

## VOLUNTARY EUTHANASIA BILL

### *Second Reading*

Adjourned debate on second reading.

(Continued from 11 February 2016.)

**Dr McFETRIDGE (Morphett) (10:52):** I am so pleased to be able to stand in this place and debate this legislation yet again. This piece of legislation is down to a number of people in this place over the years. The late Dr Bob Such, obviously, was one of the stalwarts pushing and championing this issue and now we have the Labor champion on the other side, the member for Ashford.

The member for Ashford is a good friend of mine. I do not have many friends in this place. I hope she does not mind my saying that. She is a good friend of mine. I think she is an honest, decent person who stands by her values and represents not only the people of South Australia but also the people of Ashford to the best of her ability. We still want to replace her, obviously, with a Liberal member, and I will not hand out how-to-vote cards for her, but, in the meantime, she is as good as you are going to get. The member for Ashford deserves full credit for having done all the hard yards and taken all the flak on this and I am more than happy to act as a human shield, in some part, if she requires it. I am more than happy to do that.

This is legislation that needs to be passed in South Australia and it needs to be debated in this place, and that is the whole point of my speech today. It needs to be debated in this place. I ask everybody in this place: are you like me? I was elected 14 years ago, on 9 February 2002, as the member for Morphett. Why was that? It was because I doorknocked over 16,300 homes and got to know what my constituents wanted. I speak to my constituents as often as I can. I have got a petition out at the moment about the closure of the Glenelg Police Station—five days a week, what a ridiculous thing! I keep in touch with my electorate. I am not their delegate. My views are not their views. I am their representative. I am here to represent their views as each and every one of you in this place are here to represent the views of your constituents.

If you do not have the courage of your convictions, having put your hand up as a member of parliament to stand up for what your constituents want and you want to hide behind some furchies that I am going to hear and that I have heard so many times before about why we should not proceed down this path, well, bring it on. That is all I can say. But have the courage to do what over 80 per cent of South Australians want. They want the choice. They want to have this legislation put through so they can have the choice.

This place gets called 'coward's castle' far too much, but do not be cowardly now members of this place. Stand up for your constituents. This is not your opinion, this is their opinion that you have to represent. Let me tell you, if you have problems with this legislation take it to committee. I dare you. Take it to committee. Let the member for Ashford and let me do what we can to answer all of your questions so that you can then do what your constituents want you to do: represent them in this place and pass this legislation.

'The slippery slope' and all the furchies we are going to hear. We hear them all the time. I am so fed up with them because they are just distractions and diversions and delays. That is all they are. Do not be a coward. Do not hide behind the fact of, 'I'm a member and this is a conscience vote. It is my conscience.' No, it is not your conscience: it is the collective conscience of your constituents.

Represent your constituents in this place, and if you do not do that, well, be it on your head. But today you make that decision, you cross that line in the sand today, 'Am I going to hide behind the furphies out there? Am I going to stay quiet? I'm not going to put anything on the record in here in case somebody finds out what I'm actually saying or what my opinions are.' Put it on the record. Debate every clause, every line.

We spent how many hours in the last two days in this place debating gender equity. Did 'he' mean 'she'? Is a 'woman' a 'person'? How many hours did we spend on that, and there were some very cogent arguments put in this place over that issue. This issue is one that needs to be debated. I hope that people in this place have the courage to look at this piece of legislation, look at what it means, look at what it is going to do.

It is not compulsory, it is about people making the choice. So, please, do not be afraid. Look, I can tell you, you will get a lot more votes out of this than the few you might lose because of the people out there with views who are against this. You will. I tell members in this place, 'Go and talk to your constituents.' You will get lobbied by those who are strongly in favour and strongly against, but as we know, marginal seat campaigns are all about winning government.

There is this massive block of voters in your electorate. Most of them are quiet but they want that choice. We live in a democracy. It may not be the best system in the world, so people say, but it is our system and we have got to make it work. But I remind you and I will continue to remind you every time you stand up in this place that this is not your conscience: this is the collective conscience of your constituents. Your views do not have to be their views, but you have to represent their views.

This legislation is straightforward. There is no convoluted understanding. As I said, you do not need to go and get the Acts Interpretation Act to understand this piece of legislation. If you have any doubts—and I am starting to repeat myself a bit here—take it to committee. Have the courage to take it to committee and let us have the debate in this place about it. If it takes all year to debate it in committee I do not mind as long as we get it debated so that we—and when I say 'we', the member for Ashford and I and others in this place who are supporters of this legislation—can show those of you who are not supporting it why you are wrong, because let me tell you, over 80 per cent of South Australians think you are quite wrong.

There being a disturbance in the gallery:

**The DEPUTY SPEAKER:** Order!

**Mr BELL (Mount Gambier) (10:59):** Thank you, Deputy Speaker. I rise to talk on this motion as well. It is one that I have struggled with, I have to be honest, on many sides of the argument. I can see both sides and the points that they raise, and it brings into question where people stand with moral, religious, philosophical, legal and human rights issues all bundled into one, so it is not an easy topic.

I concur with the member for Morphett's point that many times in here we spend an inordinate amount of time discussing legislation which I think is of a lower priority, but that is, again, my opinion, and it is on some of these tougher issues that we really need to stand here and debate in a respectful way. Very good friends of mine have come to see me and lobbied for their point of view to be put forward, and I have many constituents in my electorate who lobby the other way.

I guess a main concern is the slippery slope argument as well as the vulnerable persons argument, and as soon as you start that process, will that lead to an expanding

of the application of voluntary euthanasia? I have set about doing a fair bit of research on this issue, or as much as I can. I have spoken to both sides and I am sure like many other members in this place their pigeonhole is filled with information on both sides of the equation.

I guess I have resolved in my own mind many of the issues in terms of the slippery slope scenario, and evidence does not bear out that that has occurred in other countries. To be fully honest with the house, the issue that I still have not properly resolved with myself is around the definition of 'unbearable and hopeless', and not applying to a terminal illness. I would feel perhaps a little more comfortable in an initial phase if a terminal illness was part of the criteria, but I also understand many of the arguments against that.

In terms of the Voluntary Euthanasia Bill, the main criterion that I want to have on the record is, of course, that you do need a medical condition. I do not want to see a situation where somebody who is simply—or not simply, because it is a very complex issue—severely depressed with the loss of a loved one, particularly in a later stage of life, being a main determinant in enacting a voluntary euthanasia clause or action.

The person obviously needs to decide that their suffering is unbearable but that it takes two separate and independent doctors to confirm that there is no further treatment for the person's situation and that it is in fact hopeless in their opinion. I am also very conscious of the need for no financial allocation or coercion from medical practitioners, and this bill alleviates my mind of some of that; that there cannot be any monetary allocation to either of the two doctors who prescribe that situation as hopeless.

I am, I guess, a little relieved to see that this bill does have the need for an independent witness in there and, if in doubt, the need for a psychiatrist if one of the doctors suspects coercion or the person is not of sound mind.

Of course, there are the other aspects of the bill: there needs to be oral and written application; the need to wait 48 hours; a report to the Coroner; and the relationship between the doctor and the patient is the key safeguard in this bill.

If there is no underlying medical condition—and I want to make sure that this is on the record—for which there are no further treatments, the person is not eligible for assisted dying or assisted euthanasia. It will allow the doctor and the patient to legally discuss end-of-life choices, including facilities for improved palliative care.

Going back to the two concerns I had, which was the slippery-slope argument and the fact that there are 12 jurisdictions around the world where voluntary euthanasia or physician-assisted dying is legal, 170 million adults have access to that. In the United States of America, one in seven adults have access to it. There is no evidence from the research I have done and had provided to me that has increased the scope for voluntary euthanasia.

I believe there are safeguards put into this bill. I reiterate my concern about the condition being terminal: it is one thing that I have not quite reconciled with, although I have been speaking to opponents of that. With that, I conclude my comments.

**Ms BEDFORD (Florey) (11:07):** Today marks a very important day, and I do want to acknowledge in the gallery the former President of the Legislative Council, the Hon. Anne Levy, and a large contingent of visitors from the South Australian Voluntary Euthanasia Society.

As with many members, this is an issue that has caused a great deal of thought

for a lot of people. My earliest thoughts of euthanasia were brought about by my first meeting with Mary Gallnor, a wonderful champion of all sorts of things, and well known to many of you on the other side, of course. She was quite a dynamo when I ran into her in my then employment in a federal Labor member's office.

In her normal and methodical, logical way, Mary led me through the steps and the arguments around voluntary euthanasia. Of course, it was something that as a kindy mum I had not given much thought to, I must admit, but it did make me think. Having reconciled in my mind that Mary seemed like a fairly logical, sensible sort of woman, I took on board everything that she said to me. I have spent many years since, more years than I can remember—and I am trying to think how long ago it was I met Mary, and it must have been in 1989, I would think—but since then, I have had a lot to do with debate and discussion on both sides of the argument, and at the outset it must be said that we respect everyone's opinion in this debate; there is absolutely no question about that.

The important thing to consider I feel, though, is the person's right to choose. In the discussions that have ensued about all sorts of things to do with voluntary euthanasia, palliative care is an issue that comes up quite a lot, and I think these two are both necessary in end-of-life decisions. At this point, the thing that we must consider is the right of everyone to choose how they wish to be treated with their health care. This is why it has led me to the conclusion that voluntary euthanasia is part of a suite of treatments that must be available to people, and that they have a right to discuss every step of their treatment with their doctors and families, and that their rights to choose and make a decision themselves must be respected.

At the outset of the debate here in the house on euthanasia, we have always had a plethora of bills—I think it has been quite a smorgasbord in fact—and it has been very hard to work through each individual bill. I have had trouble reconciling why we could not always have just one bill. This is something I am sure a lot of members have been faced with and have shared. At the outset of the bills, of course, the member for Ashford, who is someone we all deeply respect in this place, has worked tirelessly to make sure the bill has addressed the concerns as best she can of everyone involved in the debate.

I am not sure which bill it was, but I remember saying to her at one stage that we did need a cooling-off period. I am not sure that was actually in the initial bills that were brought up. As I said to one of my constituents who had come to see me about it, you have a three-day cooling-off period to buy a house or even a set of saucepans; why is it that we can't have a cooling-off period for a decision that is going to be so vital for someone? Many people said to me, 'Any delay once you have made that decision is cruel and unnecessary.' However, I felt that it would be a safeguard that perhaps everyone could tolerate in the process if we felt more comfortable in what was about to be taking place.

The other really important issue for everybody was of course that Aunt Dora was not done away with for her property or money, and this is something that is clearly of great concern to everybody. I do not know what you can do to stop people being dreadful, but I would hope that Aunt Dora would not be alone in the whole world and that the doctors who are now going to be required to stand behind their decisions and their authorities will be answerable to that sort of problem in the process.

If we consider the fact that we are doing everything we possibly can to protect someone from being coerced into this decision, we have provided as many safeguards as possible, and we have provided a cooling-off period for this as well, to me, it becomes

a matter of choice for someone to have the right to make a decision for themselves. That being said, we have all the information on every possible aspect from both sides of the argument. It would be fair to say we have spoken and corresponded with people from all sides of the argument since this started, and this has to be for the entire 18 years of my time in this place.

I have always found, when it has been possible to speak to someone face to face, even though they may not agree with the position I have come to, they respect the fact that this is the position that is, overall, what I have had come into my office. There is no way you can put aside the views of the people who want passionately the right to choose, nor do I wish to disregard the views of the people who want to have the right to say no. They have the right to say no for themselves. I do not feel, however, I can give them the right to say that for everybody else.

With the immense amount of work that the member for Ashford has put in, we know all the precursors to getting to the point where voluntary euthanasia is considered. I also believe that, in most countries where this is available, very few people choose this as the option. The mere fact that they know they have this as the option is enough for them. I do not wish to speak out of place here, but we all know that the Hon. Bob Such was a passionate crusader for voluntary euthanasia. In his own battle with ill-health, voluntary euthanasia did not come up, as far as I know. It was not a choice he wished to make, but he always wanted to make sure that choice was there for others. That, to me, is one of the strongest points I have to deal with when I think about it.

We understand there are 12 jurisdictions around the world where voluntary euthanasia (or physician-assisted dying) is legal; 170 million adults have access to this, and one in seven adults in the USA. Not that we necessarily want to use the USA as the example, considering what might be happening there shortly, but it is a large country with a large number of people who very passionately guard their right to choose, or bear arms, as the case may be. We have extensive reporting in each of these jurisdictions, going back 20 years. You would think in 20 years we would have discovered a problem if there was going to be a problem, but I am not sure I have heard a voice raised at all about there being problems in those countries.

We know that people who hold passionate views about the right not to have euthanasia available cite objections to change to the law. Of course, we understand Aunt Dora, whom we mentioned a bit earlier. I do not have an Aunt Dora; I am just using that as an example. I hope no-one in the gallery has the name 'Dora' today, and is feeling a bit threatened.

We have no evidence that this bill has been used in any way to coerce elderly or disabled people into making this request and that is because we know we have the two independent doctors who are responsible at all times for putting their names to this sort of procedure for their patients.

There is also a great deal of concern about babies being killed. We have no evidence of that either and, as you know, you must be over 18 to request this procedure.

The doctor-patient relationship, which is sacrosanct in all of this, is what we have to look at. Palliative care, as I have mentioned, is not going to be discarded, downgraded or put aside: it is still available to people. There will always be people doing great research and making great leaps in procedures for palliative care, and I am sure that will continue.

We have all watched several loved ones pass away. We want palliative care to

be much better and we want death to be an experience that people do not fear as much as they do, where death can be peaceful. In terms of the culture of death developing in countries or states, we cannot uphold that objection either. Oregon is much like South Australia and there was a popular vote to achieve and retain the legislation. Then they sought a vote of their parliament or their elected representatives to vote for the people themselves.

In summing up my contribution today, I hope that everyone can respect each person's decision around not only this vote but also their end-of-life choices, support their loved ones in whatever they may decide to do and make sure that, whenever their death comes to them, death itself is a peaceful process.

Debate adjourned on motion of Hon. P. Caica.

Debate adjourned to April 14.