

South Australian Parliament

House of Assembly

Bills

VOLUNTARY ASSISTED DYING BILL

Second Reading

May 26, 2021

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Bills

VOLUNTARY ASSISTED DYING BILL

Second Reading

Adjourned debate on second reading.

(Continued from 12 May 2021.)

The Hon. S.S. MARSHALL (Dunstan—Premier) (19:31): I rise to speak on the Voluntary Assisted Dying Bill. I support the second reading of this bill. I have supported legislation for assisted dying when it has been before this house previously. I do so again, not because I would avail myself of such laws but because I do not believe that I can deny other South Australians the right to make that choice. In providing this legal option at the end of a person's life, this bill establishes a range of mandatory protections, approvals and reviews to prevent exploitation.

I have every respect for those who do not support voluntary assisted dying. I understand their views and their concerns. I have considered the deep and sensitive moral, ethical, legal, medical and professional considerations associated with this question, but it is also important to recognise that with the passage of these laws we will not be entering on the so-called slippery slope. An entirely voluntary choice will be the foundation of assisted dying under these laws—the right to choose a dignified death, to retain control of your life until its end.

Why should death be a lingering and agonising one? Why should a person in sound mind not be able to reduce suffering at the very end of his or her life after all other efforts to cure an illness, relieve the symptoms and make daily life more bearable have been tried and failed, when there is no more acceptable intervention available, when the only option left is more suffering until death finally arrives?

I am satisfied that there are sufficient precautions and protections in this bill to prevent an otherwise unwilling person being forced to take this step of having their life prematurely ended against their real desire. In taking a position on this bill, one influence has been information from SAPOL and our Coroner's Office. It points to the desperation and isolation many of those with a terminal illness face as their lives draw to a close. It shows that more than 10 per cent of suicides are now attributed to people with a terminal illness.

At times, people in these circumstances are not found for some time after they have inflicted death by their own hand. A dignified end to life is something to which all our citizens are entitled, one that under these new laws would occur under clearly prescribed conditions and proper medical supervision, not in isolation and in desperation.

This is the 17th attempt in the South Australian parliament since 1995 to deal with this question. In the meantime, four years ago voluntary assisted dying laws were passed by the Victorian parliament. They have applied from June 2019. Western Australia followed, with their laws to apply from July this year, largely modelled on Victoria. Tasmania has enacted voluntary assisted dying and a debate in the Queensland parliament is imminent, so neither our nation nor South Australia can be accused of rushing headlong into this matter. There has been lengthy, comprehensive consultation and debate.

I commend our Legislative Council for the respectful and dignified manner in which it has most recently considered this important question. Strong views on both sides of this issue were expressed. I believe that during this debate an important point was made by my cabinet colleague the Hon. Stephen Wade. Our health minister referred to the deliberations and decisions in other jurisdictions as having now developed a well-considered Australian model and nationally consistent legislation in this very sensitive area of health law. It is a consistency that can now support quality of treatment and safe practice. It also reduces the pressure for what is being called medical tourism.

I therefore believe that South Australia can have confidence in joining other states in enacting a model law for voluntary assisted dying. Such a model law includes strict eligibility and approval conditions.

Those eligible must be at least 18 years of age; have six months or less to live, or 12 months in cases of neurodegenerative conditions; suffer to an intolerable degree; be mentally competent to make the decision of their own free will—the person requesting voluntary dying must fully understand the decision and be able to communicate their view through a formal request process—and have two doctors separately sign off.

The detailed Victorian laws now being applied based on the model have 68 safeguards in place. Those laws are overseen by a board chaired by a former Supreme Court judge. This board's latest review of the implementation of the laws has found that this has proceeded as planned. There is, for example, no evidence of exploitation or coercion by relatives of those who have opted for voluntary assisted dying. By the end of 2020, 483 people in Victoria had been approved for assisted dying in the 18 months since the laws came into force. Of those, 224 had gone ahead with assisted dying and 77 per cent of them had incurable cancer.

Prior to the introduction of the legislation we are now considering, a joint committee of this parliament on end-of-life choices conducted an inquiry focused particularly on the Victorian model. During evidence to the committee, the AMA president here in South Australia, Dr Chris Moy, advised this parliament to use the Victorian model as the test case and provide the levels of protection it enshrines. That is what the bill now proposes.

In any implementation of voluntary assisted dying, it is important that quality palliative care remains available to all needing it. My government has committed an additional \$16 million to build capacity and ensure equitable access to palliative care services, and we will continue to review the level of service and resources needed in this important area.

In closing, I note that, as in the Victorian and Western Australian jurisdictions, implementation of voluntary assisted dying laws followed an 18-month implementation phase after parliamentary passage of the legislation. This allowed for the consideration of important matters, including clinical guidance, medication protocols and training for participating health practitioners, as well as information for community and health professionals. Should this legislation now pass this parliament, my government will provide the necessary resources to ensure the new laws are implemented effectively and safely.

The Hon. V.A. CHAPMAN (Bragg—Deputy Premier, Attorney-General, Minister for Planning and Local Government) (19:38): I indicate that I will be supporting the second reading of this bill and I do so for the reasons set out in my contribution to this house on 5 April this year. I simply wish to add my appreciation to the Hon. Stephen Wade in the other place for the preparation and provision of a document that provides us with comprehensive information in respect of institutional conscientious objection. That has been foreshadowed for consideration in committee with amendments, some of which I think we have already seen, and I look forward to that. Other than that, I will be supporting the second reading of the bill.

Ms LUETHEN (King) (19:39): I rise to speak on the Voluntary Assisted Dying Bill 2020. I advise that this bill is a conscience vote for government members and accordingly I speak for myself and my electorate of King. I will be supporting the second reading of the bill and I will consider my position on the third reading after the completion of the committee stage and after consideration of all amendments.

I respect that people in my electorate hold differing views. I understand the objections to a voluntary assisted dying scheme for some of my constituents based on religious grounds, and I respect those grounds. This bill sets out criteria, including that patients need to be over 18, be terminally ill, have a prescribed time period left to live, and the person must make the request to access voluntary assisted dying themselves. They are under no obligation to continue after making the first request.

A registered medical practitioner may accept or refuse the request. On commencement of the first assessment the medical practitioner will determine if the person meets eligibility criteria, including decision-making capacity. If assessed as eligible, the medical practitioner must refer the person to another registered medical practitioner. There are many safeguards.

Like my constituents, I have a strong interest in making sure that euthanasia does not become a vehicle for murder of vulnerable community members. This is of paramount consideration in my deliberations. I have proactively requested feedback on this bill from King constituents for many months and, today, over 70 per cent are asking me to vote for the bill. I will now share some of the feedback to bring the voices of people living in the King electorate to the parliament tonight. These are the people for the bill.

Clare was for. Clare wrote to me and attended one of my coffee catch-ups with her daughter and expressed her wish for me to share her feedback in the debate. Regrettably, Clare passed recently. My deepest condolences go to Clare's family, and I commend her for her incredible strength and courage to speak up on this matter. Here is what Clare told me:

I am a 52 year old who lives in your electorate.

I have stage 4 bowel cancer (terminal).

I am writing to you because the voluntary assisted dying bill will be debated...

I will be on Parliament steps making my voice heard along with many others and many who can't be there.

I am imploring you to listen to the community which stands at 80% support.

You were elected to represent the will of the people no matter your own opinion.

Imagine if it was your mother or sister or good friend who was suffering a terminal illness.

Would you like to sit by and watch them suffer?

Of course you wouldn't.

But by current laws you would have to.

Imagine how my 4 children, the youngest who is only 12, will feel watching me die slowly and painfully when that time comes.

And it will, sooner rather than later.

Please, please vote with your own conscience, not that of the PM or any other Liberal party member.

[Rest in peace] Clare.

Another:

Please vote yes. My beloved Nan suffered unnecessarily from dementia and health ailments. If she had of been able to die with assistance I wouldn't have had to watch her fade away and sit with her as she passed away in pain and sadness.

Another:

As a cancer/palliative care nurse I see the daily struggles of patients with bad prognoses nearing end-of-life.

There are many of these patients that express their wishes doing things quickly.

Sometimes instead of having a dignified death, they can pass rather traumatically which could have been avoided were they allowed to choose when and how they pass.

This is a memory that remains with the family if they happen to be present for their loved ones passing.

For those with a prognosis of less than 12 months I believe this law will provide peace of mind.

Another:

Please get it passed!

As a recent cancer survivor I would like the peace of mind when my time comes that I will be treated humanely.

Another:

It is illegal not to provide medical help to a dying dog, cat, horse...as it is said to be inhumane, yet it is currently illegal for us to give humans the same assistance—it just doesn't make sense.

Another:

I have nursed many people who are at end stage.

It is heartbreaking for all concerned.

Family under an enormous amount of stress watching their loved ones go painfully through this stage.

The patient often feels they are putting family and friends through something terrible.

Many plead to have their pain and distress not permanently.

I sat with a man in his last hours, no family—they had had enough.

Another:

I have a terminal illness and I strongly agree with this. I should have a choice.

Another:

After nursing my Dad while he suffered such a cruel death from cancer, the sooner this Bill passes the sooner others have the right to choose.

Another:

The elderly who are suffering with loss of dignity or in pain should have the freedom of choice. I saw my 79 year old grandmother suffer in pain with terminal cancer. They couldn't give her a higher dose of morphine as it may have killed her. The laws certainly need to be updated and changed.

Another:

My wife has been diagnosed with terminal bowel cancer and she would like to have the option of choosing when to die if her situation can't be managed with the current protocols and/or laws which exist.

Another:

My husband passed away last November from Motor Neurone Disease. No treatment no cure a slow agonising death. Prognosis 27 months from diagnosis. My husband lasted 13 months from diagnosis. My husband didn't want to live the way he was. Heartbreaking for his family.

Another:

I fully support the bill currently before Parliament, I watched my Mother die a very undignified death, she deserved better. It is time people were given that choice...it is voluntary, not compulsory!

Another:

I watched my beautiful Sister-in-Law die from Brain Cancer last year and even though she was in Palliative Care it was a long painful death and no one should have to go through that terrible experience.

Another:

One of my closest friends currently has stage 4 bowel cancer. Her biggest fear is having her children and husband watch her suffer a long, lingering, painful death which breaks my heart.

Another:

After watching two of my grandparents suffer and die a slow, painful and undignified death, I support voluntary assisted dying more than ever.

Another:

I lost my daughter in law 5 years ago and she suffered terribly towards the end. I would not wish it on anybody and with cancer in our family I hope this bill goes through as soon as possible.

Another:

I worked as a nurse and retired now. I myself may be in a position to want to be able to access this way of dying. I have an illness myself and am on oxygen 24/7. I am of sound mind and knowing when I have sat with patients who say to me 'Please stop the pain'...I can say that I know how they feel.

Another:

I work as a registered nurse and believe people should have the right to choose. There are many suicides due to the current laws.

Another:

My husband has a terminal illness. Neither of us want him to suffer a painful or prolonged existence. This is about choice for dying people.

Another:

Both my Mum and Mother in law both died a horrible, painful, degrading death due to cancer. My Mum would have chosen to end her pain early and my mother in law would have waited till near the end, but the fact remains they did not have that choice, but should have. Give the individual the right to choose to end the pain. Religion should never come into the equation, as no minority should force their beliefs onto anyone else, it should be an individual's choice and right. My mum was religious and believed that her God would forgive her need to end the pain.

Another:

I have a beautiful friend, who has an illness that one day will be so heartbreaking that her wishes are to end her suffering, for not just her but also for the sake of her children, not seeing her suffer, this is her dying Wish, to be given this opportunity to end her own life, please push this through so she can be granted this one last dying Wish, Please...

Another; this is for the against:

As my representative, I am asking you to reject the Voluntary Assisted Dying Bill 2020. This is extremely dangerous legislation. Examples from overseas prove that euthanasia safeguards always change and too many lives are ultimately taken—some without consent. This is not something we want for South Australia. Instead, we should provide quality palliative care for the sick and elderly, and value their life, especially their final days. We step into areas we ought not to when we say it's okay to determine who should live and who should die. It is not our place to do so.

Against:

I am disturbed by the proposed Voluntary Assisted Dying Bill 2020 and I urge you to reject it. There are many flaws in this bill. Some of them include:

- There is no psychiatrist or palliative care specialist involved;
- There is a 6-12 month timeframe for time of death (depending on the nature of the condition), during which time lifesaving treatments could become available;
- There are inadequate reporting standards—the poison could be given to anyone;
- The two doctors signing off on a patient's suicide don't need to be the treating doctor, or even inform the treating doctor;
- A patient's death certificate will be falsified, recording their terminal illness as the cause of death as opposed to suicide.

Please reject this bill in order to protect the most vulnerable in our community.

Against:

As a nurse of many years in South Australia, I have been placed in the horrendous situation of patients, in difficult moments of life, begging me to end their life. I understand the emotional strain...as a health professional, it has never been part of my ethical or moral right to take another persons life.

In closing, surveys show that around 85 per cent of Australians support the legalisation of voluntary assisted dying to allow for better choice. I commend the bill to the house.

The Hon. S.J.R. PATTERSON (Morphett—Minister for Trade and Investment) (19:49): I acknowledge from the outset that any time the parliament discusses matters relating to euthanasia many people have strongly held views about this. As such, this private member's Voluntary Assisted Dying Bill is a conscience vote for Liberal members.

Previous members have spoken of the very difficult and sometimes heartbreaking circumstances that terminally ill people have faced prior to their death. While many other MPs have debated and voted on previous euthanasia legislation, this is the first time I have had the very difficult responsibility to consider euthanasia, and I do so very solemnly.

From my perspective, I have been incredibly fortunate to have been able to raise a family of four children with my wife and not have to face some of the challenging and heartbreaking decisions others have spoken of, having both my parents and my wife's parents alive and healthy. Our grandparents are no longer with us, but they did not suffer to the extent that others have experienced. Undoubtedly, my family has reinforced to me the need to value life.

I am also very mindful that it also important as a member of parliament to respect all views in my electorate and to use those views to assist in coming to difficult decisions, such as on the bill before us. My office has received a large volume of differing views since the legislation was introduced in the other place and, even prior to that, since the Joint Committee on End of Life Choices report was tabled in the South Australian parliament in October 2020.

I want to thank all those constituents who took the time to put into words a way forward and acknowledge that these were heartfelt and would have been highly emotional on occasions. It was also emotional reading. Views such as Janey from Glenelg South, who said:

My 80 year old mother died of lung and heart disease in 2017. She was diagnosed 6 months before, was on constant oxygen from then, two months later she was palliative, the last two weeks of her life were hell.

I have also had nurses who work in palliative care write to me, such as Jacqui from Somerton Park, who said:

I work in palliative care and I see the pain and heartbreak so many families face watching their loved ones die in pain and distress which even palliative care cannot always help. This causes many families much anguish.

Equally, I have people whose views I respect opposed to any form of assisted dying being legislated in SA. Dr Semen of Somerton Park argues:

When people are dying they need tender loving care and support, not euthanasia...to focus on the important things of life.

He goes on to advocate:

Hippocratic medicine recognises that caring for patients and killing them are incompatible—allowing doctors to kill detracts from their ability to care, it halts the positive progress of medicine, and destroys patient confidence in doctors and nurses.

The Voluntary Assisted Dying Bill we have before us is based on very similar Victorian legislation, which has been in operation since June 2019. As the End of Life Choices report stated, the Victorian approach, compared with other approaches in the world, had 'the highest levels of safeguards, checks and balances while allowing this end of life choice'.

The most recent review of the operation in Victoria showed that, of those who died from taking the prescribed medicine, almost four in five had terminal cancer. Others had a neurodegenerative disease or other diseases, such as pulmonary fibrosis, cardiomyopathy or chronic obstructive pulmonary disease. The average age of people who died was 71 years old, with the youngest being 32.

Clause 14 of the Voluntary Assisted Dying Bill that we are debating tonight outlines the criteria for a person to be eligible to access voluntary assisted dying: that they must be 18 years or more and have a decision-making capacity and be diagnosed with an advanced incurable disease that is expected to cause death within six months and, for a neurodegenerative disease, within 12 months. Part 3 is prescriptive that a patient's request must be made personally, voluntarily and be enduring.

As opposed to previous euthanasia legislation that has been considered by the South Australian parliament, there are 70 safeguards in place to ensure that this bill is sufficiently clear and appropriately narrow. I have approached the Voluntary Assisted Dying Bill with great caution as, personally, euthanasia is not a choice I am considering. Also, I approach this with empathy and compassion.

I acknowledge that my electorate of Morphett has one of the largest demographics in the South Australian parliament of people over the age of 65. There are numerous aged-care homes: Charles Young and Bupa in Morphettville, Kapara in Glenelg South, Murray Mudge in Glenelg, Allambi in Glengowrie and Somerton Park Aged Care. Many of my constituents have seen their partner or one of their parents go through a terminal illness in terrible pain and they are deeply affected. As a result, they are requesting an option for voluntary assisted dying for terminally ill people with less than six months to live and who are in insufferable pain that cannot be managed with modern medicine.

After much consideration, I am prepared to support this legislation provided that at the committee stage I am satisfied the safeguards in place protect the vulnerable from coercion so that we are not allowing involuntary assisted dying. I also indicate that I will be supporting amendments moved by the member for Davenport to further tighten the assumption of decision-making capacity and protection against coercion. The End of Life Choices report investigated the critical role that palliative care plays, noting:

Palliative Care is a critical part of our health and wellbeing system although it requires a greater level of funding...

I think you will agree that all members in this debate, whether they are for or against, have recognised that, if this bill passes, funds need to be invested in what is already a nation-leading palliative care

system so that terminally ill patients do not feel that voluntary assisted dying is their only choice. Palliative Care SA applauded the Marshall government for investing an additional \$16 million over the next four years to build capacity and ensure equitable access to palliative care services.

Further to this, a significant hesitation for me is that enacting this legislation means that we pass a threshold and, once in place, there will be a continued push here in South Australia to loosen the safeguards and broaden access to the scheme. So let me state quite clearly that I could never support schemes that are operating in other parts of the world that allow access to euthanasia for much broader remits than outlined in the bill, such as for mental health reasons, especially in children.

Knowing there is significant opposition to the scheme in some parts of the community, my support is given knowing that section 10 allows for conscientious objection of registered health practitioners. Calvary is a Catholic health and aged-care organisation in South Australia that has served the South Australian community for over 120 years. It operates 40 per cent of the private hospital bed licences. They wrote to all MPs stating:

...health practitioners work in communities of practice. To simply allow only individual conscientious objection denies the existence of the need for a common purpose.

Accordingly, the Bill needs to recognise not only the individual consciences of clinicians.

Therefore, I indicate I will be supporting amendments moved by the member for Davenport to recognise the conscientious objection of hospitals and residential facilities.

Having this pluralism in the medical profession and medical institutions will also ensure there is sufficient availability of health care for everyone, including those who are not seeking voluntary assisted dying and also for those that are. At the second reading stage, I will ultimately support the bill guided by the significant proportion within the Morphett community that desire this as an option for people in the community with a terminal illness because the legislation is the most conservative in the world and I am satisfied that the 70 safeguards put in place protect the vulnerable from coercion.

I will also look to support amendments that provide even more safeguards to prevent coercion and expand conscientious objection provisions to include hospitals and residential facilities, and in so doing provide a balance that is of comfort to many people in our community who value life and want to have access to a palliative care facility where the only focus of the treating doctors is the patient's care and support.

Mr HUGHES (Giles) (19:59): I rise today to indicate my support for the bill. When the previous bill was before this parliament, which was lost on the casting vote of the Speaker, it was a very difficult period for me. I had just lost my younger brother. It was the hardest speech I have ever given. In debating this bill, we all bring to the chamber the values and principles that guide us and, for what is probably many of us, the very hard-won insight that comes from the loss of loved ones taken by disease and injury.

Individual autonomy is an important principle, and it is clearly one of the driving principles behind the bill before us: the ability to choose what we do with our life if faced with suffering that is both unbearable and hopeless. As important as individual autonomy is, as important as the capacity to choose is, there is something deeper embedded in this bill. It is about giving yet fuller expression to our humanity, in what are profoundly sad circumstances. It is about love, empathy and compassion. It is about recognising the suffering of others. It is about dignity and respect.

You might have a deeply held belief that would lead you never to contemplate assisted dying, or indeed support assisted dying. I respect those beliefs, but in a secular society that is not illiberal you should respect those who do not share your beliefs—those who, in terrible circumstances, might want access to assisted dying. It is not about denying the sanctity of life, or the recognition of what a profound gift any particular life is, a gift that borders on the cusp of impossibility. We do not give away that gift easily. We will cling to it, and only in desperate circumstances might we choose to end it. Even in those circumstances, most will continue to cling to life to the very end.

During the second reading of the previous bill I listened to the words from the then member for Fisher, who said that, as a nurse, she had held the hands of many dying patients—too many than she

cared to count. She faced the death of her parents. She said that, after watching both her parents pass away, there should be a choice when it comes to assisted dying, even if that choice is never exercised.

Also during the last debate on the previous bill, the member for Adelaide recounted the harrowing death of her mother, of watching her mother starve to death day by day. Even touch was painful. That leaves a profound mark—it rocks you to the core. It is no wonder that she, like the overwhelming majority of South Australians, supports assisted dying.

Just before we debated the last bill, I lived through my younger brother's dying days, weeks and months. Bowel cancer had spread to his liver, lung and brain. The emotion is still raw. Seventeen years before his death, my dad died of the same cancer that had also spread from the bowel to other organs. If you had asked me before his death whether I supported assisted dying, I would have said yes, but it would not have been a visceral yes. It would have been about abstract principle, or possibly just plain common sense. Of course, you provide relief in a final way if someone is experiencing profound suffering and despair, and is facing imminent death, and their desire is to end it all.

What was abstract support became real and deep during my dad's dying days. He died at the Concord hospital in Sydney. The palliative care ward was in an old weatherboard building, at the back of the main building. He died in a sometimes curtained-off room shared by four dying men that was part of a larger ward. In that room, the disease robbed my dad of his dignity, and racked his body with pain. Waves of nausea fought with the medication given to control bouts of vomiting. My mum, my sister, my brother and I watched him die over a period of weeks.

That strong, loving larger-than-life man was reduced to barely a living husk. What was the value in that prolonged ending? Absolutely none. No redemption for his suffering, just pain, despair and hopelessness—absolutely pointless. My dad was a strong practising Catholic but, in those last few weeks, he would have gladly accepted assisted dying if it were available.

To go through that experience with my 75-year-old dad was traumatic. To face the same prospect with my younger brother, the brother who I had spent the first 18 months of my life sharing a bedroom with, was almost beyond enduring. My brother received high-quality palliative care as a public patient in the Whyalla Hospital. He was there for eight weeks in a private room with its own toilet, shower, plus a private deck. More importantly, the palliative care he received was exemplary and the staff both caring and professional.

In those dying days, we talked about voluntary euthanasia. He said that he supported assisted dying and that the choice should be available. He said that he could not imagine making that decision to end his life, but could understand that others would. For many, knowing that they have the choice, even if not exercised, provides a degree of comfort and a degree of personal control.

We were wheeling out my brother for a smoke up until the last day. He could still engage in conversation. He was still fully present. He was surrounded by people he loved and the people who loved him. When the final stage came, he lost consciousness—a combination of the progression of the disease, the body giving up and the increasing dose of morphine and other medication. Over those last hours, he seemed to fight for every breath until finally letting go.

There was a stark contrast between my brother's final weeks and my dad's. The quality of the care and the facilities, the passage of time and improvements generated, the particulars of how the cancer played out and the person's mental state all shaped those last days and weeks. It was not a good death, but it was a better death than my dad's, apart from dying way too soon.

Contrary to what has been said by some, voluntary euthanasia does not undermine high-quality palliative care. It should be seen as one of the options available in what is a spectrum of approaches to assisting the dying and the families of the dying. It is no coincidence that those jurisdictions that have introduced assisted dying also have very high-quality palliative care with voluntary euthanasia seen as part of that care.

It should also be noted that the real-world examples of the jurisdictions that have had assisted dying for many years show that there is no evidence of the slippery slope and no evidence of abuse or coercion. The sky will not fall in. Others have addressed the detail of the bill, its intent, the checks

and balances and the definition used. I am comfortable with the broad thrust and the particulars of the bill.

Assisted dying is about the exercise of freewill in what are very trying circumstances. It is respect for the individual and the recognition of their autonomy. No man or woman is an island and, for most, the decision to end their life within the proposed legal framework will be a decision taken after discussion with their loved ones. We are all interdependent, we are all individuals, but we are ultimately social animals. It is that capacity to feel, to love, to empathise and to show compassion that makes us fully human; that is why this bill should be supported.

Mr WHETSTONE (Chaffey) (20:08): I, too, rise to speak on the Voluntary Assisted Dying Bill. As a conscience vote, it has weighed very heavily not only on me but on every member of this parliament because we have a responsibility to our constituency. But I think it is much wider than that and it is much broader than that: we have a responsibility to humanity and we have a responsibility to change the laws here in this state that give people dignity. They give people the opportunity to be a part of a society that has, in most cases, been very good to them, but in some instances it has come at great cost, whether it is health or whether it is other challenges that we have in our life.

It is about recognising humanity, it is about recognising love, and it is also recognising the care that we should give our fellow humans. It is about recognising that we as legislators have to carefully think through introducing a new law or amending a law that will be set in stone forever.

For me, coming here tonight and making my contribution is in contrast to the debate in 2016. Back in 2016, as a member of parliament, I voted against the euthanasia bill. I did that for a number of reasons. I had made those decisions with my constituency behind me, but I also did that with a lack of understanding of what it really meant to me to lose a loved one or watch a loved one die in my arms. I remember coming into this chamber for that vote in 2016. I was the last MP to walk in. It weighed heavily on my shoulders. I must say that it has been a stark reminder from that day until this day.

My role has never been under more question as a parliamentarian, making sure that everything that I have contributed here over my term in this parliament is recognised as being for the benefit of humanity, for the benefit of South Australians and for the benefit of people who deserve a life that ends in dignity.

As a legislator, I have faced many challenges, and this has been one of the toughest. I think of those people who have come to me, whether they are a constituent, a friend, a family member or just a passer-by, knowing that I am an MP and giving me their opinion. Those opinions have always been accepted by me. They have been accepted as a story that I tell myself, and it governs the way that I think, it governs the way that I vote and it sometimes governs the outcomes, as it did last time with the euthanasia bill when I was the last MP to walk in here with that very, very heavy load.

Through life, I have had mentors who have given me what I consider advice that sets me in good stead for my ongoing days, no more so than my mother, no more so than my father. The very, very sad story that I endured after that 2016 euthanasia bill was watching my father die. It was very sad. My father died without the dignity that he deserved. He was a proud man. Many people have come to me and expressed those opinions because he was an active man and a successful person. He was a lover, he was not a fighter, but he died in the Mid North after enduring a horrific end to his life.

Those last few words he said to me were about making sure that this happens to no-one—'please' he said. Those words that I have had with my mother were, 'Please do not ever let this happen to me.' This is about caring for humanity. It is about caring for those you love, those you think need to have a dignified end to their life. Along the way, it resonates over and over that we have to make the tough decisions. As legislators, those decisions are very rarely ever easy, but they are made in the best interests of the people.

During my sporting career, I have held my friend's hand in hospital as they died. I have held one of my best mate's hands on the side of a boat when he died. I have had experiences with friends who have died in car accidents, and they are wrenching moments, but this opportunity to change the law is something that is made with no exception of responsibility. I must say that, after watching my father

die, it changed my outlook, it changed my thinking, on how people should end their life. They should end their life with dignity.

My constituency have also had their say, and a lot of it is fraught with opinion, but a lot of it is also fraught with opinion that I think by and large is a self-belief of how people should end their life. I say to everyone in this chamber that, as a legislator, as an MP, the outcome of this Voluntary Assisted Dying Bill has to be about what is best for the common good.

As I said, I am happy to listen to the amendments—I think there might be room for some level of modification—but I have to accept that the legislation will be a law to embrace those who are looking for their last wish. In my constituency, this time 300 people have asked me to support it and 50 people have asked me not to support it. This time of reckoning that I have had has given me the opportunity to speak with doctors, with clinicians, with elderly, with young people, those people with mental health illnesses, those people with drug addiction, those people who care, those people who witness people dying in pain without dignity on a day-to-day basis, and it has weighed heavily on why I am supporting this bill.

This bill is not the golden handshake by any means, but it is a bill that needs to recognise love, it needs to recognise humanity and it needs to recognise South Australians as being good Samaritans for those people who are seeing the end of their life. This contribution that I have made this evening has come on the back of countless hours of consultation, lying awake at night wondering just how I could modify what I am going to say, my contribution, but at the end of the day the decision I make will be from my heart. It will also be from my head and it will also be from listening. The listening part of it has been the easy part.

The decision is the tough part—we know that—but I feel that South Australia is ready for the passage of the Voluntary Assisted Dying Bill to go through, and I look forward to supporting it. I look forward to South Australia having those safeguards in place. I am very proud of this government that has put some level of assistance with the bill, but by and large those who will support the bill have done it in the best interests of their constituency, their experience, and I think that they have done it in the best interests of humanity in South Australia.

Mr SZAKACS (Cheltenham) (20:18): This is a heavy issue to rise on. No matter how unambiguous my position on this has always been, it is an issue that is heavy, and I know that I speak, as no doubt so many will who rise tonight, about how much thought has been put into this debate and to those who are affected by it, and also the contributions that many of my colleagues will make tonight. I spoke about my support for voluntary assisted dying in the very first words that I said in this place. I committed my support and my efforts to supporting voluntary assisted dying and I rise, of course, in an unwavering way to do so tonight.

I also do so as a very proud member of this place. I think parliament brings the worst out of people at times, if not often. Anyone who may watch question time at home would certainly see the worst of many of us—the best of some but the worst of many. No accusation would ever be thrown that the best work that we do in this place is into the late hours of the night or early hours of the morning, but already in the short while that I have been listening to the contribution of my colleagues in this place I have been moved to tears, so thank you to those who have contributed and no doubt thank you to those who will contribute in a meaningful way as well.

All of us bring empathy to this place. But for interludes of the occasional goose in the federal parliament and empathy training, we bring empathy to this place. Those on either side of this debate are good people and bring empathy to their deeply held position. I bring empathy to my position and that is why I support this change.

I know many of you have lived experience of holding the hand of a loved one as they die. You have lived experience of that pain and suffering. You have the lived experience of watching someone who has otherwise lived a strong and proud life drift away. For that loss that you have suffered, I am sorry, and for the trauma that you and your family have lived through, I am sorry.

It is deeply traumatic for anybody who ever finds themselves in this position. Many of you know the journey that I step with my family right now, and your compassion means the world to me. I thank my friend and colleague in the other place the Hon. Kyam Maher for his tenacity, and I think at times it is fair to say bravery, in ensuring that this bill has come before us in this parliament. We need to be here. We need to be here doing this.

Much has been said already about the 16 efforts previously, or 16 attempts, to seek law reform in this space. To those who have been involved in that, I also say thank you. I say thank you to Steph Key, Duncan McFetridge, the late Bob Such and Sandra Kanck, just to name a few people over many years who have dedicated their efforts. I hope we will see that your efforts have brought us 16 steps closer to what I believe is an optimistic but cautious way forward for this parliament on this version of this reform.

Tonight, along with many of my colleagues, I joined advocates on the steps of parliament who lit the night up with compassion and courage. It was a vigil that was sobering. To those advocates who have been involved for many, many years, thank you again from the bottom of my heart for the work that you have done in enabling people like myself to stand here and know what the right thing is to do. I know many are here in the chamber tonight; I missed seeing you on the steps of parliament on those cold mornings. Hopefully, this will pass. It has been great to see you, but we will have to find a way for you to get back here and hold us to account for the next bit of important reform that we need to do. I will have to work with you on that one.

There are a couple of arguments that have been put on either side of this that sit uncomfortably with me. One is an argument that has been put that people should leave their religious views aside to find a pathway through. I cannot agree with that because I know people of deep faith and people without faith who are on both sides of this argument. I have spoken about my own faith in this place and where it finds me on a number of arguably contentious social issues, but I know that each and every one of you have your own pathway through as well. So I have not and will not buy into an argument that faith has no part in this because for me faith at times guides me.

In the same way, I cannot agree and I will not agree that the only way to recognise the dignity of life is not to support voluntary assisted dying. There can be no more profound act and way, in my view, to express our support or our respect for the dignity of life, for the profound love, compassion and the courage needed, than to forfeit just one solitary day with a loved one who is asking, 'Please, no more.' It is our courage and our deep respect for the dignity of life that brings us to that point.

To see and to hear their pleas will often go against every instinct we have as humans to fight like hell for every single second of life. But sometimes it is okay to say that the fighting has to stop and that, when someone has fought so much, it is okay to say that it is enough, that it is okay to fight no more. To me, that is what voluntary assisted dying is doing. Dignity in dying does not make us less courageous, less inspiring or less loved—nothing could be more to the contrary. This is a modern complement to palliative care and to the other end-of-life choices that we all have.

To those who may one day be a beneficiary of these laws, to those who may take the comfort of their availability, to those who may never use them, I hope that you are comforted by the words of Welsh poet Dylan Thomas in the same way that I and my family are:

And you, my father, there on the sad height,

Curse, bless, me now with your fierce tears, I pray.

Do not go gentle into that good night.

Rage, rage against the dying of the light.

And, as my father has always inspired me to do, let us do the courageous thing, not always the easy thing.

Mr MURRAY (Davenport) (20:27): I rise, having the first opportunity as a first-term MP, to contribute to what is a longstanding and, historically, a very divisive process. I suspect, unlike many of the proponents of this bill, I have started—I hesitate to use the word 'journey', but I have started my

journey in this respect with a philosophical bias against voluntary assisted dying, and I stress philosophical.

I am a naturally conservative and fairly agricultural sort of a person and I make no bones about that. What I have been concerned with is the responsibility as I see it to be a conduit for compassion on behalf of the people I represent. It is that desire that has led me to seek to become a somewhat unwilling but nonetheless an advocate for the implementation of these measures. So I do not come to this as a dyed-in-the-wool proponent of these measures, but the need to express and to provide compassion is something that I feel very deeply about.

I think the member for Giles has beautifully summed up our responsibilities here. If I can quote him, this is about 'love, empathy and compassion'. If you are going to be a decent representative of your community, in my view you need to exercise those attributes above all else. It is not exclusively about that, of course, but they are nonetheless deeply important. As a consequence of that, I have done the best I can in terms of assessing this bill and setting a path forward to enable me to reconcile my cultural and philosophical antipathy towards voluntary assisted dying but at the same time help satisfy the compassion I believe I should be exercising.

I do not have the strength of character to recount personal stories of the ilk of the member for Giles or indeed the member for Chaffey. Suffice to say, I know what it is like to sleep in the chair in the hospital room for days on end. For what it is worth, I bring that experience to the debate. I stress that I am not claiming any exclusive right or mortgage on compassion. I think the vast majority of us bring compassion to this debate. The compassion I refer to is my interpretation thereof.

I have, as many of you are aware, a whole series of amendments, which are designed to enable me to plot a way forward, to enable me to support this bill and in so doing to find a conduit for that compassion on behalf of the people who are relying on us to do so. I am not suggesting those amendments are perfect. I am not suggesting they are long term. I am not suggesting we can fix all the slippery slope arguments, etc.

The Hon. Kyam Maher will doubtless be surprised to hear me quote him in my speech, but he has made the very good point that it is right for us at some stage to rely on subsequent parliaments to reflect the will of people subsequently. I stress also that I am not trying to stop this particular bill. I am just trying to fix what I perceive to be some less than optimal outcomes so that, as a consequence, I can in all conscience support it.

There has been considerable discussion about the Australian model. At the risk of being parochial, and noting some of our interstate guests here this evening, I will be parochial and I will make the point that there is nothing wrong with having an infusion of South Australian compassion and what we bring as a parliament and some of the things that this chamber has seen over the years in terms of progressive, far-sighted and equitable legislation. Yes, by all means let's have the Australian model, but let's not let that divert us from an attempt to inject some common sense and compassion.

I note that we are—and uniquely so—a state based on freedom of religious expression and issues of conscience. Many Irish, Germans, Poles, Hungarians even, have come out here and have for the first time been able to give expression to their religious beliefs, their customs, etc. This is the South Australian experience, and as a result I would respectfully suggest that it behoves us to do the best we possibly can. At the risk of diluting the Australian model, I would suggest that we do not do that but that we in fact enhance it.

It is ironic, too, I would suggest, given that we do have a conscience vote, that there is some possibility we may be reluctant to enshrine others' rights to have their conscience respected in its entirety. By way of example, none of us who are members here have the slightest problem with talking about the privilege of the parliament, and I would respectfully suggest that we should likewise be prepared to look at conscientious objection, not just for individuals but for groups of individuals as well.

My message to the community is that whether you support or oppose this legislation every view should be respected. My plea is for a lack of continued polarised and divisive and opposing

viewpoints. As I said, what I have sought to do in my own perhaps ham-fisted way is to construct amendments to give effect to what I believe are desirable improvements to the legislation to enable, in particular, people like me, who have not been supporters of this. We represent with this viewpoint a not inconsiderable minority of the community, and I am keen to ensure that we collectively try to accommodate those viewpoints while still having the benefit of what this bill provides.

With the time left I will very briefly enumerate the improvements I am desirous of pursuing. I am concerned to ensure that we try to move the decision-making capacity assessment from one that is based on an assumption to that which the Queensland law reform society instead prefers, where that is assessed. I think that is a not an unreasonable view and hopefully it is one that is shared. There is no mention in the bill at the moment of coercion. I want to enshrine the absence of coercion as a prerequisite.

We have talked about conscientious objection for hospitals and residential premises. This has been the subject of considerable discussion. I do not propose to dwell on it other than to say, as I said, that we need in my view to extend conscience and the right to object not just to individual health practitioners but to entities and in so doing respect their view and in particular give voice to the reality that we are talking about a voluntary process here. We are talking about choice.

If we do not extend that right to those organisations, quite apart from anything else, at the risk of sounding trite, we take the 'v' for 'voluntary' out of the process in my view and substitute it with something akin to it being mandatory, etc. The point is that every other jurisdiction thus far that has enabled this legislation for conscientious objection has failed utterly to address it—it is all too hard—and as a consequence in those jurisdictions they operate in a void or in a vacuum.

I am also interested in an annual audit for compliance purposes, and I am deeply committed to trying to get some changes or some proof insofar as palliative care is concerned. My plea is for compassion by everyone for everyone involved.

Ms COOK (Hurtle Vale) (20:37): It is not the first time that I have risen to speak about voluntary assisted dying. My thoughts and my intentions on my vote have not changed in the several years that have passed since the last time we voted in the very wee hours of the morning on this subject.

As a registered nurse working in the hospital system for nearly three decades, I have experienced and comforted many people through their dying days, many to a peaceful death, many in comfort and many in a way that was accelerated to some degree with the wonders of medicine and the compassion of doctors and nurses who were able to accelerate their demise using some medication and comfort measures.

It is not those people I am concerned about, and it is not that final journey that has made me consider my position on voluntary assisted dying. It is the often weeks and months before the final days that can be the subject of so much suffering, the time in people's lives leading towards death that can be prolonged, unnecessarily painful and unnecessarily traumatic for the person.

When making decisions in my nursing career, and also now, I have had to be a bit bloody-minded about the people around the person. It is not really about the family, although it is terribly traumatic for people sitting with their loved one and watching suffering. It is traumatic for people sitting with their loved one, being begged to help them to end their life. It is traumatic for family members who walk away, drive away, leave their loved one's home with their loved one begging them to help them to end it now because it is too much. It is actually about that person.

Sometimes the consequences of not being able to support them to a dignified end land with our emergency services. I have just been with a number of people who volunteer or work for emergency services, and for them the irony of this is not lost. I was very heartened to hear the commentary from SAPOL and their support for us collectively to be brave and to consider the consequences of what we have in place now, which is no option. It leaves people to make such awful, lonely decisions to end their life—to end the suffering—and it is not always about pain; it is about their loss of capacity to live a meaningful life. So I think it is very heartening to hear SAPOL make comments about how there should be a different way.

There should be a way for people who are destined for the end of life not to suffer and not to experience that painful journey that we as fit and healthy individuals just simply cannot understand. We cannot understand what it is like to live that life. I think we have to open up our minds and our hearts to listen to people's stories and to understand the journey that people take in sometimes those last months when their nervous system just gives up. It can no longer transmit the messages to breathe with strength, to swallow in a way that we know how to swallow, that we know how to drink, that we know how to eat. Sometimes the body just gives up the ability to even deal with the spit in your mouth. Imagine lying there and choking on what is just a tiny amount of moisture in your mouth.

The journey that people go on is something we cannot understand because we are not living it, but that is what empathy is. As human beings, we are programmed to have empathy. We are programmed to understand and to take the position of somebody else. I take that position. I have listened, I have watched, I have assisted people to accelerate the end of their life using medication. I am proud of that. I am proud to have been able to do that in the hospital setting. If you are left at home and you are left without assistance, to have to make a choice to die in an undignified way, to take your own life because nobody is there to help you to access the support to do that in a way that is dignified, is just too much to bear.

I feel very strongly that we have come to this parliament now on the shoulders of giants like the Hon. Bob Such, who held the seat of Fisher before me for so many years. Of course, we have then seen Steph Key, Sandra Kanck and Duncan McFetridge in the last iteration of desperation when we tried to get this bill through a few years ago. We stand on the shoulders of giants.

We come now, I feel in my heart, from a position of absolute strength, empathy and understanding, in a way that we and the community can support each other to make this decision with all the safeguards we have in place and the knowledge that so many have now gone before us and the slippery slope simply is not happening. I feel like we as a group, collectively in a bipartisan or multipartisan way, can support each other, no matter how we vote and no matter how we end up. We vote, we walk on and we stand on the shoulders of giants. We are proud of what we do.

I will be supporting the bill. I thank the Hon. Kyam Maher for introducing it in the upper house and I thank the upper house for having such a dignified and wonderful debate. I thank Susan Close, our deputy leader, for her carriage of this. I thank the Liberal Party and the Premier and I thank our leader for their public commentary supporting this bill. I commend the bill to the house.

The Hon. J.A.W. GARDNER (Morialta—Minister for Education) (20:45): I rise to offer some brief commentary on the Voluntary Assisted Dying Bill before us. I do not propose to go through all the philosophical thoughts and experiences in life that have helped me form my views on the bill. For constituents of mine who are particularly interested, they can read my speeches from 5 May 2011, 29 September 2011, 20 October 2011, 20 October 2016 and 15 November 2016, when we have dealt with this issue in the past and discussed some of the approaches that have been taken to this bill in the past.

For the record, I want to share with the house, and more particularly with those constituents who did not receive it, the communication I sent out a couple of months ago—maybe even more recently than that—upon the passage of this bill in the Legislative Council. I thank everybody who responded. To everyone I had an email address for, which is several thousand of my constituents now, I wrote:

As you may be aware, during this week the Legislative Council passed a Bill to enable Voluntary Assisted Dying (euthanasia) for terminally ill patients suffering intolerable pain.

The Bill will now be debated in the House of Assembly and ultimately will become law if Members of the Assembly vote for it.

As the Member for Morialta it is my duty to assess whether this Bill, like any Bill, is in the State's best interest and vote accordingly. However as your local MP I value your point of view, and should you wish to write to me to share your point of view I am committed to reading all feedback from constituents and taking it into consideration when I make my decision on the Bill and/or amendments that may be presented.

My starting point for that consideration is that I don't believe that any South Australian wants to see anyone suffer in pain that cannot be alleviated by palliative care, and I certainly understand the motivations of all those who are advocating for this change.

However, when these bills have been presented in the past, I have been deeply concerned about the lack of adequate safeguards to protect the vulnerable and to prioritise life if there is any doubt about the matter. That was certainly my problem with the last Bill presented, which I voted against.

The Bill currently considered this time appears to be the most conservative Bill of its nature ever presented to the Parliament, and it does appear to have a wide range of safeguards included. I certainly believe that the issue needs a full discussion in the House, and I expect it to pass second reading.

During the Committee stage I will consider amendments along with my position on the final third reading vote. I look forward to listening to that debate, and to receiving feedback from constituents.

I then identified that, if people wanted to have more information, on my website I presented some of the speeches from either side in the Legislative Council debate alongside the final version of the bill that came from the Legislative Council.

For members and those of my constituents who may be interested, that desire for personal autonomy and freedom to be prioritised wherever possible has been part of the make-up of my political philosophy and my approach to life since I talked with my parents about politics as a young man. My parents were free market libertarians who were very distrustful of government's intrusion on any personal autonomy in people's lives. My desire for safeguards to be absolutely as strong as humanly possible is informed not only by my Christian faith, which prioritises the sanctity of life, but indeed by my fears of the potential for a state sanctioned process to be misused or abused in any way.

My views on this bill are informed by the upbringing I have had, the principles that were instilled in me from a young age, and my faith. I appreciated particularly the member for Cheltenham's comments on, I think, a fair understanding that people of faith bring forward that faith as part of the things that inform their views in a very worthwhile and necessary way.

I am informed by my constituents, and I thank those—I think in excess of 500 at last count, it may even have been more—who responded to my email or proactively found my address or email address and shared their views. I particularly thank those who took the time to reflect on this in their own letters, but I still value those who shared the form letters as well. It is useful to have an understanding of my constituents' views. It is informed by my experience and, of course, as with all of us we must apply our judgement even if there is a principled position that we bring with us. We must apply our judgement to the details put forward in any bill.

I have voted for the second reading in these debates more often than not—there was one occasion when I did not, the last one, because I felt I could not support that bill—and I intend to do so again tonight. I reserve my judgement on the third reading. I will have a close listen to the amendments, but I reiterate my indication, which has been reinforced by those constituents who have written back to me, that a bill that contains strong safeguards, adequate safeguards and does not necessarily presuppose that its passage will precipitate further watering down of such safeguards, is one that I could vote for.

Indeed, when I spoke against the bill in the last debate, and in arguing that I was going to vote against that bill, I said that I knew that that would upset many people in my community but I also identified to those who will always oppose euthanasia bills that I did not propose to say that I will never support a bill in the future. I will always consider bills on their merits and, in this case, that is made all the more difficult by the fact that my own feelings on the philosophy of the position of the principle of the bill are very torn.

This is a difficult matter for anyone to come to a conclusion on when one is not guided by the absolute firm conviction that many have that one side or the other of this debate is absolutely and always will be right. I think that anyone who cares to look back on the third reading stages of the 2011 bill that was presented, which was a statutory defence model, or the 2016 model that was presented, or any of the others, will see that sometimes these bills can get messy. Sometimes the debates can become quite political.

I think that everybody involved in this debate is doing so in good faith with the interests of their constituents' best futures at heart. I thank all members for doing so. I look forward to the remainder of

the debate. As I say, I will be supporting the second reading tonight and I look forward to the consideration of the amendments in the coming fortnight.

Mr BOYER (Wright) (20:52): I also rise to make some short remarks and explain my own reasoning on the Voluntary Assisted Dying Bill. May I say from the outset that I greatly appreciate the lengths to which members of my community have gone to pass on to me their views on the bill. More than that, I would like to commend those people who have been both staunchly for or against the bill for the very respectful and measured way in which they have done so.

Pleasingly, this was also, I thought, a hallmark of the abortion debate, and the feedback I gave people following that vote was that not only is a respectful, considerate and measured tone the right one to take but, in my opinion, it is always the approach that has the most chance of success. I have yet to meet anyone who changed their point of view as a result of being abused or harangued by an adversary. Many, though, have at least modified their position after respectful and logical debate.

Being respectful and considered and cognisant of the fact that these are difficult issues for everyone gives elected members the opportunity to seriously consider the matter in the light of the various opinions with the likely benefit of arriving at a much more nuanced solution. I do not pretend for a second that these have been easy issues for me to rationalise in my own mind. I do not come with a wealth of personal experience in terms of watching someone dear to me die a slow and painful death, although I know that is something that almost everyone must grapple with on at least one occasion in their lifetime.

However, I did have the very good fortune of knowing all four of my grandparents very well before they passed on and they all played important roles in my upbringing and in shaping the values I bring to this place. This good fortune is one of the experiences that has drawn into clear focus the issue that has been troubling me the most regarding voluntary assisted dying, and that is the danger that elderly people living with a terminal illness may choose it on the basis that they feel they are either a burden to their families or that they are simply not valued enough to keep living.

The point I wish to make about my grandparents is that I firmly believe neither of those factors was ever a consideration because right until the very end of their very long lives they were an integral and highly valued member of our family. Indeed, they never lost the respect and reverence they had earned due to the way they lived their lives. Had circumstances warranted it, they may have chosen voluntary assisted dying on the basis of the enduring pain and suffering but never because they felt unloved or unwanted.

The other experience that has caused me to consider deeply the issue of elderly people choosing to end their life because they consider themselves burdensome or unloved could not be any more different from the lives of my grandparents. Indeed, in my role as a volunteer with Meals on Wheels, I have delivered food to many people and many elderly people in the north-eastern suburbs who live by themselves. In fact, it is a regular point of discussion between volunteers upon leaving the homes of some clients that we have never seen a family member visit nor is there any sign of any family member playing a role in their lives.

On the occasion that we ask a client if they are getting any support from their family, it is not uncommon for them to explain that they do not ask because they know their family is busy and they do not want to be a burden on them. So I accepted from the outset that it is a very real possibility, at least in my mind, without the right checks and balances in place that an elderly person with a terminal illness could feel pressured to access voluntary assisted dying.

For me, this issue was paramount in my own deliberations. Perhaps an unexpected benefit of this debate is that it may prompt a meaningful discussion about what being a burden actually means. As far as I understand it, when an elderly person says they are a burden, it is really code for saying they do not feel valued or loved. It is a perception that they do not have anything worthwhile to contribute.

So perhaps we are asking the wrong questions here. Instead of questioning whether the checks and balances will prevent someone accessing voluntary assisted dying on the basis that they themselves

feel to be a burden, we should be asking ourselves: what sort of society have we created where so many of our senior citizens feel this way?

In this modern age, we are capable of so many things we once thought impossible and I often think of all the things that are now commonplace and taken for granted in our daily lives that even in my childhood not so long ago were simply the stuff of science fiction. I feel overwhelmingly that it must surely be within our shared abilities as a 21st century society to offer a terminally person a dignified and pain-free death. I would hate to think that because we cannot come to agreement here in South Australia after 17 previous attempts and after states such as Victoria have done so that we would continue to deny people that choice. For that reason, I firmly believe it is time that we passed this bill.

May I make two more points before I close. The first is that my careful examination of the terms of this legislation has completely allayed my fears of any undue influence or pressure being brought to bear on anyone considering assisted dying. Indeed, as I previously outlined, the debate has prompted me into deeper consideration of how we treat our elderly. My final point is that this legislation does not in any way detract from the wonderful work done by those incredibly selfless, compassionate people who work in palliative care. In fact, voluntary assisted dying is simply another path that could be taken.

I finish by also offering my heartfelt acknowledgement to the Hon. Kyam Maher for his efforts in the name of his late mum, Viv, who I was fortunate enough to know, in progressing this bill and to the member for Port Adelaide for her stewardship and compassion that she has shown in this place.

Ms BEDFORD (Florey) (20:58): Tonight sees the start of the 17th proposal for a South Australian law to establish a process to choose, with the assistance of your treating medical physician, the right to end your life with dignity. Like the member for Morialta, I will not traverse all aspects of this very important conscience issue. Rather, I refer those interested to my last contribution in 2016.

There are many safeguards—already over 50—built into this current bill, prior to any of the many proposed amendments, to ensure vulnerable people are protected. Many people write to me expressing their opposition to voluntary assisted death, which is their belief and choice, and they are entitled to hold that view and have a right to freely express that view and to exercise their right to choose their end-of-life treatments. The choice to voluntarily end one's life is a personal one, requiring much reflection, and it should be the decision of the terminally ill person alone. It should be an informed decision based on all necessary information being made available to them.

People also write to me with heart-wrenching end-of-life stories where loved ones die in excruciating pain and requests to not resuscitate are not heeded by medical professionals, resulting in prolonged suffering no-one should have to endure. But many people also contact me about their firmly held belief they would like to know voluntary assisted death is available to them and explore that option well in advance in case they, should ever need to make that dreadful decision. Many others tell me of their family experience where their loved ones had always totally wanted to have that choice available but, when the time came, they did not want to exercise it.

The medical profession has expressed a desire to separate voluntary assisted death from palliative care. All doctors aim to provide relief from suffering, which is paramount in a palliative care setting. The AMA's position statement on physician-assisted suicide in 2016 made it clear that 'there are some instances where it is difficult to achieve satisfactory relief of suffering'.

A patient must have the choice to make an informed request well in advance, and to restate that choice again at the time when their condition has irreversibly worsened. To decide to hasten death should be their right, but not at the expense of access to quality end-of-life care. I acknowledge and am grateful for the work of Dr Lawrie Palmer in particular and his dedicated team at the Modbury Hospital hospice who provide this vital service in our local community. Their work is widely recognised, and rightly so.

For me, my understanding of this issue has taken many years to formulate. It came about initially through talking to someone who made the decision they wanted the right to choose and set about making that change possible in law. There have been many people in touch with me about this issue

over the course of my public service and in this place. The first and perhaps most striking influence was that of Ms Mary Gallnor, an activist and champion of many causes.

Before her death in August 2013, Mary made a wonderful contribution in many areas and always gave her best. Mary was widely admired and respected for her passionate and tenacious advocacy on a broad range of social justice issues. I first met Mary in about 1989 when she came to visit the place where I worked. The purpose and cause of her visit soon became clear: it was voluntary euthanasia.

She put her case logically and without rancour and in such a way that it was impossible not to respect her argument. Indeed, over ensuing years I found much in common with this formidable woman, who was also a member of the South Australian Liberal Party executive at the time. She was regarded highly in that sphere and became also by me, for of course, although we had many differences, we had many, many shared values.

Within our parliament, Mary will be remembered for her advocacy of over 30 years of voluntary euthanasia law reform. A founding member of SAVES in 1983, she served as president for eight years. Her energy and activism also saw her elected President of the World Federation of Right to Die Societies. She reached out to Labor, Democrats, Family First, Greens and any other political body that may have been able to assist to help people who wanted to end their life legally, without recriminations or legal problems for their close family, friends and associates.

In Mary's 30 years of campaigning, she had seen voluntary euthanasia legalised and working in eight places around the world, and she had actively supported VE bills presented to our parliament 13 times. Many times she lobbied MPs, and all simply for people to have the dignity of choice in dying, a release from their unbearable suffering. In a free and fair society, the freedom to choose the right to die in appropriate circumstances is something many feel is worth the fight.

I would like to acknowledge my many now former parliamentary colleagues Steph Key, Bob Such, Anne Levy, John Quirke, Sandra Kanck, Duncan McFetridge, Isobel Redmond and many others who have made important contributions to previous bills, as well as community campaigners who have worked for decades. While it is impossible to name all of them, Frances Coombe and the SAVES supporters certainly deserve special mention.

The last time this bill came before our parliament, there were I believe 12 jurisdictions around the world where euthanasia in some form had been made legal. In 1995, the Northern Territory also had voluntary euthanasia law reform, and Marshall Perron led the way with a world first that was eventually adopted in 1996. The federal government, however, overturned that bill in 1997, changing the laws in the ACT as well. Since then, VAD laws have passed the parliaments of Victoria, Western Australia and Tasmania. The Victorian law has been in effect since June 2019, a full 19 months after passing their parliament, with a review board established.

The debate in committee will be very important for us, and I will be following all amendments in an attempt to find a workable solution and position. It is important to make sure provisions within the bill are stringent but not unworkable. This bill is not about making vulnerable people expendable or undervaluing anyone. I know many of my constituents are watching and are keenly interested in this debate, and I will do my very best to represent their views as equitably as possible.

Mr TRELOAR (Flinders) (21:05): I rise to make a contribution here this evening on the Voluntary Assisted Dying Bill. I am a member in my third term in this place. This is the third time I have been part of this debate.

Mr Szakacs: Keep going; don't leave us!

Mr TRELOAR: You are very kind. I have made my decision, member for Cheltenham. It will most likely be the last opportunity I have to debate this. I am one who has voted against the bills on the previous two occasions I have been involved in. I do not remember particularly much about the 2011 vote, but those of us who were here for the last vote in 2016 all remember how we were trying to make good legislation at 3am in the morning. I felt, in my own mind, that was a task too difficult. Consequently, I voted against it, and the bill went down by one vote.

It is a conscience vote. It has been deemed a conscience vote by both the major parties here in this parliament. We have an extraordinary responsibility here. We have an extraordinary responsibility each and every day in this place, but particularly with issues such as this. I was asked by a country media outlet about a conscience vote and how we determine a position in a conscience vote as individuals.

It was a very direct question. He asked me: do you consider the will of the constituency, your constituents, or do you make a decision yourself on a conscience vote? There is no real answer to that. Of course we consider the opinions, the letters, the correspondence we receive from our constituents, and we have all received many on this particular issue, both for and against and some in between. But, ultimately, on an issue such as this, I think we have to look within ourselves to make a decision.

I am somebody who believes in the sanctity of life, of course; we all do. We have spoken about it here. There is nothing more precious than human life. I am not able to regale the parliament with stories of loved ones close to me and their dying days. I have lost elderly grandparents whose time had come. Probably the nearest thing I have was my father-in-law, who has passed and who died of bowel cancer. I believe in my own mind that he was not one who would have taken up an option to end his own life had he had that choice, and I feel sure of that. Both my parents are still alive. I have not lost anyone else in a situation whose experience I might be able to draw on to help me with this decision.

However, it is one particular story that has convinced me that I should support this bill. It is the story of a family resident on Eyre Peninsula, in the heart of Eyre Peninsula, in the heart of the seat of Flinders. I am not going to use names, even though the names are well known now because the family has gone public with their story. Each of us as MPs would have received an email from the mother of a young man who died of a terminal disease.

I have spoken with the mother. I know that we are not supposed to refer to people in the gallery, but that person is here tonight and I know she has been following this debate with great interest. I have asked her permission to read some—not all—of the email she sent to all of us to indicate to the parliament, her story, their story. I feel that story has convinced me to support the bill. She wrote:

Terminally ill people want a choice in how they die. The choice to not die was taken away from them the moment they were given a death sentence when diagnosed with terminal cancer or a degenerative disease...

My son's death certificate says he suicided. I see it as anything but suicide. [My son] was dying. His oncologist as well as the palliative care doctor both agreed in their statements to police that [my son] was close to death—two weeks, no more than a month. The cancer had spread throughout so much of his body that in his last days, I could no longer even rub a sore spot on his back such was the pain. In fact, the only comforting thing I could do (for [my son] and myself) was run my fingers through his hair for hours on end, being careful not to touch his scalp as the cancer eating his skull also caused him terrible pain.

One argument that has been used as an excuse to vote against this bill is that of coercion—families will use this law to convince their family member that the only way out is death. The sooner the better. This is something that I cannot imagine ever happening. Having spoken to so many people in my advocacy of voluntary assisted dying, the consensus is the opposite. Families do not want their loved one to die. They want to hold on to them. They also do not want to see them suffer. Can you imagine if I had demanded [my son] not die from ingesting Nembutal? He would have died anyway but hating me for my lack of compassion for him! How selfish of me to want [my son] to suffer because I didn't want him to go when he chose or on the flipside, making him hurry up his decision to die because I had a vested interest or because he was being a burden! Ludicrous!

For [my son] to have control over how and when he died was deeply important to him. He was suffering terribly yet rarely complained but he was tired of fighting every day to stay alive—mostly for our sakes; to be there for the last Christmas with all of us present, to give his sister his last ever gift for her thirteenth birthday, to see in the New Year with us, his family.

When he developed cauda equina syndrome due to tumours growing around the base of his spinal cord [my son] was devastated that he could not get out of bed without help. He also lost bladder and bowel control. He was nineteen and was heartbroken and embarrassed that he needed help with the most basic human requirements.

The passing of this bill will not help [my son] but I know that by having voluntary assisted dying as an option, whether they choose to utilise it or not, South Australian people with a terminal illness and suffering terrible pain will feel a calmness knowing that when the time is right, they can choose to have a peaceful death, surrounded safely and lovingly by their loved ones.

I do not normally read such things into *Hansard*, but I do appreciate receiving that email. I appreciate sitting down with this lady for an hour in her own kitchen, and hearing the story in much more detail than that. I have an extraordinary amount of respect for this lady and the family.

She is writing a book about this. She did tell me how many words she is up to: she has written tens of thousands of words and is not finished yet. I asked her how the book was going to end, and she said that it is going to end with this—with this debate and this vote. It is just extraordinary.

I am comfortable with the safeguards that are included in this bill. I know full well, as we all do, that there will be another evening in front of us in two weeks' time on a Wednesday. I will have the duty of chairing that committee. There will be a number of amendments, there will be significant debate and ultimately we will make a decision that we look within ourselves to make.

I think this debate this time around has been particularly respectful and particularly calm. It has been much calmer than my memory of the previous debates, and I congratulate all members of parliament on the way in which they have conducted themselves here. The final thing I would like to say is that the test above all else is when we ask ourselves: would we as individuals want the choice if we were ever in that situation? My answer to myself is yes.

Mr PICTON (Kaurua) (21:15): The previous debate we had on this legislation was certainly one of the most difficult decisions and debates that I was part of in my first term in parliament. It made me focus on my own views on this subject, and it made me focus on talking to my community and hearing the stories and experiences of people in my electorate.

I came out of that experience having changed my perspective. I had previously instinctively viewed myself as an opponent of voluntary euthanasia. I ended up supporting the 2016 legislation. The more I learnt, the more people I spoke to, the more I experienced. It was very clear that there was an issue that needed to be addressed.

It was very clear that for people in excruciating pain with terminal illnesses in the final stage of life, we were letting them down with our legislative framework and we could take action to change that. For many of these people there is very little that can be done for them and we are subjecting them to very long periods of unnecessary pain because of the way that our laws are drafted.

That is a conservative model. There are others who view voluntary euthanasia as much more open, and they are much more willing to allow people with a whole range of perspectives to choose to do that. I view this as a narrow perspective and think we should support a conservative model.

I deeply respect the views from my community on all sides. People come to this debate with deeply held convictions and we can respect that people coming from all sides are doing so for the right reasons. I certainly have listened to everybody who has come to speak to me about this on all sides. I have read every piece of correspondence—every email, every letter—that I have received and I appreciate that people have sent me that.

In the end, in 2016 I moved some 30-odd amendments and ended up getting significant changes to the legislation that allowed a more conservative model that I believe allowed me to be comfortable with it, allowed more members of the community to be comfortable with it, but also allowed other members of parliament to end up voting for it. Of course, in the end, we lost by one vote in that debate. We are now in a very different situation. This is a bill that has been brought to the parliament by the Hon. Kyam Maher, the Leader of the Opposition in the other place, and the deputy leader, the member for Port Adelaide here, but this is essentially a carbon copy of the Victorian legislation.

Victoria went through a proper process, in terms of drafting their legislation, and a very lengthy detailed select committee of their parliament that went through the mammoth task of research around the world. They then took that report, and the government adopted and investigated it further using the resources of government to investigate and to develop the model that ultimately passed the parliament.

With the greatest of respect to all the members who moved the previous 16 bills that this parliament has considered, that is a very different proposition from what we have had previously. We have not

previously had the full resources of the parliament or the government in South Australia devoted to the task of getting this legislation right. So, thanks to what has happened in Victoria, we now have a substantially better model to consider than what has been debated any time previously in this parliament.

That leads me to be certainly more confident in the legislation now than I was in 2016, and hopefully more members of parliament will be more confident than they were in 2016 as well. I believe we are hearing some of that now. I thank those members for their work previously, but it really took the whole parliament to get behind it, the whole government in Victoria to lead us to this model now. It has been passed in Victoria, Western Australia and Tasmania. Instead of being the first jurisdiction to pass legislation that has come from a private member's bill, we would now be the fourth jurisdiction that has come from a very lengthy process.

I also have done some work comparing where we got to in 2016 and what this bill looks like now. As I said, in 2016 we went through a lengthy process of getting significant numbers of amendments passed. However, if you compare this bill with that, there are a number of safeguards in this legislation that were not passed even by the time we got to the end of the committee stage last time.

In this legislation two requests must be made for voluntary assisted dying, not one. Health practitioners must have undertaken approved voluntary assisted dying training. Very important is the establishment of an oversight body over how the system will work and operate. Health practitioners are prohibited from initiating discussions about voluntary assisted dying, and the practitioner administration must be witnessed. I believe we have come a long way, and this is a much better model than what we have considered previously.

I will say something about palliative care. I agree that this is now very separate in legislation, but we do need to improve our palliative care system. I note that this is something that every time this is debated people on all sides, no matter what perspective, say needs to happen, but then it does not seem to happen afterwards. I was at a forum at Victor Harbor recently. People went through their awful tales of the lack of support that they got for their loved ones in palliative care, and we need to do much better for them as well, separate to this legislation.

I will be very happy to consider amendments through the process that are in good faith. I do not think we have to take the Victorian model completely. Of course we can consider ways to improve it. I am interested in looking at this conscientious objection in relation to institutions. Hopefully, there is a model in which we can strike the right balance, and I have noted that Queensland have recently come out with some advice on this that is, I think, something that we can look at in terms of getting that balance right. I understand that this has been an issue in Victoria, even though it has not been addressed in their legislation.

In my final minutes, I would like to bring a voice to those people in my electorate who have taken the time to raise their concerns, their issues, with me and what they have experienced from caring for either patients in our health system or their loved ones. I will read a number of passages that have struck me as reason why we should be taking action. The first says:

I work in palliative care and have seen so many people suffer for months; not living but not dying, just stuck in a limbo of partial death. Its not a dignified way to pass and its also traumatic for the loved ones to witness. Voluntary dying helps keep dignity as well as ease suffering.

Another says:

In my 15 years in aged care I have witnessed a lot of suffering from the person concerned and the family. I can't believe we have to go over and over the same subject without the government being able to get this through and then get the proper procedures in place...

Another says:

My Dad fought MND for 18 months. Towards the end he could not speak. He was unable to toilet or shower independently. He had all fluids and 'food' through a feeding tube.

He was confined to a wheelchair.

He had the use of 3 fingers on his right hand.

People who are terminally ill have so much taken away. Choice is a precious gift that many take for granted.

Please give them this choice.

Another says:

I have worked in the age care industry for over 20 years and have witnessed some very cruel moments for residents and families, where extreme pain and suffering was extended unnecessarily...

I wholeheartedly support the voluntary assisted dying.

Another says:

I am asking that at the earliest opportunity, South Australians be given the right to choose a dignified end to their life when their quality of life has gone.

I ask this as a man who watched his father waste away to a skeleton of a man due to Pancreatic Cancer. He suffered agonising pain, and his last months were so heavily drugged to relieve his pain he had to be nursed 24 hours a day.

Lastly:

In my practice as a nurse, patients with terminal neurological illnesses, terminal cancer, end-stage heart, kidney and liver disease would beg me to help end the suffering.

As a rural GP, I have frequently been disturbed, deeply saddened and frustrated when patients with no hope of recovery have begged me to help them die. I know there are many worse things than death, and watching a patient sufferer slowly dying, despite ever-increasing morphine, is a form of torture for all concerned. Once there is no hope of recovery, gentle death is a decent and dignified end.

I hope tonight and next week I can be a voice for these people. I thank them for raising these very personal stories with me. I hope we can get this done to help people in this awful situation.

Mr ELLIS (Narungga) (21:25): I rise this evening to place on the record my position on the Voluntary Assisted Dying Bill that is before us this evening. I will begin as I begin all conscience vote issues by clearly outlining that on these votes I do my absolute best to cast my vote according to the will of the electorate. There are obvious difficulties in measuring that, and inevitably there will be people who believe that I have misread the sentiment, but voters in Narungga should rest assured that I will do my level best to cast my vote in the way in which they expect me to.

To date, three and a bit years into my first term of parliament, I have had the fortune of not being put in the position where my personal views on a subject matter are divergent from those views that I believe the electors of Narungga hold. That, I think, is a good thing and evidence that I am an appropriate representative for that seat. However, unfortunately, I think that run might come to an end as this bill progresses.

To be clear, I am fundamentally opposed to euthanasia. I am of the view that human life should be sacrosanct in our lawmaking and should be held above all else as irreplaceably precious, and I am sincerely concerned that euthanasia, or voluntary assisted dying, considerably weakens the value we place on human life.

I firmly believe, personally, that it is impossible to completely safeguard legislation permitting VAD, and that inevitably, as I believe has happened in other jurisdictions, there will be instances of abuse. However, in placing that position on the record, I do acknowledge the valiant attempt to safeguard it by way of the 70-odd safeguards in this particular bill. Further, and finally, I believe it is absolutely inevitable that this is a slippery slope that will result in liberalised VAD laws in quite a short time.

During my time as a candidate in 2017 we had this question posed to us as candidates at that point, and I made it quite clear then that I was opposed to euthanasia. Feedback from at least one crowd member, who was not particularly shy about sharing his views, was that I must never have gone through something that might open my eyes to the virtue of voluntary assisted dying or euthanasia. I can report to this house now that that is completely untrue.

My grandpa, to whom my brothers and I were extremely close, went through a horrific ordeal at the end of his life. I recall it as being horrific, degrading and incredibly sad, and I am sure that I was sheltered from the absolute worst of it. When I was younger again, another close family relation

suffered through a prolonged experience of Alzheimer's, which again was truly horrific. Both circumstances were extraordinarily difficult for our family to deal with.

Despite both of those experiences, I maintain my personal view on state-sanctioned suicide, or whatever name we choose to give it. However, in my current estimation, my electorate is in favour of this bill and, as I am only here because of them, I am leaning towards supporting this bill in its current form.

Despite my personal reservations, I currently believe that the majority of our community are of the view that VAD provides a more humane and dignified end of life for our loved ones. I currently believe that our community, on balance, believe that the trauma experienced by a family at losing their loved ones should be mitigated by voluntary assisted dying. However, I do have some concerns about this specific bill that I would like to place on the record, despite my presumed support for it.

It is my view that there are a significant number of people agitating for this initiative who will find—and perhaps they already know—that this bill will not provide the answer to what they perceive is their problem. By way of example, it is my view that a substantial number of people who advocate for this bill do so on the basis that they do not want to see their loved one suffer through dementia or Alzheimer's in the same way that my close family relation did.

On my reading of this bill, that will not be available. Put simply, in a doctor's estimation someone suffering with dementia seeking VAD must be between six and 12 months from death, and for someone suffering from dementia who is that close to death it would be extremely difficult, in my view, for them to possess the requisite decision-making capacity to make that request.

I do not want to put words into his mouth, but I believe that new upper house member, Robert Simms, confirmed that view in his contribution on 5 May about the extraordinarily difficult family circumstances he found himself in, and he acknowledged that in that case this bill would not have helped their situation. That being the case, in my view at least, if this bill passes it will be a very short period of time before we, or whoever is populating the parliament at that time, will be asked to review this act with the idea of making it more accessible to more people.

I have genuine, significant concerns that this bill will be the very thin wedge of a rather significantly wide wedge. I note of course that there is a mandated review period in this bill, but I suspect that it will not be that long before the lobbying for a review occurs. It is my view, and it will remain my view, that unless there is a seismic shift in the demographic within my community voters in Narungga do not want a free-for-all euthanasia program.

The AMA have articulated their position statement that there are real practical concerns about how doctors will interact with this scheme. I do not need to restate the AMA position. Everyone here will have read it and formed their own view, but there are genuine concerns about the way in which doctors prescribe palliative care, in particular how VAD must never compromise the provision of end-of-life or palliative care.

I also worry about a key condition of this bill being that doctors need to diagnose the length of time that their patient could have left. It is my view that this is an inarguably difficult task for doctors to perform and that we would not have to search particularly hard to find diagnoses that have been proven either incorrect or dramatically misjudged in time, despite the doctors' best intentions and experience. In my view, we are risking taking years off people's lives by relying on such difficult diagnoses and we are possibly risking preventing recovery.

I also take issue with this bill explicitly stating that voluntary assisted dying is not suicide. When we take away terms such as 'euthanasia' and 'voluntary assisted dying', which are designed to make it seem more pleasant, we are left with state-sanctioned suicide, which I believe is what the process truly is. This is not late-stage refusal of treatment. We are not merely boosting painkillers. This is the voluntary consumption of a substance that is intended to kill.

With those few concerns, I will begin to conclude by again stating my personal opposition to euthanasia; however, on the basis that my electorate support it, I am leaning towards voting in favour. I have tremendous friends in the electorate who will be disappointed with this decision, friends who

have been supportive in both getting me into this place and the way I conduct myself in it and who I hope will continue to be extremely supportive. These are people whose counsel I hold dear and who I hope to continue to rely upon. To them I say that I am only casting my vote in this way because I honestly believe that it is the will of the electorate.

I need to make a quick special mention of a constituent of mine Bec Rowan, who recently launched a petition to demonstrate community sentiment predominantly in the Copper Coast Council region. Bec succeeded in securing well over 700 signatures, which is a tremendous effort for one person, one community volunteer. Congratulations to Bec, and I thank her sincerely for her help in guiding the way for me.

I can also report that the vast majority of constituents who have contacted my office over the journey report their preference to be in favour of this legislation. Those two factors, in addition to my many, many hours in the community over the past few years, have led me to where we are today. I have to report that I will be voting in favour of amendments that strengthen this bill, especially those that I anticipate will be moved by the member for Davenport around institutional conscientious objections and reporting obligations and against amendments that will liberalise this bill.

Despite that being the case, I suspect that this bill will convincingly secure the numbers to pass the house. As I said, I will cast my vote in accordance with what the community expects of me and I look forward to partaking in the committee stage to make sure I can do the best possible job of doing that.

Mr McBRIDE (MacKillop) (21:33): I rise to speak on the Voluntary Assisted Dying Bill 2020. I appreciate that this is a conscience vote, and I welcome the opportunity to speak on this matter that is so important for many individuals and families across our state. I have followed this informed debate that commenced and occurred on this matter in the other place. I note the respectful way it was debated in the other house and the careful, detailed and well-researched consideration given to the bill by its members. I acknowledge the work of the Hon. Kyam Maher MLC, who has done extensive groundwork and introduced this bill in the other place, and the member for Port Adelaide for bringing this bill to the house.

This is the 17th time this matter has been considered by the South Australian parliament; however, unlike many members who have navigated this debate previously, this is my first opportunity to consider this important measure in the house. I take seriously the requirement to make a decision on this issue. I consider it to be one of the most important decisions this house can make.

There are many people in our community who are currently suffering, who are on the path to suffering or who are indeed yet to receive a diagnosis of incurable advanced progressive disease that will result in them experiencing suffering. These are the people who ultimately either will or will not have a choice to die at a time or in a way that they choose. Like so many people who are supporters of voluntary assisted dying, my broad support for this bill has been born from life experiences and from hearing the enormously difficult stories from others who have had loved ones subjected to unbearable suffering when facing terminal illness.

I have appreciated hearing from constituents in my electorate on this matter. I have heard many unfortunate, familiar stories about families being powerless to assist loved ones in their suffering. I have heard stories of decisions being taken to halt treatment because the patient has had enough, where the next steps are the use of terminal sedation, where no food is taken and the person dehydrates in an effort to bring a conclusion to suffering.

These experiences have left a lasting impact on loved ones and family members. The impact can be traumatic and long lasting. When speaking with these people, you can see that their experience drives their conviction. They do not want to see others suffer in the same way that their loved ones did. I have had it put to me from such people, including some who attended the Candles for Compassion vigil in Mount Gambier last Friday, that there is beauty in having an end-of-life choice and there is beauty in a dignified end to life.

With voluntary assisted dying, relatives can find comfort in knowing their loved one has had their last decision realised, that their loved one owned the decision around the end to their life. It is a

comforting end. These people are often the most passionate and strident supporters of our state reaching a position where voluntary assisted dying is recognised legally as a compassionate and humane way to end suffering.

I have also heard from those in my electorate opposed to voluntary assisted dying, and I respect their views. I understand that for some, their personal beliefs do not allow them to support the ending of life. It is a challenging task as a local member to balance and evaluate the diversity of views that constituents share with me. I have a deeply held personal view about the rights of individuals to make their own decisions, including those that relate to their end of life.

It is very useful that this matter before us has been subject to detailed scrutiny on the pathway to the establishment of voluntary assisted dying legislation in Victoria, Western Australia and, most recently, Tasmania. We have the advantage of understanding how the practical implementation of the legislation is progressing in Victoria.

I note that the Queensland Law Reform Commission this month released its report, 'A legal framework for voluntary assisted dying', and a draft bill. In my brief review of the elements of the bill, I note there are significant similarities between their proposed bill, that of Victoria and the one before us. The notable exception is that to be eligible the person must have an incurable advanced progressive disease that will cause death within 12 months.

The Joint Committee on End of Life Choices, established through the other place, has been a valuable process that has enabled thoughtful and detailed deliberation and the opportunity for community engagement and consideration of the full spectrum of positions in relation to this matter. I thank the members of the joint committee for their diligence and deep consideration of the matter. As a result of its research, the committee found that the most relevant legislative approach with the highest level of safeguards while allowing for end-of-life choices was that of Victoria. This is the model upon which the bill before us is based.

Under the bill before us, access to voluntary assisted dying is limited to (1) persons who are over the age of 18, who are Australian citizens and who have been resident in South Australia for 12 months and, importantly, who have decision-making capacity in relation to voluntary assisted dying; and (2) persons who have an incurable advanced progressive disease that will cause death within six months (or 12 months for neurodegenerative diseases) that is causing suffering that cannot be relieved in a manner that the person considers tolerable.

The foundation of this bill is about allowing choice. It will provide a choice that some people experiencing intolerable suffering from advanced terminal illness would seek to take up. It does not diminish the choices that people suffering from advanced terminal illness have. Voluntary assisted dying is just that: voluntary, and is only a choice that people with decision-making capacity may take up if they are eligible.

Terminally ill people who are experiencing intolerable suffering will base their choices on their own position, their own beliefs, their values and their circumstances. People in this position are the ones we need to think about. They deserve to have the autonomy that they have had throughout their lives—that is, to make decisions about themselves, including their choice to die.

More broadly, community sentiment in favour of voluntary assisted dying has been growing over time. I note that a range of polls in Australia have sought to identify the level of support for voluntary assisted dying, in particular when a person is terminally ill or experiencing unrelievable suffering. Repeated surveys conducted by Roy Morgan over time have shown growth in support by survey respondents from 47 per cent in favour in 1962, compared with the 2017 survey, which showed 85 per cent of people surveyed were in support.

The bill provides a series of important safeguards. In the bill, doctors are prohibited from discussing voluntary assisted dying except when asked. People seeking voluntary assisted dying need to retain their decision-making capacity throughout the process. If there is any doubt about the decision-making capacity of the person seeking voluntary assisted dying, including mental illness, the

coordinating medical practitioner must refer the person to a registered health practitioner who has the appropriate skills and training. This may include referral to a psychiatrist.

People must have an enduring request for access to voluntary assisted dying. The bill requires the person to request assistance for voluntary assisted dying on three separate occasions. They must demonstrate they are acting voluntarily at all stages of the process. Specialist advice is brought to bear in relation to the illness the person is suffering. Two doctors are required to agree on a detailed assessment. A voluntary assisted dying board will be able to track reporting on people for whom VAD is approved. This will assist in picking up concerns about doctor shopping.

Palliative care plays a fundamental key role in assisting to alleviate symptoms and making life as comfortable as possible for any individual who is suffering and nearing the end of their life. The Joint Committee on End of Life Choices highlighted the role of palliative care as a critical part of our health and wellbeing system. The committee noted that palliative care requires a greater level of funding to ensure more consistent and equitable access can be achieved.

I am acutely aware that there is ground that needs to be made, particularly in regional areas, in relation to the delivery of palliative care services. I welcome the \$16 million investment by our government into palliative care services, which seeks to improve services and provide end-of-life care options where needed. It is evident that even with the best quality palliative care suffering cannot always be alleviated.

I note the concept of the Australian model for voluntary assisted dying referred to by the Hon. Stephen Wade MLC in the other place has been discussed. The location of my electorate on the border between South Australia and Victoria brings this issue into sharp focus, as presently voluntary assisted dying is permissible in Victoria and not in South Australia.

In the close and frequent daily interactions in our cross-border community, we have some people, even neighbours in my community, able to access voluntary assisted dying while others who reside in South Australia currently cannot. It also provides a strong case for consistency. I look forward to the bill progressing to the committee stage. I have indicated my broad support for the bill as drafted but will look closely at the amendments.

Mr DULUK (Waite) (21:42): Like everyone else in this house, I will be making a contribution. We cannot be reminded enough of the importance of the decision that we are going to make over the course of this debate today and in the next fortnight. This is an emotional issue and so many of us have experienced the illness, suffering and death of a loved one. All of us, I think, have been in that position. In my own family, we have been no different.

For our family, we were all present at the end of my grandmother's life, when she was in a vulnerable, incapacitated state at home. We were so fortunate that she was able to receive the very best of end-of-life palliative care. That is something our family will forever be grateful for. I know the member for Chaffey in his contribution touched on the importance of that and of witnessing that, as did the member for Davenport and so many others in this place.

I do not think any of us wants to see our family or friends suffer at the end of life, and this is such a difficult debate for so many of us, but we as legislators need to judge the legislation on what is actually printed on the pages before us and what these changes will mean if they become law. We are tasked with legislating for the wellbeing and safety of all South Australians, and we must look at this through that prism of shared values, foundational principles, love and compassion, as I think the member for Wright alluded to so well in his contribution, and how it will impact on our entire state now and into the future, because this bill impacts on each and every one of us.

Paul Keating, former Prime Minister, made some remarks as part of the 2017 Victorian debate. He went on to say:

Once this bill is passed the expectations of patients and families will change. The culture of dying...will gradually permeate into our medical, health, social and institutional arrangements.

He also said:

Opposition to this bill is not about religion. It is about the civilisational ethic that should be at the heart of our secular society...In public life it is the principles that matter. They define the norms and values of a society and in this case the principles concern our view of human life itself. It is a mistake for legislators to act on the deeply held emotional concerns of many when that involves crossing a threshold that will affect the entire society in perpetuity.

I believe his words and many of the points he made in those remarks are true in this debate, and that is why we should tread with an abundance of caution as we go through this debate and importantly as we embark on the committee stage where we will be looking at many of the clauses and how they will actually work in practical effect for South Australia should the bill become law.

One of my key passions ever since being in this place—and of course it is National Palliative Care Week—is around the provision of palliative care services in South Australia, and there is always going to be a big interface with palliative care services in end of life and any end-of-life legislation that comes through with it. According to the AMA:

For most patients at the end of life, pain and other causes of suffering can be alleviated through the provision of good quality end of life care, including palliative care that focuses on symptom relief, the prevention of suffering and improvement of quality of life.

The AMA also admits that palliative care 'can vary throughout Australia' and that 'we must ensure that no individual requests euthanasia or physician assisted suicide simply because they are unable to access this care'. When people are dying they need tender loving care and support, and unfortunately we too often fail in this objective. Surely, before we embrace euthanasia, governments should be doing everything they can to improve palliative care options and access to them, especially in regional South Australia.

This means ensuring adequate resourcing, support for research and development and ensuring our doctors and nurses are more aware of palliative care options for their patients. We know that the majority of South Australians want to die at home surrounded by their families. It means our public health networks need to provide palliative care at home just as the Mary Potter Hospice does through Calvary.

The Australian Institute of Health and Welfare's 2020 report on palliative care services found that South Australia had one palliative medicine physician and 11.3 palliative care nurses per 100,000 people as of 2018. The national standard is two palliative care physicians per 200,000 people. Right now we cannot even meet the minimum threshold for palliative care in this state, and there is much room for improvement in South Australia.

We have heard in many of the contributions that the passing of VAD legislation would give peace of mind to South Australians. I have no doubt that to a certain extent that is true, but I also know that better palliative care will also provide that peace of mind. If we as a parliament are going to progress a VAD bill, it cannot be at the expense of palliative care and see a reduction in those services. In fact, it should spur our desire to do more in that space to ensure that if this VAD legislation is passed, it becomes the absolute last resort option.

That concern about lack of palliative care feeds into some of the other concerns that many have with this bill, including me, which are around protection for vulnerable people. Right now in debate across Australia we have just had a royal commission into aged care and elder abuse and we have had a royal commission about the abuse of people with disability. This is coming on the back of the failures at Oakden. We have the Ann-Marie Smith case. These are all tragic cases where the state has failed to adequately protect the most vulnerable. Indeed, once again we need to be looking at resources for the most vulnerable, not taking away those choices.

The Australian Medical Association advocates for relevant legislation to 'protect...vulnerable patients—such as those who may be coerced or be susceptible to undue influence, or those who may consider themselves to be a burden to their families, carers or society' if euthanasia is permitted. Labor Senator Pat Dodson remains concerned that Indigenous Australians will be adversely affected, adding to fears and lack of education about medicine and doctors while they continue to battle worse health outcomes.

There are also similar concerns for people for whom English is a second language. I know through my own migrant family background that that is a big concern for many. As the member for Narungga touched on in his contribution, this bill permits the state to become involved in the taking of life, no matter how noble and how much that decision comes from a place of love.

We are having this debate at the same time as we are looking at whole issues around mental health and ensuring that every life matters and that debate is had. As we have seen in the Victorian example, with the passing of the VAD legislation, we have not necessarily seen a reduction in recorded suicides. There quite often has been an argument made that if we have VAD legislation we will not see these sad occurrences happening in terms of people taking their own life.

I believe that if we do not have these important and proper debates around end-of-life care, and the value of supporting someone through all stages of their life, we are sending very much mixed messages throughout our society. We have seen in countries like Belgium and the Netherlands that the initial limitations in those two countries of only allowing euthanasia for the terminally ill has naturally expanded to include other groups of people as legislation has progressed.

Indeed, we have seen that most recently in Canada, where VAD was passed. Before that bill was assented to, we already saw amendments being drafted for its further liberalisation. So as we progress this debate into the second reading, it is something that we are very mindful of. It is a natural path for us to ensure that we do have those safeguards in there.

To think that there are strengths in this bill that will ever stop there from being abuse of such legislation is something we should always be very careful of in going down that path. There are certainly many issues that I would like to explore in the debate around the role of practitioners in this in terms of the two-doctor framework. Another matter that I will also be supporting, in terms of the committee stage, is around conscientious objections for institutions. I believe the member for Davenport has already tabled amendments to that extent.

Like all members of parliament, I have received an incredible amount of correspondence from my constituents—those who are strong proponents of VAD legislation and those who share many concerns. I want to thank my community, as many others have indicated, for engaging in this debate in the most respectful manner. For me, the passage of this bill might provide some people with greater end-of-life choice. In its current form, if passed, I believe the bill will expose vulnerable South Australians who cannot even access the very best of palliative care services at the moment.

Ms HILDYARD (Reynell) (21:52): In rising to speak, I wholeheartedly thank those who have shared with me their heartfelt and often heartbreaking stories about people they love and their thoughts, hopes and feelings about this bill. As I have said in relation to other issues with which our parliament and community have grappled, I am grateful that people have taken the time to express their views. I think it is a very fine reflection of our democracy when our community, and particularly those who feel strongly about an issue, participate in deliberations through sharing their thoughts and often their very personal experiences. Thank you again to all who have done so.

This is the 17th time a bill to legalise voluntary assisted dying has been debated here, with the last bill defeated by a solitary vote. For a range of reasons, all these previous attempts fell short. I know some colleagues supported the principle of dying with dignity but were worried about a perceived lack of protection for certain vulnerable cohorts of people. This bill, introduced by my lovely friend and colleague Kyam Maher, addresses these concerns and draws on the experience of the Joint Committee on End of Life Choices. It is a carefully constructed, thoughtful bill, deeply underpinned by a commitment to both safety and compassion.

I have, of course, thought about this bill a lot and I have struggled in considering it and, rightly, deeply examined my conscience about the best course of action. It has not been an easy journey to this speech tonight. I have, however, arrived at a view. I believe that this bill strikes the crucial right balance between people who are suffering, who are terminally ill, having the choice to die peacefully, with dignity and safeguarding those who are vulnerable.

Many opponents of voluntary assisted dying cite concerns around coercion. This bill adequately addresses these concerns in both a sensitive and a practical way and includes provisions based on the Victorian model, often held up as one of the safest models in the world. These provisions include voluntary assisted dying only being available to adult citizens or permanent residents who have resided in South Australia for 12 months or more and have capacity to choose; those diagnosed with a condition that is incurable, advanced, progressive, causes intolerable suffering and will result in death in six months; and those with decision-making capacity who have made an enduring request to access this.

The legislation clearly ensures there is no obligation to continue at any stage of the process. In Victoria, many have obtained medication and not used it but have cited that having the medication has provided much-needed comfort. Penalties for breaches are high and a review board will monitor the system and, only after stringent criteria are met, could a person be provided with a voluntary assisted dying permit.

This gives me assurance, as do the words and views of others. I am heartened by the words of highly respected former Victorian Supreme Court judge Justice Betty King, Chair of the Victorian Voluntary Assisted Dying Review Board, who said:

I have not seen—and I have been looking, believe me—no indication of any type of coercion. The feedback has been predominantly about how peaceful it was...for my parent or loved one to be able to choose, to be surrounded by family, to play music and to just quietly go to sleep, and we all sat there and rejoiced at the end at the fact that they've had a wonderful life...

As I mentioned, I have been contacted by many urging me to support this legislation. I have been moved by their words, too, and their accounts of loved ones spending the last of their time on this earth in deep suffering, terrible pain, indignity and trauma. I have heard from wives, husbands, partners, best friends, sons and daughters harrowing accounts of this and their deep sorrow at not being able to provide the comfort they so desperately want to give to the precious person they love.

These accounts are compelling and reflect a widely held feeling in our community that people, when faced with intolerably painful disease or illness that will cause death, should be allowed to die with dignity. For those who are ill, and for their families and loved ones with them in their trauma and torment, I support this bill. I also offer my thanks to those in this place who have generously shared their moving stories of being with a loved one approaching death in excruciating pain.

I do not have an experience of a family member going through this but earlier this year, together with my husband, our boys and other family members, we gathered around my much-loved brother-in-law, my husband's oldest brother, as he passed away. He had gone through cancer and associated treatments a few years ago. He was doing okay and then last year it came back again ferociously. Two days before Christmas, things became dire. Just two weeks later, he passed away.

I have been thinking of him as I wrote this speech. Whilst it was a difficult and extraordinarily sad two weeks, throughout which he received brilliant palliative care, his passing was relatively quick. He left us peacefully at home surrounded by his beautiful wife and daughter and the rest of us. That peace, that gentleness, is what I wish for everyone.

This bill is steeped in compassion and a desire to ensure that everybody can go gently, peacefully, with dignity and without judgement. This is not about anything except ensuring that people can do just that when they face certain, painful death. I have of course heard from people worried about this bill, and I deeply respect their views. I know that some who oppose the legislation do so on religious grounds, and I deeply respect their beliefs.

As a Catholic woman, I, too, have deeply considered and struggled with the moral, ethical and spiritual aspects of this debate and I have weighed up what those aspects mean in terms of the choice before us in this debate. Whilst this debate is not about any single one of us as individuals, we all bring to this debate our own experiences, values and beliefs.

I have deeply considered what my faith means in the context of this debate, and I am very, very clear that my faith is about acting with love and without judgement in every single circumstance and decision that I confront. In considering my faith in relation to this debate, I believe that the most

loving and compassionate choice for me to make is to vote in a way that trusts people, that considers their circumstances with love in my heart, my mind and my actions and that gives people choice to die with dignity, without judgement.

SAPOL, in a rare foray into non-criminal matters, wrote to the end-of-life choices committee in support of voluntary assisted dying, saying that many deaths in those circumstances are undignified, violent and committed in isolation which, on occasion, result in the death not becoming known for some time. There may also be pain and suffering depending on the method and the level of expertise of the person when they take their own life. SAPOL is supportive of a legislated scheme that would allow a person under prescribed circumstances to die with dignity.

Our parliaments, in opposing 51 voluntary assisted dying bills across this country, appear to be trailing public opinion. Indeed, many published polls indicate that support for voluntary assisted dying in Australia is high, including amongst faith-based communities. Amongst the speeches out the front tonight, I heard the fabulous Andrew Denton say that it is time for us in this place to follow our community. Again, I believe the bill responds to our community and it offers compassion and a loving, kind choice to those facing undignified, horrific pain and death, and the vital safeguards that simply must be in place if we are to take this step forward.

In closing, I offer my love and thanks to the Hon. Kyam Maher, his dad, Jim, and his whole family for so courageously through this debate sharing their journey with his beautiful mum, Viv. I thank Kyam for his compassion, his love and his activism in bringing the bill to the parliament. I know how deeply affected Kyam was by the death of his beautiful mum and I also know how very, very proud she would be of her son right now.

Mr PEDERICK (Hammond) (22:02): I rise to speak to the Voluntary Assisted Dying Bill 2020. I have been one who has made it perfectly clear where I am going to go on this bill, and I will not be supporting it. I will watch the debate with interest when we get to the committee stage, on the 124 clauses, to see what amendments I either support or not support. I note the amendments put forward by the member for Davenport in getting institutional rights of conscientious objection up, and I commend him for that.

I acknowledge the various views on this matter and I certainly acknowledge that some people have come to a different view about the bill. I think it is the third or fourth time in my 15-plus years that euthanasia has come up. I was certainly here last time, five years ago, when the vote was called at 4.23 in the morning. Speaker Atkinson had the casting vote and the bill was lost.

It was interesting at the time because there was a lot of debate from medical professionals, either nurses or doctors, and family members, about the perceived risk of what happens in the system when people do go gently into the night. I will read the section that is actually written into the bill. It provides:

Section 17 of the Consent to Medical Treatment and Palliative Care Act 1995 provides that a medical practitioner does not incur liability where certain medical treatment incidentally, rather than intentionally, hastens the death of a patient.

Certainly, the side effect of pain relief—it might be morphine, it might be something else—can be death. Some people would argue that that is euthanasia. No, it is palliative care and it is working through the pain involved in the patient at the time. Do not worry. I have had the lobbying from everyone and there may be a small number of people who cannot get pain relief.

But I have been consistent with my views in the time I have been in this place and I do listen to the views of my electorate of Hammond. There has been significant lobbying once again, and it is basically black and white with this legislation. You cannot be halfway. So we have strident views from either side. Everyone in this place would have been lobbied the same way.

We have all had our personal experiences. I witnessed the death of my father six years ago. He had a small stroke and a small heart attack. I got it straight, and the medical profession were very gentle. Two of the best doctors in Murray Bridge were talking to me at the time—my father was nearly 95—and they said, 'He has about four days to live.' I said to one doctor that night, 'What if we get him into hospital?' He said, 'He might get a day or two.' He was residing at Resthaven at Murray Bridge and

their care was exemplary—absolutely exemplary. The medical profession were about spot on: it was about four days. He was being assisted with his pain relief, I will say that.

I have also had an uncle—and I spoke of Uncle Les last time—who was a veteran of World War II. He served in the Navy, then he served in Korea in the Army, then he served in the Federal Police on Crete and also Maralinga after the nuclear weapons testing. He was a very strong man. I do not say this lightly because when you go to a place like Mary Potter Hospice that administers fantastic palliative care, it is pretty well a one-way trip. He went in and came out and some time later on went back there.

They are just a couple of stories, but it is hard to validate whether it is six months or 12 months for person's death to come. A very dear friend of mine who in October the year before last was given maybe 12 months to live with treatment for pancreatic cancer. If anyone knows anything about pancreatic cancer, it is a death sentence. There is no way back and, once you know you have it, evidently that is it. It will happen. Death will happen. No amount of treatment will stop the terrible disease. But this person is still going and he may outlive that diagnosis by a couple of years. He is doing great service in a position in the community. I hope he does it for a long time yet, I really do.

One part of the legislation where I think there is a bit of confusion in the community, and I am not trying to be cute in saying that, is the clause that provides: 'the person must have decision making capacity in relation to voluntary assisted dying'. In that regard, during the lead-up to this debate some people have a friend, a relative or someone who is sadly suffering from dementia, Alzheimer's or another mental-related illness, and they have thought that they can make the decision to take their own life. Under this bill, that is not true; it cannot happen and will not happen, according to the way the legislation is written.

There have been reports from overseas where legislation has gone through where hundreds of people supposedly did not give the express permission for euthanasia, and you cannot come back. I note the work that has been done on this bill, I note the work that was done on the Victorian legislation and I note the work that was done on the Tasmanian legislation. I know the Hon. Mike Gaffney from Tasmania ran a major campaign and a roadshow of forums right around Tasmania, debating with communities right around the island before that legislation went through the Tasmanian parliament.

We have heard the concerns of other members here tonight, and I acknowledge everyone's viewpoint, but I certainly will not be supporting state-sanctioned killing, because I certainly believe that is what it is. I will be looking at the debate during the 124 clauses of the committee stage with much interest. We have excellent palliative care in this state, and I am a firm believer that we should strengthen our palliative care so that we can get those good end-of-life options with excellent palliative care that people absolutely do require—there is absolutely no doubt.

There are difficult times, and I get that; I have seen it myself. However, for the value of human life I will not be supporting the bill. I will certainly be taking much interest in the committee stage when we get to that, but I do acknowledge everyone's different viewpoint in relation to this bill.

Ms STINSON (Badcoe) (22:12): I have met in person with everyone from Badcoe who has requested a face-to-face meeting with me about this bill. That means I have had dozens of conversations about this difficult topic at kitchen tables and in lounge rooms across Badcoe. There have been many tears and people have entrusted me with their incredibly personal stories and their innermost insights. They have done that to persuade me of their deeply held views and experiences so that I might be better informed about how to vote on this bill. For that I thank each of those people. They are not pleasant stories and I realise they were hard to tell and much, much harder to live.

Each story shared with me has had its own dynamics, each painful and many peppered with fond memories of a loved one, and it is not possible for me to recount every one of those journeys. Tonight, I want to share just one story with you, not because it is more tragic than any other but because it is typical of the stories I have heard.

Talana lives at Glandore. We caught up over a coffee at our local Beckman Street Deli on a sunny day in late March. In a quiet room to the rear she talked about her adored husband of many years,

Michael. Hailing from Ireland originally and with an accent to match, she described Michael as a dignified man. He had a long career as a police officer, particularly in the drug squad, and he was still a cop when he fell ill. He was a tough bloke and he had seen a few tough things in life.

In September 2019, he was diagnosed with bowel cancer. Fairly soon it had spread to his lungs and liver. He had chemo fortnightly, but by April 2020 it was clear that no further treatments could assist and that the cancer had spread through his whole body. Of particular distress were tumours in the base of his spine that put him in a state of agony. Although an injection of painkillers in his spine might have helped to relieve this, Michael was in such a parlous state of health by this point that medical professionals were unable to administer the top-level painkiller in this way.

Talana described to me how just over a year ago Michael was admitted to Ashford Hospital. They both hoped that when the time was near he would be able to go home and pass away peacefully in the home they shared together, but that was not to be. Michael never came home. She told me how in his hospital bed he was in agony and in quite undignified circumstances, and he would beg her and tell her again and again, 'I just want to die.'

By June and July 2020 the COVID lockdowns were in place and Michael was allowed only two visitors. Seeing they knew many months earlier that Michael's cancer was fatal, Talana wished he had been able to make a decision much earlier about how he wished to leave the world. There would have been time for him to seek VAD under the bill we are debating right now, and he would have had the medication and been able to choose to be at home, have all his friends and family with him and not find himself in the dehumanising and excruciating position he was in for the last seven weeks of his life.

Talana told me how the experience fundamentally changed her own views on euthanasia. She told me, 'I never thought it was right to end a life, but until you've been through it you don't know how you'll feel.' Michael died on 20 July last year. He was just 55 years old. It is a very distressing story. Of course, I was in tears as Talana spoke about her pain and regret but also her commitment to make a difference in his name. She decided to talk to her local MP and try to get this legislation passed in her own small way. Thank you, Talana, you have done a good thing and I am sure that Michael would be very proud of you.

In the last six months, 56 per cent of the people who have contacted me in any way about this bill have urged me to vote in favour of it. Polling done in my electorate by the group Voluntary Assisted Dying SA shows 78 per cent of the 1,200 people polled in Badcoe voiced support. It is clear to me that there is widespread support for the bill from my electors, though it is not, of course, universal. There is a range of reasons people in my election oppose this bill. One argument, which I have some sympathy for and that I have invested quite some time in evaluating for myself, is the issue of criminally inclined coercion and ill intent by family or friends, particularly those who may benefit from a person's death.

That is a difficult scenario for any of us to conceive. The vast majority of South Australians would find it unfathomable that they would ever consider somehow engineering a loved one's death. But, in my years as court and crime reporter, I have seen the quite ghastly things that some humans are capable of doing to each other for their own personal and financial gain. We only need to think back to news headlines a year ago and recall the name Annie Smith to be reminded that people do not always have the fondest of intentions towards those they are meant to care for.

It is that knowledge that also makes me concerned that whatever system is implemented is as rigorous as possible. I have had to balance the fact that no legislative scheme is bulletproof with imposing so many restrictions as to make the scheme unworkable for those it is designed to assist. I have carefully examined the 70-odd safeguards in this bill, and although I cannot say that I am 100 per cent convinced that no-one will ever be able to exploit this scheme, I am satisfied that all reasonable measures and a few more have been taken to vastly limit the chance of corruption.

I have been comforted by the work of Justice Betty King and her reviews of the Victorian system. In one such review she states that she has not found any evidence of relatives or friends of VAD patients using the scheme to take advantage of a person, and she states, 'and believe me, I've looked'.

In addition, I have had the pleasure of meeting with well-known journalist and VAD campaigner and a graduate of my alma mater, Andrew Denton, and we have talked about this aspect. He talked about how one of the complaints that people in Victoria have been expressing to him in recent times is that patients are asked somewhere near 50 times during the process if VAD is their choice and their wish. He pointed out that this is in fact excessive and possibly harassment, but it does provide some insight to the rigours of the scheme. He also pointed out to me comments in the Go Gentle submission to our parliamentary inquiry, which states, 'Of course, humans are capable of terrible things, but to carry off such a conspiracy involving so many people would be harder than *Oceans Eleven*.'

It strikes me that there is a not lot more that we could do to guard against the risk of wrongdoing, and at the end of the day I satisfied myself that risk is minimised and does not outweigh the right of people who are terminally ill to access the scheme. There are still a few matters that I need to work through, particularly in relation to institutional exemptions, and I look forward to investigating that in committee.

I want to thank my friend and colleague in the other place Kyam Maher, as the chief architect of this bill. Although I know he has always been a supporter of such legislation, of course the unnecessarily painful and extended death of his mum, Viv, was clearly a turning point in his activism. The professional, skilled and strategic approach he has taken to drafting this bill is what has led us to this point where, after 16 attempts, it is now in a form that stands a solid chance of passing. Kyam, your mum would be so proud of you. Thanks also to the member for Port Adelaide and my predecessor Steph Key, who previously brought a euthanasia bill to this house.

I would like the last words to be from my constituents, each one fighting for what they believe in: a more peaceful death for people with a terminal illness. Pauline of Glandore told me:

My 56-year-old brother-in-law struggled in pain for weeks with cancer. I would give anything for his pain to have been stopped even hours before, but weeks would have been kinder to all, including the young people who had to watch him struggle.

I've been a registered nurse for 25 years and an oncology nurse for 16. I can assure you that no matter how good the palliative care is, some people have symptoms that do not respond to medication and this causes exceptional suffering and distress to both the person and their loved ones who have to witness it. This decision should never be about our politicians' religious or political views. This is a fundamental human right.

That is the view of Marnie of Edwardstown.

I still vividly recall when a family friend was diagnosed with debilitating and terminal cancer in the mid-1990s. As his cancer progressed he was in agony. Ultimately, to bring an end to his suffering he committed suicide in the basement of the family home. The family was further traumatised because a police investigation had to occur to rule out suspicious circumstances.

That was from Prudence of Forestville. Jim, of Plympton, said:

Last Christmas a close friend, Gabby, finally died from her stage 4 cancer after a long fight. Gabby was only 66. Her last few months were terrible. Her pain and suffering was debilitating and inhumane, but also her terrifying fear that the worst was yet to come due to the cancer's devastating effect on her whole body. Gabby deserved better. She was a very lovely person and cared for many in her life. We treat our pets with much care and love when their lives are ending and they are suffering. We choose to euthanise our pets and end their suffering because we care. This is the humane and right thing to do because we care about others, just like Gabby did.

Deborah of Millswood told me:

My mother died the most horrible death. The days before she passed she was asking why this was happening to her, not that she was dying—she was more than ready for that—but why she was suffering so much pain during palliation. Even though this was two years ago I still feel that she was failed terribly in her wish to go quickly and painlessly, instead with a gangrenous leg and blackened toes and terrible, unbearable pain. I wish I could say she passed away peacefully.

To all those families, I am so sorry for your loss. I hope we can do better for those in similar circumstances in the future.

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (22:22): I rise to indicate my support for the Voluntary Assisted Dying Bill 2020, and I will make a few comments. This is obviously a very emotive issue and an issue that is taken very seriously by every member of parliament in both chambers.

It is also of great concern and interest to the people we represent. One of the things I always hold in my mind is that when I am in this chamber I am the member for Adelaide. In fact, it is an offence to use my personal name in this chamber, which is a reminder that when I speak here I speak on behalf of those who elected me and those I represent. So, for me, a conscience vote is determined by the conscience of the people I represent.

I have gone to great lengths over the 11 and a bit years I have been a member of this chamber to research and investigate, to speak with people. I have put out multiple paper surveys over those 11 years and most recently an online survey. Statistically, in my electorate about 1,500 people have made contact. There have actually been thousands more, but there is a very high turnover of residents in my electorate, being Adelaide. There would have been thousands who have been in contact but many of those move in and out of the electorate.

On the statistics, currently 82.7 per cent of those who contacted my office are in favour of voluntary assisted dying. As their representative I feel that it is therefore my obligation to vote in favour of this bill. I am not opposed to considering amendments if they will strengthen the bill before us. I have spoken in favour of the bills that were presented in 2013 and 2016. I experienced great pressure even as a candidate to make a decision; however, I held firm that I would not be making a decision until I was in possession of the facts and until I was a member of parliament and had consulted my constituents whom I represent when I am here.

There were a few things in the original bills historically that were of concern to many people. In my research I went to both the 'for euthanasia' and the 'against euthanasia' debates and the forums—there have been many over the years. The main concerns that were held 11 years ago, when I first started researching, were things such as life insurance being invalid due to suicide. That is covered in clause 6 of the current bill, that the use of voluntary assisted euthanasia would not be considered suicide.

Others were worried that it would be swept under the carpet and not recorded. In this bill, there are annual reports that would be presented to parliament and there is a board, so that is also covered. There were also concerns regarding original bills that those with mental health issues or those who were aged might feel that they were not needed or not wanted in the world. This bill does not cover those people. This is quite a narrow focus bill which I think strikes the right balance.

People were also worried about coercion by greedy family members or people seeking advantage by somebody passing away. This bill also has significant protections against coercion, including a five-year gaol term. In fact, many who completed my survey felt that five years might not be strong enough—some were saying maybe up to 20 years—so at least it is in this bill and a very good safeguard. There is also a review and a reporting function between four and five years after the enacting of this bill, which I also think is a good safeguard, so that we can relook at this bill and see if any improvements can be made.

Many people tonight have spoken of their personal stories and even the member for Giles spoke of my personal story in his speech. In 2013, literally only eight weeks after my mother had passed away, I spoke on the bill that was before the house at the time, so it was very clear in my mind. In fact, this whole discussion brings that back very clearly in my mind, as I can see it has for many others. It is a very emotive and difficult topic when you think of the people you have witnessed suffering through terminal illness.

This bill is quite narrow. I think it is safe. It is six months at the most prior to a cancer death, which my mother went through, and up to a maximum of 12 months for a motor neurone-type disease, so I think it does strike the right balance of the safety yet accessibility for those who need it. I think in my mother's case it might have saved a month or two when she was in pain. Being the strong woman she is, she did not want painkillers; however, unable to move, eat, drink, go to the bathroom, do anything is not how she wanted to die. I do not think that is how anybody would want to die.

It has been a long time coming. We have seen how this has worked in Victoria so we can feel safer that it is working successfully. I believe it has also now similarly passed in Western Australia, in Tasmania, obviously in Victoria, and it is being considered in Queensland. I think it is time and I commend the bill to the house.

Ms WORTLEY (Torrens) (22:28): I rise to speak briefly on the Voluntary Assisted Dying Bill 2020 and I do so having read all the correspondence from my residents—from those individuals and groups in favour of the legislation passing in this parliament and those against it. I have also had conversations with many residents about voluntary assisted dying. I have been stopped at sporting clubs, at the shops and out the front of my office and asked to support this bill. Most who have done so have their own experiences of the death of a loved one.

I would like to share the views of one resident, Cheryl, whom I first met in my early days as a teacher, whose mother was a member of my sub-branch and whose father was a Labor member of the South Australian Legislative Council from 1979 to 1993 and President of the council from 1989 to 1993. She wrote:

I have watched both my parents live an independent and active life. They were generous and decent people who were an asset to our community. They never asked for help and would be the first to assist anyone who needed their support.

Some...may remember my father the Hon. Gordon Lindsay Bruce and his fight for voluntary euthanasia at the time of his diagnosis.

The only time they needed assistance was when they were diagnosed with terminal illness. Neither of them wished to go into assisted living, nor did they wish to prolong their lives with palliative care as they both knew there was no cure for their illness.

It was devastating for them to know that at the hour of their need, the community they had been so supportive of, decided it was within their best interests to take over and decide how their lives should end.

While of sound mind they were unable to make their own decisions about how their end of life journey would unfold. It would have been a huge relief for them to know they were able to end their lives when and how they saw fit. Both of them would have had great peace of mind in their last days knowing they were in control. I believe both of them would have chosen to take advantage of palliative care right up until the last week or so of their lives.

They would never have imposed their views on any one else, and it is utterly unacceptable that others feel they can dictate their views to people who are of sound mind who wish to take control of their own dying process.

As a daughter, it was very difficult to watch my parents struggle with the loss of their independence while they were both of sound mind and completely capable of making rational decisions about how their final days and weeks should progress. There is no amount of palliative care that can support the torture of knowing you are not in control of your own destiny.

I urge you to vote in favour of allowing us the choice of having a medically assisted death...There are many ways the integrity of such a bill can be designed so as to ensure no one can be forced down this path should they choose to see their days out in a prolonged and supported environment. Whilst I am keen not to dictate to those who are not in support of this bill, I am even more keen to ensure those who are not in favour of voluntary assisted death do not dictate their wishes to me or any other family member in the future.

I have spent hours considering both sides of the debate, considering the legislation and the safety measures put in place, and I respect those who are deeply opposed to this bill. Tonight, the legislation we have before us is about choice, the choice for a human being enduring unbearable suffering—suffering that makes the days left not worth living—being able to end their suffering, their life, with some dignity.

Like many, I read the article about the young man Rhys and his mum, Liz, and his dad, Brett, and his siblings and the suffering they had to endure at the time and following Rhys's decision to end his own suffering. I thank them for sharing their tragic journey and for highlighting the difficulties that they faced under our current laws. I thank Lewis, Rhys's younger brother and best mate, for writing to me. I intend to consider carefully any amendments that are put before us with the intention of supporting the bill.

Mr CREGAN (Kavel) (22:33): This legislation requires us to ask a hard question: should the state permit a person suffering hopelessly to end their own life? It is not an academic question, and truth is not capable of being revealed through the arguments that might be put, one against another, in a formal moot or debate. Instead, this vote requires us to find wisdom, including through our own experiences and the experiences of those who have made representations to us.

Importantly, I would not choose euthanasia for myself. If I were voting only for me, I would vote against this legislation because I believe we should never deal with a problem of suffering by eliminating those who suffer.

I believe that the taking of life should at all times be unlawful, except for self-defence or for the necessary defence of others. Put another way, the sanctity of life is essential to my belief system. Moreover, I am also deeply concerned that there is a subtle, constant and unending pressure on older citizens to consider their value as economic units, and that the liberalisation of the law can lead to abuses.

As well, I am a conviction politician: I think my community knows this about me. They might not always agree with my decisions, but I hope they would say that I made them always believing they were right. Even so, it is clear to me that the plain majority of my community wishes to see this legislation passed and wishes to see me vote for it as their representative. I cannot in good conscience prefer my own private beliefs to the desire of my community to have the choice of euthanasia in face of pitiless and hopeless suffering.

Good judgement requires compassion. It requires us to understand that our own belief system is not a complete answer. I have listened carefully and at times have been overcome with emotion as constituents have related to me the profound lack of dignity in the deaths of people they have deeply loved. In fact, I have seen those experiences myself at close hand. I fear that, if I related those experiences now, I would also become emotional.

I know, too, from the experience in Victoria and elsewhere that many people will not choose voluntary euthanasia, even when available; instead, the possibility that they might be spared from hopeless suffering because voluntary euthanasia is available fortifies their spirits and makes it possible to face considerable suffering.

I emphasise that this is the most conservative form of euthanasia legislation that I understand has been brought before this parliament. There are considerable and necessary safeguards. However, there are essential improvements that must be made to this bill, including improvements to be proposed by the member for Davenport and others. I intend to support this bill if those amendments are made, keeping well in mind, as I have earlier explained to the house, that it is my judgement that, even though I believe my community would understand my reasons for voting against this bill, I cannot in good conscience prefer my own beliefs to the majority of my community.

The Hon. S.C. MULLIGHAN (Lee) (22:37): I rise to speak on the Voluntary Assisted Dying Bill. At the beginning of my contribution, I thank the bill's sponsor in the other place, Kyam Maher, and also in this place, the deputy leader, the member for Port Adelaide, for bringing back this very important matter to the parliament's consideration.

It has been nearly five years since this parliament considered this matter, and five years ago I was in the middle of my first term as a member of parliament and found myself wrestling with this very complex, very difficult issue: difficult for me personally, but difficult I know also for my constituents I represent here. There are diverse opinions, if I can put it so euphemistically, some extremely strongly held and held at opposite ends of the spectrum.

I initially started out at that point in time, at the beginning of that debate, as an opponent of voluntary euthanasia (or what we are now referring to as voluntary assisted dying). I did not believe at the outset back then that there was a way that a parliament could adequately draft a law that could provide for such a regime, ensuring that there were sufficient safeguards in that regime to make sure that the worst outcome could not happen, namely, that this be administered to somebody who may not ultimately desire it for themselves.

However, I was convinced over the course of not only the debate but also the amendments that were made to improve that regime that it could be supported, that it was something that a responsible parliament collectively could support and give the community that it represents access to.

In the intervening time, my opinion largely has not changed and that is basically that, when people are approaching the end of their lives and they are suffering from an incurable illness and they are suffering intolerably, there are a number of people for whom palliative care is not sufficient to alleviate their burden of suffering.

I know there are many palliative care providers, including medical specialists, who will continue to try to assure the community that they have all the tools at hand that can alleviate a person's suffering, but it is not only the experience of people who have made representations to me; it has also been something that I have witnessed firsthand.

There are people in the community who are approaching the end of their lives, suffering from an incurable illness that is causing them unbearable suffering, and palliative care cannot ease their suffering. It cannot ease their suffering to the point that, in their own minds, they have made a decision that they would rather end their lives than continue what time they believe they may have left in that position of incurable suffering. It is for that reason that I think it is reasonable that the parliament seeks to pass a regime where those people can have an earlier end to that suffering.

I know that many people do not support this. They do not support it for a variety of different reasons. There are people whose religious beliefs, for example, prevent them from supporting voluntary assisted dying or voluntary euthanasia, and I fully understand and respect those beliefs. I think that if somebody chooses to enter this debate and makes a decision based on their religious beliefs, then I, and I also believe other people, should respect that decision because who are we to dictate to others how they should or should not practise their religion? I also understand and agree that many religions and the way that people practise them make it very clear that they cannot support this, but that is not me and that is not my position.

I know that there has been in this iteration of the voluntary assisted dying legislation some consideration of how if not religious bodies themselves then the institutions they superintend should be required to participate in, or more particularly not participate in, the administration of assisted dying services, and I am interested in that debate.

I am interested in what the member for Davenport has put forward because, in alignment with my views about why people should be free to practise and vote on their religious beliefs accordingly, I also believe that those institutions should not be pushed into a position which they fundamentally disagree with or in good conscience cannot practise, so I am interested in supporting reasonable amendments that provide some mechanism for them not to participate in the provision of these services.

That is an effort that would see South Australia not as the first jurisdiction to enact these laws, as we would have been in 2016, but one of several jurisdictions now in 2021 to consider these laws. That would see us consider a matter that has not been fully considered by other jurisdictions, and I think that is understandable. As jurisdictions have moved to enact these laws, we try to provide the best possible regime, but we do not consider every scenario and every consideration in providing that. Only experience and time will tell how best we can shape a regime that provides for assisted dying.

But I genuinely believe that we are at the point now where collectively we can make a decision to ensure that people who feel that they are themselves in this situation of intolerable suffering as a result of an illness, at the end of their lives, can have that freedom of choice that so many members have spoken about tonight. That is entirely reasonable.

It is no small thing that the state provides the capacity for the life of someone in the community to be ended with the assistance of another. That would be a very euphemistic way to describe the only other situation which I can think of where that occurs and that is where, in the efforts to protect the broader community, a police officer, for example, would end the life of another who threatens the community. That is obviously not the situation we are talking about here, but I raise that instance to perhaps indicate the importance and the weight and the gravity of the decision that we are entering into making now.

It is no small thing for us individually and collectively to consider this decision, but I do believe we are justified in making this decision. So many members tonight have recounted stories that their constituents have provided to them of family members' or loved ones' intolerable suffering. I am sure just about all of us here in this chamber considering making this decision cannot just think of a constituent's story about this but can readily think of a family member who has gone through this intolerable suffering, whether they wanted to end their lives earlier or not.

But the recognition of the intolerable suffering, combined with the recognition that some people would just like the choice not to have to endure that intolerable suffering for longer than they need to, should be enough of an impetus for us to find a way to pass this law so that we can give South Australians the opportunity to have access to a regime of a voluntary assisted dying.

I strongly urge members who are still weighing up the merits of supporting this bill to put themselves in the shoes if not of the person who is suffering intolerably, then of the loved ones who must witness them going through it. It has been five years since we had the opportunity to do it. I shudder to think how many people have been in that situation in the intervening years between 2016 and now that we have not been able to give the benefit of access to laws like these. I really hope that not only can we support this bill at the second reading stage tonight, but also when the time comes for us to consider the bill at the third reading—hopefully in a short period of time—that we can support it then.

The Hon. A. KOUTSANTONIS (West Torrens) (22:47): I wish to congratulate the proponents of this bill. They have done an exceptional job at convincing the parliament that this is going to pass. I believe it is going to pass with overwhelming support. I will not be amongst that majority. I will proudly die with my boots on and be in the very, very small minority on this bill.

The reason I am in the minority is not that I want to see people suffer, not that I want to see loved ones die in pain and excruciating agony as I have been told many times in my electorate office. My view has been philosophical from the very beginning: the state should not authorise the death of its citizens under any circumstances. However, I understand that the topic du jour now is that we have moved on from that and we have lost the argument: the state should, in the view of the vast majority of Australians, authorise the death of its citizens if they are suffering in a way that the state cannot alleviate the pain.

I understand that. I have seen loved ones die long, slow deaths. I have seen people I have loved dearly die and it is an emotive, difficult issue—I accept that. If I can accept the proponents of the bill are doing this because they love and care deeply for humanity, hopefully people can accept that those of us who opposed the bill do so because we love and care deeply about humanity—hopefully—but I suspect that is not always the case.

I want to congratulate the Hon. Kyam Maher, who I think is one of the most idealistic and talented young members of parliament I have ever met in my life. He is an extraordinary young man and he has done an amazing thing, and he has done so because of a deep commitment. He is a remarkable young man who will be an exceptional attorney-general of this state. I just happen to disagree with him on this one matter.

Even though he barracks for an appalling football club, he has exceptional taste and exceptional values and those values, those Labor values that he has, have driven him towards his point of view. I hope he can accept that I share the same Labor values that he does that have driven me to exactly the opposite point of view. I share the values and convictions of, I think, Australia's greatest living former Prime Minister, Paul Keating—that is, once we accept that the state can end the life of our citizens, we have crossed the Rubicon.

I heard an eloquent argument this morning on ABC radio by Andrew Denton, who has been the most devastating advocate for this proposal anywhere in the world. He has been a measured, calm voice for this proposal, and he has convinced hundreds of thousands of people for its advocacy. I have to say all credit to him, because he believes in it passionately and his arguments are, quite frankly, very convincing.

He said today on radio that we crossed this Rubicon long ago when we allowed people to refuse treatment, when we allowed doctors to give potentially lethal doses of pain relief, when we refused hydration to patients. We have crossed that Rubicon. That is true. The problem is we have not noticed. Society has made that leap that we are now going to authorise the death of our citizens, and it does fundamentally change the nation forever. We will be back here again, probably not in my lifetime but when other MPs are sitting in our places deliberating this event.

I will break out of a moment of bipartisan clamour to say that if this was a government bill, as it should have been because it is such an important issue, if the Premier had the political courage to make it a government bill as Jay Weatherill did, we would have 20 minutes to talk about this rather than just 10. Ten minutes to talk about life and death. Ten minutes to discuss a second reading debate about whether the state should authorise the death or life of our citizens. I think that is a shame.

However, since we are at that point now, in the six minutes that remain to allow me to represent my views on whether the state should authorise the death or otherwise of its citizens, it is clear to me that a majority of this house, an overwhelming majority of this house, will support this measure and it will become law. When it becomes law, there will be contradictions in the law immediately. Those contradictions will be with regard to age and mental capacity, because there is one fundamental tenet in this bill and that is suffering.

We are making distinctions in suffering by accepting this bill. If you are of a certain age and are suffering, you get access to measures in this bill. Parliament says it is okay. If you are outside that criterion of this age, you cannot access the criteria within this bill. If you do not have the mental capacity but yet are suffering the same pain as someone who does, you cannot access the measures in this bill. So we will be back here again, and the tough questions for us to answer as a society will be dementia and age.

We will have to contemplate that again. Whether it is in five years, 10 years or 20 years, we will be back here again, whoever is in my place, whoever is in the member for Lee's place, the member for Port Adelaide's place, even the Premier's place. How do we deal with the fundamental question: if you are suffering pain and it is incurable yet you have dementia, can you access the services in this bill? This parliament, this community is saying no. We are also saying if you are of a certain age, no, despite feeling the same suffering, the same outcome.

Equality before the law is the first principle we should have when we make legislation, yet we are deliberately discriminating here because, let's face it, the proponents are putting up a law they think they can pass. Congratulations: it is clever politics. You will get it through. It has passed in Victoria; it is time for review and it will pass. It is almost identical.

Again, this is not me attacking the proponents for their motives. I think their motives are just. My view is the consequences. What happens next? Where do we stop with this? Proponents say, 'Well, you take every measure on its merits at the time.' Sure, but the fundamental question remains. What do we say to a 17 year old who is suffering an incurable disease? What do we say to a dementia patient who is suffering an incurable disease, feeling the same pain as a person of sound mind who can make these choices?

This parliament is making an active, conscious step to discriminate against those people, and there will be advocates for this measure who will come in here and argue to change this law again. This is the 16th or 17th attempt; I have lost count. We are all suffering conscience vote fatigue, I think, after the abortion debate. Here we are again, and we will be back again in the next parliament and the parliament after that and the parliament after that to try to make these changes.

Fundamentally, the people who want changes here love their loved ones, they love their family and they do not want to see them suffer. I do not want to see them suffer either. I do not. My fundamental belief about this bill is it should have been a referendum. I do not think anyone in this parliament is qualified to make this decision, but this is the system we have. It is forced upon us.

The public overwhelmingly want this measure, and the public should be given the opportunity to overwhelmingly support it through a plebiscite, in my view, because the idea of lobbying, asking me to vote against my conscience, against my beliefs about what the state should or should not do in intervening in people's lives quite frankly does not work. It does not work for my constituents, it does not work for this parliament, it does not work for anyone. We are trying to put a square plug into a round hole: it does not work.

The public and the parliament are in conflict on this issue, and we are compromised into trying to get something the public want. The consequences of that compromise are that we will be coming back

here again because we have created an imperfect system to meet a political demand that the public have asked for.

In the end, in the 30 seconds left to me because the Premier did not have the courage to make this a government bill, my view is this: once we cross this line there is no moving back; there is just liberalisation. The important line in the Keating opinion piece is about the poor and the disadvantaged. If we could pass a law to protect the poor and the disadvantaged, we would have done it by now. But there are not any laws we can pass to protect them. What makes us think we can make a law to protect the poor and disadvantaged in this law, when it is life or death? We cannot.

Dr CLOSE (Port Adelaide—Deputy Leader of the Opposition) (22:57): I thank everybody who has contributed and everybody who has attended and witnessed tonight. There is a sense that this bill will pass at the second reading and, if that proves to be true, I thank you all for being part of what may end up in a couple of weeks' time to be history in South Australia.

There have been many tears shed on all sides. There was a comment made about the difference between coming to this with principle and coming to this with experience. I think in fact even those who come without a deep personal and proximate experience come not so much with principle, perhaps not with a visceral sense of what this means, but with an empathetic sense of understanding how many human beings are affected by it.

On all sides, there is a love for life and a respect for life. That is not held by only one side of this debate. We are talking about trying—however—to find a place for death and trying to understand what it means to suffer and what it means to relieve suffering. That is a judgement that needs to be made. I have what people would say is no faith. I belong to no religion, but I think we all have versions of faith. I have a touching, perhaps tattered faith in humanity. We all come to this with a sense of what it means to be compassionate and what it means to be just.

There are arguments made in the community that there is something noble about suffering. I have not heard that tonight. There are arguments in the community about the importance of experiencing death unrelieved. I have not heard that tonight. What I have heard, though, is a concern about the slippery slope and about avoiding unintended consequences. I would say in the argument about the slippery slope that it is difficult to defend a bill that is not being debated, a version of a bill that we are not in fact proposing.

One comfort that we may have is that it has taken 17 tries to get to this conservative position. One comfort we may have is that we are now approaching an Australian model of voluntary assisted dying, which would mean every single state will be loath to step away from a consistency, and that consistency is a very conservative view. I do not think we should be questioning the good faith of the people advancing this model and suggesting that it is merely a political expediency. I think everyone can see that this is a position that is arrived at carefully and thoughtfully, and in some cases reluctantly.

There is a concern about the threat of coercion of people who are depressed or mentally ill and the need, therefore, for safeguards. This bill has some 70 safeguards, nearly all of which are aimed squarely at ensuring that people are not coerced, that they do not get to sign up because they fear being a burden. They are unable to have access to this purely for depression or for mental illness.

There are other safeguards within this bill of course that talk to conscience and, while this bill is clear and explicit about the importance of allowing individuals to have conscience and therefore not to participate, we will have a discussion in the next stage, should this go through, about the capacity of an institution to exercise conscience. My own view is that the silence in Victoria probably does not best serve the patients and that it is important we learn from the Victorian experience and, if conscience is to be exercised by an organisation, that we work out the ways in which that is done in a way that respects the patient and balances the power of this bill and of the state towards compassion.

Martin Luther King said—and I think Barack Obama borrowed it—that the arc of history bends towards justice, although it does not do so smoothly. Let's have the arc of this piece of legislation as

we go through the next stage bend towards compassion. I thank everyone for their contribution tonight.

The house divided on the second reading:

Ayes 33

Noes 5

Majority 28

AYES

Basham, D.K.B.

Boyer, B.I.

Cook, N.F.

Gardner, J.A.W.

Hildyard, K.A.

Malinauskas, P.

Mullighan, S.C.

Patterson, S.J.R.

Power, C.

Szakacs, J.K.

Whetstone, T.J.

Bedford, F.E.

Chapman, V.A.

Cregan, D.

Gee, J.P.

Hughes, E.J.

Marshall, S.S.

Murray, S.

Picton, C.J.

Sanderson, R.

Treloar, P.A.

Wingard, C.L.

Bettison, Z.L.

Close, S.E. (teller)

Ellis, F.J.

Harvey, R.M.

Luethen, P.

McBride, N.

Odenwalder, L.K.

Pisoni, D.G.

Stinson, J.M.

van Holst Pellekaan, D.C.

Wortley, D.

NOES

Brown, M.E.

Pederick, A.S. (teller)

Duluk, S.

Tarzia, V.A.

Koutsantonis, A.

PAIRS

Bignell, L.W.K.

Michaels, A.

Piccolo, A.

Cowdrey, M.J.

Brock, G.G.

Knoll, S.K.

Second reading thus carried; bill read a second time.

Committee Stage

In committee.

Clause 1.

Progress reported; committee to sit again.

At 23:10 the house adjourned until Thursday 27 May 2021 at 11:00.