

*Bills*

**VOLUNTARY ASSISTED DYING BILL**

*Final Stages*

Consideration in committee of message No. 129 from the House of Assembly.

(Continued from 10 June 2021.)

**The Hon. K.J. MAHER:** I move:

That the House of Assembly's amendments be agreed to.

The bill left this chamber and the second reading was debated over one week and the committee stage over another week, a very similar process as we followed in this chamber. I had the opportunity to spend the whole time of both of those parts of the debate in the House of Assembly in the gallery and I have to say it was characterised much like the debate in this place: a very respectful, civilised debate where issues were thrashed out and I think a pretty reasonable compromise was reached in a number of areas.

There were, I think, five amendments that were successful in the House of Assembly to the bill that we sent there. There was an amendment to clause 8 that inserted a new subsection (k) that talked about every person having the right to make medical decisions freely and without coercion, which repeats a number of other subsections that follow most steps of the process. I think it was readily agreed. It does not detract from the bill in the sense that it is not only what is already required in other parts of the bill but is already required in the practice of medicine in any event.

There were further amendments at the end of clause 14 that require, as one of the preconditions of voluntary assisted dying, that the person must be acting freely and without coercion and, very similarly, that is restated in other parts of the bill and in any event is a requirement of a person being treated and is something that doctors every day of their working life take into account when treating patients. So it does not detract from the operation of the bill.

There was, further, a new requirement, section 115A, that the minister must report annually on palliative care spending, which is not an unreasonable thing, I think. As was discussed at some length in this chamber and in the other chamber, what the evidence has shown around Australia is that when voluntary assisted dying schemes come into operation or legislation is passed it has actually seen an increase, and in most cases a very significant increase, in the spending on palliative care, which, whatever side of the debate we come from, we have all agreed is a good thing.

Probably the two significant amendments that were made in the other house are in relation to an issue that was agitated in this chamber for quite some time. I think there was originally an amendment from the Hon. Dennis Hood and an amendment from the Hon. Frank Pangallo that essentially talks about the institutional conscientious objection, the right of an entity to conscientiously object. Of course, we have already provided for in the bill the right of medical practitioners to exercise an individual conscientious objection and not partake in the scheme.

I know there was a lot of discussion both in the chamber and outside the chamber among the movers of two different sets of amendments in the lower house. The member for Davenport, Steve Murray, and the member for Port Adelaide, Susan Close, moved slightly different versions of amendments that allowed for different forms of how institutional conscientious objection might be handled. Without trying to oversimplify it, I think the member for Davenport's suite of amendments gave rights for entities, be they health service providers or others—aged-care facilities—to exercise an institutional conscientious objection so that patients on those premises could not access VAD services.

The member for Port Adelaide, Susan Close (the deputy Labor leader in the lower house), moved a suite of amendments that were based on amendments that I think had been developed after a year-long Queensland Law Reform Commission process. In the Queensland University of Technology's End of Life Law in Australia section, a couple of professors had spent quite a deal of time developing a way of dealing with this issue of institutional conscientious objection that essentially allowed for some form of patient access while recognising that in health service provision, such as in hospitals or hospices, institutions could in effect conscientiously object.

I think in a lot of discussion with those involved in this practice of palliative care and end-of-life medicine—I particularly want to acknowledge Dr Roger Hunt, a South Australian pioneer in palliative care. I think anyone who has been involved in trying to craft or develop legislation in South Australia in relation to this has had a lot to do with Roger Hunt. I think he has the distinction of being the only person to be on both the ministerial expert panels in Victoria and Western Australia in setting up their schemes.

As Roger Hunt described, as a medical practitioner, hospitals give you a right to practise in their hospital. If a hospital—and we are often talking about Catholic-owned hospitals—did not want a practitioner to practise because they might practise VAD, they would not have to accredit them to practise in their hospital. So in effect, I think the parts of the amendment moved by the member for Davenport recognise what may well be the practice in hospitals that would seek to effect an institutional conscientious objection.

I want to commend the members for Davenport and Port Adelaide, who I think very maturely and very sensibly came to an agreement where they accommodated a lot of what each other was trying to effect. For how it relates to health service provision for hospitals and hospices, essentially, the amendments to clause 10 provided what the member for Davenport was moving, and that is recognising that those health service providers could effect an institutional conscientious objection, but then using the member for Port Adelaide's amendments based on that Queensland Law Reform Commission process in relation to aged-care facilities that recognised—and I think it was a debate we had here—that an aged-care facility is essentially someone's home.

Many people in aged-care facilities are in that facility for not just years but in some cases decades. Many people have paid significant bonds to be in an aged-care facility. I think the average in South Australia is somewhere between \$400,000 and \$500,000. It is effectively your home, and the member for Port Adelaide's amendments recognise that one ought to be able to receive legal medical treatment in their own home.

I think a sensible compromise was worked out where the member for Davenport's elements of institutional conscientious objection for hospitals were given effect to but the member for Port Adelaide's provisions about allowing a person in their own home to have medical

practitioners from outside coming into an aged-care residence were appropriate. I think it reflected the civility of the debate that we had in this house but particularly in the House of Assembly that, coming from two pretty different viewpoints at the start, they were able to take parts of one set of amendments and parts of another set of amendments and have a set of amendments that cover what would be the reality in some areas in any event. I think these amendments place patients in South Australia now in a better position than they find themselves in in other states.

The silence in Victoria I think has created a need for policy guidelines from the health department in Victoria to step in where the legislation has been silent. Queensland is to debate their legislation in the coming months. This preserves all of the essential elements of the developing Australian model but fills the silence that was created in Victoria and remains in Tasmania and Western Australia. As I said, I commend the members for their sensible approach, and I will be commending all the amendments made in the House of Assembly to this chamber.

I will leave it to the health minister to talk about his amendment, but I think one of the consequences of taking one set of amendments for one part and another set of amendments for another part—that is, the member for Davenport's and the member for Port Adelaide's—is a need to make sure there is nothing that is missed out in the middle. I think that is the one discrete area that the health minister, the Hon. Stephen Wade, is addressing in his amendment.

I can indicate that not only will I be supporting the amendments made in the lower house but I will be supporting that one amendment that speaks to retirement villages, which, like aged-care facilities, are a person's home. Aged-care facilities being governed by commonwealth legislation and retirement villages by state legislation, I think it is sensible that they are spoken about so that we do not have the silence that is created in Victoria.

**The Hon. D.G.E. HOOD:** I will not detain the chamber long, but I would like to make a very brief contribution in relation to the passing of the Voluntary Assisted Dying Bill and the message that we are dealing with now, which relates to the passing of the bill in the other place in the early hours of 10 June.

I want to start by acknowledging that there are very sincere and deeply held feelings on both sides of this debate. I do not think we need to reiterate that for too long but just acknowledge the sincerity, I think, with which members approached this debate. It has been largely respectful and I think has seen the parliament operate at its best, if I can put it that way, which I am sure all of us welcome.

I also want to take the opportunity to reiterate my own personal sympathy for those who are suffering beyond what they deem acceptable, whether it be through disease, accident or otherwise. I take this opportunity to put on the public record that I have actually had experience in my own family of someone very close to me having what you might call an unpleasant end.

So I am not immune to experiencing what can be a very difficult time in someone's life or passing for the individual, the patient, but also for those family members and loved ones surrounding them in those circumstances. In a sense, I have personal experience of just how difficult these things can be. I would say in my own experience, though, that was an outlier, if

you like; the other members of my family who have passed in recent years have, as you may say, exited well, if I could put it that way.

Despite all these preliminary comments, I want to put on the record that I maintain my position that allowing assisted dying sends the wrong message about the sanctity of life, and for that reason I remain opposed to the bill and its passage through this place. I understand that the numbers are in place to support the bill. My concern is that the passage of this bill—and bills like it in other jurisdictions—will inevitably result in some elderly and terminally ill South Australians feeling that they almost have a duty at some level to die or to end their own lives so as not to be a burden to others. I certainly do not want to be associated with that.

I opposed this bill when it was in this place because I believe that at one level, at least to me, it devalues the sanctity of human life and because, as we have already seen both here and overseas, I believe that safeguards are not and indeed cannot be sufficient to protect our most vulnerable. The pressure to expand eligibility criteria will intensify, as I have seen in other jurisdictions, I believe. I hope that is not the case.

As we have seen, the safeguards, or so-called safeguards, in this legislation may be viewed just as things to be removed, as roadblocks to be removed by others. I certainly hope that is not the case. I am paraphrasing, but I think it was former Prime Minister Paul Keating who said that once you cross the threshold of the state legally taking life—once that has been crossed—it is easy for the expansion of eligibility to occur and for the net to widen. I agree with that general position, and for that reason my opposition to the bill remains.

With respect to the amendments, I would like to say that I am broadly supportive of them dealing specifically with the message that we have. I think they do improve the bill, although as I said I will not be supporting the bill even with the amendments. With respect to the Hon. Mr Wade's amendment, I have only read it twice. It was only tabled in the last hour and a half and I look forward to his explanation of that whilst I consider my position on his amendment.

**The Hon. C.M. SCRIVEN:** I rise to indicate that I will not be opposing the amendments that have come from the House of Assembly. They improve the bill somewhat, whilst I maintain my position to the bill, predominantly on the basis that the slippery slope does occur in practice whether or not further changes are made in legislation and therefore it presents a risk to vulnerable people.

In addition, the amendments that were passed in the lower house in regard to organisational conscientious objection do provide at least an increased level of comfort for those who would like to be able to enter a facility, such as a hospital or similar, with the confidence that they will not be asked whether they want to end their own life, that they will not feel that subtle pressure of simply being offered the option actually raises. We know that the proponents of the bill will say that doctors are not allowed to raise the issue, but that does not prevent others within the facility doing so, if it is a facility where that is provided, for want of a better term, to other people who are in that hospital.

I am interested to hear the comments from the Hon. Stephen Wade in regard to his amendment, which I note was filed at 3.32pm today and we commenced this debate at 4.45pm, which I think is very disappointing, particularly given comments he has made in the

past in regard to amendments coming forthwith at such short notice, but I will allude to those if and when he moves his amendment.

**The Hon. N.J. CENTOFANTI:** I rise to briefly reiterate my position on this bill. Firstly, I would like to acknowledge the work of both the member for Davenport and the member for Port Adelaide in the other place for the sensible amendments that they have passed during the last sitting week. Allowing the conscientious objection of operators of certain health service establishments provides clarity and certainty for those hospices and hospitals, such as Calvary, and allows them to have the same choice that those who wish to access voluntary assisted dying have.

There was also discussion and debate around residential facilities, aged care in particular, and the right for such operators to conscientiously object; however, still ensuring that they allow reasonable access to the person requesting voluntary assisted dying within the facility. I think these amendments are productive. However, there were other amendments which I would have liked to see get up but which did not; in particular, the member for Davenport's amendment regarding annual examination of the board's operations.

I think there is significant merit in auditing the process by which voluntary assisted dying applications are approved. Whilst I will concede, as indeed the member for Davenport did, that pre-existing clauses of the bill may result in the board conducting a similar investigation, there is no actual requirement for them to do so. Whilst I am usually dead against an increase in red tape and bureaucracy, in circumstances where the outcomes are literally the difference between life and death I think it should be seriously considered.

I reiterate the point I made in my second reading speech, which is that I feel there is a need for greater education among clinicians, care workers and emergency services about the operation of advance care directives and their importance to the dignity and wellbeing of those who have chosen to prepare them. In doing so, we must also ensure that palliative care has a focus on affirming life, promoting quality of life, treating the patient and supporting the family.

In closing, we must also not forget the vulnerable people in our society. During the debate of the Voluntary Assisted Dying Bill in Victoria, the former president of the Australian Medical Association, Dr Michael Gannon, said:

Once you legislate [this] you cross the Rubicon. The cause for euthanasia has been made in a very emotional way and this is the latest expression of individual autonomy as an underlying principle. But the sick, the elderly, the disabled, the chronically ill and the dying must never be made to feel they are a burden.

As legislators, we have the responsibility to legislate for the safety of all citizens, and therefore I cannot and will not support the passage of this bill.

**The Hon. S.G. WADE:** I will need the guidance of the Clerk on how to express this, because it is easier to amend a bill than a message.

**The CHAIR:** You are moving to amend amendment No. 3 from the House of Assembly at clause 13A.

**The Hon. S.G. WADE:** That is right. I move:

Page 18, after line 6 [clause 13A, definition of *facility*—After paragraph (b) insert:

or

(c) a retirement village (within the meaning of the *Retirement Villages Act 2016*);

Page 18, line 9 [clause 13A, definition of *relevant service*]—After 'personal care service' insert:

, or services provided in the course of administering a retirement village scheme (within the meaning of the *Retirement Villages Act 2016*)

Could I stress, before making my remarks, that the primary discussion tonight is whether or not we accept the amendments from the House of Assembly. I think the Hon. Kyam Maher and other members referring to that debate accurately reported what happened there. It was this council that first raised the issue of institutional conscientious objection, and I think it would be fair to say that the conclusion was that, whilst the amendments before us were not supported, it was not that people were not interested in the concept. I can remember honourable members saying that this is an issue that they were keen to be prosecuted in the other place.

That is exactly what happened, and I think it was a good demonstration of cooperative legislative work from the member for Davenport and the member for Port Adelaide. It recognised the importance of health service establishments maintaining the clinical governance of their institutions on the one hand, and on the other hand it recognised that for many people in aged-care accommodation that is their home. I believe that the legislative scheme that is reflected in the message from the House of Assembly should be supported.

There is only one relatively small element where I think the amendments could be enhanced and that relates to the place of retirement villages. The house amendment No. 3 proposes a process to manage the conscientious objection of operators of certain residential facilities. The amendment lays down a process that allows a resident of a nursing home to access voluntary assisted dying, and I support this process, but in terms of aged-care accommodation it primarily relates to residential aged-care facilities under the relevant commonwealth legislation.

My reading of the amendment, supported by parliamentary counsel, is that it would not serve to provide a similar process in relation to aged-care accommodation under the Retirement Villages Act of South Australia. In my view, a similar process should be available to residents of retirement villages as well as residential aged-care facilities. Both sets of facilities provide ongoing residency; they are people's homes. Both provide some form of security of tenure. Both sets of facilities remain the property of the provider, and both, in my view, justify the need for statutory clarity as to the rights of residents and operators. So my amendment simply makes the process proposed for residents of nursing homes, already endorsed by the House of Assembly, also available to residents of retirement villages.

An honourable member has already indicated their disappointment that the amendment was tabled so late. I do apologise for that. It was my view that it was important to consult with some of the key members who were involved in the bill, and as a result the amendments were finalised relatively late. To be frank, as a result of those consultations there were amendments I did not proceed with.

Nonetheless, I think this amendment is straightforward because, having already considered amendment No. 3 in relation to nursing homes, if members decide they are going to support that amendment they would have to ask themselves why would a person in aged-care

accommodation under a state act not be entitled to similar processes to people in aged-care accommodation under a commonwealth act.

I think all the amendments sent to us by the House of Assembly will improve the legislation. I will support them all. I think this relatively minor amendment will also improve the bill. However, I will withdraw the amendment if the council thinks it needs more time to consider the amendment, and members of course have every right to oppose the amendment simply because they have not had time to properly consider it.

**The Hon. F. PANGALLO:** I thank the minister for his explanation of his amendment. I take note of that. It was very late, and I certainly have not had much time to consider it or even to speak to relative stakeholders who approached me initially about the conscientious objection to it.

**The Hon. C.M. SCRIVEN:** First, a point of clarification in terms of process: is this committee stage identical in all relevant aspects to a committee stage on the bill, so we can ask questions of the mover of the amendment in the same way?

**The CHAIR:** Yes.

**The Hon. C.M. SCRIVEN:** Thank you. A couple of questions to the Hon. Mr Wade, given that he is not here in his ministerial capacity. How many retirement villages in South Australia are run by faith-based organisations? I ask the question because the debate in the other place around organisational conscientious objection was particularly in regard to facilities owned or run by faith-based organisations.

**The Hon. S.G. WADE:** I am not able to answer the question as to how many facilities are faith based, but I can tell members that I am advised that there are in the order of 26,000 residents of retirement villages, so it is not an insubstantial group. Of those, about 1,400 are in retirement villages provided by Catholic-related agencies, which are well identified as having concerns about access to voluntary assisted dying, and about 1,500 are in retirement villages provided by members of the Lutheran community. The Lutheran community also has a longstanding concern about voluntary assisted dying.

**The Hon. C.M. SCRIVEN:** Which of the faith-based organisations that run retirement villages have you consulted with about this amendment?

**The Hon. S.G. WADE:** I think it is important to make the point that this is fundamentally not my amendment; it is an amendment of the house. The house established an alternative process in relation to aged-care accommodation. In my view, they just defined it too narrowly. If members want to speak against my amendment, they have to ask themselves whether they are speaking against the House of Assembly's amendment, and in that sense they can vote against both of them.

**The Hon. C.M. SCRIVEN:** I am simply asking the minister whether he has consulted with any faith-based organisations that run retirement villages. It is a simple yes or no answer, I would have thought.

**The Hon. S.G. WADE:** No.

**The Hon. F. PANGALLO:** The minister refers to residential villages, and of course we have aged-care facilities. There is a distinct difference, I must admit, between residential villages and aged-care facilities—I have been to both. In aged-care facilities you will always find that there is the availability of medical assistance—there are nurses and carers that have that. In

residential villages I have seen I do not recall seeing that there is a presence of healthcare workers. Doctors probably visit. In the event that somebody falls ill or in fact wants VAD, where does the medical assistance come from for that when that happens in a residential village, as opposed to an aged-care facility?

**The Hon. S.G. WADE:** Residents of retirement villages can access VAD. In my view, they should be able to access it like any other member of the community getting medical personnel to come to their home, if they wish. This amendment, consistent with the house amendment No. 3, simply says that aged-care accommodation is a person's home and their home should be respected. They should be able to access medical services, if they wish to do so, in their home. I am just making the point that aged-care accommodation is not just commonwealth residential aged-care facilities, it is also state-based retirement villages.

To be frank, I think it is significantly more their home than a residential aged-care facility. My understanding is that the average term of a resident at a residential aged-care facility is in the order of 18 months. So it is their home, it is their normal place of abode, but it may not be for an extended period, whereas at a retirement village, people can go into a retirement village and be a healthy, active resident for decades before they need any form of support.

On the honourable member's point about retirement villages, you would have difficulty in many cases differentiating between a cluster of cottages, or townhouses, whatever you want to call them, as to whether they are a private development or a retirement village. These facilities are people's homes. I think for the 26,000 South Australians who live in these villages, they should have clarity about their rights to access medical services in their retirement village just as people who are resident in residential aged-care facilities.

The house amendment builds on the experience of Victoria and the concerns raised there: the lack of clarity, the lack of certainty for both operators and residents. It follows the well-considered lead of Queensland both through the Law Reform Commission and through the Queensland Institute of Technology. I think it evolves the model in a positive way.

I think the House of Assembly in particular should be commended for finding a workable model to not only respect the mission statements of faith-based organisations but also to respect the rights of individuals to make their choices, whether they are using faith-based health service establishments or whether they are using faith-based aged-care accommodation facilities.

**The Hon. F. PANGALLO:** Considering people actually buy into residential villages and they either move out and sell when it is time to find alternative accommodation or perhaps they pass away, should there be a duty of disclosure by both the villages and also the owners of that vacated unit? Should there be a disclosure that it was used in an event of VAD?

**The Hon. S.G. WADE:** I heartily agree. That is why the House of Assembly at clause 13K has exactly that provision. Operators of the facilities are under a duty to make potential users of their facilities aware.

**The Hon. C.M. SCRIVEN:** I ask the mover of this amendment whether there are any facilities that are covered under the Retirement Villages Act, given that the amendment refers to a retirement village within the meaning of the Retirement Villages Act. Are there any facilities covered under that act that also have health service establishments attached in any way? Is there any possibility, therefore, of clashes or conflicts between those two arms of the same umbrella organisation, if they are on similar premises?



**The Hon. S.G. WADE:** With all due respect, that is not a question for me because the residential aged-care facilities are likely to be the facilities that are attached to a hospital. That is a matter, therefore, that is raised by the house amendments, and it is the honourable Leader of the Opposition who is seeking our support for the house amendment. I will be supporting the house amendment, but the honourable member's point particularly relates to residential aged-care facilities.

**The Hon. C.M. SCRIVEN:** I am a little surprised by that answer, given that the amendment that the Hon. Mr Wade is moving is the one that raises the issue of a retirement village within the meaning of the Retirement Villages Act. I think this perhaps draws attention to the problem with lodging an amendment an hour and a quarter before debate on this message began. I refer in particular to the Hon. Mr Wade's contribution to this bill on 5 May, in which he talks about 'consequential flow-on impacts of even what seems to be a simple amendment' and then goes on to say, 'Amendments on the run often look very ugly in the light of day.'

'Amendments on the run often look very ugly in the light of day,' were the words of the Hon. Mr Wade, and then he said that the reason that it had come to this so late was that he thought it was important to consult. However, he has not given other members of this chamber the same courtesy to have the ability to consult and have some questions. The question that I have just asked might have a very simple answer, but we do not know because we have not been given the opportunity to consider this amendment, with it being filed an hour and a quarter before debating it.

**The Hon. T.A. FRANKS:** I rise to indicate that I support the message from the house and the amendment of the Hon. Mr Wade. I think that the issue of retirement villages was something that was in the spirit of the amendments made in the house. Indeed, it was perhaps just an oversight from when we do these things not in the cold light of day with the advantage of appropriate debating time but end up doing them through what has been quite good negotiation and cooperation but unfortunately still in the wee hours of the morning.

In regard to the Hon. Mr Wade's amendment to the message from the house, I think that somebody living in their own home or in a retirement village, where they may indeed have lived for decades, should have the ability to access voluntary assisted dying and to die with dignity in the place that they have lived with love.

**The Hon. T.T. NGO:** I have not spoken on this bill before, so I thought I might use this opportunity to give my views on it. In this matter of conscience of assisting others to bring about the end of their own mortality, I reflect on my own morals, beliefs and upbringing. Now that this bill is again before our chamber, I draw on the sum of my experiences and my consideration of the morals and beliefs of others when voting. Indeed, these considerations and reflections have informed how I have voted on this bill and others like it that have come before members.

I appreciate that this bill deals with subject matter that is highly charged and deeply personal. As such, I have been satisfied to listen to other honourable members and learn from their points of view and life experiences. However, I rise today as I feel compelled to lend my support to a recent amendment made to this bill in the other place.

As such, I give my support to the new clause 10A that is before us, the result of the debate in the other place. I welcome the amendments proposed by the member for Davenport, Mr

Steve Murray MP, and supported by the bill's proponent, the member for Port Adelaide, Dr Susan Close MP. I thank them both for their work, their cooperation and compromise to make this a better bill than the one that passed this chamber a few weeks ago. I repeat the words of the member for Davenport:

Whilst the focus has understandably been on the capacity of faith-based institutions to assert their rights in regard to conscientious objection...it is not just simply those organisations that are minded to do so.

And he went on with examples to support his position. I, too, agree that organisations should have the right to oppose providing the service, outside of religious grounds. It is possible to feel unease about helping to bring about the end of another's life without regard to religion.

As someone who belongs to a community in which people work hard to make sure they can support their elders, and ensure they can provide medical care to extend their life, it does not sit comfortably with me. There is great conflict for me to support the provision of state-sanctioned access to assisted dying when I have been raised to respect your elderly and help others prolong their living.

A few weeks ago, I brought to Parliament House about 25 elderly people from my community, the Australian Vietnamese community. They ranged from 65 to 103 years old. They were all women, actually. I hosted morning tea here and, while they were having tea and scones, I brought up this bill because they asked me what parliament was debating at the moment. So I took a straw poll and surprisingly—I thought it would be more—only four out of 25 supported this bill.

I found that a bit surprising, so I made sure that they did not put their hands up and feel uncomfortable about it. So I switched the vote around by saying, 'If you are really in favour of this bill for various reasons', and we debated it and I tried to be as neutral as I could, and the result came back the same. It just showed that there are a lot of elderly out there, especially from ethnic communities, who feel unease about this bill.

However, in conjunction with other amendments made in the other place and considered here today, I think this bill now provides an appropriate balance of access for those who require access to voluntary assisted dying, although I remain conflicted about the bill itself. They are my views and I will vote accordingly.

**The CHAIR:** Before calling the Hon. Mr Wortley, I will forgive the Hon. Mr Ngo for categorising me as elderly.

**The Hon. R.P. WORTLEY:** I rise briefly to indicate my support for the amendments that have come up from the lower house. I also support the amendment from the Hon. Mr Wade. It is not the first time this house has had to rectify oversights of the lower house, so I think it is quite appropriate that we can pass this very important, even though very small, amendment.

I would also like to say that I have been involved in a number of debates on VAD over the years and I have always been on the losing end of the vote, so it is pleasing, in the year before I leave this chamber, that this bill will now pass overwhelmingly through both houses. It is a very emotional debate and feelings run very high amongst members of this chamber. I must say it is a great credit to see the respect with which the debates have occurred. I think the people of South Australia would expect nothing less than a very mature and thoughtful debate. The outcome is a good bill that guarantees protections for people who need them

and also guarantees a person the right to make a choice on how they would like to end their life under very trying circumstances.

I, like the Hon. Mr Ngo, took every opportunity I could to raise this issue over the last six or seven months. I attend a lot of multicultural functions and I often raise the subject with people just to get their views, to see how they feel. I must admit, I have been very surprised by the overwhelming support amongst people whom I would have thought would have had some religious views against VAD.

I remember one day sitting down with a group of hardcore Sikhs in the Riverland. I was wondering whether I should bring the issue up, but I did. I sat there and we talked about choice and all the safeguards. If I had just said to them, 'What do you think about this?' They would have all said, 'No, not at all.' But after a two-way discussion, everyone in that room, men and women, said, 'It is one's right to make a choice. That choice should be theirs to make and nobody else's.'

I feel very good about the fact that this bill is now passing this house. I would also like to compliment the actions of those people who guided this legislation through both houses, who produced amendments that enabled us to debate these particular issues and to come to a final vote. I think the people of South Australia should take some solace from the fact this house can, when it needs to, be involved in a very mature and important debate.

**The Hon. R.I. LUCAS:** I rise to again indicate my strong opposition to the passage of the legislation. That will not surprise anyone. I am pleased to be following the comments of the Hon. Mr Wortley. I am sure the good burghers of the Riverland will love being called hardcore. I am not sure what he meant by that.

The only comment I want to make, other than reiterating my opposition to the legislation, is that I do express concern at, in essence, the delegation of what I see as the responsibility of this chamber to another place to fix up a bill. We are today receiving 10 pages of amendments from the House of Assembly to the legislation that passed our house.

I refer in particular to the amendment from the Hon. Mr Pangallo because that was an amendment that I certainly believed merited support, albeit in a different form. In the normal course of debates on these sorts of issues, when a deadline had not been imposed on the chamber, we would have reported progress. We would have considered, as occurred in the House of Assembly, an appropriate amendment.

I strongly supported the right of conscientious objection for Calvary but, having listened to the debate and the argument, I was not persuaded as to its extension to potentially other facilities. As I said, in the normal course of debates over my long time in this parliament, with those sorts of issues we would have reported progress, paused and reflected, and come back on the next Wednesday with a properly considered amendment that the majority of us might have been prepared to support, which is in fact what happened in the House of Assembly.

The Hon. Mr Maher has indicated two members down there with slightly conflicting views about the structure of an amendment, but nevertheless supporting an amendment in this particular area, came to a compromise position. I just think, as I leave this place, on these sorts of issues we should not, as a chamber, delegate to or defer to another chamber to fix up a piece of legislation. That too often used to be the way of the House of Assembly. They would pass a bill and leave it to the Legislative Council to repair or to fix it up or whatever it was.

I think it would be a sad precedent for this chamber to establish that we would say that there is something here, but because of an imposed deadline that this bill must pass this chamber in the committee stage this particular night—and there was a majority; I accepted the fact that there was a majority there who were supporting that deadline—we therefore cannot reflect, ourselves, and make what I think is a sensible compromise in relation to the issue.

With that, I think the 10 pages of amendments that we have before us, for those of us who oppose the legislation, do marginally improve the legislation, so I will not be opposing the schedule of amendments from the House of Assembly. I thank the members of the House of Assembly for making those marginal improvements to the legislation, but I again repeat that I think that should have been a task in many respects for members in this particular chamber, particularly when an issue was raised.

There were some issues that arose down there that had not been raised in the Legislative Council, and that is fair enough, but there was this issue of conscientious objection, which a number of people were prepared to support varying versions of, and I think we did have the opportunity, but we delegated that responsibility to another chamber. I am pleased that they have come to that arrival, but if they had not we would have been in a position where I think an important improvement to the legislation or protection in the legislation would not have been able to have been passed.

With that, as I said, I will not be opposing the schedule of amendments from the House of Assembly. I am also not opposing the amendment from the Hon. Mr Wade in relation to the package of amendments from the House of Assembly.

**The Hon. K.J. MAHER:** I might start out by saying that I do not agree with the characterisation by the Treasurer, the Leader of the Government, in relation to the House of Assembly, I think as he sees it, fixing up what we inevitably would have done had we had more time. It is my view, and I think if members reflect on *Hansard* I do not think this chamber was going to pass anything that was an institutional conscientious objection provision. I think it is the case that the House of Assembly had a different view than the Legislative Council does. I just do not agree with the characterisation that it would have been inevitably passed in some form in this chamber. I do not think, from my reading of the contributions, that that was the will of the chamber.

I do want to place on the record that I have had via text-based message service a communication from our friend on her sickbed, the Hon. Connie Bonaros, who I think has indicated her wishes to the whips of the major parties, but I do not think that is going to be necessary in terms of a pair. She has messaged me and asked me to pass on that she supports the amendments suggested by the House of Assembly and the amendment suggested by the Hon. Stephen Wade. But as I said, I do not think there is any necessity to give effect to any sort of pairing arrangement, given the contributions that have been made by people.

I am extremely confident that this is the last this chamber will see of this bill. I do not think it is going to come back from the House of Assembly again for us to consider anything else. I am reliably informed that it is the House of Assembly's intention to deal with the message from this chamber tomorrow to finalise debate on this bill, and from discussions I have had I am extremely confident that they will do that.

My guess is they will take the suggestion the Hon. Stephen Wade has made and then run with it, in effect, and give effect to, should that be the will of the chamber, as it seems, the House of Assembly's changes. This is, I am quite certain, the last we will see of this bill. I know I have made a few comments, but I am just going to spend about two minutes to make a couple more. There are a couple of South Australians who have been at this for decades. I want to pay tribute to Frances Coombe and Anne Bunning—absolute bloody legends—for the amount of effort they have put in right across South Australia over so much time. We are just about there.

I want to thank, as I have before, even since it was last in this chamber, the many South Australians who have shared many intimate moments of their life with me after the bill passed this chamber and was due for debate in the lower house. I spent an evening in Mount Gambier with the members for Mount Gambier and MacKillop, Troy Bell and Nick McBride. At that event, a woman came up and shared her story and told me I was the second person she had told about her cancer diagnosis and just what this bill means to her. It really is remarkable that so many South Australians have taken time in the last stages of their life to do what they can to advocate for the passing of this bill.

There were a number of witnesses to the end-of-life choices joint house select committee that the Hon. Dennis Hood, the now departed from this chamber the Hon. Mark Parnell and I heard from that we individually and as a society do not deal with death particularly well. We do not talk about the issues that surround death at all well and we do not talk about how death works, the consequence of death and what is a good death. These are really important things to consider and I think, as legislators, we are forced to consider them when we consider these sorts of issues.

I did not deal with the death of my mother very well. I refused to talk about it for a year or two. This has been a ridiculously good piece of therapy for me, from a position where I could not talk about it to standing on the steps of parliament addressing 500 people about those very last moments. It has been a massive part of my personal and professional life for a couple of years and I am so pleased to have been a part of this.

**The CHAIR:** I inform the committee that I have a number of questions to put. The first question is that amendments Nos 1 and 2 made by the House of Assembly be agreed to.

Question agreed to.

**The CHAIR:** The second question is that the amendments moved by the Hon. S.G. Wade to amendment No. 3 made by the House of Assembly be agreed to.

Question agreed to.

**The CHAIR:** I put the question that amendment No. 3 made by the House of Assembly and as amended by the Hon. S.G. Wade be agreed to.

Question agreed to.

**The CHAIR:** Finally, I put the question that amendments Nos 4 and 5 made by the House of Assembly be agreed to.

Question agreed to.

At 17:54 the council adjourned until Thursday 24 June 2021 at 14:15.

