relieving pain and suffering from those suffering terminal illness from which there is no return. They have required two independent doctors to certify that life is coming to an end and that there is no reasonable likelihood of a recovery being made. In fact, many examples of draft euthanasia laws put into place again and again across Australian parliaments, and across parliaments in the Western world, have placed defined time periods on how long the person is likely to live, and they propose that if this is highly limited, euthanasia is a viable option.

However, the laws that are before the South Australian parliament are not so. They state those highly objective terms 'unbearable' and 'hopeless' to be used to determine whether someone can accept voluntary euthanasia. These terms are highly problematic and so loose that they personally scare me. Many people, particularly those suffering from mental illness, would say that they have had times of hopelessness, but that should be no reason to sanction euthanasia.

On the basis of those terms being in this legislation alone, it is my view that they should not progress any further. Not only that, the very fact that those terms are in this legislation gives me a mirror into the future because we now have a new bill before the parliament but it is absolutely my belief that those who are strong proponents of euthanasia in this parliament and in the community would much prefer the original bill, and that is where you get the scope creep of legislation over years.

I do not like to use the term 'slippery slope' when it comes down to conscience issues because I think it is used over and over again as a very loose term, but when it comes to voluntary euthanasia we have a very slippery slope, and well-intentioned laws can be brought into practice such as the ones that are now before the parliament and have been introduced this morning, but that slippery slope is very much something that we have witnessed in other jurisdictions.

Some statistics: in Belgium, figures for sanctioned euthanasia and assisted suicide rose from 235 in 2003 to 2,012 by last year. In the Netherlands, they rose from 2,331 in 2008 to 5,516 last year. Further, the slope has become even more slippery in some countries because in Holland and in Belgium, children can be euthanased. People who have not reached the age of consent, with the agreement of their parents, can be killed by the state, and that is the very fact of this matter. The slippery slope is indeed very slippery and very dangerous.

There are situations where children who have mental illnesses, children who have spastic conditions and children who have terminal illnesses are essentially put to sleep by their parents. I cannot, with my conscience, stand up for laws that would open that gate to allow us to reach a point where South Australian children could some day in the future be put to sleep by our state. It is my view that end-of-life care requires a huge amount of resources to ensure that people have dignity and comfort in their final days, and this brings me to my final point.

We often talk about palliative care as an alternative to euthanasia. Some people argue that palliative care and euthanasia go hand in hand, that they complement each other, but there is also a fairly significant stream of thinking which says that palliative care is substantially undermined when you have the option of euthanasia before you. Why bother with palliative care as an individual, or why as a state or country invest in the science of palliative care when you can simply go down the euthanasia track?

The bill does not address pain and suffering. It does not get alongside people and build relationships and try to give people hope. Instead, it seeks to end life, it seeks to remove all hope, it seeks to remove people's future. On that basis, I cannot support this bill or any bill which seeks to sanction killing by the state.

The Hon. L.W.K. BIGNELL (Mawson—Minister for Agriculture, Food and Fisheries, Minister for Forests, Minister for Tourism, Minister for Recreation and Sport, Minister for Racing) (11:26): I rise briefly to thank the member for Ashford for the months and months of hard work that she has put in, and all those other people, and I thank the member for Morphett as well for the great work he has done. It is very important that this house gets the sort of bill the people of South Australia are going to expect us to have with the proper safeguards.

I am a supporter of allowing people to die with dignity. As I said, I rise to thank those people who have done all the hard work. We will not have a decision today, but I want to assure the public who contact me—those people who do want voluntary euthanasia in South Australia—that we will keep working on it, and we will make sure we get it right. I also want to thank Andrew Denton and the many people who have worked so hard outside this place to try to inform people inside and outside the Parliament of South Australia.

Ms CHAPMAN (Bragg—Deputy Leader of the Opposition) (11:27): I rise to speak on the Voluntary Euthanasia Bill, introduced by the member for Ashford. As I have indicated to her, I will not be supporting the bill in this form. However, it is fair to say that with a number of amendments I would be sympathetic to it being advanced. In short, however, the statutory sanction of death by doctor is something which in the present bill is deficient in definition, is inadequate in protection, and certainly does not address a number of the concerns I have raised.

For the benefit of those who move above the emotive issues to understand the significance of why as legislators we have responsibility to have something that is practicably able to be applied, in terms of something as simple as the insurance law, and the protection against someone avoiding their obligation as an insurer to pay out on an insurance policy where someone has taken their own life via a voluntary euthanasia approval, to impose a fine of \$10,000 when you have a \$1 million insurance policy is a nonsense.

That is an example of what we have to explore, and I am pleased to see in the bill that has been tabled today that the voiding of the clauses that would obviate that is exactly the sort of work that has to be done as legislators to make sure that not only do we have any process that has suitable protections but that we recognise what ill we are trying to cure as such and, secondly, that there are a number of other consequences that occur that we as legislators have to responsibly address.

What I want to say is that I am concerned, in the last few days, as to why we have got into this mess, and why it is that we are not progressing an amendment to this bill and we are now having to move to another delayed debate on this important issue. It is up there with abortion, stem cell research and all the other issues things we have had to deal with. It is not the only one, but for newer members it is

probably the first one.

What is concerning to me is that in the last few days I have heard that one particular organisation, a union, has threatened the re-election of members of this parliament if they were to vote to support voluntary euthanasia, and I am appalled at that. I am not going to name them. I am simply going to say that I want those members to remember that they are here, elected by the people in their electorates, to represent the people of South Australia. I want them to remember that, having accepted that position and been sworn in, they must comply with the obligations that they have sworn to and that they lined up in this parliament and accepted responsibility to do and not be intimidated by the threats of others. That is very important.

The SPEAKER: Could the member seek leave to continue her remarks.

Ms CHAPMAN: I seek leave to continue my remarks.

Leave granted.

The SPEAKER: The adjourned debate to be taken into consideration—

Mr GARDNER: Sir, I think that when time expires it does not need a date defined. It just automatically stays on the list.

The SPEAKER: Well, I am advised by the Clerk that the mover of the bill has the choice.

The Hon. S.W. KEY: Yes, sir. I was hoping that we could adjourn the bill to 1 December. I would have thought that a lot of people in here would be happy about me moving it to 1 December.

The SPEAKER: I am advised that it is not really for us to speculate whether the house will sit on the optional sitting week, so the member for Ashford is entitled to adjourn her bill to Thursday 1 December, and so I accept the motion. Is it seconded?

Debate adjourned.