

HOUSE OF ASSEMBLY

Thursday, 14 April 2016

The SPEAKER (Hon. M.J. Atkinson) took the chair at 10:29 and read prayers.

Bills

VOLUNTARY EUTHANASIA BILL

Second Reading

Adjourned debate on second reading.

(Continued from 10 March 2016.)

The Hon. P. CAICA (Colton) (10:31): I rise to speak on the Voluntary Euthanasia Bill 2016. Of course, my position on voluntary euthanasia is well known and it remains exactly my position that I support this bill and all attempts that are made by this parliament to ensure that we can allow for the provision of voluntary euthanasia that 80-plus per cent of the population of South Australia supports. What I want to speak about today is really the key criteria and I do congratulate the member for Ashford for the work she has undertaken here.

What we have before us today, I believe, is a properly balanced and appropriate bill which takes into consideration the significant concerns that have been raised by many people in the past and addresses those concerns. On the key criteria, I would say this: the aim of the Voluntary Euthanasia Bill 2016 is to allow people with unbearable and hopeless suffering to ask for assistance to die. The words 'unbearable' and 'hopeless' are key to understanding how this bill would work. These two words are defined in clause 4 and it is quite obvious that a definition out of the Oxford dictionary of 'unbearable' and 'hopeless' would not suffice in the bill.

A person would only be eligible to ask for assistance to die if their medical condition is unbearable to them and if two separate doctors confirm that there is no further treatment available to alleviate the person's suffering and their condition is now hopeless. The bill states that if either doctor suspects that a friend or relative is putting pressure on the person to request assistance to die or that the person is not mentally competent to make the request, then a psychiatrist must be engaged to consult the person to confirm their competency.

A lot has been said by speakers in the past and I respect people's views when they refer to 'the slippery slope'. I think these initiatives contained within the bill address their concerns on the perceived slippery slope. The person making the request must be an adult and must have been a resident of South Australia for at least six months. The request must also be witnessed by an adult person who is not a medical practitioner involved in the request, nor a direct beneficiary of the person's estate and not the owner or operator or employee of the residential facility where the person lives. That again is a key part of the criteria that underpin this bill.

After the completion of a formal medical request process, a further 48 hours must elapse before the medication could be administered and, importantly, the request may be revoked at any time by the person who has made the request. The person who assists with euthanasia or self-administration must provide a report to the Coroner. I am outlining these key criteria on the basis that I believe they do provide clear criteria and also address some of the concerns that have been expressed by others in the past about the slippery slope and where it might go to from here.

I also want to touch on some issues of compassion. I know the member for Ashford knew very well a friend of mine called Matis Ositis, who worked for the firefighters' union and other unions in the past. He suffered from a kidney disorder and had a kidney transplant. It worked for a while and then failed. I do not know, but I think he was then on the Baxter self-administering system where he could cleanse his kidneys and do the work that needed to be done. That failed, and he was then required to go onto dialysis. He did not want that. To him, he had been through a lot and he just did not want to continue to live.

At that stage, he had to sign a form that requested that no assistance be provided to him to keep him alive. His lot in life was to not have any food and not have any water. It was supposed to take two or three days for him to pass away. He was one of the bravest blokes I have ever met in my whole life. Of course, knowing Mat as the member for Ashford and I did, he lasted for a lot longer than those two or three days, and it was horrible.

I actually said to him, 'Mat, why are you putting me on this bloody form?' He said, 'Because I trust you, Paul, to do the right thing.' It needed to be signed by two people. We had to sit there and watch him pass away, and I know that, if this legislation was in place, he would have chosen to be able to go out in what I would say was a far more dignified way than he did.

I have also seen my parents pass away over the last decade—my Mum only a couple of years ago—as is the case with my wife Annabel, who watched her parents pass away. My father suffered from cancer. Because he believed the situation was hopeless, he chose not to have any treatment. I know, in his situation, he would have benefited from this. That is not to say that the palliative care was not good, because it was a very good service, but it was not the service he wanted or the service he believed he required. It was awful to watch that. With Mum, it was a bit of a different situation. She was somewhat scared, as most people are when they are dying, and chose the path of being looked after from a palliative care perspective in the nursing home.

What I am saying here in a longwinded way—and I know some of you are used to that—is that the current processes by which we allow people to choose their exit are removed of all compassion, in my view. That is not to say the people who are supporting them are not showing compassion but, from a societal perspective, it is not showing the appropriate level of compassion because it is not a good way to leave the planet.

We know, too, that there are good doctors out there. Currently, I would suggest that some of them are probably not administering necessarily in accordance with the law. I might get into trouble with this, but they are doing the right thing and showing compassion, making sure that what they can do is, for want of a better term, increase the level of medication they are providing to make for a smoother, more timely and faster death. They quite rightly would deny that is happening, but I suspect it probably is and I congratulate those doctors. They should be able to operate in a system that allows them to not only continue to show that compassion but to be able to show that compassion underpinned by a law that allows this to occur.

I will finish off with this: last week, I had a forum at one of my retirement villages. It was very good. It was on Transforming Health and, as you would expect, it was quite a vibrant and robust discussion, but what also occurred was a discussion on euthanasia. There were probably 25 people in the room there, and the significant majority of those elderly people agreed with euthanasia and asked me what is happening.

I said to them that I am very hopeful we will get this bill up this time, and 'Hallelujah!' was the response. Of course, not everyone in the room agreed with it. There were a few who disagreed, but they were silent. They understood, too, that there is still a majority of people in South Australia who agree, and that was just a snapshot of that same percentage, if you like, of people in South Australia, displayed in this nursing home, who support this legislation.

I think we have debated this topic for many years. I have been here for 14 years, and I think it has been up quite a few times. I urge the parliament—and it is a conscience vote—to vote with their conscience, but not only in voting with their conscience but also to make sure that they are supporting the significant majority of South Australians who want to see this legislation in place. I commend the bill to the house and, again, I thank the member for Ashford for all the work that she has done in bringing this to the attention of the house.

The DEPUTY SPEAKER: The member for Hammond.

Mr PEDERICK (Hammond) (10:39): Thank you, Madam Deputy Speaker. I rise to speak to the Voluntary Euthanasia Bill 2016, and anyone who understands my feeling on this type of legislation will understand why I am saying that I will not be supporting the bill, and I will state some reasons why during the debate.

I note that, during the debate, my good friend and colleague the member for Morphett said that people should have the guts to stand up for their electorate. Well, I believe that I am standing up for my electorate of Hammond in saying that I do not support this legislation as a conscience matter, because my door has not been broken down by 80 per cent of my electorate coming through it or emailing me with regard to the situation.

Yes, I have had people lobby me on either side of this. I have had many people from my local churches lobby me on this debate, and I acknowledge that I have had a petition delivered this morning with 49 signatures, 39 of them coming from my electorate. However, I still have a huge belief that the majority of my electorate do not want this to happen, and I have been consistent in this house whenever I have spoken with regard to this debate. With regard to part of the original Hippocratic oath that doctors take, I will just read out a couple of lines. It is a very interesting piece, but I will just read a couple of lines. It states:

I will apply dietetic measures for the benefit of the sick according to my ability and judgment; I will keep them from harm and injustice.

I will neither give a deadly drug to anybody who asked for it, nor will I make a suggestion to this effect.

Now, I note what the member for Colton just said with regard to giving medication and, perhaps, what can happen, and it is well known. I have witnessed my father-in-law die (well, I saw him a few days before he died), I was there when my father died last year and I have said farewell to some good mates and to some good mate's parents, and I have witnessed some exceptional palliative care. Certainly some of our aged-care facilities, such as the Lerwins of the world and Resthaven, are to be congratulated for what they do in that case.

I think that the problem with any of this legislation is that it diminishes the role of palliative care, and I think it creates a very blurred line on where we are going. I will concentrate more on the legislation in a minute, but the bill that was before the house five years ago about the so-called protection of physicians was the Criminal Law Consolidation (Medical Defences—End of Life Arrangements) Bill.

I spoke on this in October 2011, and it gave the assertion that medical practitioners did not have protection, but in my contribution I made the statements that certainly there is already legislation in place that protects doctors because any good doctor worth their salt knows that a side effect of morphine can be death, and that is just a simple fact. I know that in my father's case I certainly have a firm belief that that is what happened in the end, and I do not hold that against anyone. We were well aware of the dosage he was taking and we are well aware that that sent him on his journey.

In regard to the Consent to Medical Treatment and Palliative Care Act 1995, I just want to make a few comments, and this about the protections for doctors and medical personnel in case they be charged. Section 17(1) of that act states:

A medical practitioner responsible for the treatment or care of a patient in the terminal phase of a terminal illness, or a person participating in the treatment or care of the patient under the medical practitioner's supervision, incurs no civil or criminal liability by administering medical treatment with the intention of relieving pain or distress—

I think that is a very important part. Subsection (1) continues:

- (a) with the consent of the patient or the patient's representative; and
- (b) in good faith and without negligence; and
- (c) in accordance with proper professional standards of palliative care,

I think that is vitally important. This is the key in relation to that bill five years ago: ...even though an incidental effect of the treatment is to hasten the death of the patient.

Section 17 then states in subclause (2):

A medical practitioner responsible for the treatment or care of a patient in the terminal phase of a terminal illness, or a person participating in the treatment or care of the patient under the medical practitioner's supervision, is, in the absence of an express direction by the patient or the patient's representative to the contrary, under no duty to use, or to continue to use, life sustaining measures in treating the patient if the effect of doing so would be merely to prolong life in a moribund state without any real prospect of recovery or in a persistent vegetative state.

Subclause (3) states:

For the purposes of the law of the State—

- (a) the administration of medical treatment for the relief of pain or distress in accordance with subsection (1) does not constitute an intervening cause of death; and
- (b) the non-application or discontinuance of life sustaining measures in accordance with subsection (2) does not constitute an intervening cause of death.

Subsection (18), which is the saving provision, states:

(1) This Act does not authorise the administration of medical treatment for the purpose of causing the death of the person to whom the treatment is administered.

(2) This Act does not authorise a person to assist the suicide of another.

Certainly, in the legislation we have before us today, in regard to unbearable and hopeless suffering, this is the clause that I really am concerned about:

(a) the person is suffering from a medical condition (whether terminal or not); and

It is interesting that only the other day I met with a constituent of mine who is quite a fit man in his seventies and he is concerned about his end of life. I guess we all think about it at times because it will come one way or another. It is like taxes—they come whether you like it or not. He is a very fit man and he wants to have a very fit life.

From talking to that man, I believe he had a very good view of where he wanted to be and where he wanted to go and I do not believe he is the type of gentleman who would like to be lying in a bed, and perhaps having to be lifted out with a hoist or use a wheelchair to go to the toilet or to the shower, and that kind of thing. But plenty of people can manage that. Plenty of people do, and so I think it becomes not just an objective argument, but a subjective argument as well.

How good your life is is very much, I believe, in the eye of the beholder. I believe legislation like this, especially when you have a clause in there 'whether terminal or not' could mean people just present with a huge mental issue, not a physical issue, and are not coping with life and get past the psychiatrists and the doctors so they could have their life terminated.

I was really concerned at a lunch I attended in the electorate a few years ago. I cannot remember her name—and I would not use it anyway—but there was a lady there of Dutch descent who challenged me on the bill that was currently on the way. She said to me, 'How are we going to manage funding aged care into the future?' That put really big alarm bells inside my head. I said to her, 'If that is your reason for promoting voluntary euthanasia, I cannot live with that.' This is the sort of thing that was done in the forties in Nazi Germany.

There being a disturbance in the strangers' gallery:

The DEPUTY SPEAKER: Order! The member is entitled to be heard in silence.

Mr PEDERICK: I just feel that comments like that lead us down a slippery slope and I applaud everyone in the aged-care sector and the palliative care sector. I acknowledge everyone's different point of view in this house and I think that is a great part of democracy that we can have those different points of view. I have certainly put mine on the record and I will stand fast in opposing this legislation in regard to voluntary euthanasia.

Ms COOK (Fisher) (10:49): I am going to start my contribution to this bill with just a few words: compassion, empathy, autonomy and choice. Having been a nurse for nearly three decades, I would be lying if I said I had never been asked by a patient to help them end their life more quickly, or also pondered the values of euthanasia within my practice. I have held the hands of more dying people than I care to count, and sat with families laughing and being quite happy knowing that their loved ones were slipping away, trying to make the best of an awful situation.

Death does not always come easily, and it is rarely ideal, but whenever I have been involved in supporting a patient's journey to end of life, I have taken the most steps I can to

make it as comfortable, as easy and as ideal as possible within the scope of practice as a registered nurse. I have also sat with family members, my mother and my father, in recent years, two very brave and stoic people in the face of terminal medical conditions where you cannot put a time frame on end of life; your organs gradually take control of your end-of-life journey. They were both very different— both worthy of their own speeches, to be honest.

My father had a respiratory condition due to long-term exposure to various things. He was sustained in his life by purely oxygen on a home oxygen concentrator for quite a few years, until he had to succumb to living in supported care, which he did again comfortably for some months. He got to a point where he had accepted his destiny and, on admission to hospital, had a conversation about removing the oxygen at some point that night when he felt tired, and we supported that decision. That is not euthanasia; that is just withdrawing the medical treatment that is sustaining your life. He passed away in his sleep and knew no better after having all of his family around.

My mother was overcome by cardiac illness, but she became overcome to a point that she did not even realise she was actually withdrawing her own treatment. She was quite determined she would go home tomorrow, even when it was impossible. I am not sure whether either of them would have chosen euthanasia, but watching them both makes me feel like people would like to have that choice.

To question the capacity or capability of healthcare workers in any sector in respect of supporting end of life with our current choices would be wrong. There is excellent care provided in private homes, residential care, acute care and palliative care facilities. There are advanced care directives, not-for-resuscitation orders, as well as patient-led care plans and patient and family meetings which ensure that many patients can transition to end of life with the knowledge that their wishes are laid out and respected.

I am a progressive person. I believe in choice. Not all progressive choices are ones I would make myself, but I believe that the choices must be available to be made. I believe all people are entitled to be fully informed of the consequences of their choices that they have in front of them and are equipped with the skills to make these choices, but the choices have to be available for them to make.

If there was one thing that the average punter in my electorate knew about the late Bob Such, it was that he was a tireless campaigner for euthanasia—also, in fairness, in relation to speeding fines as well, but definitely a supporter of a campaign to have a bill allowing for the choice of end of life. It was the number one question I was asked during my campaigning in the by-election. Being progressive and knowing that a huge percentage of people in my electorate support end-of-life choice, you would think it was an easy decision for me to vote on. Actually, it is not that easy. There is a huge responsibility when considering any of these situations and these choices that we need to make as parliamentarians.

I have talked to friends, family, constituents, health and political colleagues, and I have sat with local church pastors. This decision weighs very heavily on me and I take it very seriously. I am a person who believes in weighing up evidence, and I did this when considering all the ethical questions posed in respect to protecting the patient, the family, and, importantly, the healthcare workers and the community in general.

I am just going to read to you some notes that have been pulled together with the support of some experienced clinicians in nursing and medicine, in terms of the medicolegal questions that need to be asked and discussed. Firstly, South Australia is leading the way

compared to other states. It is a very important piece of legislation to ensure human dignity is preserved. We are an ageing population.

The role of this legislation is crucial in preserving the highest quality of health care and managing human suffering, ensuring the best support framework for the people concerned and their families. We have to make sure it has the appropriate checks and balances, and there are a couple of things which I would really be keen to discuss further as we progress with this debate.

The bill talks about an interstate resident needing to be in South Australia for six months before being eligible. Interstate patients may choose to move here, and they should not have to suffer for six months in order to be eligible, in my mind. Human suffering must be a key consideration in the legislation.

The act refers to a specialist psychiatrist. I do not know whether any of you have tried to book a psychiatrist—I am sure my colleagues probably would not admit to this—but the waiting list is enormous and it is extremely difficult. They are difficult to access and they are often booked out well in advance. Once again, human suffering (which this bill is trying to prevent) will be prolonged, and the intent of the bill prevented.

Are we better to offer a specialist physician? They are involved in patient care at the end of life and they are experts in this field. This would enable a specialist in the field of, for example, medical oncology, haematology, palliative care and a whole range of other specialties, including general practice, to fulfil the requirement. This allows far greater access to medical specialists, and when the need arises, rather than waiting for an appointment with said psychiatrist who already has a heavy workload in the caring of the mentally ill.

The bill also specifies that two practitioners, to be medical registrants of AHPRA, need to be involved. I think this is something we need to discuss further, because that includes all doctors, including junior doctors like interns, residents and registrars. To avoid junior doctors having to be involved in these really heavy decisions, it would be best to specify that they be on the specialist register of AHPRA. That would include GPs, as I said before, fellows of the Royal Australian College of General Practitioners, fellows of the Australian College of Rural and Remote Medicine, etc. GPs will need to play a significant role in the end-of-life decisions of patients for me to be comfortable with this bill.

The decision for me is like many of the conscience-based decisions. Who will this benefit? Who will this harm? Is this important for the person who will make the choice, and if they decide to end their life in this way, what will it do to other people? In the end, I keep coming back to the fact that this is a choice. It might not be my choice, but I am not currently facing hopeless or painful suffering—certainly, no suffering that I cannot bear.

I urge members to vote in support of the reading of this bill and allow its progress to committee so that this parliament can tease out some of these medicolegal and ethical questions that have been posed to many of us. I support this bill so that people who are facing this have the full range of end-of-life choices. In doing so, I wish to thank my colleague Steph Key for her relentless commitment and compassion, and also her wise counsel in respect to this bill. I thank all the other members for their contribution, and respect everybody's choice to have an opinion. I will finish by saying: compassion, empathy, autonomy and choice.

Ms REDMOND (Heysen) (10:59): I rise to express my support for this bill. Whilst I am always disconcerted at the length of time that some of these debates go on, I am

particularly grateful that this was extended, because I had lost my voice the last time this was before the house and I was not able to make a contribution. It is now more than 10 years since the last time I spoke, and it was on a bill introduced by the Hon. Bob Such who, of course, has since passed away.

If you look in Wikipedia or even an ordinary encyclopaedia or dictionary you will find that euthanasia is generally defined as something along the lines of 'the practice of intentionally ending life in order to relieve pain and suffering'. I suggest that in fact euthanasia—as opposed to voluntary euthanasia—could have a more extreme version; that would be, for instance, if you deleted those last few words so that it was just 'the practice of intentionally ending life', without the words 'in order to relieve pain and suffering'.

As a matter of theory, in some post-apocalyptic world I suppose you might have a government that says, 'We can't afford to keep people in aged care and therefore we are going to call a halt to life at a certain age.' I do not think that is anything to do with what is before us today. What we are talking about today is a relatively simple step furthering the situation as it currently exists.

The Voluntary Euthanasia Bill 2016 is subtitled 'An act to provide for choices at the end of life.' That is all that it seeks to do. We are talking about something that is entirely voluntary, not something that can ever be forced on an unwilling person. I know that one of the objections raised is the idea that an otherwise unwilling person could be persuaded that taking the steps allowed for in this bill was in their best interests or those of their family, but I am satisfied that the bill contains sufficient precautions to prevent this. Furthermore—as has already been mentioned a couple of times this morning—the overwhelming majority of our population wants us to pass this bill.

It is not an issue from which I have ever resiled and I have not hidden my agreement with the principle involved; in fact, I have been puzzled that there have been several attempts to get it passed yet, in spite of overwhelming, majority community support, colleagues from all sides, all parties, have sometimes been too frightened to vote in favour of it. Largely, it seems, they have been worried about the electoral consequences for them but, given that massive community support and given that people overwhelmingly want our politicians to stand for something, again, I do not see the problem.

Of course there are those who take a religious or moral point of view and say, 'It is something I will never countenance because to me the taking of human life in any circumstance is abhorrent and I will not stand for it.' I have no argument with those people; I can understand the depth of passion from which they argue the case. Indeed, there are those who say, 'Well, I've polled my electorate and I will do what the majority of my electorate wants me to do.' I have never taken the view that my role in this place is to do that.

I think straw polls are next to useless in terms of determining often complex issues; in the case of the death penalty, for instance, it would not matter if 100 per cent of my electorate said to me, 'We want you to reintroduce the death penalty.' I think that is morally bankrupt and I will never support it, and it would not matter if I lost my seat at the next election because of that. So I do not think it is simply a matter of taking a straw poll, but I do note that there are overwhelming figures in support of this.

Let us look at exactly what we are getting at this morning. At present the law allows us to refuse medical interference in certain circumstances, and the previous speaker spoke about turning off the oxygen. We already have legislation that allows for advanced care

directives; we can nominate in advance certain things and nominate how we are to be treated in the event that we are in a situation where we can no longer decide or communicate our wishes. We can make some of those decisions now.

In fact—and this becomes important in what I want to say—at the moment we can make a determination about some of those things whilst we are still competent, so that if we are subsequently not competent we have made the decision earlier and do not have to make it when we do not have the capacity to do so. I think that will affect what I think about some of the provisions of this bill. It is also noteworthy that a few years ago a young man in Western Australia who did not want to live anymore refused to take food, and he was found by the Supreme Court to have the right to do this. There are already some things in place which can provide some assistance. What this bill seeks to do is simply incrementally increase the situation where we can take action.

I will digress briefly onto my own situation, because it becomes relevant for some of the things that I would like to see included in this bill, and when we get to the committee stage I will no doubt suggest them. I lost my father from cancer just after I had been preselected as the candidate for the seat of Heysen. I happened to be with him when he died, and it was not a wonderful death by any means, but he did have two of the five children with him; I was one of them. His suffering was relatively short. He had what I would describe as a good death.

My mother passed away just between when I was elected and when I gave my maiden speech. When I finally leave this place one day I will no doubt get around to talking about my parents at some length, because nearly everyone who comes in here talks about their parents and thanks their parents in their maiden speech, but I could not because I had done the eulogy at my mother's funeral two weeks before I gave my maiden speech.

My mother had dementia, and she had profound dementia for three years. I would have to say that her quality of life was good, albeit in a nursing home, albeit she had no recognition of any of us, no recognition of my father's death, no recognition of so many things. She could still enjoy concerts and sunshine and picnics and all sorts of things, but her relative quality of life was good, given the level of dementia.

Eventually she had a stroke, and that stroke paralysed her throat and she could no longer eat. I am not the largest person in this chamber, but if you can imagine my mother at that point when she had the stroke was about 20 kilos lighter than I am. She was a very tiny person. At that point she had no capacity to think, to speak, to see. We do not know whether she could hear, but she did not seem to be able to, but she had a strong heart; so for 31/2 weeks that heart kept going.

We stayed with my mother as much as we could. I did not happen to be with my mum when she died, but a couple of us were. It seems to me incredible that in this state currently we allow people in my mother's situation (she died in another state, as it happens) for 31/2 weeks to effectively starve to death. She had no possibility of an improvement in her situation, no possibility of recovery. There was no quality of life left in those last few weeks, but we were not able to arrange to have her given a needle.

I know for a fact that in this state it is an offence to treat a dog in that way. People have been prosecuted in this state for allowing a dog in that situation to die, yet my mother and many others like her have been in that situation. You can imagine, if she started out at under 36 kilos and then did not have any sustenance for 31/2 weeks, what she was like at the end. She would have been horrified at her situation, but there was nothing we could do

but simply stay with her while she very slowly drifted away.

I am here to support this bill, obviously from a very personal perspective, but also to say that I am an 'incrementalist', and this is just one incremental step. I do not think that this bill actually goes far enough because it does not solve the problem of my mother's situation. I want to see us, if we get this bill through, and I hope we do, in the not too distant future, after that say, 'Well, if we can make the decision when we are of sound mind at the end of our life, why can we not then make a determination when we are of sound mind'—and believe me, I am looking down the gun barrel of potential dementia—to say that if I am in that situation subsequently then I want this to happen?' Why can I not at some subsequent point authorise someone else, as under an advanced care directive, to make that decision for me? In closing, I will simply say that I am here to support the bill. I do not think it goes far enough, but we do need to get it passed.

Mr TARZIA (Hartley) (11:09): I rise to speak on the Voluntary Euthanasia Bill of 2016, and do so as respectfully as possible. Like many members, I have put this bill to the electorate to gauge their views on the bill itself. In short, what I will say is that, on the whole, my electorate did not support this bill, and my own conscience does not support this bill. I thank all who have made submissions. I respect and acknowledge the arguments on both sides, and I have weighed up these arguments carefully. Many more have been against the bill in my electorate than have been for it.

I believe that life is a precious thing and I think we should aim to preserve life wherever we can. Are there extreme exceptions? Yes. Does this bill adequately address these exceptions? My answer to that is: no. I also have a personal experience where this topic was actually called into question, which I would like to share with the house briefly.

Not so long ago, I was called into the Royal Adelaide Hospital when my grandfather was dying. I got to the emergency room and stood by his side while his hand was warm, and by the end of that visit his hand was cold. I actually experienced that recently. For me, it was a very sad event, but it really enabled me to understand what death is like for the family of the victim involved. Whilst there are ample arguments to suggest that everyone has a choice on how they should go, the fact is that it is more than just the person involved who is affected, because it also affects the family of those involved.

We have seen in some instances that euthanasia laws overseas have gotten completely out of control. Some countries in Europe are actually referring to euthanasia as assisted murder. I cannot stand with this bill on assisted suicide. I cannot stand for what people are calling assisted murder. Often family members will have the final say on when a person's life is to end. As we have heard, there can be many ulterior motives that can come into play. I believe strongly that this bill in its current form has the ability to diminish the role of good palliative care and good palliative care tools that are available in this state.

We have all heard about domestic disputes. My fear is that, due to the thirst of some for money or power, especially in some of these domestic dispute situations, no matter how many safeguards we put in place, these safeguards and hurdles can still be evaded. I do not want my community to be a place where people feel that they should not be allowed to live. The sick, elderly and those with disabilities should not be made to feel like they are a burden on society. I cannot stand for a bill which, if successful, may allow our community to be a community where some are made to feel like they, by living, are becoming a burden on society. That is wrong at law, that is wrong morally—it is just wrong.

On the front page of the bill we see that it states: 'A bill for an act to provide for

choices at the end of life,' but we know that the person affected does not always have a choice. I cannot stand for what some call assisted state-sanctioned murder. I cannot vote for this as a member of parliament. I was a legal practitioner before I was a member of parliament and I cannot condone this change to the law.

I believe that the right to life is fundamental. I understand those in the community who would like to see euthanasia introduced to reduce suffering for some people at the end of life. However, as I have said, I have canvassed my electorate as well and my feedback has been in stark contrast to some of that that has been put forward this morning.

I believe that if voluntary euthanasia is introduced it is likely to be open to abuse from patients, family members and doctors. I believe that this legislation is not tight enough in its current form and it also allows for doctor shopping. I do not want to be involved in a community where life is commoditised; that is absolutely wrong.

If voluntary euthanasia is introduced it can be open to abuse. We will actually see more legal disputes regarding consent to die, whether the patient has mental capacity, where there has been undue influence by family members or third parties, and the more extreme, potential (who knows) charges for manslaughter if things are wrong.

The bill in its current form has the ability to weaken society's respect for the sanctity of life and I believe that by accepting this bill in its current format some may take the view that some lives are worth less than others. I believe that this does have the capacity, if the bill is passed in its current form, to be the beginning of a slippery slope and I do not want voluntary euthanasia and the killing of people who are thought to be undesirable by some.

Euthanasia may not be in the person's best interests. Euthanasia, as I have pointed out, affects other people's rights, not just those of the patient. Let me just say that all of the people who have come to see me in my office, because I have always extended an invitation to whoever wants to come to see me on this or any other issue, those people who have come into my office are those who are potentially looking to be, or their family members are looking to be, possibly, euthanased one day.

What about the families of those people? I think you will find that the families of those people have a different view. While I understand that it is the individual who will usually make the choice, this does have an impact on their extended family. This will have an impact on our community. I cannot be involved in a bill which, if successful, may allow for our community to be a community where some are made to feel like they, by living, are becoming a burden on society.

In the current format of the bill, I would like to talk about a couple of sections that speak to my argument: sections 4, 10 and 28. Section 4—Unbearable and hopeless suffering, is very subjective and can be open to abuse. Section 10—Who may make a request for voluntary euthanasia, again, is open to abuse. Section 28, I think, is the most damning. When you go to section 28—Insurance, it states:

- (1) An insurer is not entitled to refuse to make a payment that is payable under a life insurance policy on the death of the insured on the ground that the death resulted from the administration of voluntary euthanasia.
- (2) A person is not obliged to disclose a request for voluntary euthanasia to an insurer.
- (3) An insurer must not ask a person to disclose whether the person has made a request for voluntary euthanasia...

(4) This section applies despite an agreement between a person and an insurer to the contrary.

I cannot stand for a bill that may allow ulterior motives to win, for ulterior motives to come into play. As I said, the thirst of some for money or for power, especially in domestic circles, no matter how many safeguards we put in place, these safeguards and hurdles can be evaded.

So, with respect, I speak against the Voluntary Euthanasia Bill 2016. I have endeavoured to be as respectful as possible for all arguments. I have canvassed the electorate and the electorate has spoken and so have I.

Ms SANDERSON (Adelaide) (11:19): I rise today to speak in favour of this bill going through to the committee stage. I spoke regarding euthanasia in 2013, the month after my mother passed away, where I had just been through what it is like to see someone die in a really hopeless and painful way.

My mother certainly would have used voluntary euthanasia had it been available, and it probably would have cut short her life by one to two months at the most, and that would have been the time when basically she starved to death. Touching her was painful. It is a horrible thing to go through, not only for my mother, but for any of the people who have to witness that.

For me, with the bill in its current form, I have issues around the definition of the 'unbearable and hopeless suffering'. I think that is a lot wider than in the original bill in 2013. The terminal phase of a terminal illness, for me, is very easy to describe, it is very easy for me to understand what that is and to convince others that that would be completely suitable. I think it might be a better starting point for us to see how this goes and to see that it is not misused in any way.

When I was starting out as an MP in 2010, I put out a survey to my entire electorate in 2011 and, since then, I have been keeping statistics in my office. For anyone who contacts me, for any letters I get, even the recent one from the Doctors for Voluntary Euthanasia Choice, my office goes through and it is noted for anyone in my electorate on their file whether they are for or against. At latest count, 82 per cent of my electorate is in favour of voluntary euthanasia.

It is clearly the will of the people who I represent in this house. It is my duty to make sure it is as safe as possible and that we have very good legislation. When I was looking at this issue, there was a lot of pressure on me before becoming a member of parliament to form a position, and I stood my ground and said that I am not prepared to form a position until I have knowledge. When I am representing a group of people, I need to know what they think because, unlike some people in this house, I believe my role is to represent the conscience of my electorate, not just my conscience.

I am here on behalf of the 30,000 people who reside in my electorate and for the good of the state as a whole. So, in my duty as a member of parliament, I went to both the for euthanasia and the against euthanasia forums and I have sought the opinions of as many people as I could. I found that for the people who were against euthanasia their main reasons came from the original bill back in 2011 when there were issues around the definition of around what a doctor was, and that is been fixed up. They wanted to have at least the opinions of two doctors, they wanted to make sure the person was of sound mind to make the decision, they wanted to make sure that other family members or third parties could not actually pressure somebody into choosing this.

I think the word 'voluntary' is an important one to remember. I might never use this, I hope never to have to use voluntary euthanasia and many of us, even though we would accept it for other people, might not ever choose to use it. That is not the point. It is voluntary, so you have that choice for your body, for your life.

The people who were against euthanasia also were concerned that it could be swept under the carpet that it would not be recognised, so they want it acknowledged somewhere on a death certificate or in some reporting so that it would be recorded. I am told that all deaths will go through to the coroner and that there would be recognition of that or a registration, so it might not be on the death certificate but there would be a register somewhere so that people who are fearful of hundreds of people dying by euthanasia could have their fears allayed because they would be proper record-keeping that would show that, yes, 10 people used voluntary euthanasia in this year and these were the reasons and these with the illnesses they had.

For me, this legislation is very good. It is just the 'unbearable and hopeless' definition because it is quite undefinable, for me. I think it might just be too wide at the moment for the community to be able to accept that. The insurance was also an issue originally and that has been cleared up in this bill as well which is very good. Whilst I, too, respect the opinions of everybody in this house, I think we need to remember that we are acting on behalf of our electorates and on behalf of the state as a whole. I believe the 82 per cent who are in favour in my electorate is quite representative of the state as a whole and, if any of us are against it, just don't use it for yourself. But certainly amend the legislation to get rid of anything that you are worried about, as I would like to.

We really have a duty, as members of parliament, to put this through at least to committee where we can discuss it properly and sensibly and give people the opportunity to fix any of the problems that we see in this bill as a responsible member of parliament. I call on all members of parliament to at least let it go through to committee so we can have a full and frank discussion on an extremely important piece of legislation that affects many people's lives.

There are many people who are sick and people who are ageing who are very fearful of dying in pain. I am only 47 but I can see that that is something that starts to come to mind the older you get and you ask, 'What will happen?' I know 100 per cent that I do not want to die the way that my mother did. I do not want anybody to have to die that way, nor do I want their family to have to witness that. That is not the memory that I wanted to hold of my mother in my mind. I support this bill going through to committee and I urge my colleagues to support the bill also.

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

Debate Adjourned to June 9