

Bills

VOLUNTARY ASSISTED DYING BILL

Committee Stage

In committee (resumed on motion).

Dr CLOSE: I do not think the amendment that the member has quite does what he wants it to do. I think that the board, as it operates under exactly the same conditions in Victoria, does what the members wants, which is to make sure that if anything looks like it is going wrong it is identified afterwards but also headed off at the pass.

The process that occurs in Victoria is that the board operates the portal into which each of these forms is submitted. Although I think it is a little bit glib to talk about tick-and-flick when we are talking about a voluntary assisted dying process, the forms actually capture and convey all the required information and are the point at which quality assurance occurs. So that goes into the portal managed by the Victorian review board and back out again. You cannot go on to the next one unless they have certified that the information is accurate. That is the way in which they are managing quality and also, I presume, education, as some practitioners are just starting on this process.

If the concern is about quality so that something does not go wrong before someone has died, that is the process that happens with the Victorian review board. If the concern is picking up a problem afterwards, that is also something that happens with the review board. They go through their review process and report to parliament.

I think the only thing that is missing in what the review board does, in practice as well as through this legislation, is the auditing of its own accounts. I am not sure that we really want Nicola Spurrier to be given a whole new set of obligations in order to fulfil the auditing of the board. What we have here is a whole complex process about which we are tentatively going to say, 'I hope it can happen in South Australia.' It is new to us, we are nervous about it and there is going to be a whole lot of detailed work that sits behind after this legislation goes through, if indeed it goes through, to make sure that training is there, the right procedures are there and that all is able to roll out in the best and most secure way. On top of that is a review board that is there to make sure that happens. The entire purpose of the review board is, I think, the sentiment the member has expressed, but the member does not see it in a way that satisfies him in this legislation and has therefore created a new review process.

I respectfully submit that if there had been something missing in the functions of the board we could have looked to add it, but my experience in reading about the review board of Victoria, and listening to Justice Betty King, who runs it as the presiding officer, is that they very much see themselves as being responsible for quality assurance on the way through and quality assurance afterwards to ensure that the whole system works better. We, as a parliament, receiving reports will be in the best place to judge whether they are doing that adequately. I urge people not to add another layer of complexity to this already very complicated bureaucracy.

Mr MURRAY: I have used the term 'audit'. Lest there be any confusion, I am not advocating an audit of the financial results. Clause 107A(2) has the key. I am seeking to 'determine the extent to which each such request or death complied, or did not comply, with this Act'. That is all I am after. They have the forms. I just want to know whether there has been compliance in every case. Yes, that may cause someone to have to go through each and every death to make sure they are compliant, but I do not think that is unreasonable.

The Hon. S.C. MULLIGHAN: I have been listening keenly to the debate in the committee stage thus far, and I feel we are nearly there. Without wanting to unnecessarily delay the third reading of the bill, I do have a little bit of sympathy for the member for Davenport's position here, perhaps in the context of us as a parliament receiving reports on an annual basis from the South Australian Abortion Reporting Committee, which is a similar legislative requirement to report on the statistics on

abortions that occur in South Australia and which is an important and useful source of information not only for the parliament but also for the state.

That is largely a statistical report. To be fair to the member for Davenport—and I have not had a direct personal discussion with him, but just from listening to the debate—I gather his concern is the way in which the bill is drafted. Clause 101 at the moment would anticipate a similar sort of report about the operation of a voluntary assisted dying regime in South Australia that is mostly statistical, rather than what I think the member for Davenport is seeking, which is an examination and a reporting of the circumstances of each of the deaths that occur as a result of the operation of the voluntary assisted dying regime.

I do not think that is unreasonable. It is not spelt out clearly in the construct of clause 101 at the moment that there would be that examination I think the member for Davenport is seeking. In fact, if you place clause 101 in the context of that other report I mentioned before, it is easy to form the view that the parliament and the state would be furnished with a more statistical report rather than an in-depth examination.

I realise the member for Port Adelaide feels this is an unnecessary layer of bureaucracy. I would share that concern if the addition of the amendment would have some effect of slowing down access to the voluntary assisted dying regime. In fact, it would have no bearing on it whatsoever because it would be a process that would occur necessarily after someone accesses that regime. So this is not something that would frustrate the availability of the regime. It is not something that would alter how the regime would operate. It merely provides an additional level of comfort to members, and the parliament generally, about how the scheme is operating.

Dr CLOSE: I am still a little bit at a loss as to what is missing. The functions and powers of the board in clause 101 include to provide reports to parliament on the operation of the act, not just statistical reports but the operation of the act. It does not say annually, but I do not think we should assume that the board will sit around waiting for long periods of time avoiding doing reports to parliament. The board's job is to make sure that this act is working as it is intended to, and it may be within the early days that it will be more than once annually.

That is a clause we have already accepted. After the section we are now discussing in division 3, there are reports and statistical information. So, in addition to reports being provided to parliament on the operation of the act, there is also a report to the minister on the performance of the board's functions, and that has to come to parliament so we are able to scrutinise whether it has discharged its functions appropriately. The minister or the chief executive can ask the board to consider and report on anything it wants within the required operation of the board.

I do not see what is missing that would make us add something to the public health officers' task that means that we would get as a state better quality of enactment of this legislation working on the ground for real people. It is not the end of the world if this goes through. It does not mean I am going to withdraw my support for the legislation. I just try each time to think about the most sensible piece of legislation we can have and try to avoid excessive duplication of activities, particularly functions held by people who are very senior, in the case of both the board and the public health officer, and already discharging the duties that I believe are necessary to make this legislation and all the public health work work.

I think it is unnecessary and, as I have said previously, superfluous, and I would not like it to be seen, if it does go through here, as any kind of example for other states. I do not think it is a very sensible model to have this extra level. I think the work that occurs in Victoria demonstrates that.

Mr McBRIDE: I thank all those who have participated thus far, particularly the member for Port Adelaide and the member for Davenport. My question is to the member for Davenport about new clause 107A. Does the member for Davenport believe that South Australia should have more red tape and another level of bureaucracy and regulation, more than other states and jurisdictions around Australia?

Mr MURRAY: At the risk of being bluff, gruff and brusque about it, if that 'red tape,' as you describe it, means that I and others here can have more confidence that each step we have put in place here has been followed and that there have been no shortcuts, you betcha.

Ms Hildyard interjecting:

Mr MURRAY: Hold on. To your point about this being red tape, this is a simple process. What I am asking for—and I am not putting it anywhere near as eloquently as the member for Lee has done, and he has beautifully summarised it—to address your question, your point, I am not asking for extra red tape. I am asking for a yes or a no: has every voluntary assisted death in the previous 12 months been compliant with the steps or not? I have detailed the fact that, for example in Victoria, that has not been the case in the first six months of operation. There are perfectly valid reasons for that. That jurisdiction is lucky to have that report and that assessment.

We are entitled to know and have confidence that the numbers reported are not just a stat but, 'By the way, there have been no shortcuts taken for systemic or other reasons.' I will not speculate on the sorts of things that could engender that. The paperwork is already in place to perform this. What is required is for someone to sit down and make an assessment for each of the deaths, as to whether each of the steps prescribed here in the act have been followed.

To put it even more bluntly, this should not be something that I would think would take someone more than a week with a spreadsheet and a PC to give us a yes or no answer. It is not hard and, given the subject matter and given some of the concern in other jurisdictions—and again cognisant of why we are here and how we need to bring the community generally with us—the reports we are getting need to engender a level of confidence in their veracity and in the fact that what we have collectively decided on behalf of the community is in fact being followed.

There is no way to go back and correct things, but there is a way to learn from them. I reject the notion that this is unnecessary red tape—of course I do; I am moving the amendment. I am seeking to do so to have some confidence in the fact that all this work we are putting in will not be subsequently ignored to the detriment of the community more generally. I do not think that is unreasonable.

Mr McBRIDE: I appreciate and respect the detailed answer the member for Davenport has just given to my last question. The concern that I now outline in response to what the member for Davenport just said is that I believe South Australia is picking up one of the most precautionary voluntary assisted dying bills in the world. I do not want it stifled and I do not want our medical practitioners scared or put off or intimidated by inquiries and decisions that can be made one or two years or any length of time after the event.

I want beautiful processes in place, that all we have talked about thus far tonight actually occurs for all the right reasons, but I not only want people in these situations to access this process with respect and dignity, I want the medical field to be able to pick it up and utilise it easily, succinctly and professionally.

When you start putting prying eyes over it again and again, by layer and layer, and regulation and regulation, I think you start making it more and more difficult. I think this is unnecessary, as the member for Port Adelaide has explained, and I think we have enough crosschecks in place without accepting this new clause 107A.

Mr PICTON: I asked the member for Davenport earlier whether he had consulted with the Chief Public Health Officer before we would consider putting this in place, and he answered that he had not consulted with the Chief Public Health Officer, Professor Spurrier. I believe he said, 'I think she's got bigger things to do at the moment.' That is quite incongruous with what is being proposed at the moment, that she has so much to deal with that we cannot ask her about the fact that we are about to give her a huge new responsibility under this act.

This is a lot more than has been stated by the member for Davenport. If you look at subclause (2), it states:

...the Chief Public Health Officer must examine each request for voluntary assisted dying received by the Board, and each death of a person after being administered or self administering a voluntary assisted dying substance,

during the relevant year to determine the extent to which such request or death complied, or did not comply, with this Act.

This is not a matter of just looking at a spreadsheet and seeing that something is ticked off. Under this provision the Chief Public Health Officer, currently Professor Spurrier (or he or she in the future as a successor), would have to satisfy themselves that the act had been complied with in each and every death, and that could not be done by just looking at a spreadsheet and a tick and flick exercise. That potentially would not be in keeping with the codes of conduct for the Public Service in administering legislation.

They would need to appropriately look into each and every death that occurred, to look right back at each process that happened leading up to that to see whether it complied with the act. That is a very significant additional role we are giving the Chief Public Health Officer to do, and it is in addition to what has been said are the functions of the review board.

The review board is there to monitor matters related to voluntary assisted dying, to review the exercise of any function or power under the act, and to report to parliament in relation to the operation of the act. They also have the ability to provide reports—the minister or the chief executive—in relation to any operation of the act. That is what the review board is there for. They do have the ability to look into those deaths, the ability to look into the compliance with the act. We are adding a new clause, a new additional layer, for an officer to whom we have not spoken, who we acknowledge is already flat out dealing with a worldwide pandemic, when we already have the board there providing that role.

Part of the downside of the speed at which we went through 100-odd clauses is that we did not examine clause 101 in detail. I think if there were a concern as to whether that wording needed to be strengthened, it would have been better to look at the strengthening of the wording in relation to the role of the board, rather than adding this additional new level where we have an officer that we have not even spoken to about it.

The Hon. S.C. MULLIGHAN: Perhaps if I could address some of the concerns raised by both the member for MacKillop and the member for Kaurana and, in doing so, also reflect on some of the observations made by the member for Port Adelaide. Yes, you could read clause 101 and form the view that the sort of report that the member for Davenport is seeking could well be provided by the board. It could well be, but it is not required to be. I think that is the key difference in what the member for Davenport is seeking in his amendment, and that is a requirement of an examination of the circumstances around the provision of voluntary assisted dying services to people who avail themselves of those services, and that is not an unreasonable ask.

The bill as it stands at clause 101 provides that the board may do this, but it is not required to do this. That is the first point. The second point is that to characterise this as red tape is I think deliberately misleading. Red tape, as we all know, is some form of process that seeks to frustrate something from happening. This is not a frustration in any way, shape or form about the provision of voluntary assisted dying services. This will have absolutely no bearing or impact. It will not slow down access, it will not alter the access regime one iota. All this does is provide an additional reporting element of it, which is not currently specifically provided in the bill before us, so I do not think it is that unreasonable.

While perhaps technically it may have been possible to consult Nicola Spurrier about whether she is willing to do this, as immortal as we think she is, she will not be doing this job forever. There will be other chief public health officers. Do we honestly expect that by conferring this requirement on the chief public health officer of the day that they themselves, personally, will be forced, without assistance from the remainder of the SA Health bureaucracy, to conduct some sort of coronial inquest into each person who has availed themselves of these services? Of course not. That is not what we are asking here.

This is not an unreasonable burden, this is not an unreasonable reporting requirement, and given that we are, for the first time, now going to extend the capacity of South Australians, of medical

professionals, to facilitate the death under appropriate circumstances of a fellow member of the community, I do not think that it is an unreasonable thing to require this level of reporting.

As it has been for every other jurisdiction in the country that has legislated to provide voluntary assisted dying, this is a big jump for us. This is a big step in being able to provide these services. I do not think it is unreasonable that members of parliament seek this, particularly those members of parliament who are seeking this sort of reporting, not even an additional safeguard but this sort of reporting, in order to feel comfortable about supporting the bill as a whole.

The Hon. V.A. CHAPMAN: I just briefly make the observation that, although there has not been consultation with the Chief Public Health Officer, that in itself does not necessarily disqualify this from being a process that we would consider. It seems unusual not to have done that because at first blush my concern would be whether she is actually even qualified to do this assessment.

She is not being asked to just identify whether someone signed a form in the initial request process and to identify the administration of the medication; she is being asked to actually make a determination whether or not there has been compliance with the act. With due respect, that is a role either ultimately for the Coroner or, in certain circumstances, for the police, and provision is made for referral of these matters to the police or, indeed, a whole lot of other health officers and/or the state Coroner.

It just seems to me that we are asking the Chief Public Health Officer, who is a highly qualified statistician advising on the risk in relation to public health and transmission of disease and so on, water supply and all those things, to actually do an assessment on this for a role that is actually an adjudication role.

In that regard, I think that I am more than happy to speak to the Coroner. He can examine any inexplicable death, or a death and circumstances that may raise some concerns, of his own motion and to identify if there is any weakness in relation to any state government structure or agency that might be operating. He frequently does give recommendations about where there are failings. I am not necessarily persuaded by things about whether something is red tape or not. If there needs to be a level of supervision, I agree with it and I therefore fully endorse having a formally appointed review board to do all these things. This has three pages of instructions here in the bill already.

I would just be concerned about asking the Chief Public Health Officer to do this role, which I see as an adjudication role of a court, and the Coroners Court would be the appropriate one. I am happy to follow it up with the Coroner to see if he is interested in doing anything in relation to that and amending the Coroners Act, but I cannot do it at midnight.

The committee divided on the new clause:

Ayes 19

Noes 26

Majority 7

AYES

Bell, T.S.

Duluk, S.

Knoll, S.K.

Michaels, A.

Patterson, S.J.R.

Power, C.

van Holst Pellekaan, D.C.

Brown, M.E.

Ellis, F.J.

Koutsantonis, A.

Mullighan, S.C.

Pederick, A.S.

Speirs, D.J.

Cregan, D.

Gardner, J.A.W.

Malinauskas, P.

Murray, S.
(teller)

Piccolo, A.

Tarzia, V.A.

NOES

Basham, D.K.B.	Bedford, F.E.	Bettison, Z.L.
Bignell, L.W.K.	Boyer, B.I.	Chapman, V.A. (teller)
Close, S.E.	Cook, N.F.	Cowdrey, M.J.
Gee, J.P.	Harvey, R.M.	Hildyard, K.A.
Hughes, E.J.	Luethen, P.	Marshall, S.S.
McBride, N.	Odenwalder, L.K.	Picton, C.J.
Pisoni, D.G.	Sanderson, R.	Stinson, J.M.
Szakacs, J.K.	Teague, J.B.	Whetstone, T.J.
Wingard, C.L.	Wortley, D.	

New clause thus negatived.

The CHAIR: Division 3, page 51, contains clauses 108 to 112. Are there any questions on clauses 108 through to 112 inclusive?

Clauses 108 to 112 passed.

The CHAIR: Are there any questions on clauses 113, 114 or 115?

Clauses 113 to 115 passed.

New clause 115A.

Mr MURRAY: I move:

Amendment No 8 [Murray-2]—

Page 54, after line 14 —Insert:

115A—Minister to report annually on palliative care spending

(1) The Minister must, on or before 31 December in each year, cause a report to be prepared and provided to the Minister setting out—

(a) the total amount spent by South Australians on palliative care during the financial year ending on 30 June of that year (determined by reference to data provided by the Independent Hospital Pricing Authority established under the *National Health Reform Act 2011* of the Commonwealth); and

(b) the aggregated amounts spent by South Australians on palliative care during the preceding 5 financial years; and

(c) the variation in—

(i) the total amount spent by South Australians on palliative care during the year to which the report relates compared with the immediately preceding financial year; and

(ii) the aggregated amounts spent by South Australians on palliative care during the 5 financial years immediately preceding the year to which the report relates compared with the corresponding amount reported in the most recent previous report, expressed both in terms of an amount of money spent and as a percentage increase or decrease in the amount spent during the relevant periods; and

(d) any other information required by the regulations, and must, within 6 sitting days after receiving the report, have copies of the report laid before both Houses of Parliament.

(2) If the variation referred to in subsection (1)(c)(ii) indicates a reduction in the amount spent by South Australians on palliative care from the corresponding amount reported in the most recent previous report, the Minister must cause a review of the operation of this Act to be conducted and a report of the review prepared and submitted to the Minister.

(3) A review and report under subsection (2) must be completed not later than 3 months after the Minister becomes aware of the variation.

(4) The Minister must cause a copy of a report submitted under subsection (2) to be laid before both Houses of Parliament within 6 sitting days after receiving the report.

(5) This section is in addition to, and does not derogate from, a provision of any other Act or law that requires or authorises the Minister to report to Parliament.

The purpose of this amendment is to enable this parliament and successive parliaments to have some certainty that what is being attested to or what we are being reassured of—that is, that palliative care will not decrease as a result of the introduction of this bill—is in fact the case.

To reassure members, a significant amount of data is already provided by the health sector to the Independent Hospital Pricing Authority. I have on this occasion spoken to people who are deeply associated with the Independent Hospital Pricing Authority and they assure me of two things; that is, that the data is available, the data can be provided to us in a fashion that is useful and that in fact the Independent Hospital Pricing Authority and the government more generally are interested in being able to ascertain independently what the spend is on palliative care, particularly given the advent of VAD legislation elsewhere.

The intention with this amendment, very simply, is to track the variation in spending over a five-year period. The goal is to enable this parliament and successive parliaments to make a very quick determination as to the level or the change in expenditure on palliative care from this point forward. As I said, the data exists. There is a pre-existing reporting process, which is considerably detailed and which is already sent to the Independent Hospital Pricing Authority.

The intention with assessing the variations is to track some idea of the trend in spend. The penalty, to the extent there is a penalty, if there is a decrease, which I am assured by all proponents of this bill, will not occur. I also point out for those of you who are more au fait with numbers that we are not talking about numbers adjusted for inflation here. What we are talking about is raw numbers over a five-year period.

All other things being equal, if there is a maintenance of spending there should be a natural increase and therefore not an issue in the spend on palliative care in South Australia. In the event there is a sizeable decrease and as a result there is a drop in the spend on palliative care, the resolution or the penalty, to the extent there is a penalty, is in subclause (3) that a review of the operation of the act is generated. That is it.

Again, one of the concerns in every jurisdiction where VAD legislation has been put in is that VAD will become the default or the dominant way of delivering palliative care. This amendment seeks to do nothing other than enable those of us here this evening, and successive members of this parliament and the community generally, to ascertain whether that in fact is the case.

It is on that basis that the amendment has been crafted, and I stress again that there is no extra red tape or processes and there is a proposal or process whereby that report, an indication of what has happened with palliative care spend as a result of the implementation of this legislation, is put before the house. What the house, either this one or any subsequent parliament, does with that is up to it, but at least we are assured of what is taking place with palliative spend in a post-VAD environment.

Ms STINSON: I wonder if the member might expand on a few points I was wondering about. I notice that in new subclauses (1)(a) and (1)(b), and I think (1)(c) as well, the terminology used is 'the total amount spent by South Australians on palliative care'. I just wondered why the member has used that term. Is he indicating the South Australian government, or is he trying to encompass private spending as well? Could he elaborate on what the scope is of spending that he envisages that this clause would cover.

On top of that, I wonder if he might elaborate on spending on health by other jurisdictions—for example, the federal government, which I understand, though I stand to be corrected, also contributes to palliative care funding. I wonder how he intends to capture that spend by the federal government and the practicalities of doing that.

Mr MURRAY: To the first question, the reference to South Australians, plural, and the presumption that I am seeking to capture individuals was not a stipulation by me, it is part of the drafting of the amendment. I am happy that this encapsulates my intent, which was that spending within the boundaries of South Australia by all people, by all sorts of health services, is captured. It is not something that I have stipulated. I am comfortable that it encompasses what we are trying to derive.

To your second point, what are the vagaries of other contributors, I am not proposing anything other than an attempt to capture data that each of these health services, particularly hospitals, etc., is already providing to the Independent Hospital Pricing Authority. They will make the point to you that they do not have enough data today. If you speak to clinicians, one of the issues with the data to the extent that it exists today is the fact that, for example, palliative care spend on a patient may be coded as something else.

So no-one is presuming that there is perfection with the data today or, indeed, tomorrow. The suggestion, really, is to avail ourselves of the fact that there are massive amounts of data being reported in this fashion. I am assured that notwithstanding the impacts of federal health spend, the federal health spend very deliberately would be classified as income by those health units. What I am interested in is what they spend that money on that they have received.

To your point, if we see a decline in the five-year average as a result of a cut in funding for these entities, then I would like to think that we collectively are empowered to know about that drop and to ascertain what has caused it. There may be a wide variety of theories for what has caused it and, as I have readily attested to, the experts will tell you that one of the issues when we try to measure palliative care spending is that patients who are at their end of life suffer from a wide variety of conditions, and those conditions and their treatment cannot often be classified in and of themselves as opposed to some indication of whether there is a palliative spend.

So it is not perfect, but the good thing is that the Independent Hospital Pricing Authority is, I am told, very interested in facilitating this anyway. We are assured that we are unlikely to have a drop in palliative care spending. Being older than most here, and somewhat grumpy and cynical, I would like to have that tested on a regular basis. I would like to have our successors made aware of what is actually taking place insofar as palliative care spend is concerned. If it has declined, let's be aware of it; if it has not, that is great. I stress that all the processes to collect that data are pre-existing anyway. Hopefully, that helps.

The Hon. V.A. CHAPMAN: On the assurance given by the mover that this data is collected and is available, that it is not being sought for the minister to provide data outside of what is provided to the Independent Hospital Pricing Authority and that that is a reporting process so that we can do the things you say—that is, to monitor the spend—I will support this amendment. I think it is a little bit clumsy in this form with due respect, and I will not call you Mr Grumpy—the self-confessed grumpy person that you might be—but I hope this makes you happy.

The CHAIR: We are all happy because we are nearly done.

Members interjecting:

The CHAIR: Order!

Mr MURRAY: Chair, I am going to rest on that very welcome contribution. In fact, I will consider having it inscribed as an epitaph for me, so I thank her for that. I will leave things lie at that.

New clause inserted.

Remaining clauses (116 and 117), schedule and title passed.

Bill reported with amendment.

Third Reading

Dr CLOSE (Port Adelaide—Deputy Leader of the Opposition) (00:40): I move:

That this bill be now read a third time.

In so moving, I seek to address the chamber. It is late and remembering parliamentary procedure is never my strong point, I have a realistic hope that this bill will be passed tonight. If that does prove to be true, I will be humbled and grateful to have been a part of this. This is part of history in South Australia and we all, whichever side we may take, have been part of a debate that will change South Australia, particularly the experience of some South Australians as they reach an unbearable stage of a terminal illness.

I would like first of all to make what can sound a little bit like the usual platitudes, saying that in these debates we act in such a respectful way to each other, but it is true. Tonight has been a shining example of how we can seek to make law in a way that is respectful of each other's different opinions and is not done with shouting or taunting but in a way that is about the quality of the legislation before us and our hopes and expectations for South Australians. In these circumstances, not quite uniquely but particularly, acutely, when it comes to conscience votes, we do see the best of each other and the best of the way this chamber can work. I am grateful to have had the opportunity to be part of that.

Beyond the usual reflection on how well this debate has gone and how well we have all conducted ourselves, I want to thank the real heroes in bringing this legislation to this point. One is Roger Hunt, who, having sat next to me and assisted me all the way through, has been not only an outstanding palliative care doctor but a longstanding advocate.

Another, of course, is the Hon. Kyam Maher MLC, a remarkable person anyway but a yet more remarkable person for his ability, as demonstrated in the last couple of years, to have quiet determination that this law will change. He did it out of the worst of circumstances and he has turned that into one of the best pieces of legislation that we could have had the opportunity to consider. I am truly grateful that he chose to allow me to be the person to bring his precious legislation into this chamber and I acknowledge I would have been completely unable to do this without the example that he has set and the work that he has put in.

I also want to thank the many people who are involved and active in the community, so I want to thank the community activists generally, as a collective. I acknowledge the people who I have had many conversations with, being Anne Bunning, Frances Coombe, Lainie Anderson and Matt Williams, who in a new version of his life I have had some terrific conversations with. I am now so tired I cannot remember if I mentioned Lainie Anderson—maybe I have mentioned you twice or maybe I have only mentioned you once—but Lainie is an extraordinary contributor to the South Australian policy and I appreciate the contribution she has made.

But beyond these named activists, these people we have met with and received emails and letters from, sit all the South Australians and Australians who have had some experience or have had empathy for those who have had this experience and want to know that there is a better path for those people who reach that terrible circumstance of a terminal illness that has become unbearable.

I have had the opportunity to hear those stories mostly through the work of Andrew Denton. The idea of a podcast is a new one. It is the way that we can now consume information. But the work that Andrew Denton has done for decades, and has particularly done on this subject, is as old as humans sitting around a fire sharing stories and experiences.

Through Andrew Denton's work, in this modern form of podcast, I have had the privilege of hearing the stories of parents, children, siblings and loved ones of people who have had to experience this and who in Victoria have been able, in the experience of having a terminal illness that is unbearable, to make a choice to end in their way—in a dignified way that has given them control and choice.

Hearing those stories is what has most motivated me, as I have gone through the agonies of understanding each of these clauses and working out where the criticisms may come from—being fuelled by their stories—and for that I am grateful to them for sharing and I am grateful to Andrew for conveying them to us in such an accessible and respectful way.

I thank everybody who has participated here today and everybody who has contributed through these advocates to make sure we understand that, if this does go through tonight, it will be, in my view, the right thing, but importantly, in the view of countless South Australians, something that they will be grateful that we took on, we did seriously and, I hope, turned into law.

The Hon. S.C. MULLIGHAN (Lee) (00:46): I commence my contribution by echoing some of the comments made by the member for Port Adelaide. My thanks go not only to the Hon. Kyam Maher of the other place but also to the member for Port Adelaide for taking this on. This is no mean feat. Instead, it is a gargantuan effort to bring this bill to the parliament and, touch wood—we will find out soon—successfully usher it through.

The relief that will be in the minds of hundreds of thousands of South Australians with the passage of this bill will be extraordinary. All of us have been contacted by constituents in our local electorates who are very, very passionate about this. Of course, we have also been contacted by people and organisations who are equally passionate to encourage us not to support it, but it certainly is my view, as it was five years ago—the last time this house considered a voluntary assisted dying regime or a voluntary euthanasia regime as it was back then—and it is certainly the view of my constituents that palliative care is not always sufficient.

The argument that is constantly put forth against legislation like this—that if only we did palliative care better, if we only invested more resources into it, if we only made it more broadly available, etc.—to my mind is not an argument that holds water. For those of us who have lost family members and loved ones who have gone through excruciating pain and agony as they have finally passed away, we all know personally that for those people, who want the choice to have more control over the end of their lives, this sort of legislation is absolutely necessary.

This is a very different debate from the one we had five years ago. That was a debate back then that at times was laced with some rancour and obstructionism by some members and that I think has been completely absent this time.

I also think that those members this time around who have felt unsure about this legislation or who have even opposed this legislation have, rather than be obstructionist, reached out to the member for Port Adelaide and the Hon. Kyam Maher of the other place and sought to ventilate their concerns to try to reach some sort of compromise so that either they can feel comfortable to finally support a bill or, if they still cannot support it, they have at least done what they can to try to improve the regime that the parliament may eventually support.

I think that is a really wonderful demonstration of how members from all political persuasions in both houses have approached this. I think tonight the member for Davenport has exemplified that. I know that he has had some very significant concerns with different aspects of the bill. In fact, we have all been approached by organisations that have wanted some accommodation of their concerns; for example, with what the member for Davenport sought and I think has succeeded to accommodate, and that is that concept of an institutional conscientious objection, and that has been dealt with.

I will not speak for much longer, but I know there are some members who are still wrestling with this decision even as we now come to the very final stages of the bill. I know some members will continue to oppose it and I absolutely understand and respect their views and the reasons why they oppose it. But to those members who are still uncertain, to those members who are still considering supporting it or considering not supporting it and their vote hangs in the balance, I ask you this: is it really reasonable to continue on in South Australia with a regime where somebody who is nearing the end of their life, who is suffering intolerably, who just wants the choice to have some more control about the end of their life—is it really that unreasonable that we would not give them that opportunity?

We now are not—as we would have been five years ago—to be the first mover in Australia. We are now not stepping off into a new regime with all the uncertainties and all the worries that being the first mover would provide. We now have what is accurately described by the member for Port Adelaide as a national model, which we are merely adopting. We have seen it in operation elsewhere around the country. We have made some minor changes to that, to improve on those areas they might not have addressed. Now, if it was not the time previously, is certainly the time that we should be supporting this legislation.

Can I thank all those people in the community outside this place who have lobbied and campaigned so hard for it, those people who have come back this time around who were around five years ago and also those people who tried in the years before that. I know it has been a long, hard slog. Hopefully, we will get the result that the majority of South Australians want tonight. I congratulate everyone who has been involved in bringing this bill to the house.

The Hon. V.A. CHAPMAN (Bragg—Deputy Premier, Attorney-General, Minister for Planning and Local Government) (00:52): I place on record my appreciation to the member for Flinders for his excellent stewardship in getting us through this committee.

Mr MURRAY (Davenport) (00:52): Can I concur wholeheartedly with the Deputy Premier's praise for the member for Flinders. I just want to make the point that I have failed the test that I set myself insofar as the bill is concerned. That being said, however, I want to pay tribute to the member for Port Adelaide and the Hon. Kyam Maher for their well-intentioned, well thought-out and very detailed and positive contributions. Thank you, and in particular thank you for the opportunity to work through what has been a difficult and quite complex series of discussions.

To the extent that—if I can be a little parochial—we have heard about the Australian model, I would suggest that what the Australian model always should have is some South Australian infusion. I think we all can take some credit for the fact that the legislation that came in here has, I think, objectively come out the other end better because it has 'Made in South Australia' stamped on it.

I am presuming the bill will pass. I have no doubt that this bill will pass. That is my assessment. As I said, I have failed my own test and I am, as the member for Lee has pointed out, considerably conflicted but I would just like to again congratulate the member for Port Adelaide especially on shepherding this thing through and, to the extent that I have bored you all or talked too much, been grumpy, short or—

An honourable member interjecting:

Mr MURRAY: —at times unintelligible—thank you to the member—I apologise. But again I just want to make the point that when we talk at citizenship ceremonies, and I hope this is the carry-out from this, I always make the point that you are not just being made Australian; you are a little bit better. It does not show on your passport—you are South Australian. I think we have proved that here tonight, and I thank you for your time.

The Hon. A. KOUTSANTONIS (West Torrens) (00:54): I, too, wish to congratulate the proponents. This is a piece of legislation whose time has come. Congratulations to the proponents. Congratulations to the Hon. Kyam Maher, whom I will not reference in the gallery because that would be disorderly, but he is someone who has fought very, very hard for this. This is a proud moment for him. Congratulations to him. He deserves the credit for this, and I think there has been the very deft handling of this by the Deputy Leader of the Opposition in the House of Assembly. I think she has given the cause a great deal of grace and an intellectual powerhouse behind it.

Congratulations to the member for Davenport, to all the other supporters of the legislation and to the Deputy Speaker, the most honourable man in this house in my opinion. He is unfortunately leaving us at the next election. I would have liked him to stay a bit longer, but unfortunately the land calls, so is off to enjoy his life.

To the people who oppose this bill, I apologise that we were unable to give you the outcome you were looking for today. There are some of us in this house who have decided that we are opposed to this legislation, and we have done so on the basis of a clear conscience and a thoughtful and thorough assessment of what occurs once this legislation becomes law. I make no judgement of the proponents; I understand exactly what it is they are attempting to do.

No-one wants to see a loved one die a terrible, suffering death. Of course you do not. No-one does. My opposition to this is because—like my political hero and my political ballast, former Prime Minister Keating—once you change laws like this, you change the country for good. We are changing the way we consider death for good, and that will now permeate the way we deliver health care. That is a decision we have made as a community together. Whether we like it or not, Australia is doing this overwhelmingly and unanimously, even against the advice of the professional associations that oversee the administration of health, such as the AMA and other institutions.

However, the people are sovereign in this country. Because sovereignty comes from the people, not from the Crown or any other divine right, the people of this country will get the legislation they want and have been calling for, and that is the beauty and majesty of democracy. Prime Minister Keating said this in his essay that he published in the *Sydney Morning Herald*:

Opposition to [voluntary assisted dying] is not about religion. It is about the civilisational ethic that should be at the heart of our secular society. The concerns I express are shared by people of any religion or no religion. In public life it is the principles that matter.

It is principles that matter. Principles are only important when they are difficult to stand by. That is why today I will be standing by my principles and voting against this legislation. I will be voting against this legislation because I do not believe it is in the best interests of this parliament or this state, but I accept that is an argument that we have lost.

I think changing the way medical professionals interact with their patients, changing a solemn oath that is thousands of years old 'to do no harm', fundamentally changes the way we interact with our doctors, but again people are sovereign and they are entitled to change that relationship. After all, they are their doctors, it is their medical profession, it is their parliament and it is their legislation. I respect the outcome of this result, and I expect this to pass overwhelmingly. I am not sure what the opposition will be—it might just be me and Adrian, I do not know—but principles matter when they are difficult to stand by.

I think it is important that everyone who looks at the vote here tonight does not cast an identity politics look at this and say, 'For and against; good, bad, evil, good' or whatever your predisposition might be. Please accept the advice of the members for Lee, Davenport and Port Adelaide that everyone in this chamber is working for the betterment of their community and their constituencies. We do so on the basis of principle and good faith, and we do so because we want the best for our communities and our state.

Congratulations to the proponents, to the people in my community and the people who wear their red T-shirts and do the hard work. Congratulations, you have won an amazing victory. I hope you never have to access this service; I hope you all live long, healthy lives. If you do have to access this service, I hope it gives you the comfort that you are seeking from it. To those organisations that sought carve-outs to protect their communities, to have safe havens, there are some provisions in this bill that protect the religious institutions or the volunteer institutions that do not want to have to participate in this regime.

I think everyone gets something out of this bill here today. With that, unfortunately, I do not commend the bill to the house, but I congratulate the proponents on an overwhelming victory.

Mr McBRIDE (MacKillop) (01:00): I just want to make a quick note, as from very early on in my political career I have been very supportive of these social issues. I thank everyone in this parliament, including the Marshall Liberal government, for participating in these sorts of debates. I wish this bill well in the vote that is about to come.

I want to make a special mention of the Chair of Committees, Mr Peter Treloar, for the respectful way in which he conducted himself and ran this parliament. I want to thank Dr Roger Hunt, not only for being of help and assistance over there but for being at vigils and meetings all around the state for a number of years. I also want to thank the Hon. Kyam Maher in the other place for all that he has done to get this to where we are tonight.

I want to thank some locals I know are here—and if they are not, they will be listening. I know Ms Angie Miller and Ms Jane Qualmann are here. I know Mr Matt Williams, Ms Anne Bunning and Ms Frances Coombe are here. I thank all those involved in the *SAVES* magazine, which you all would have had over a number of months, if you have collected them, as a folder full of papers on why we should be doing what we have done here tonight, hopefully with a positive outcome.

I want to make special mention of the participation of the member for Davenport and the amendments he has put in place. I know that there will be many members in my seat of MacKillop who will take comfort from some of the amendments he has put through. I thank him for that, for representing some of the members of my constituency as well and obviously those right around the state.

I make special mention of the member for Port Adelaide for the graciousness with which she has conducted herself and the fact that we have got this far. I believe that we will have a positive outcome in about five minutes, so thank you and well done to all.

Mr PICTON (Kaurua) (01:02): I have some brief comments. I think this will be a historic night. We are all part of this. This has been a long time coming and a lot of work has led to this time. This is clearly a very difficult decision for lots of us and lots of people in the community. There are clearly strongly held views on all sides, and I think we all agree that we hold no ill will towards either side for the strong positions that they have in grappling with this difficult issue.

The bill is clearly in passage tonight. It is not going to be popular with everybody, but I believe it is reflective of the majority opinion of South Australians, the majority opinion of the community. It has probably taken parliament a long time to catch up to the majority opinion of the public.

I think there are four things that have got us to where we are today. The first is the campaigners, the people who have worked so hard in the community, and also many of our healthcare professionals and others who have done the hard yards in pushing this issue for many, many decades to get to where it is now. Secondly, it is the work that has happened, particularly in Victoria, to take this from something that was a private member's bill, where one or two people might have worked on it, to have the weight of government behind it. It has certainly given comfort to lots of people that this can be implemented and can be safe and can have the appropriate safeguards.

Thirdly, I would particularly like to thank the Hon. Kyam Maher and Susan Close, our Deputy Leader of the Opposition, for their hard work in getting this bill through both houses of parliament, hopefully. They have led this work, particularly Kyam over the past few years, with tremendous dedication and determination to get this done.

The fourth thing, and perhaps the most important, is that too many of us have seen traumatic circumstances with our loved ones and our friends, and many healthcare professionals have seen their patients go through situations that we would not wish upon anybody. That has led to a determination that change needs to happen. People have seen deaths that have been without dignity, they have seen people in excruciating pain, they have seen their loved ones in traumatic circumstances being denied the choices they have expressed.

We are now about to legislate a new regime that will give people, first, safeguards in a very conservative piece of legislation, even more conservative now than what other states have, and also choice and compassion. That is a fundamental, important change for our laws, and it will make a lot of people's dying days a lot better. It will lead to a better society where we can love and have compassion for people in their dying days. I commend this bill.

The Hon. L.W.K. BIGNELL (Mawson) (01:05): The member for West Torrens quoted his favourite Prime Minister, Paul Keating, and I want to quote my favourite Prime Minister, Bob Hawke. I guess he lined up with my thoughts on voluntary assisted dying when he said, 'I can see no logical or moral basis for such an absurd position.' That was for those who were opposed to a law that would allow this. He said, 'Politicians, by and large, are not the bravest of creatures.'

In this debate over the years—and I have been in here for 15 years and have always come down the same side, and that is for voluntary assisted dying—I think what has changed is that you always have people like me on one side and people who are on the other side of the debate, but there are a lot of people in the middle who perhaps have thought that the community wanted something, and they erred on the side of caution not to vote for it—and we are yet to see how this vote will go tonight.

It has taken an extraordinary amount of work by so many people in our community to change the views of people in here, to bring the people with them, to explain to all of us in here that there is a lot of support for voluntary assisted dying in our community. I want to start by thanking the most visible people: Andrew Denton and Lainie Anderson for the role you played in the media.

We had an amazing number of people out there in our regions in South Australia. I grew up on a dairy farm. People think that is a more conservative part of our society, but people out there also have strong feelings about people having choice about how they end their life: to Angie Miller from my own electorate in Aldinga, whose family saw firsthand how death should not be, thank you; to Liz Haberman from Wudinna, the bakery over there, whose son died in terrible circumstances and whose family went through 18 months of hell after he died because of legal processes that will not be needed

after this bill passes; Jackie Possingham from the Barossa; Jane Qualmann from the South-East; Kylie Hicklin from Kadina at the top of Yorke Peninsula.

We have also been supported for many, many years by people from peak bodies, advocacy groups and unions: Anne Bunning, Frances Coombe, Rob Bonner, Jackie Wood, Lisa Devey. Doctors and nurses have shared their deep technical knowledge and experience working with people at end of life, in particular Roger Hunt, Arnold Gillespie, Susie Byrne and so many others.

I have not yet spoken on this bill, so I would like to explain to the people I represent in here, the people of Mawson who have contacted me in large numbers both for and against, and put where my views come from on this, and that is to support this bill and support voluntary assisted dying in general.

It was interesting to see the Catholic archbishop come out last week explaining how we should be looking at things as politicians. Well, one of my cousins was the Catholic archbishop of Adelaide, Philip Kennedy, and I grew up as an altar boy and went to Catholic schools. I think I must have paid more attention and liked the bits more about the compassion story we learnt in Catholic school rather than 'Suffering is good and if you go through the pain then you will go to a higher place.' Anyone who went through the Catholic system will remember that.

I remember in 1991, when my grandfather was in his mid-80s, a devout Catholic, and he was lying there, as he had for three years, in a nursing home, in a shared room, with lino and pretty stark surroundings, and he was in a world of pain. He had Parkinson's and he had had sciatica problems for years and years. I was in my mid-20s and I said, 'Wouldn't it be good if they could just give you an injection and just speed things up a little bit?' and he was horrified. Do you know what? If this bill passes tonight, people like my grandfather, Henry Kennedy, will not have to partake in it—it is voluntary—but there will be others who may want to.

My own father died 20 years ago this weekend. It was the June long weekend. He found out three months before that he had terminal cancer—a bloke, a dairy farmer who hardly ever went to the doctor, 61 years old. He rings me up and he says, 'Can you come down and see me?' He was a real Liberal Party and Country Party fan. I went down there and he said, 'I went to the doctor and I've had this guts ache.' He said, 'I've got cancer, I've got three months to live,' and I said, 'Well I reckon you've had better days, because I joined the Labor Party today!'

We had this sort of sense of humour for the whole final three months that he did have with us, including that last weekend. But before we got to that last weekend, that June long weekend, he wanted to explore all sorts of things. He just did not want to have any treatment and then he was scared of the pain, he was scared of what lay ahead, he was scared of the suffering that he might face, and he asked me to go and get him this book called *The Final Exit: The Practicalities of Self-deliverance and Assisted Suicide for the Dying*.

So without this law, that we hopefully will pass tonight, people had to get a book and work out how to do it themselves. The book is a category 1 restricted book and was wrapped in plastic, and it is still wrapped in that plastic, because by the time I actually got the book and took it to dad I think he had sort of worked out, 'Well, I will just stick with it and see how it goes.'

Anyway, at that stage he was sort of thinking, 'I want to go and meet my maker,' but by the time the June long weekend came around he just wanted to go and see his mum again, who was Nan Bignell in her late 80s down in Millicent. He wanted to go and see his mum and he also wanted to go and see Mary MacKillop at Penola and say a few final prayers down there. We went to the Noarlunga Hospital so he could have a blood transfusion, because he had the most amazing palliative care and doctors around him who did an amazing job and our family will always be grateful.

So we did the blood transfusion on the Saturday morning. My sister, Jacinta, came down from Brisbane and my other sister, Toni, came in from Melbourne. They had hired a Tarago because dad wanted to go to Penola. Anyway, he has the blood transfusion and the doctor comes in and says, 'Trev, it didn't work. Your platelets'—or whatever it is—'aren't up to scratch. You won't have the strength to go'. So the doctor walks out of the room and dad in his normal way says, 'Get the car

started, let's go. We're going to go to Penola.' My sisters are saying, 'Yeah, yeah,' and I said, 'I'm not coming. This is going to be like *Weekend at Bernie's*. We're going to be driving around in a Tarago with a dead bloke.'

But he went down and he saw his mum and they stayed overnight. They went to church at St Joseph's in Penola, where I was an altar boy, and he said his final prayers with Mary MacKillop. He came back, he was in his own bed that night and we were all around him when he took his final breaths. He never used the voluntary euthanasia, but with this legislation now 20 years on it is open to people like my dad and like so many other people who do not want to go through those final stages of suffering.

Can I thank the deputy opposition leader, the member for Port Adelaide, for all the great work she has done on this, and everyone in this chamber. Everyone has gone about this in a really respectful way. Deputy Speaker, thank you. You are a true gentleman and an ornament to this place. Thank you for everything you have done. To Kyam Maher—your mum, Viv, would be very proud of you, mate, and it is great that you have your family around you, and thank you for getting us to this stage. We all really appreciate it and generations of South Australians will appreciate it if we get this bill through tonight.

The Hon. A. PICCOLO (Light) (01:14): I would just like to make a few comments to close this, and I apologise if my contribution sounds like a second reading speech because, unfortunately, I was not able to participate in the second reading debate, so I will make some comments now.

First, I commend all those who have been involved in this debate, both inside the chamber and outside, who in my view have behaved in a way that is certainly a credit to our state in the sense that we can actually deal with very complex and controversial issues in a way that does not diminish us. I also thank all the people who have taken the opportunity to express their views to myself, whether or not they support the proposed legislation. At the outset, I acknowledge that whichever way I vote on this bill, like all of us, we are going to disappoint some in our community—that is just the reality.

Equally, I respect the different and at times opposing views expressed in this chamber and in my community, irrespective of their moral or ethical basis: all have a valid place in our democracy. Our democracy is diminished when we try to block out people from engaging in the public sphere. In my view, even minority views deserve to be heard in this place.

As I understand the issues, those supporting the bill believe consent in individuals of sound mind and who have an unbearable pain as a result of a terminal or physical illness should have the choice of ending their pain by ending their own life. In short, autonomous people should have the right to control their own lives.

Supporters of the bill argue that it fulfills the principles that, for a small number of people, traditional medicine cannot relieve their pain and suffering. They also genuinely believe that the safeguards have been put in place to ensure that vulnerable people are not subject to abuse or the proposed laws are not misused.

Proponents also further argue that existing legal framework does not provide health practitioners with sufficient scope or protection to provide patients with a terminal illness with the appropriate care. Additionally, they assert that the current laws are discriminatory and lead to unintended effects where people take their own lives rather than prolonging the suffering.

Proponents, with some justification, also rely on the results of opinion polls that indicate majority support for some form of voluntary euthanasia laws. Those who do not support voluntary euthanasia do so for a range of reasons, and from various moral and ethical positions or bases. I will briefly summarise them as I understand them. For some, their religious beliefs lead them to hold that view.

Those in the healthcare industry, whether health practitioners, nurses or any health worker, are, like the general community, divided about these laws. Those who work in health care are concerned that voluntary euthanasia could undermine the doctor-patient relationship. The greatest concern I have heard, both in the community and in this place, is that once we have crossed the Rubicon there will be more pressure to expand the availability of euthanasia to a greater range of people in the community, which I think was a comment the member for West Torrens made.

This debate has already started in Victoria. The committee that I belong to, with others, end-of-life choices, took evidence from Victorian practitioners, and that debate about changing their laws has already started. This concern is usually referred to as a slippery slope argument. Many in the community believe no safeguards can be devised to protect vulnerable people from abuse or misuse of the proposed law.

Palliative care workers believe that by improving the quality of and access to palliative care there will be no need for voluntary euthanasia. Perhaps my greatest concern about these laws and other proposed laws can best be summarised by some of the research. The piece that I am about to read from the *New Zealand Medical Journal* is indicative of the bits of research I have read. The authors of this research conclude as follows:

Our study provides confirmation that the fear of being a burden on others is not only felt by those facing their imminent mortality, but also by older individuals who are currently healthy and living independently in the community. We also conclude that for some older people their prior experiences with health care and dying may be a strong factor in influencing and supporting medical practices that hasten death at the end of life. We believe it is crucial to understand the reasons why people support medical practices that hasten death well in advance of such practices ever becoming legally available.

I would submit that I am not sure we have reached that position yet, but I am happy to be proven wrong.

Dr Brian Pollard, a retired anaesthetist, who was a pioneer of palliative care medicine in Australia, said that he has had intimate experience of treating many dying patients and their families and he concluded that many of these, however, do not relate specifically to the patient's illness but to their isolation and neglect or lack of love and support, factors for which families and the community are primarily responsible.

While public opinion is a very important consideration in formulating public policy, some care must be taken when trying to extrapolate results from a general question to a specific public policy position. If public policy is going to be driven by opinion polls, then we must as legislators be prepared for the many unintended consequences.

Opponents of voluntary euthanasia rely heavily on the 'slippery slope' argument, which I mentioned. I actually do not share that view because, in my opinion, once you have legalised voluntary euthanasia it is a natural progression to broaden its application. As I said, this discussion has taken place elsewhere already. There is nothing slippery about it; it is a natural progression to broaden its application as we better understand it. That is the experience in other jurisdictions, and there is no sound reason to limit its scope to a broader range of people who are suffering.

Sadly, this debate has been framed by some as those who are supporters of the bill have compassion and those who are against it want to see people suffer. In my view, both supporters and opponents of the bill want to address the suffering of people with a terminal illness; we just have different views on how that suffering should be treated or managed. I do acknowledge that this bill, which has now been amended in this chamber, is a better bill than when it came to us. I hope that the bill works in the way it was intended.

Mr MALINAUSKAS (Croydon—Leader of the Opposition) (01:21): I was not in this chamber five years ago when this was last debated, but I do recall it well, observing it from the other place. I particularly remember an interaction I had in the streets of my now electorate of Croydon because at the time I was spending some time at street corner meetings with the then member for Croydon, the Hon. Michael Atkinson. I remember being at an event only 48 hours, I believe, after he cast a significant vote and voted down the euthanasia legislation at the time.

We were at a street corner meeting and there were a number of constituents there who were grumpy with the former member for Croydon. Mick, in a practical way, deflected them to me and they started asking me what my opinion was on voluntary assisted dying. I remember one conversation I had with a now constituent of mine, and I said to her that there was potentially a version of the bill that I was willing to support, but I probably would not have supported the one that was voted on in the House of Assembly at the time.

As a result of that conversation, and much that has occurred since then, I intend to remain true to that word because I do believe this is a version of voluntary assisted dying that is worthy of support. That is not an accident. That has only happened because of an extraordinary amount of hard work, and the list of people who have contributed to that has already been outlined this evening. But I do want to acknowledge the work of a couple of people—principally, the Hon. Kyam Maher.

All those people who are in the arc of progress well understand that at some point progressive politics has to intersect with practical pragmatism, an acknowledgement that the pursuit has to be realised on the ground in a way that is practical and effectual. What I think we have seen through Kyam's leadership of the development and advocacy around this bill is a version that is worthy of support that will ultimately achieve the intended outcome, and I think that is worthy of high praise. I am very proud that Kyam is a member of my team and has worked so diligently amongst a lot of others in order to be able to achieve this outcome.

Then in this place I think legislation of this nature does need careful and thoughtful stewardship. We did see it from the Deputy Premier with her work recently on the Termination of Pregnancy Bill and her powerful advocacy in this chamber, being able to guide that legislation through the parliament in difficult circumstances. But tonight we have also seen extraordinary grace and thoughtfulness and consideredness from the Deputy Leader of the Opposition, the member for Port Adelaide, and I, too, would like to thank her for her work.

My final point is a reflection from when I was health minister and I remember going through our state's only quaternary hospital after it was recently opened and witnessed firsthand the truly extraordinary amount of effort that was going into keeping people alive. When you witness someone late in life in an emergency environment—as I had the opportunity to do, and no doubt the current Minister for Health, who I acknowledge is here this evening has done the same—who is clearly late in life, having people poring all over them with the best and the most expensive machines that humans can devise, all allocating their effort to keeping someone alive, it is an extraordinary sight to behold.

I love the idea that as a state and as a country we go out of our way to invest an extraordinary sum of our money and our effort in keeping people alive right at the end of their innings. I think that speaks a lot to the value that we place on life and the value we place on human dignity. I do not believe this bill will discourage that or dissuade that practice from happening in any way, shape or form. I am satisfied that the exact same amount of effort that goes into keeping people alive today will be the same amount of effort that goes into keeping people alive tomorrow in the event that this bill passes. That is what has persuaded me that this bill is worthy of support and, for that reason, I commend the bill to the house.

The house divided on the third reading:

Ayes 33

Noes 11

Majority 22

AYES

Basham, D.K.B.

Bettison, Z.L.

Chapman, V.A.

Cowdrey, M.J.

Gee, J.P.

Hughes, E.J.

Marshall, S.S.

Odenwalder, L.K.

Bedford, F.E.

Bignell, L.W.K.

Close, S.E. (teller)

Ellis, F.J.

Harvey, R.M.

Luethen, P.

McBride, N.

Patterson, S.J.R.

Bell, T.S.

Boyer, B.I.

Cook, N.F.

Gardner, J.A.W.

Hildyard, K.A.

Malinauskas, P.

Mullighan, S.C.

Picton, C.J.

Pisoni, D.G.
Stinson, J.M.
Whetstone, T.J.

Power, C.
Szakacs, J.K.
Wingard, C.L.

Sanderson, R.
Treloar, P.A.
Wortley, D.

NOES

Cregan, D.
Koutsantonis, A.
Pederick, A.S. (teller)
Tarzia, V.A.

Duluk, S.
Michaels, A.
Piccolo, A.
van Holst Pellekaan, D.C.

Knoll, S.K.
Murray, S.
Speirs, D.J.

PAIRS

Brock, G.G. Brown, M.E

Third reading thus carried; bill passed.

At 01:32 the house adjourned until Wednesday 10 June 2021 at 11:00.