

# HOUSE OF ASSEMBLY Thursday, 9 June 2016

## VOLUNTARY EUTHANASIA BILL

### *Second Reading*

Adjourned debate on second reading.

(Continued from 14 April 2016.)

**The Hon. J.W. WEATHERILL (Cheltenham—Premier) (10:33):** I rise to indicate my general and in-principle support for the Voluntary Euthanasia Bill. I think it is appropriate that this parliament addresses this difficult, yet important issue and give due consideration to what has been proposed by the member for Ashford. I have known the member for Ashford for many years and she is a dedicated servant of this house and has been an advocate for people who, in many respects, could be described as people who need a voice, people who need the assistance of this chamber.

She has always been an advocate for those who need the support of others to advocate on their behalf. In this respect, she is seeking to raise her voice on behalf of those people who are suffering illnesses that are bringing them to the end of their life and are seeking to alleviate their suffering. It is utterly consistent with her life's work, and I acknowledge everything that she has done and this is a very substantial proposition. I respect those who are seeking to amend the legislation. This is complex legislation and, even if one accepts the principle, there is no doubt that there is more than one way of achieving this ultimate objective, which is to alleviate suffering for those in the terminal stages of illnesses.

I understand the member for Ashford and those proposing amendments are still in discussions, so I do ask for those discussions to continue to occur and that this matter continue to progress as we seek to resolve some of those questions about the definitions which are so central to this question of voluntary euthanasia. There is no doubt that voluntary euthanasia is a complicated and testing topic to grapple with because obviously it deals with that most fundamental question— the question of life itself, and so it is natural that there are going to be strongly held views about this matter.

There are many perspectives to consider: moral, ethical, legal, medical and professional, chief among them. Given that virtually every one of us has seen firsthand or has in some way been forced to confront the topic, there are a plethora of viewpoints which come from personal experience. I remember one of the earliest stories my father told me about his father who was injured in World War II was of him as a young boy peeking through a crack in the doorway where he witnessed his father on his knees begging the doctor to end his life. This is not an uncommon set of circumstances where people are suffering gravely and are seeking relief, and presently the law prevents people from supplying that relief.

There is no doubt that many jurisdictions and many politicians have been asked to consider this matter and it has been a source of challenge for us. In fact, it does challenge us as lawmakers about precisely what the role of law is. Is it our role to use the law to express a particular moral viewpoint? Is it our role to have the law to be a

permissive proposition to allow those who seek to take advantage of the facility to act voluntarily in their own interest as they perceive it? These are challenges to these fundamental questions about how we see our roles as politicians.

It seems to me that I must accede to the wishes, as I understand them, of people in my community who are asking me to give them the opportunity to take control of their lives and, in fact, the timing of the ending of their lives in circumstances where that end is near and they are the subject of, what in many cases feels like, unbearable suffering.

We note that many jurisdictions have grappled with this matter. I note that in April, the Prime Minister of Canada, Justin Trudeau, unveiled a bill that would legalise doctor-assisted death for people suffering from serious and incurable illness that has brought them an enduring psychological physical suffering. I also note that, if the bill passes, Canada will join a small but growing number of places that permit some form of assisted dying. They include the nations of Belgium, The Netherlands, Switzerland and Germany, and the American states of Oregon and Vermont.

One of the most eloquent and rational voices calling for change in recent times is Andrew Denton who, among many things, is a former ABC television presenter. I had a chat with Andrew just recently when he visited Adelaide and I thought he made many compelling arguments. His viewpoint in favour of voluntary euthanasia has been shaped by the experience of watching his father pass away. In a recent article, Andrew wrote the following:

Watching my dad, Kit, die was the most profoundly shocking experience of my life. He was 67 and, although clearly dying of heart failure and obviously in great pain, he was assisted to die in the only way Australia's law then (and now) would allow: he was given ever-increasing doses of sedatives to settle the pain.

From my viewpoint, I can see little point in forcing extremely ill people to needlessly endure pain that is clearly not going to stop until it consumes them completely. Why should a person who is dying, yet in full control of their mental capacity and therefore making choices with a sound mind, be told that everyone else's wishes must override theirs and they must die slowly? It seems to me that this matter, this specific piece of legislation, will come down to definitions and that is why the important work does need to continue. Nevertheless, I believe this parliament does need to find a way to come up with laws that give genuine choice to those who are dying and that also put in place proper safeguards.

I think that this will be a mark of the strength of this institution if it is able to grapple with these difficult questions and come up with wider solutions, and so I do invite all members to permit this bill at least to proceed to the next stage while we can have these important discussions. I commend the bill to the house.

**Mr HUGHES (Giles) (10:40):** I rise today to express my support for the Voluntary Euthanasia Bill 2016. In debating this bill, we all bring to the chamber the values and principles that guide us, and, for what is probably many of us, the very hard won insight that comes from the loss of loved ones taken by disease or injury.

Individual autonomy is an important principle, and it is clearly one of the driving principles behind the bill before us: the ability to choose what we do with our life if faced

with suffering that is both unbearable and hopeless. As important as individual autonomy is, as important as the capacity to choose is, there is something deeper embedded in this bill. It is about giving yet fuller expression to our humanity, in what are profoundly sad circumstances. It is about love, empathy, and compassion. It is about recognising the suffering of others. It is about dignity and respect.

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

I listened to the words from the member for Fisher who said that, as a nurse, she has held the hands of more dying patients than she cares to count. She faced the death of her parents. She said that, after watching both her parents pass away, that there should be a choice when it comes to voluntary euthanasia even if that choice is never exercised. The member for Adelaide recounted the harrowing death of her mother and of watching her mother starve to death, day after day. Even touch was painful. That leaves a profound mark—it rocks you to the core. It is no wonder that she, like the overwhelming majority of South Australians, supports voluntary euthanasia.

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

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

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

To go through that experience with my 75-year-old dad was traumatic. To face the same prospect with my younger brother, the brother who I spent the first 18 years of my life sharing a bedroom with, was almost beyond enduring. My brother received high-quality palliative care as a public patient in the Whyalla Hospital. He was there for eight

weeks in a private room with his own toilet and shower, plus a private deck. More importantly, the palliative care he received was exemplary and the staff both caring and professional.

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

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

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

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

It should also be noted that the real-world examples of the jurisdictions that have had voluntary euthanasia for many years show that there is no evidence of the slippery slope and no evidence of abuse or coercion. The sky will not fall in. Others have addressed the detail of the bill, its intent, the checks and balances and the definition used. I am comfortable with the broad thrust and the particulars of the bill. There might well be some further discussion about the definition of 'unbearable and hopeless suffering' in order to give those who broadly support voluntary euthanasia some additional comfort when it comes to definition.

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

Debate adjourned on motion of Hon. T.R. Kenyon.