



PARLIAMENT OF TASMANIA

HOUSE OF ASSEMBLY

REPORT OF DEBATES

**Thursday 3 December 2020
(continued Friday 4 December 2020)**

REVISED EDITION

Thursday 3 December 2020

The Speaker, **Ms Hickey**, took the Chair at 10 a.m., acknowledged the Traditional People and read Prayers.

QUESTIONS

Northern Tasmanian Netball Association - Actions of Minister in relation to Reports of Alleged Child Abuse

Ms WHITE to MINISTER for SPORT and RECREATION, Ms HOWLETT

[10.02 a.m.]

Yesterday, you were responsible for one of the worst performances I have ever seen in this place. It was a performance that left Tasmanians in no doubt that you are not across your portfolio. You have no interest in delivering for Tasmanians and you seemingly have no interest in the welfare of the thousands of children participating in sport who you are supposed to provide a safe place -

Ms Archer - Seriously, you are the one that will not support mandatory sentences.

Mr FERGUSON - Point of order, Madam Speaker. I wonder if you could invite the Opposition Leader to ask a question?

Madam SPEAKER - Thank you. The official advice is that you should be asking a question and not attacking an individual.

Ms WHITE - Minister, the question asked of you yesterday amounted to no more than your recollections of what you did a couple of days ago, yet you still could not answer, despite remaining frozen to your seat for an eternity while you thought about it.

Now that you have had 24 hours to think about it, after discussions with Netball last Friday and again on Monday, what information did you or your department receive in relation to James Griffin's involvement with children involved in this sport with the Northern Tasmanian Netball Association?

ANSWER

Madam Speaker, I thank the member for her question. This is a very important issue. I have clearly laid out in parliament the steps that I and my office, the division of Sport and Recreation have taken to provide support to those clubs and players who have come into contact with the deceased paedophile, James Griffin.

The Leader of the Opposition incorrectly asserted in question time, and again in a media release yesterday, that the Coroner's report on the death of Griffin was delivered in May and that I, as minister, should have sought information from Netball Tasmania at the time. The Coroner's findings into the death of Mr Griffin were dated 18 May 2020. However, I am advised that on that date the findings were only provided to the senior next of kin and the Registrar of Births, Deaths and Marriages. I am further advised several weeks later, interested

parties were provided with a copy of the findings in accordance with the standard procedure of the Coronial Division. Neither my department nor I received those findings.

I am also advised, as is usual with deaths that are found to be by suicide, the findings were not published on the Magistrates Court website at that time. However, due to the extensive public interest in the matter over subsequent weeks and months, the Coroner decided that it was appropriate to publish the findings. He published the findings on 23 October 2020. That was the day after Hobart Show Day when I was alerted to Griffin's potential involvement as a volunteer in netball and the day that my office reached out to Netball Tasmania.

The Leader of the Opposition has falsely claimed that I had delayed notifying Netball Tasmania of the activities of Griffin. This is not only inaccurate but highly offensive and the member should apologise for stating what she knew or should have known to be wrong. If she refuses to apologise to me, she should certainly apologise to Netball Tasmania and the Northern Tasmanian Netball Association, where her fearmongering is creating real concerns.

This is a very serious and upsetting matter for netballers past and present, their families, officials, coaches and the Northern Tasmanian Netball Association and, in fact, the northern Tasmanian community.

If the Opposition's objective is to ensure that any victims of Griffin have been provided care and support, then I am pleased to advise that all possible support has been offered.

Ms O'Byrne - What happened Friday and Monday?

Madam SPEAKER - Ms O'Byrne, you will get a chance to ask a question.

Ms HOWLETT - I want to make it clear at the outset that after a number of contacts between me, my office and the division of Communities, Sport and Recreation, none of us have been made aware of any complaint in relation to Griffin's activities through either Netball Tasmania or the NTNA.

I will update the House on the list of interactions with Netball Tasmania and the NTNA. I was first made aware of Griffin's involvement with the NTNA on Hobart Show Day, 22 October. On the same day, my office contacted Netball Tasmania in order to reach out to the NTNA. The CEO of Netball Tasmania and Sport and Recreation also discussed the issue on 25 October 2020. The department was advised Griffin had been in volunteer roles with the Northern Tasmanian Netball Association, Devon Netball Association, and two state league clubs. On 29 October 2020, the CEO advised that he had liaised with the Northern Tasmanian Netball Association and the two state league clubs, and the Devon Netball Association, about the matter and offered his and Netball Tasmania's assistance to communicate and manage the matter on their behalf. This was contingent on receiving confirmation that there had been no complaints lodged.

I cannot guarantee that other issues may not come to light in the future, given the commission of inquiry and other processes in place. Sport and Recreation has been in regular contact with Netball Tasmania. I also checked with the chair of the NTNA on 19 November to confirm that support already offered to the association by the Government was adequate. I am pleased to be advised that the NTNA was satisfied with the support it had been provided. The chair of the NTNA confirmed with me that the association had offered free counselling to

all members, including past players. She confirmed that, so far, there had been no take-up of this offer. During that discussion, I reaffirmed the Government's ongoing support to the association. The lines of communication remain open between the NTNA, Netball Tasmania and Government.

Sport and Recreation discussed the matter with the CEO of Netball Tasmania on 24 November. The CEO advised that a detailed time line of Mr Griffin's involvement in volunteer roles in netball is being prepared. It will be shared with the Government when available. On 27 November, my office contacted both the CEO of Netball Tasmania and the chair of the NTNA to reiterate the Government's support. Both organisations confirm they are satisfied with the ongoing support.

On Monday, 30 November, Sport and Recreation again made contact with Netball Tasmania but no further information was made available. On Wednesday, 2 December, I reached out to Netball Tasmania and the NTNA to reaffirm the Government's ongoing support. The NTNA confirmed with me that they could not find any record of complaint. As previously advised, Netball Tasmania is still waiting for further information from the NTNA.

I note the coronial report into the death of Mr Griffin includes a reference to a historical sexual abuse complaint in relation to Mr Griffin meeting a child through a local sporting group, which was made known to the police on 1 May 2019. This matter has not previously been brought to my attention as minister or raised with the division of Communities, Sport and Recreation.

The Premier has announced a commission of inquiry to investigate the response of Tasmanian government agencies in relation to the management of historical allegations of child sexual abuse. While the terms of reference for the inquiry are still to be developed, I expect that if there are any complaints made in relation to Mr Griffin's involvement in sporting clubs or community organisations, this will come to light. The Premier has confirmed as part of the inquiry there will be an opportunity for survivors and others to come forward. Anyone who would like to make a submission to the existing inquiry and investigation, as well as provide early information for the commission to consider, can do so by accessing the portal which is now live via the Department of Justice website.

As minister, I can assure Tasmanians that I and the division of Communities, Sport and Recreation will be supporting anyone with relevant information to bring forward.

Northern Tasmanian Netball Association - Actions of Minister in relation to Reports of Alleged Child Abuse

Ms WHITE to MINISTER for SPORT and RECREATION, Ms HOWLETT

[10.12 a.m.]

Yesterday, your colleague, the minister for Police, confirmed that several departments, including Communities Tasmania, were briefed in August 2019 after James Griffin's Working with Vulnerable People accreditation was revoked because of his offending against children. The Police minister said -

At that time relevant agencies, including Justice, Communities Tasmania, and the Department of Health, had been informed and Mr Griffin had been suspended from his employment.

Communities Tasmania falls under your Sport and Recreation portfolio. At any time since August 2019 did your department tell you about this serious matter? Did you or your department actually check whether James Griffin had any involvement with children playing sport and, if not, why not?

ANSWER

Madam Speaker, I thank the member for her question. It is important to protect our kids. I know many people, including me, are extremely distressed about these allegations. I believe I have outlined the question that the member has asked in my time line.

Alleged Child Sexual Abuse - Support for the Commission of Inquiry

Ms O'CONNOR to PREMIER, Mr GUTWEIN

[10.13 a.m.]

In the face of deeply confronting evidence of systemic historic and current harm to children and young people, you made the right decision to establish a commission of inquiry. As it was with the COVID-19 response, the Greens are determined to thoughtfully and responsibly support the work of the inquiry and, to the greatest extent possible, remove the politics in the best interests of survivors, their families, and all Tasmania's children and young people.

This inquiry needs tri-partisan backing, so I strongly encourage you to work with Opposition and crossbench parties and members on the terms of reference. The commission of inquiry will be painful for many. It will uncover dark and terrible truths, give voice to people who have suffered their trauma in silence, and it will lay bare the failings of successive governments to adequately protect children and young people. It will also make recommendations for change.

Will you commit today to implementing all the recommendations of the inquiry no matter how difficult or costly for Government so we can be sure its legacy is a truly child-safe Tasmania?

ANSWER

Madam Speaker, I thank the Leader of the Greens for her question. I will start with the nub: whether we will commit to all of the inquiry's recommendations. On balance, my view would be that of course we will. All of us would need to reserve the right to understand what those recommendations are.

This is going to be difficult. We all understand this is going to be uncomfortable. We will do this once, we will do this right, and we will make certain that kids in this state have the best protections in place. I know this will be challenging. This will be one of the most difficult moments that Tasmania will ever have to face.

We have come through a pandemic. Now we go into a second period where all of us are going to be challenged. It would be my intention that the recommendations, however difficult they may be, would be implemented. We are dealing with the protections and safety of our kids and of the next generation of Tasmanians. There will be things that come out of this commission of inquiry that will shock us. We need to prepare ourselves for that. We need to steel ourselves for this journey, but we will do this once, we will do this right, we will get the job done, and we will improve protections for our children.

COVID-19 - Easing Restrictions on Dancing and Vertical Drinking

Ms OGILVIE to PREMIER, Mr GUTWEIN

[10.17 a.m.]

It has been a challenging year for everyone in which all Tasmanians, including everyone in this Chamber, you and your Government, have risen magnificently. Apart from South Australia, which has had a brief hiccup, it now appears that almost the entire country, Western Australia, Northern Territory, Queensland, the ACT, Victoria and Tasmania are COVID-19 free, which is fantastic. Yesterday the New South Wales Premier announced that people in her state will be able to dance again from Monday. Surely if it is safe to dance in New South Wales, even despite a small hiccup this morning, it has to be safe to dance here. Will you allow Tasmanians and our kids to celebrate Christmas and see off 2020 in the way it deserves by allowing dancing and vertical drinking?

ANSWER

Madam Speaker, I thank the independent member for Clark for that question and for her interest in this matter. My understanding is that they have moved to vertical drinking outside, which we are already at. It is often forgotten that, as we have relaxed our restrictions, we have done so sensibly and responsibly. Because of the disciplined way Tasmanians adopted the restrictions we put in place early, we were able to relax some restrictions early. The Director of Public Health is reviewing vertical drinking in the lead-up to Christmas and also reviewing dancing.

I share this story. I was walking back to my accommodation - I will not call it home but it feels like home after so long in Hobart over the course of this year - and there were two young ladies in their 30s who were walking behind me. I heard one of them say, 'Go on, go on, ask him'. I heard footsteps and I thought I was about to be tackled. This lady said, 'Look, we've all done the right thing, so when will Dr Veitch allow us to dance?', and I said, effectively, what I have just said today, 'It is being reviewed'. The point they made to me, and I was pleased that they made it, was that they had done a good job and followed the rules and, if Dr Veitch and Public Health decide that they should continue to follow them for a little bit longer, as frustrating as it would be, they would.

Ms Ogilvie - The community has been great.

Mr GUTWEIN - The community has been great. Whilst it is frustrating for some, if Public Health makes the decision that that is an activity we should refrain from for a little longer, Public Health will have my support on that. They have been sage, they have been wise, and the decisions they have taken have stood us in good stead. I hope in light of the very good

work going on around this country, and the fact that Australia is now without doubt a beacon in the world for how to deal with COVID-19, that as things progress those who want could dance again.

Meeting the Challenges of 2020

Mr STREET to PREMIER, Mr GUTWEIN

[10.21 a.m.]

Can you outline to the House how this majority Liberal Government has met the challenges of 2020?

ANSWER

Madam Speaker, I thank the member for Franklin for his question and his interest in this matter. The first thing I want to do is acknowledge that last night the Budget passed this place and I thank members of this House for their support. It is a budget that will increase jobs, ensure that confidence can return to even higher levels than it is currently, and it will support our community.

The year 2020 has been a year like no other. COVID-19 has had a profound impact across the world, with 65 million cases and growing and, unfortunately, nearly 1.5 million deaths. Tragically, there were 13 deaths in Tasmania and we should never forget that. Our community has paid a price but they have been magnificent as they have worked through this.

There has been no rule book for this, but with every step we took we acted quickly and decisively. We used our island advantage to protect our community and then we delivered the largest economic and social support package as a percentage of our economy in the nation. I have no doubt that our actions saved lives and livelihoods. There is a strong sense of hope and optimism.

The state final demand was released yesterday. I can see the smile on the shadow treasurer's face. I was looking for the release from him cheering the fact that our economy was one of the fastest-growing in the country, but he could not quite bring himself to do it. Our economic recovery, though, is far from over. As we have right through this, we need to act sensibly and responsibly, and we need to continue to invest. Unlike the prophets of doom opposite, we believe it was good news. We bounced back. State final demand is a key indicator of the state's economic performance. September growth especially was driven by increased consumption, which demonstrates that there is a growing confidence out there with consumers, who would be the best litmus test for the state of an economy.

I will touch on one point. It annoyed me at the time and it is something the Opposition should have a good think about. During the budget debate they claimed that we were in recession, I think, 16 times. If that was not an attempt to sap confidence out of our economy I do not know what is. There is not a better example of the negativity of those opposite. The last recession this state was in was when Labor and the Greens were in government, and when the shadow treasurer was the economic development minister - five years after the global financial crisis and he took us into recession.

We are bouncing back five months after we had a significant downturn as a result of our restrictions. We were one of two states last year across the country in the financial year to have positive economic growth. That is something the Opposition should at least acknowledge positively.

As we have responsibly been reopening our borders, we have seen a rapid restoration of airline capacity to the state. By January, it is anticipated that we will be at about 80 per cent of pre-COVID capacity, which is well ahead of what was originally projected. Tourism Tasmania is back in the market on the mainland, investing \$8 million to reactivate the Come Down for Air campaign.

More locally, I am very pleased that the airline services this Government facilitated and underwrote from Hobart to King Island and from Hobart to Flinders Island are going gangbusters. Passenger numbers from commencement and booked as at 25 November through until 31 January are for more than 1300 people going to Flinders Island and more than 1000 going to King Island, those two gems of islands. Tasmanians are voting with their feet. Because of the outstanding demand for those services, the financial need from Government has been less than was expected so I am very pleased to announce today that the Government has approved the extension of both those services for a further 17 weeks through to the end of April 2021.

Our visitor economy is coming back. From midnight last night our borders are open to all states and territories. MONA will reopen its doors on Boxing Day. We have BBL to look forward to, and other events are coming back in COVID-safe ways, I might add. Our Tasmanian way of life, albeit a COVID-19 way of life for a while, is returning. Two-thirds of Tasmanians are now back in work, our economy is growing and jobs are coming back.

This side of the House has a strong plan to support jobs, rebuild confidence and support our community and our state Budget which passed last night has a record \$5 billion infrastructure program built into it.

When I became Premier I said that I would lead a government of compassion, of conviction and of opportunity. This side of the House, regardless of the relentless negativity from that side of the House, is going to focus firmly on 2021 to ensure we create even more opportunity for Tasmania.

**Northern Tasmanian Netball Association -
Actions of Minister in relation to Reports of Alleged Child Abuse**

Ms WHITE to MINISTER for SPORT and RECREATION, Ms HOWLETT

[10.28 a.m.]

To be clear, this is not about the Coroner's report. It is about Working with Vulnerable People checks. Yesterday your colleague, the minister for Police, confirmed that several departments including Communities Tasmania were briefed in August 2019 after James Griffin's Working with Vulnerable People accreditation was revoked because of his offending against children. Yesterday the Police minister said -

At that time relevant agencies including Justice, Communities Tasmania and the Department of Health had been informed and Mr Griffin had been suspended from his employment.

Communities Tasmania falls under your portfolio of Sport and Recreation. At any time since August 2019, did your department tell you about this serious matter and did you or your department check whether James Griffin had any involvement with children playing sport? If you did not, why not?

ANSWER

Madam Speaker, I thank the member for her question. I have given an enormous amount of detail in my time line. I am not sure what more I can add to it. I am happy to talk. While Justice is not my portfolio responsibility, the Minister for Justice, I can advise the following -

The Registrar will advise an employer of a suspension of registration when the employer is known to the Registrar. An employer under the act includes associations and charities for which registrant volunteer.

Opposition members interjecting.

Madam SPEAKER - Order.

Ms HOWLETT - Amendments to the act which have already been passed by the parliament will strengthen requirements on employers and registrants to notify any changes to employment and volunteer. Arrangements commence on 1 February 2021. This will provide the registrar with current and up-to-date information regarding the employment and volunteer arrangements of registrants. It is an offence under the act for a person to engage in a regulated activity without registration. It is also an offence for an employer to engage an unregistered person in an unregulated activity. If, for example, a sporting club becomes aware of behaviour which may pose a risk to a vulnerable person, such as a child, the organisation should report the behaviour to Tasmania Police.

Opposition members interjecting.

Madam SPEAKER - Order.

Ms HOWLETT - Tasmania Police is a reporting body under the act and will notify the registrar. The registrar can use this information to commence a risk assessment or suspend a registrar.

Swift Parrot - Decline in Numbers - Logging of Habitat

Dr WOODRUFF to PREMIER, Mr GUTWEIN

[10.31 a.m.]

The news from Australian National University researchers yesterday that the critically endangered Swift Parrot has plummeted in numbers to less than 300 is appalling. A decade ago, an estimated 1000 pairs of this colourful, speedy bird remained. This latest data shows

the bird will be in a death spiral if we continue what we are doing. There is no doubt that the main contributor to the continual loss of birds is your Government's logging of the parrots' nesting hollows and food trees in native forests. Logging swift parrot habitat continues to occur, including in the Eastern Tiers now, and documented parrot habitats are sprinkled throughout permanent logging zones. This is an emergency for the swift parrot, which is heading towards extinction in just a few years unless action is taken immediately. Your ministers for the Environment and forests have shown they are incapable or unwilling to act to protect this species.

I truly believe you do not want a preventable extinction as part of your legacy to Tasmanians. Will you commit to ensuring that all swift parrot habitat, including breeding and foraging habitat, must immediately become no-go zones for logging or any other destructive practice that destroys the habitat of this critically endangered bird?

ANSWER

Madam Speaker, I thank the member for Franklin for that question and her interest in this matter.

It is well understood that the Government is strongly committed to protecting swift parrots. I am aware of the research paper recently published in the *Animal Conservation* journal which suggests that the current population size of the swift parrot could be below 300 birds. The Government will take on board any new research that increases our understanding of threatened species. I am advised that the Department of Primary Industries, Parks, Water and Environment - DPIPWE - is reviewing the paper and will provide advice to the minister shortly.

In line with our coordinated and adaptive approach to swift parrot management, we will continue to be guided by the experts and by advice -

Dr Woodruff - You did not achieve FSC because you are failing.

Mr GUTWEIN - I point out that the Government has already taken significant actions to protect swift parrots, including the recently signed swift parrot Public Authority Management Agreement - PAMA - for the southern forests.

Dr Woodruff - It is a tiny fraction, and you know it.

Mr Barnett - It is not tiny at all.

Mr GUTWEIN - Well, thank you - I hear the minister saying it is not tiny at all. This landmark agreement proactively protects an additional 10 000 hectares of swift parrot nesting habitat from wood production. This additional protected area is approximately 10 times the size of greater Glenorchy. Despite the spin being put on this, the truth is that the vast majority of Tasmanian southern forests are already protected -

Dr Woodruff - It will be on your head.

Madam SPEAKER - Order, Dr Woodruff.

Mr GUTWEIN - More than half of Tasmania's forested land is in either formal or informal reserves, including over 1 million hectares of old growth forest. Of the land set aside by the parliament for sustainable harvesting, less than half of that land contains native forests available for wood production and less than 1 per cent is harvested annually.

This Government recognises the advice from experts that a number of factors are affecting this species - and I think you would agree with that - which is why in recent times the Government has invested \$150 000 in an innovative trial of management techniques for the trapping of the introduced and invasive sugar gliders, which are a major threat to the swift parrot. The forest practices system continues to provide the necessary protections for nesting and foraging habitat in our production forests. Sustainable Timber Tasmania has noted in its latest update to its three-year wood production plan, a focus on the protection of significant habitat, including the swift parrots.

Dr Woodruff - Remind me why you didn't get FSC this time again - because you are not protecting swift parrot habitat.

Madam SPEAKER - Order, Dr Woodruff.

Mr GUTWEIN - This Government is already acting but, as I have said, the Government will review that paper and we will receive advice on that at an appropriate time. In line with our coordinated and adaptive approach to swift parrot management, the Government will act on the advice provided by those experts.

Launceston General Hospital - Child Abuse Claims - Actions of Minister, Mr Shelton

Ms WHITE to MINISTER for POLICE, FIRE and EMERGENCY MANAGEMENT, Mr SHELTON

[10.36 a.m.]

The Coroner's report into James Griffin's death was finalised on 18 May this year. It contains a disturbing account of Griffin's offences against a number of Tasmanians who either came forward or were identified by police prior to his death. However, what is clear is that these allegations against James Griffin began with the actions of one courageous woman who approached police in May 2019 with a complaint of historic sexual abuse against this deceased paedophile. The Coroner's report says -

... he made admissions that he had met the child through a local sporting group where he had acted as a masseuse. He also made admissions of criminal sexual misconduct in relation to her.

You have confirmed that the police contacted James Griffin's employer. When did police contact that local sporting club named in allegations to police?

ANSWER

Madam Speaker, I thank the member for Lyons for her question.

I will answer the question in two parts. First, over the period of the time and what has gone on in this parliament, I wholeheartedly reject suggestions from those opposite that I have abrogated my responsibilities as a minister.

Government members - Hear, hear.

Mr SHELTON - I too was horrified about the horrific and abhorrent child sex offences committed by the former nurse. These revelations have shocked our whole community. I acknowledge, as you have, the enormous courage and bravery that it would have taken for the victim to come forward to report Mr Griffin to police in May. We have all been shocked by this.

I want to be clear: I will ensure that any lessons from this are learned and I will ensure that any process that can be strengthened will be strengthened. As I stated yesterday, Tasmania Police has established a management review to examine all aspects of the investigation into the former nurse at the Launceston General Hospital. I have conveyed my expectations to the Commissioner of Police that this review will be given the utmost priority in this agency.

As the Government, we must try our utmost to improve and strengthen our systems and processes to try to stop this from ever happening again. If the Tasmania Police review finds there are improvements to be made, they will be made.

Ms WHITE - Point of order, Madam Speaker. It goes to standing order 45 - relevance. The question to the minister was, could you detail when the police first let the club know about the allegations that they had raised with them by that courageous woman. I ask if you could draw his attention to the question, please.

Madam SPEAKER - Thank you. As you know, that is not a point of order, but I ask the minister to consider your question.

Mr SHELTON - I will answer it in two parts but, first of all, as I said, I will give a commitment that this will be done as a priority before the commission of inquiry findings, if necessary. We can all agree that we share the same goal of protecting young people from these horrors.

Second, I wish to clear up some of the misconceptions that people may have regarding the time lines. The initial complaint raised allegations of historical sexual abuse on 1 May 2019, as the Coroner's report suggests. The police investigation began on 7 May 2019 when the victim made an initial statement to Tasmania Police regarding historical sexual assaults. Again, I acknowledge the courage of that young lady for coming forward. It was established that there was no current threat to the safety of the victim. At this time the complaint did not relate to the offender's employment.

Over the next two months the victim worked with an investigator to prepare an investigation package and establish evidence. It is necessary to be methodical in relation to evidence gathering for such a serious crime. This is even more important where there is no immediate or current threat to the known victim, as was the case in this investigation.

The Acting Deputy Commissioner, Jonathan Higgins, confirmed in the Budget Estimates that during July, Launceston CIB became aware that Mr Griffin was employed by the LGH.

On 28 July 2019, Launceston CIB notified the Office of Accreditation of the allegations of offending by Mr Griffin in order to suspend his Working with Children and Vulnerable Persons accreditation. On 31 July 2019, Griffin's residence was searched. The Office of Accreditation and the Director of Clinical Management at the LGH were advised by investigators that Griffin was in possession of child exploitation material.

Mr Griffin was immediately stood down by the LGH and his Working with Children and Vulnerable Persons registration was suspended. As I have already indicated, in late August 2019 I was first alerted about this matter in a confidential briefing by Tasmania Police. I was advised that Tasmania Police were finalising their file to charge Mr Griffin. As has already been outlined, relevant agencies, including the LGH and the Health department were notified.

Ms O'Byrne - What about other agencies?

Madam SPEAKER - Order.

Mr SHELTON - LGH, Communities Tasmania with regard to Child Safety Services, the Department of Health, as I mentioned, and that was nearly a month before I was actually advised. It was on this date that Mr Griffin made an admission that he had met the victim through a local sporting group where he had acted as a masseuse. He also made admissions of criminal sexual misconduct in relation to her.

I note that there has been some attempt by those opposite to interpret the Coroner's report to suggest that this happened at an earlier date and construed that somehow Tasmania Police had sat on these admissions and did not act.

Members interjecting.

Mr SHELTON - That is not true. On 3 September 2019 and again on 3 October 2019, as part of an ongoing investigation, Tasmania Police charged Mr Griffin with sexual crimes relating to separate complaints.

Infrastructure - Roads and Bridges

Mr STREET to MINISTER for INFRASTRUCTURE and TRANSPORT, Mr FERGUSON

[10.44 a.m.]

Can you update the House on the Government's delivery of its infrastructure plan, particularly roads and bridges? Is the minister aware of any job-creating infrastructure plan or other alternative job-creating infrastructure plans?

ANSWER

Madam Speaker, I thank the member for Franklin, Mr Street, for his question and his genuine interest in this important issue.

The Tasmanian Liberal Government has a strong record of delivering on infrastructure, endorsed by the Labor Party recently with a 99.7 per cent score. The Tasmanian community

knows that. We have been providing new and upgraded infrastructure since we were elected to office in 2014. As this year draws to a close, I advise that this year has been no different. Despite a pandemic across all portfolios, government agencies have been working extremely hard and getting infrastructure moving.

In my own portfolio of Infrastructure and Transport I am pleased to advise that the State Roads division has completed more than 150 separate projects since 2014. Over the course of the last financial year, the last quarter of which was in a deep pandemic, 38 projects were completed. This is State Roads' biggest year in a decade. Whenever we get good numbers Mr O'Byrne gets very grumpy. It is a shame. They call him the prophet of doom.

Mr O'Byrne - How is it going?

Mr FERGUSON - He asks me how it is going. I will tell him. These projects include upgrades across the state including our major highways which our voters all use: roads that support our visitor economy and numerous bridge replacements and the strengthening of projects as well. This is supporting industry to get goods to market.

Mr Gutwein - We finished a hospital too, did we not, that they could not get up?

Mr FERGUSON - There was a hospital built, Premier. That is quite true. In the current financial year -

Mr O'Byrne - How is bed block going for you?

Mr FERGUSON - I see your embarrassment. In the current financial year despite being early in the construction season - we are only really at the beginning of that season - we have already completed nine projects. These include three sections of the Midland Highway, the Mowbray Connector, intersection upgrades in Invermay in my electorate of Bass, upgrades on the Huon Highway, the Lyell Highway, the Bass Highway and the Gordon River Main Road. This is the beginning of what is shaping up to be a fantastic construction season being delivered in partnership with our civil construction sector.

Work is continuing on our 10-year Midland Highway Action Plan with the Perth Link roads completed. That is north of Brighton, which is something that triggers Mr O'Byrne. It is the Liberal governments, federal and state, that have funded these projects.

Opposition members interjecting.

Madam SPEAKER - Could we have a little more discipline in the House, please?

Mr FERGUSON - I hear embarrassed laughter again.

The final stages have been tendered and are now under way. Another one to trigger the Opposition, construction is well under way on the Hobart Airport interchange and preliminary works are commencing on the Midway Point intersection upgrade. I congratulate Hazell Brothers who won the contract from the state government, who achieved their development approval from Clarence City Council and survived an appeal at the RMPAT tribunal -

Mr O'Byrne - Let's not mislead parliament again like you did last time. Careful.

Mr FERGUSON - which was unfortunately recklessly supported by the Labor Party. Now they are hard at work despite Labor's interference.

Members interjecting.

Madam SPEAKER - Order, Mr O'Byrne.

Mr FERGUSON - Give him a chance later, Madam Speaker, but I would like to continue. Works are commencing on our \$14 million West Tamar Highway priority projects -

Mr O'Byrne - Any more legal proceedings, big fella?

Madam SPEAKER - Order, Mr O'Byrne.

Mr FERGUSON - and the \$2 million upgrade of the 'Pub with No Beer' corner on the Highland Lakes Road is currently under way. Works are happening to complete the upgrade of Richmond Road. Works are under way between Malcolms Hut Road and Grass Tree Hill Road and upgrades to Mud Walls Road are continuing.

We are resurfacing, doing other safety upgrade projects across the state, in every corner of our state. There is even more work in the pipeline that has been put out to tender. I can advise the House -

Mr Gutwein - It is a big infrastructure plan.

Mr FERGUSON - It is a big plan, Premier; it is a record plan. I know that some people here hate roads and bridges but we do not. Sixteen roads projects right now are either open for tender or in the process of being awarded contracts. These include the Bass Highway, the Sandfly intersection upgrade, the Campbell Town pedestrian underpass, and the Sorell Southern Bypass, to name a few.

Ms O'CONNOR - Point of order, Madam Speaker, under standing order 48. The minister has had enough time for self-promotion. We are now over five minutes on a Dorothy Dixier and I ask you to rein him in a little.

Madam SPEAKER - That is not a point of order and I thank you for assisting with the time-keeping but I am going to let the minister finish that last page.

Mr FERGUSON - Thank you, Madam Speaker. I know I am passionate about this but if I can continue, it is our record to deliver. We have demonstrated the delivery and it has been the biggest year of delivery in a decade. Our continued pipeline of work is providing certainty to the construction industry but it is about jobs for Tasmanians, which is what this Budget is all about. This is how you generate confidence in the community to allow further investments to be made. It is very clear based on yesterday's ABS data that the Government's investments are providing the support that our economy needs.

I was asked if there are any alternative plans. The Greens provided a budget alternative but they wanted to slash the roads program. For those opposite I suppose imitation is the greatest form of flattery. Lazy Labor's budget reply did not change one single road project at all but all we can do is look back at the record to predict Labor's future behaviour.

Mr O'Byrne - Our last six years are more than your last six years. We spent more money in our last six years than you have in this time. Have a look at the numbers.

Madam SPEAKER - Order, Mr O'Byrne.

Mr FERGUSON - They ruined infrastructure delivery. They took the money for the Bridgewater bridge and spent it on other projects. It is on the record that Mr O'Byrne, who has had a lot to say during this answer, failed to upgrade a single kilometre north of Brighton.

Alleged Child Sexual Abuse - Notification by Police

Ms WHITE to MINISTER for POLICE, FIRE and EMERGENCY MANAGEMENT, Mr SHELTON

[10.52 a.m.]

On what date did police inform the local sporting club named in the allegations to police? You have just provided a long time line of different dates but the answer to this question was not in them. When did police contact the local sporting club named in the allegations to police about deceased paedophile James Griffin?

ANSWER

Madam Speaker, I thank the member for Lyons for her question. There are three investigations that have been announced through this process. As I indicated yesterday, the Commissioner of Police is going through a management review of the processes; the secretary of Health is going through a review of the processes; and there is a commission of inquiry going through the separate processes.

I am not in the habit of discussing police investigations with anyone, nor do I intend to start now.

Opposition members interjecting.

Madam SPEAKER - Order.

Mr SHELTON - Political interference in police activities is not something I believe in.

Ms WHITE - Point of order, Madam Speaker, going to relevance. The minister has provided an update on the date the police told his employer. It is entirely relevant that the minister provides an update on when police told the sporting club named in the allegation. You cannot claim it is only operational. It is not.

Madam SPEAKER - As you know, it is not a point of order. I ask the minister to be relevant.

Mr SHELTON - What I believe in is learning the lessons of the past and wherever possible making sure those lessons are acted on. The commissioner and I are in agreement in that regard.

Members interjecting.

Madam SPEAKER - Order. Order. Excuse me, if you cannot show a bit of discipline amongst yourselves I will leave the Chamber. This is a very sensitive matter. Are you alright, Ms O'Byrne?

Ms O'Byrne - Is the Premier?

Members interjecting.

Madam SPEAKER - Order. I do not know, but I am giving you a warning. Take a deep breath and reflect on your behaviour and stop this crossbench argument. It is ridiculous. Please proceed, minister.

Mr SHELTON - Thank you, Madam Speaker. I am aware that the police investigation began on 7 May 2019 when the victim made an initial statement to Tasmania Police regarding the historical sexual assault on her. Again, I acknowledge the courage that it took for the young victim to come forward.

As to the investigation process that took place from then on, I cannot add to what the police did through the two months of investigation and discussion with this young person to put together their investigation package. That is part of the investigation that needs to take place. It is necessary to be methodical in relation to the evidence gathering of such serious crimes. The police are the experts when it comes to investigating and what they allow out, who they investigate and when they investigate. As I said in my initial statement, I am not going to discuss those investigation processes.

Mining Sector - Government Support

Mr STREET to MINISTER for RESOURCES, Mr BARNETT

[10.56 a.m.]

Can you provide an update on the Government's continuing support for the mining sector and are you aware of any other plans for this important sector?

ANSWER

Madam Speaker, I thank Mr Street for his question and his special interest in this matter. I can update the member on both parts of the question. There is no greater friend of the mining and mineral processing sector than the Gutwein Liberal Government. This is a key part of our economy with more than half of all of our exports in mining and mineral processing, worth \$2 billion to the economy each year. We are proud of that and we are backing them in, more than 5000 jobs in the north and north-west and across the state.

During COVID-19 their operations continued. They were difficult circumstances but they met the challenge, kept people in work and supported their families. It was great to be working with them shoulder to shoulder as a government.

I am pleased to advise that plans for the first stage of the upgrade of the Mornington core library are now finalised. The core library stores more than 700 kilometres of core, rocks and rock samples from across the state. It contains important laboratories and is a vital resource for our mining and broader industrial sector. The upgrade of the core library will consolidate back-end geoscientific and analytical functions linked to the library, offshore and onshore, specifically onshore testing capabilities currently unavailable here in Tasmania. They also provide an up-to-date front end for MRT's engagement with industry and other stakeholders.

Clarence Council approved the development application in July this year and the development project went out to tender in October. This is a \$2 million development that will create jobs and provide confidence and opportunity to help rebuild our state, and that is what we are all about. The Premier has said it, we have all said it here on this side of the Chamber, we are all about creating jobs, growing our economy, building confidence and supporting our community, and we will keep doing that.

This is on the back of our budget support for \$1.6 million for our successful exploration drilling grants initiative. It is delivering and getting to those greenfield development sites. We have \$450 000 as part of a mining sector innovation initiative, helping keep Tasmanian mining at the cutting edge in technology and practice; and \$150 000 in new funding for our geoscience initiative to gather up-to-date geoscientific data which will help increase investment and assist mineral exploration.

A geo-science conference was held yesterday on the west coast at Strahan. We are delivering on our plan, but what about the other side? What about the red booklet of debt? Their numbers did not add up when it came to jobs. They have an extra \$400 million, putting Tasmania deeper into debt. Why do they not support our workplace protection legislation? What about the farmers, what about the fishers, what about the miners? What about all our productive industries? Why do they not get behind it? They are hiding behind the Greens. They are too close to the Greens. They will join the Greens again in a heartbeat. There is only one way that the Greens will get their way and that is with a Labor Opposition doing a deal.

Under the Labor-Greens government the budget was in tatters. The jobs went out the door - 10 000 - and the recession occurred.

Ms O'CONNOR - Point of order, Madam Speaker, again standing order 48. The minister for Infrastructure's answer has extended to seven minutes. This minister has been bloviating for more than four minutes. It is now 11 a.m. and we have important legislation to debate today. I ask you to rein him in, please.

Madam SPEAKER - I urge the minister to wind up please.

Mr BARNETT - Madam Speaker, I was just winding into it. However, I will start to wind up. The other side has no idea about jobs. Jobs went out the door backwards. The only job that the shadow minister, Mr O'Byrne, is interested in is the leader's job, Ms White's job. Relentlessly negative, knock, knock.

This side of the House is all about creating jobs, and all about growing the economy. We are all about building confidence and supporting our community. We have laid out the plan. We are getting on with delivering the job and we will not stop, not this week, not next month, not just through the summer, but into 2021.

**Northern Tasmanian Netball Association -
James Griffin - Date of Cessation of Involvement**

Ms WHITE to MINISTER for SPORT and RECREATION, Ms HOWLETT

[11.02 a.m.]

In your and your department's conversations with the NTNA, can you advise when James Griffin ceased his involvement with the NTNA?

Mr Ferguson - Maybe you could have asked the patron.

Ms O'Byrne - I beg your pardon?

Mr Ferguson - I said, maybe you could have asked the patron.

Members interjecting.

Ms O'BYRNE - That is outrageous. Point of order, Madam Speaker. I ask the minister to withdraw that offensive remark.

Madam SPEAKER - Not having heard the offensive comment, could I ask -

Ms O'BYRNE - It alleges that patrons of netball clubs such as myself, and I imagine the other patron of that netball club, Jeff Kennett, are somehow involved.

Madam SPEAKER - Would you retract that?

Members interjecting.

Madam SPEAKER - Order.

Ms O'Byrne - That is exactly what I am saying and you want to be careful.

Members interjecting.

Madam SPEAKER - Order. Order. We have members in the House who have taken offence. I ask you to unreservedly withdraw.

Mr FERGUSON - To satisfy the member I will withdraw the remark. It was a question to the Leader of the Opposition, that she could have asked the patron.

Ms O'Byrne - How would the patron know?

Madam SPEAKER - I do not think that was the best way of handling it. We are moving forward.

Members interjecting.

Mr GUTWEIN - On that point of order, Madam Speaker, there is no inference whatsoever that the member had any involvement or knowledge of Mr Griffin's activities. I want to be clear on that.

Madam SPEAKER - Thank you, Premier, that was helpful. I call the minister.

Ms HOWLETT - Madam Speaker, I thank the member for her question.

I gave a very detailed time line in my previous answer. I did make a statement in my time line that the NTNA is putting forward a time line. They are compiling that information right now. They will provide that to Netball Tas when the volunteers who work for NTNA have had a chance to sit down and compile that time line and the information.

Ms White interjecting.

Ms HOWLETT - As I stated before, it is important to protect our kids, the children of Tasmania. These are serious allegations. That is why the Premier has announced a commission of inquiry.

Jobs Hubs - Impact on Jobs and Training

Mr STREET to MINISTER for STRATEGIC GROWTH, Ms COURTNEY

[11.04 a.m.]

Can you update the House on the impact the Sorell Jobs Hub is having on jobs and training outcomes in the south east, and the work that is under way in Hobart, Glenorchy and George Town to support jobs?

ANSWER

Madam Speaker, I thank the member for his question. The Tasmanian Government has a plan to rebuild a stronger Tasmania, with the 2020-21 State Budget focused on bolstering confidence and creating jobs. This Budget includes a range of supports for strategic growth initiatives which invest in local communities to support resilience and economic and employment growth as we recover from the COVID-19 pandemic. As has been outlined by the Premier this morning, from figures released from yesterday our plan is working.

The Sorell Jobs Hub is a key initiative to deliver employment for more Tasmanians, with \$950 000 provided in this Budget plus \$60 000 provided in 2020-2021 to extend the regional transport trial for an additional 12 months. To the end of October 2020, the hub has assisted 168 job seekers into employment; 45 into full-time work, 50 into part-time jobs and 73 into casual roles.

I acknowledge the strong local support and industry leadership that have been instrumental in achieving this outcome. The Glenorchy Jobs Hub is funded in the 2020-21 Budget, with \$1.3 million allocated over two years to June 2022, presenting an exciting opportunity to apply the learnings of the Sorell Employment Hub in a different setting with its own specific opportunities and needs. I am advised that the Glenorchy City Council, as a lead entity, has appointed a workforce coordinator. Following an expressions of interest process,

interested stakeholders met on 30 November, with the first steering committee meeting to be convened shortly. I acknowledge the advocacy of many members of this House, particularly that of Madeleine Ogilvie, who has been a very passionate advocate for this initiative.

At George Town, we are investing \$1 million in the municipality and surrounding areas to support projects and create jobs and skills. This is an important community, particularly, for the members of Bass. The George Town Future Impact Group has launched a strategy that includes the Launchpad hub, which provides skills and employment opportunities and helps revitalise the town by providing a basis for incoming visitors to access the new mountain biking trails in that area. That is an exciting initiative.

We have funded a number of social enterprises that I have recently visited. The 2020-21 Budget provides \$470 000 over two years to continue the work of Hamlet, including its employability program, and \$420 000 over two years for the Workskills Troublesmiths program that Ms Archer is heavily involved in. Hamlet has delivered more than 22 000 hours of work experience with 262 participants over the last four years. It has also delivered 400 meals per week for people in need since the start of the pandemic, allowing it to keep staff employed and provide essential food relief. From 17 to 19 July, 146 participants commenced the Troublesmiths program. I had the pleasure of visiting them both and I pay tribute to the extraordinary individuals who work in those organisations. I also pay tribute to the amazing participants who I know wholeheartedly enjoyed their programs.

We were asked about alternatives. This is somewhat unusual because the other side always has an alternative, except their alternative is copying our plan. They came in here with their budget, talking about a jobs hub as though it was ground-breaking initiative. However, we are already delivering it. We have it in our Budget. We have it funded. This clearly shows the alternative from the other side is simply what we have and recognising it.

Launceston General Hospital - Child Abuse Claims - Actions of Minister, Mr Shelton

**Ms WHITE to MINISTER for POLICE, FIRE and EMERGENCY MANAGEMENT,
Mr SHELTON**

[11.09 a.m.]

You received information of James Griffin's offending last August, more than a year ago. You provided a number of details about the operations of police regarding their investigation into the matter of the deceased paedophile, but have been unable to say whether the sporting club named in allegations to police was contacted. The Sport minister cannot say when James Griffin ceased his involvement with the NTNA.

Do you take any responsibility for not sharing that information or did you fail to share it because you just assumed that everyone else had known?

ANSWER

Madam Speaker, I thank the member for her question. What has been highlighted and what I have highlighted is that prior to me being briefed, almost a month before I was briefed on 31 July, Mr Griffin's residence was searched. Then the Office of Accreditation and therefore the registrar was informed as well as the Director of Clinical Management at the LGH. They

were advised by the investigator of what went on. Mr Griffin was stood down immediately and his Working with Children and Vulnerable Persons registration was suspended. From a police perspective, they were obligated to go to the registrar and notify the registrar of the specifics. The registrar in control of working with vulnerable people's registration, contacts the members, whether it be an employer or groups or associations where they know and where it is listed on that working with vulnerable children certificate that they can go.

The police did what they had to do. The investigation as far as the police go is a matter for the police. I am not aware of the specifics of who they talked to and when, and nor should I have been in the briefing. The commissioner and I sat through budget Estimates last week, almost nine hours in this place, and that was the opportunity for any member to ask questions of me and the commissioner on any of the specific details. It went through the proper channels and as I say the three investigations that are going on at the current time -

Ms O'BYRNE - Madam Speaker, is it possible that the minister, given he does not have that information, to undertake to find it and update the House before -

Madam SPEAKER - That is not a point of order and I cannot instruct the minister to do so. He may take it on board.

Mr SHELTON - There are three investigations going on and as the Premier and I have committed to, if there are findings that come out of them and there is work to do, then the work will be done.

PERSONAL EXPLANATION

Member for Bass, Mr Ferguson

[11.13 a.m.]

Mr FERGUSON (Bass - Leader of Government Business) - Madam Speaker, I wish to add further. I thoroughly and without qualification withdraw my earlier interjection posed in response to the same question as my colleague. I hope to do that more thoroughly.

Madam SPEAKER - That is very gracious of you.

TABLED PAPERS

Estimates Committee B

Mr Street presented additional information provided to Estimates Committee B by the Minister for Police, Fire and Emergency Management; the Minister for Building and Construction, Minister for the Arts and Minister for Heritage; and the Minister for Education and Training, Minister for Disability Services and Community Development and Minister for Trade.

CONSENT TO MEDICAL TREATMENT BILL 2020 (No. 49)

First Reading

Bill presented by **Ms Ogilvie** and read the first time.

SITTING DATES

Mr FERGUSON (Bass - Leader of Government Business) (by leave) - Madam Speaker, I move -

That the House, at its rising, adjourn to Tuesday, 2 March next at 10 a.m.

Motion agreed to.

SITTING TIMES

Mr FERGUSON (Bass- Leader of Government Business)(by leave) - Madam Speaker, I move -

That so much of the Standing Orders be suspended as would prevent the sitting of the House not being suspended at 1 p.m. on the calendar day Friday 4 December 2020 should today's sitting be continuing at that time.

This is a curly motion on the basis that it is parliamentary practice that where the House would be suspended at the end of today, calendar day Thursday, that for the intents and purposes of the Standing Orders and we continue to meet again tomorrow at the end of the period of suspension to allow the private member's bill debate to continue, in a very strange way to express it, it will still be Thursday according to the parliamentary program.

On that basis the Clerk has helpfully worded for me a motion which makes it clear that tomorrow in the real world we will not have to suspend unnecessarily for an hour and a half at 1 p.m. My motion circumvents that from happening, allows the House to continue to debate that bill, and ensures that our use of time is appropriate.

[11.19 a.m.]

Mr O'BYRNE (Franklin) - Madam Speaker, I indicate our support for the motion to allow this most important bill to be debated in this House.

The Leader of Government Business is correct: it will still be Thursday tomorrow. Some people say that time stands still in this place and we live in a different time zone, but it is important that we allow the time for this to occur and the procedural motion as put forward by the Leader of Government Business allows us to commence the second reading speech and debate and get us through the first stage of that bill.

Ms O'CONNOR (Clark - Leader of the Greens) - Madam Speaker, we support the motion.

Ms OGILVIE (Clark) - Madam Speaker, I support the motion.

Motion agreed.

MOTION

Government Business Scrutiny Committee - Appointment

[11.20 a.m.]

Mr FERGUSON (Bass - Leader of Government Business)(by leave) - Madam Speaker,
I move -

That the House of Assembly appoint a Government Businesses Scrutiny Committee, with leave to sit on 8 and 9 December 2020 to inquire into Government Businesses (GBs) in accordance with the following schedule and rules.

For 2020 the following Government Businesses are allocated to the Committee as detailed below -

Tuesday, 8 December 2020	TT-Line Corporation Pty Ltd: 0900-1200 (3 hours) Tasmanian Ports Corporation Pty Ltd: 1300-1500 (2 hours)
Wednesday, 9 December 2020	Tasmanian Networks Pty Ltd: 0900-1200 (3 hours) Hydro Tasmania: 1200-1300, 1400-1600 (3 hours) Sustainable Timber Tasmania: 1600-1900 (3 hours)

MEMBERSHIP OF THE COMMITTEE

- (1) The Committee shall consist of six Members appointed by the House as follows -

The Chair of Committees (Chair);

Mr Street (Deputy Chair);

Mr Tucker

Two Members nominated by the Leader of the Opposition; and

One Member nominated by the Leader of the Greens.

- (2) During sittings, substitute Members may be allowed.
- (3) If a vacancy occurs in the membership of a Committee, the Speaker may nominate a Member in substitution, but in so doing has regard to the composition of the Committee appointed by the House.

- (4) A Committee may proceed with business despite a vacancy in its membership.
- (5) The Chair of a Committee has a deliberative and a casting vote.
- (6) The quorum of a Committee is four of whom one is the Chair of the Committee or Deputy Chair.
- (7) If at any time a quorum is not present, the Chair will suspend proceedings of the Committee until a quorum is present or adjourn the Committee.
- (8) Any time lost for lack of a quorum shall be added to the time allocated to that session.
- (9) Members of the House who have not been appointed as Members of the Committee, may participate in proceedings by asking questions, but not more than two in succession; and may not vote, move any motion or be counted for the purposes of a quorum.
- (10) The responsible Minister and Chairperson of the Board of a GB shall be examined before a Committee for a maximum period of four hours.

Sitting Times

- (1) The Committee meets only in accordance with the timetable adopted by the House or as varied by the Chair.
- (2) A one hour period shall be provided each day at the discretion of the Chair for the purpose of a luncheon break.
- (3) The Committee may sit only when the House is not sitting.

HEARINGS

All hearings of the Committee are open to the public except that any evidence stated by a witness to be of a commercially sensitive or confidential nature shall, if requested by at least one Member of the Committee, be heard in camera. Any such evidence shall not be published or in any way divulged by any Member of a Committee or any other person unless the Committee recommends it to the House and the House resolves that the information be made public.

PROCEEDINGS OF A GOVERNMENT BUSINESS SCRUTINY COMMITTEE

- (1) When the activities of a GB are to be examined at a Committee hearing it shall be represented by the responsible Minister and the Chairperson of the Board.

- (2) Questions may be put directly to the responsible Minister and the Chairperson of the Board.
- (3) A Committee may ask for explanations relating to the activities, performance, practices and economic management of the GB.
- (4) The witnesses who are asked for explanations may be assisted where necessary by other officers of the GB in the provision of factual information.
- (5) Officers may answer questions at the request of the responsible Minister but shall not be required to comment on policy matters.
- (6) Time limits of one minute for a question and three minutes for an answer shall apply in a Committee.
- (7) Questions may be asked on a ratio of two Opposition, one Green, and one Government or in such form as the Committee determines.
- (8) A witness may advise a Committee that an answer to a question, or part of a question, will be given later to that Committee, and where possible that Committee sitting day.
- (9) Additional information may be provided to a Committee about an answer given.
- (10) Additional information -
 - (a) is to be written;
 - (b) given by a time decided by a Committee; and
 - (c) may be included in a volume of additional information laid on the Table of the House by the Committee.
- (11) If any Member persistently disrupts the business of a Committee, the Chair -
 - (a) names the Member;
 - (b) if the Member named is a Member of the Committee, suspends the sittings of the Committee until he or she has reported the offence to the Speaker; and
 - (c) if the Member named is not a Member of the Committee, orders that Member's withdrawal from the sittings of the Committee until he or she has reported the offence to the Speaker;

as soon as practicable, the Chair advises the Speaker who then gives notice that the Member of the Committee be replaced.

- (12) If any objection is taken to a ruling or decision of the Chair,
- (a) the objection must be taken at once and stated in writing;
 - (b) the Chair, as soon as practicable, advises the Speaker who makes a ruling on the matter; and
 - (c) the Committee may continue to meet but may not further examine the matter then under consideration.
- (13) Television coverage will be allowed, subject -
- (a) to the foregoing provisions contained under 'Hearings'; and
 - (b) to the same guidelines that apply to televising of the House of Assembly itself.

TRANSCRIPT

An unedited transcript of Committee proceedings is to be circulated, in a manner similar to that used for other Committee transcripts, as soon as practicable after the Committee's proceedings.

Evidence taken *in camera* shall be printed on coloured paper and shall only be circulated to the Committee Members and shall not be divulged in any way to any other person.

REPORTS OF COMMITTEES

A Report of the Committee is to be brought up by the Chair or the Deputy Chair to the House and shall be the transcript of the public hearings and the minutes of the meetings of the Committee.

LEAVE FOR MINISTERS TO ATTEND L.C. COMMITTEE

And that the House of Assembly give leave to Ministers of the Crown who have relevant portfolio responsibilities to attend any similar Committee established by the Legislative Council if requested by that Committee as follows: -

Monday, 14 December 2019	Premier and Treasurer Minister for Infrastructure and Transport Minister for Energy
Tuesday, 15 December 2019	Minister for Infrastructure and Transport Minister for Heritage

Madam Speaker, the motion has been circulated to all members. I will take it as read and will inform the House that practice has been respected and 14 hours has been provided for the House to be allocated across government businesses.

The Government has had feedback from other members of the House that provides for the times allocated to be provided for on Tuesday 8 December and Wednesday 9 December 2020 allowing for the TT-Line Corporation Pty Ltd to be examined for three hours, the Tasmanian Ports Corporation Pty Ltd for two hours, Tasmanian Networks Pty Ltd for three hours, Hydro Tasmania for three hours, Hydro Tasmania for three hours, and Sustainable Timber Tasmania for three hours.

I commend the motion and invite the Leader of the Opposition and the Leader of the Greens to indicate to the Clerk their membership of the committee. Apart from that, everything else is purely in conformity with convention on GBEs.

[11.22 a.m.]

Mr O'BYRNE (Franklin) - Madam Speaker, we can indicate our support and thank the Leader of Government Business for the collegial way in which we worked through that. I thank the Leader of the Greens and the member for Clark for assisting in ensuring that we can settle that time line for next week.

[11.22 a.m.]

Ms O'CONNOR (Clark - Leader of the Greens) - Madam Speaker, we support the motion and the schedule as has been agreed. Unlike the debate and the settling of the schedule for Estimates, I take this opportunity to thank both the Leader of Government Business and the Leader of Opposition Business because the process of settling on this GBE schedule was much more collaborative and shows that it is possible to have a schedule that is fair and reasonable to all members in this place and that allows for proper scrutiny of really significant government businesses.

It is very different from the Estimates schedule where it was Labor's changes that ended up affecting the Estimates schedule, which is why we had less time for Human Services. It was the Government that decided that we would only have an hour for Environment, an hour for Parks, half an hour for Climate Change, and half an hour for Aboriginal Affairs.

I encourage Mr Ferguson and Mr O'Byrne to have a look at how this process was settled and recognise that it was fair to all members in this place. We have ended with a GBE schedule that allows a good allocation of time for scrutiny of these GBEs, particularly because originally Labor wanted to cut the scrutiny of Forestry Tasmania from three hours to two, but we have managed to find a compromise here so there will be the full three hours allowed for members.

It will be the Greens members on Forestry Tasmania. We are the ones who will ask about accelerated native forest logging, the carbon and habitat loss as a result of this, and the decline of the beautiful critically endangered swift parrot. We will be the ones in there fighting for Tasmania's threatened species, our forests and our contribution to a safe climate. I indicate at this point that we will be nominating Dr Rosalie Woodruff as the Greens member of the GBE committee.

[11.24 a.m.]

Ms OGILVIE (Clark) - Madam Speaker, I support this motion. I want to go on record to say that in order to come to a negotiated outcome, my team and I have had to make some changes in relation to how we are going to address some of the issues that have come through to me, particularly from the disability community in Tasmania. When it comes to the Public Trustee we have very real and serious concerns and issues that we wish to raise.

We were going to do that in the GBE process but now we will write to them formally and address that another way. I have taken this step, not because the issues of the disabled community and those who have access to the Public Trustee's work are of any less importance; in fact, they are of prime importance so we will address those one by one, each individual case, as we have been doing over the last year and a half. However, for the purposes of ensuring that the House can actually move forward with its work, I am always happy to negotiate and have done that before.

One of the issues that has cropped up for me as an independent is how I fit into the mix with Estimates and GBEs. When we have these sessions that are only half an hour long it became apparent that in some instances I might not be able to get a question in because of the way the rotation was working.

We have been able to address that and it is something I will be keeping an eye on during the GBE discussions and I hope in the way of continuing collaboration. You have been very good, Ms O'Connor. You allowed me to have a question when it looked like I would miss out.

Ms O'Connor - It is not up to me, but I always wanted you to be able to ask questions.

Ms OGILVIE - You did.

Ms O'Connor - We get what it is like to be a minor player in here.

Ms OGILVIE - Thank you. I do appreciate that. You were very good about that.

By way of collaboration, I am happy to support the way forward with this but I wanted to get on the record about the Public Trustee and my mission - and I am on a mission - to ensure that disabled Tasmanians in particular really have a strong voice.

[11.27 a.m.]

Mr FERGUSON (Bass - Leader of Government Business) - Madam Speaker, I will respond to close that out. Thank you to each of the previous members who have spoken. Through you, Madam Speaker, I invite Ms Ogilvie to write to the Minister for Justice who is anticipating her questions in relation to that in lieu of the Public Trustee being examined in the ordinary way.

We have achieved a good outcome here and, in my mind, this is the way that we resolve these things. It has always been my position and I have had statements on the record about the way in which the budget Estimates committees were settled. They should be done principally through the official Opposition and others, regardless of whether they are an opposition member or a government member, or a crossbench member, or a Greens member. They have equal rights in participation, but not equal rights in terms of the rotation of questions. They are broadly allocated in favour of the other side of the Chamber but nonetheless, remember that

people who are members of the Government or members of the government party also have the right and the opportunity to raise issues and ask questions on behalf of their constituency. How they frame those questions is entirely a matter for them.

I am happy with this discussion today and thank members for their contributions. As the Chair of Committees is in the Chamber at the moment, I have full confidence that she will allocate questions fairly - as I saw her do - and Mr Street also at the budget Estimates process and it was one of the exemplars for how this can work.

Motion agreed to.

MATTER OF PUBLIC IMPORTANCE

Rebuilding the Economy

[11.29 a.m.]

Mr STREET (Franklin - Motion) - Madam Deputy Speaker, I move -

That the House take note of the following matter: rebuilding the economy.

I have to say before I start that not only is the Opposition quite negative but they have a couple of sensitive members in their ranks as well. I have sat here for the entire parliamentary year and listened to Ms Butler's contributions and the first time I get up in this place yesterday and point out that she keeps making a goose of herself, I then get up to table papers today and she is sledging me across the Chamber about my lack of self-confidence.

Mr O'Byrne - That is because you referred to her in a gendered way. You said you were surprised by her confidence, that as a woman she would not have confidence. That is what her response is.

Madam DEPUTY SPEAKER - Order, Mr O'Byrne, you can make a contribution shortly on the debate.

Mr STREET - I notice you did not rush to defend her yesterday, Mr O'Byrne.

We are rebuilding the economy and the latest economic data proves it and you cannot deny it. Our economy is growing. I am proud that as a government we have acted quickly and decisively at every step during this pandemic and did not hesitate to dig deep and leverage our state's strong balance sheet to support Tasmanians when it mattered, delivering the largest economic support package in the nation as a proportion of our economy at over \$1 billion.

There can be no doubt that our action saved lives and livelihoods. Our early response and quick actions mean we are already seeing signs of recovery. The rebuilding of the Tasmanian economy is underway but you would not know it and you would think the exact opposite if all you had to go on was reading Labor's press releases. The difference between this Government and the Labor Opposition is that we strongly believe in Tasmania and in Tasmanians and the ability of our businesses and our people to drive the rebuilding of our economy. We believe that we can do it.

It turns out on the other hand that the Labor Party are recovery deniers. The relentless negativity from Labor about Tasmania's recovery would lead the casual observer to no other conclusion except that Ms White along with her Labor colleagues simply do not believe Tasmanians can do it.

That Tasmanian small businesses, many of whom have had just about enough with what this year has thrown at them, instead of being supported are fair game to keep using as part of the cheap politicking about the Small Business Hardship Grant scheme. That is the attitude that you have taken, Mr O'Byrne.

With every negative media release Labor puts out you sound like you actually want businesses to fail and you are barracking for a recession, Mr O'Byrne, desperate for a 'gotcha' moment or a media release blaming the Government. You claim to support businesses but you actually want to do more damage to small businesses. You want them named and shamed publicly over their receipt of a hardship grant while you stand by and pick the eyes out of the conflict.

This year's state Budget is the biggest single investment ever in rebuilding our economy. Over the next four years the Budget provides for nearly \$5 billion of infrastructure investment to support jobs, confidence and our communities. I point out that the job figures we claimed from our \$5 billion infrastructure plan were questioned by Labor. We used a relatively modest multiplier to get to our 25 000 jobs. They question the 25 000 jobs and then in their alternative statement whacked another \$400 million on top and added an extra 10 000 jobs to create 35 000 jobs. At some stage we would like Labor to explain the mathematics around their jobs claim.

Mr O'Byrne - Direct investment in jobs. We understand how the Innovation Investment Fund works.

Madam DEPUTY SPEAKER - Order, Mr O'Byrne, you can make your contribution soon.

Mr STREET - Treasury stated that if our economy can start to recover soon that by June 2022, employment will have increased by 10 000 jobs.

Mr O'Byrne, when you glibly fire off your media releases talking about infrastructure as pie in the sky, you are actually sending out a huge put-down message to the business community. You are questioning the ability of tens of thousands of small and larger businesses across Tasmania to do this work; to be able to do their jobs. Your put-downs and spin betray what you really think. You are fundamentally anti-Tasmanian and so is the Labor Party. You do not want the recovery to happen because it does not suit the political ends of the Opposition.

Mr O'Byrne keeps claiming that Tasmania is either in recession or going to be in a recession. Interestingly, he should understand what the definition of a recession is because he was in cabinet the last time Tasmania was actually in a recession. Yesterday's figures proved that Tasmania is not and has not at any stage in 2020 been in a recession.

We also point out that on a continual basis, Mr O'Byrne, that when the Labor-Greens government was last in power, two out of every three businesses surveyed felt that your policies were working against them. The Opposition are very quick to come in here with quotes from *Mercury* editorials that suit their argument but if you have been reading the *Mercury* in recent

weeks you would see that one of the editorials, and I quote, claims that Labor's position has been open the borders, close the borders, lockdown the state, ease restrictions. Labor is working hard to undermine the Government's coronavirus response but instead of showing the voting public how it could be a credible alternative, the Party shows a lack of resolve and a lack of consistency.

It is the 2020-21 Budget that continues to provide the certainty and confidence our business and communities needs to invest to create jobs and rebuild a stronger Tasmania. There is strong hope and there is a cautious optimism, as the Premier keeps saying, but not if you are a Labor member of parliament.

Two-thirds of Tasmanians who have lost their jobs during the coronavirus have returned to work. We have had nation-leading jobs growth in the first two weeks of November and job vacancies have rebounded to the second strongest in the country. State final demand data released yesterday shows our economy is growing and you cannot deny it any further. Our economy is on the way back, despite the best efforts of those opposite to talk it down.

The latest ABS figures show Tasmania experienced strong growth of 5.5 per cent in the September quarter, our highest growth in 18 years, and while our economic recovery is far from over and there is more to do, this is a strong foundation for the road ahead.

It was one year ago yesterday that the TCCI Tasmania report confirmed that in 2018-19 all industry sectors grew for the first time ever in Tasmania. The 2019 TCCI report highlighted that Tasmania's gross state product grew at the highest rate in the nation, at 3.6 per cent, which was almost double the national average of 1.9 per cent. The 2019 TCCI report clearly demonstrated that our economy entered the pandemic from an undeniable position of strength, something which Mr O'Byrne also denies.

Yesterday's ABS data followed recent reports that, despite the pandemic, Tasmania was one of just two states to see economic growth in the 2019-20 financial year.

Recent economic reports, including by NAB, Sensis, ANZ and CommSec, confirm that our economic performance is nation-leading and that we have the best conditions for business. Our businesses are some of the most confident in the nation and our economy is accelerating as we rebuild Tasmania together. A stronger Tasmania.

Time expired.

[11.36 a.m.]

Mr O'BYRNE (Franklin) - Madam Deputy Speaker, I note the lack of generosity in that speech. I am not sure if someone wrote that for you, Mr Street. If they did, you should have a chat to them. If you wrote it yourself, you need to have a long hard look at yourself. It is was a long, very negative tirade. You are better than that, Mr Street.

At no stage has Labor engaged in talking the state down. What we have engaged in is a realistic assessment of the place we are in and the challenges that our states face. We articulate through our fully costed jobs plan a vision to assist Tasmania out of the economic circumstances that we face collectively.

Let us not pretend both sides do not cherrypick data. We both look at the data that suits our argument. I completely get that. The reality is that Tasmania has 8.2 per cent unemployment, the highest unemployment rate in the country. Your own Treasury has forecast much higher unemployment. It has also forecast a recession. That is when we refer to it. These are your Government's figures. We do not wish that on Tasmanians. We do not hope that will occur, but we are realistic to acknowledge that is the future we face unless we take action to build jobs and build confidence.

When I was economic development minister during the immediate GFC period, the stimulus package came off and our terms of trade were the worst since the Australian dollar was floated. The dollar was over USA parity at one point. Tasmania is an export-oriented economy and those terms of trade do not work well for Tasmania. When the stimulus package came off and the Australian economy was sluggish, we were significantly impacted by that. The four major industrials in our state directly employ thousands and indirectly tens of thousands of Tasmanians and create so much economic activity. All four of them came in to my office and said the London metals price is through the floor; the Australian dollar is so high; our trading circumstance is so difficult; we cannot continue in Tasmania. We took that seriously and we worked day in, day out to work with those companies to keep them in Tasmania. That is not something for which you put out a press release just saying we have saved jobs. That is the work you do in government

There was a range of initiatives in the Innovation and Investment Fund, which is a feature of our jobs reply package, that created significant jobs across the state. It was your members, both state and federal, cutting the ribbons in 2014 and 2015 on Labor initiatives that created sustainable jobs connected to an economic development strategy, connected to diversifying and strengthening the Tasmanian economy.

Labor built the modern Tasmanian economy. Labor bought the two new vessels to revolutionise the tourism industry and uplift time-sensitive freight and agriculture. Labor built Bass Link. Labor built the irrigation schemes. Labor brought gas on island. Labor built the wind farms in Woolnorth and Musselroe. Labor did these large initiatives in microeconomic reform, which transformed and diversified the Tasmanian modern economy.

The Liberal Party in Government has one trick. You have replayed it again in this Budget. It is short-term building construction stimulus. Yes, that has impact. Yes, it creates jobs but it does not strengthen the economy. It does not build a more diversified economy to deal with shocks. You keep putting out building and construction stimulus, and that is important, but listen to the industry. It is at capacity. There are job shortages and skill shortages in that area. That is one trick that is not going to continue to work.

You need to diversify. You accuse us of cherrypicking numbers but the sophistry of your press release yesterday saying 'Tasmania out paces the country in state final demand', uses the national average figure that includes a negative figure, -1.4 per cent, from Victoria. Tasmania is behind the Northern Territory, behind South Australia, behind New South Wales, behind Queensland, on par with Western Australia and marginally ahead of the ACT.

That is not outpacing the nation. That is just misleading the Tasmanian community and engaging in hubris and spin. This is not building the Tasmanian economy. If you think that 8.2 per cent unemployment, which is the worst in the country, is acceptable, then that is a matter for you.

We support our Tasmanian businesses. We meet with them regularly, daily. We meet with industry. We sit down with them and talk about plans for the future, about how we can build sustainable jobs. We are not going to sit in an office and kid ourselves that everything is okay. We are going to be realistic about the future and respond to the challenges. That is why our fully costed jobs plan will create 35 000 jobs. We will engage in the biggest investment and innovation program in the state's history with the \$50 million package to support business. That creates direct jobs. It is what we did in the response to Global Financial Crisis.

It is about being realistic with the challenges we face. Every job that comes back after the post the pandemic we celebrate. We think it is a fantastic thing. Let's not be Pollyanna about it. JobKeeper is still playing a role in our state. The increased payments for JobSeeker are continuing to support the retail and consumer sector, but to say that two thirds of jobs have come back is dishonest. At the peak on 18 April, 22 000 jobs were lost and still 11 000 jobs have been lost since that time.

Time expired.

[11.43 a.m.]

Ms OGILVIE (Clark) - Madam Deputy Speaker, I rise to talk to this motion and remind the House and everybody in it that the economy is not something that stands alone from humanity. It is the mechanism by which we organise our life and community and our jobs. I would like to flip the conversation around to say when we are thinking about economic development we must be thinking about the people, what the people need and the jobs they need. That is why, among other reasons, I support as much of the *Spirits* being built in my fantastic electorate of Clark as possible.

I would also like to throw out some big ideas. That is partly what we should be doing in this place, bringing forth big ideas so we can have that battle of ideas and conversations around innovation, economic development, people, what families want and how we should be delivering our services plus growing our economy in a way that is truly Tasmania. We have re-found our love of state's rights over the last year and our capacity to build communities around being Tasmanian, about that care we show to each other, about that concern. Money matters, of course. It has been a tough year for so many. Even in my house, a family of five, two jobs were lost during that time. We are clawing that back but it was tough and certainly everybody in this place was going through it in the same way as our community. That is one of the benefits about our very small and well-integrated state parliament - members of parliament here are truly members and parts of their community in a way that does not necessarily happen in other states and territories as much as we are able to do that here.

I get around the traps, talking to people, and I often ask them, 'What do we need to do to build Tasmania and future development for our kids who are going through school, heading off to university and then wanting career jobs here?'. When I say 'career jobs', I mean long-term sustainable jobs in whatever field they choose, whether it is university, TAFE, creative industries, the digital technology sector, science and research, even working for the university not necessarily in the capacity of a lecturer; the people who make things happen behind the scenes are as important as those who are out the front.

That is where the focus is for most Tasmanians, and, dare I say, most constituents and most voters. That is how we live here. How sustainable is that? Making sure our environment

and the issues we have with climate change are also part of that mix, but is it not all driven by dollars, but also with big ideas.

The moves in place and under way to make Macquarie Point into a science, research, Antarctic and space hub are good. I have wanted to drive that for a long time. I am not in government so I relentlessly lobby the minister on this point, but that is where we can really do some great stuff, so let us get more capacity into the Institute for Marine and Antarctic Studies and the Antarctic Division in your electorate, Madam Deputy Speaker: let us have more, let us add to that, so we are not upsetting and underselling jobs.

CSIRO has been speaking with David Thodey. I have been talking to ministers and senators and as many people as I can to try to be as supportive of this process as possible. Since I started talking about this space sector, which was some time ago, I was very grateful to have been taken to the States to go to SpaceX in Silicon Valley, where I had lived previously, to refresh my understanding of the tech sector and what is happening there in science and innovation. I understand CSIRO has opened up its new office at Mountain View as well. That stuff was really on the boil a few years ago. I came back from that experience recognising, and having been told by friends and the Americans, that billions of dollars' worth of space funding are coming. Every dollar spent in space is spent on earth.

Here in Tasmania, we have the university, we own a nationwide array, and we also do our work in Antarctica. This stuff is leading edge and is a core strategic advantage for our state but we are now in competition with New Zealand. I really want to see us, as New Zealand has done, add that space front-end to our Antarctic hub. What does that mean? That means that you can test your equipment in Antarctica, you can look at medical research that would be needed in space, you can use what we have here and do that research on Antarctica, robotics and those sorts of things.

With the change of government in the United States, the strategic alliance between Australia and America has never been stronger. Our engineers, our tech sector: these global conversations are happening and it is very exciting.

I reiterate my support for the sector, also for what is happening at Macquarie Point. We would love to see those ships rolling in, coming up alongside at Macquarie Point. Conversations with Ports will need to happen, but I am sure that can happen.

As we have seen the change in the dynamic of the tourism industry, particularly around cruise ships, maybe we need to think more about what other sorts of ships we could invite into port and how we do that, particularly ships carrying people who might want to help us research and innovate, and mix with the locals to share knowledge and understanding, not just about Antarctica but other areas as well.

I have a little time left so I will finally say, there would be no better outcome after this year of dreadful and terrible dislocation we have all felt than to take some of the good things that have happened around how we work remotely, to establish a work-from-home hub at Macquarie Point for remote working nationally.

Time expired.

[11.50 a.m.]

Dr WOODRUFF (Franklin) - Madam Deputy Speaker, we cannot talk about any sort of an economic future if we do not start looking to the near and the long future and considering all the factors that are going to affect the possibility for jobs and prosperity in Tasmania. The biggest drivers of our capacity to flourish as an island state in the future are climate change and the heating of the planet.

The changes that will bring, and must bring, to how we move goods and services around in Tasmania and to other countries, the way we grow food, the way we produce goods, the choice of how we live our lives for safety in a changing climate, the sorts of services we promote, the ones we have to stop promoting: these are fundamental factors that will shape the future economic wellbeing and prosperity of Tasmania. We have to look at climate change. That is something the Government has not done well enough by any means in this Budget and in its projections.

We still do not have a state climate change act, we still do not have a plan for the next four years, and we still do not have a government that is measuring our carbon emissions by sectors instead of for the whole state. We are in a great position as Tasmania for overall being net 100 per cent carbon emissions neutral but that is not what is reflected when we pull apart what is happening in the agricultural, manufacturing and waste sectors. These are going up in their emissions and we have to bring them down.

This Budget was a huge missed opportunity for doing what we needed to do to introduce a safe climate commission. The Greens have funded not only a safe climate commission but also the architecture needed to roll out adaptation plans and emissions reductions plans across all local council areas, across all sectors; fundamentally what we commit to is restoring and maintaining our existing carbon stores. That is an essential part of the future productivity of Tasmania.

The fact is we have not had full and genuine employment in Australia since 1975. We have not done that. We cannot go back to normal after the COVID-19 pandemic and what it has done to our business community and to job opportunities for young people in particular, but for all Tasmanians. We cannot go back to normal. We do not want to go back to normal, because normal was terrible for so many people. We have to tackle the climate crisis and recover from the pandemic together by resetting the economy and the social system. That is why we need a jobs guarantee.

This parliament endorsed the Government to investigate a jobs guarantee just a month or so ago. That is because we collectively acknowledge that the economic shock waves of COVID-19 will continue for years and we understand that employment and underemployment were already significant and ongoing issues before the pandemic in Tasmania.

We also agreed as a parliament that intergenerational inequality has meant that we have poor economic, health and educational outcomes for so many thousands of Tasmanians. The majority of people are unemployed and underemployed, and those people are in unfortunate circumstances that are no fault of their own. Instead, they are the result of a period of neoliberalism where as a society we have treated human beings as units of a productive measure or not being productively employed, and people have been placed for decades now in the too-hard basket and we have had an entire economic system that has largely accepted that huge

numbers of unemployed people are required in order to keep inflation down. That is no longer acceptable and we cannot justify it, especially as we move out of the COVID-19 pandemic.

Everyone needs a reliable and liveable income to meet basic needs like food, housing, health care, transport, bills and education. These are not luxuries; these are the basics of life and today we will be talking about some of the basic requirements for a dignified life and a dignified death so we must understand that we have to guarantee these rights to every single Tasmanian, which is why we need a bill of rights in Tasmania because we clearly are not getting even the basics for every single person who lives in the state.

We know that we have the capacity to prioritise our budget to deliver a jobs guarantee for Tasmanians and the Greens have prioritised in our alternative budget a youth jobs guarantee which would be the first stage of a full jobs guarantee for Tasmania. We recognise this is something the Australian Government needs to step in and do. We also know we cannot leave young people in Tasmania on the scrapheap any longer and we can prioritise, as we have done, \$240 million in the alternative budget, \$80 million a year that guarantees a job for 18- to 25-year-olds. It would initially be a maximum of 16 hours a week that would be offered with full leave and superannuation entitlements and 16 hours a week would be sufficient to meet Centrelink's mutual obligations.

We have also funded a minister for employment - we do not have one - a Tasmanian employment office and free TasTAFE, all central parts of an employment system.

Time expired.

[11.57 a.m.]

Mr FERGUSON (Bass - Minister for Finance) - Madam Deputy Speaker, it is so pleasing coming out of what has been an economic and a health crisis that we are now able to say that we are one of just two states to see economic growth in the financial year 2019-20 knowing what we have been through through this year where the real health crisis and the escalation of the restrictions and the lockdown was in mid-March, taking out virtually the last quarter of our economic performance. We are just one of two states in this country to see the economic growth in the financial year.

Two-thirds of Tasmanians have returned to work, despite the naysayers we continue to hear from, talking down the economy. A total of 12 100 Tasmanians have returned to work since the height of the pandemic's impacts in May. Jobs vacancies have seen the second highest rebound in the country and state final demand grew 5.5 per cent in the September quarter. It outpaces the nation and I am surprised at the histrionics when the state is entitled to compare itself with the national average.

I note the very interesting admission made by the shadow treasurer that his party cherrypicks data, because he said all parties cherrypick data but he is actually admitting that he cherrypicks data. Confidence is important in the Tasmanian community. If you have something good going you need to say so. You need to build confidence in the community because that is the intangible that can be very influenced by what political leaders have to say about what is going on. It can have a psychological impact on the Tasmanian consumer community and the Tasmanian business community about the decisions they are now going to make with their wherewithal, whether it is to invest in a new truck, whether it is to sign the lease on the next door shop, whether it is to employ another worker or to give somebody some

more hours or perhaps take on a new trainee or apprentice. It might be to bring forward and accelerate the replacement of plant and equipment. It might be to take advantage of the federal government's very generous instant asset write-off.

These are the decisions in the real world and the business community that are influenced by the psychological impact of political oppositions talking down the economy and influenced by political leaders, including in the Government, saying good things about our economy when things are improving.

Going into the pandemic Tasmania was in a position of significant strength and was one of the strongest economies at that time. This is not something I grew up hearing as a youngster in northern Tasmania. As a new MP to this place when I sat in opposition, it was not what we heard being said about our state at that time, particularly in the Labor-Greens era when they did not just talk down Tasmania, they turned down Tasmania. They went into industries and caused them to be curtailed. They went to the Green movement and sought ways to close down the native forest sector which had a direct impact on Tasmanian jobs and industries that you cannot sheet home to the dollar or to the GFC that had happened five years earlier. It was a deliberate decision. You cannot get away with rewriting history.

They went into a deal with the Greens and it had an effect on the state. It had an effect on forest communities around our state. It had an overall terrible dampening effect on community confidence and people lost their jobs. They then did a deal with the Gillard federal government and got federal government money to shut down businesses, and what was the price to be paid? It was to have two Greens in Cabinet and lock up about 400 000 hectares of Tasmanian working forest. These are the real decisions that were taken.

Coming out of that in 2014 we had to rebuild the economy in Tasmania. The election of the Hodgman Government at that time was an incredible circuit-breaker and back then you could feel the confidence dial change immediately. In fact, before we had even walked into this Chamber to pass a single law, confidence was already on the improve and through difficult budget decisions that were taken by the now Premier, the then Treasurer, Peter Gutwein, we had to do budget repair and make difficult decisions; all of those economic reforms opposed by the Labor Party in their reckless act against helping the state move back to prosperity.

We rebuilt the economy after the recession era. We rebuilt jobs and business confidence in our state after the Labor-Greens deal. We have rebuilt the economy once before and now we are rebuilding it today, coming out of not a GFC or a Labor-Greens deal but coming out of a pandemic.

We need to be realistic. Of course the economy still has areas of fragility. That is why we are working so hard on the country's most aggressive economic and social support package that has been laid down, recognised not just by outpacing the nation but outpacing every other jurisdiction in Australia when you compare it to our GSP. The ANZ Stateometer finds that Tasmania is the only jurisdiction with above-trend growth and accelerating.

CommSec is rating us the best performing economy in the October state of the states report for the third report in a row and in October we had the best business conditions. We will keep working with our small business sector. It is a delight working with minister for Small Business, Sarah Courtney, the Minister for Trade and Deputy Premier, Minister Rockliff, the

Premier in his role as Treasurer and our major industrialists, and let us no longer talk down our economy but work to get jobs back on track in our state.

Time expired.

Matter noted.

**END-OF-LIFE CHOICES (VOLUNTARY ASSISTED DYING)
BILL 2020 (No. 30)**

Second Reading

[12.05 p.m.]

Ms COURTNEY - Madam Speaker, I move -

That the bill be read the second time.

Madam Speaker, a lot has happened in my life since a bill of a similar nature was debated in this House.

I have reflected deeply on what I said in 2017 and indeed many of my comments that I made at that time I will repeat in this contribution. However, I now bring the insight of ministerial responsibilities, a more sophisticated understanding of the way legislation is enacted, a deeper insight and respect of the roles of health professionals as well as a more considered appreciation of the importance of getting legislation right.

I have elected to take carriage of this bill through the House because I respect the right of individual Tasmanians to make informed decisions about their own lives and I want to help ensure that, if this bill should pass, Tasmania will have the most robust law and appropriate systems possible.

I want it to be legal for an individual to choose the end of their life when their circumstances involve intolerable suffering due to an advanced, incurable or irreversible medical condition that is expected to cause death.

This is about people - mothers, fathers, sons, daughters, brothers, sisters and the closest of friends, Tasmanians - and potentially us - who are terminally ill and who are facing a pathway to an expected death in the near future. Most of us do not choose the circumstances let alone the timing of our own deaths. We will all die, old or young, sudden or expected, sick or through an accident without forewarning and without any expectation.

This legislation is not about reaching in and artificially interfering with what is ultimately inevitable for all of us - death. It is about empowering a person, an individual, a Tasmanian at a time of grave need. It is about being compassionate and providing the best professional support and advice. It is about empowering a person to make an informed choice about themselves.

While I cannot imagine the anguish, heartbreak or distress of watching a loved one suffer with intolerable pain, this is not about the onlooker. This is about the people who, due to

circumstance, cannot personally carry out what they want nor ask a loved one to assist due to legal ramifications for those dearest to them, nor ask health professionals to carry out an act of their choosing, which in itself is a monumental decision.

For those who are able to end their own life they do so alone without those whom they love beside them lest they are implicated in their decision.

I very much hope that none of the comments I am making in this debate will in anyway be interpreted as me either devaluing or reflecting on the extraordinarily high-quality palliative care that is provided in Tasmania. I cannot overstate how strongly I value the role of our palliative care professionals and advocates and the role they play in our healthcare system and in our broader society. We will all die and I have the utmost respect and admiration for the people who help us and our families through what is an extraordinary time.

Decisions around end of life need to be made with access to the best possible palliative care and I know the dedicated Tasmanians who provide support and palliative care across their state do provide exceptional care. If through the consideration of this bill there are mechanisms and initiatives that are raised by members that can further enhance the provision of palliative care across our community, I welcome those contributions.

When we talk about legislation such as this we talk about the need to protect the vulnerable in our community from those who may put their own personal interests over those who deserve our care. This is something that I contemplate deeply across the spectrum of government policy and legislation as well as our shared obligation of both the Government and the community to care for our most vulnerable.

I expect that most members' contributions throughout the course of this Second Reading debate will rightly touch on this topic. This is the very role of parliament - to ensure that we consider all the consequences, deliberate or unintended, of legislation that we debate.

While this bill has a number of safeguards in it to protect vulnerable Tasmanians, I look forward to the advice from the University of Tasmania and the state government agencies as to whether there are any further improvements that could potentially be made. However, while I state that, I do not want this legislation to have barriers for access that are so high that we end up disadvantaging those who we are trying to assist. This is because I believe we also have an obligation to protect those vulnerable Tasmanians who are sick and suffering and want to make a lucid and tested decision to end their lives in the way that they choose.

What we are doing to support these vulnerable people to have their wishes enacted is important. Making voluntary assisted dying legal does not compel any Tasmanian to do anything they do not want. It simply offers choice to those who want and deserve to determine their own future.

Arguably, this hands back to the individual one of the most important decisions someone can make in their life. How could I possibly stand here and argue that I know better than a sick, dying, suffering person who only has before them, a painful and sometimes prolonged death? How could I possibly have the arrogance as a happy, healthy, pain free person with seemingly infinite choices, to suggest I know better for that person?

No matter what decision I would choose for me, why do I have the right to prevent another from making that choice themselves? Why would I subject a Tasmanian who chooses to end their life because of circumstances of intolerable suffering to do that alone and without their loved ones beside them?

While this is an intensely sensitive and personal issue for all of us, and I respectfully acknowledge the broad range of views and deeply held convictions that exist on this matter, at this time and in this place, our fundamental task is to consider whether Tasmania should enact landmark legislation. If that decision is made, we need to decide upon the specific form that legislation should take.

I have no doubt that members understand that this maybe the most important bill many of us will consider in our parliamentary careers. For me as a member of parliament, I frame policy or legislation that comes before me by the principles of how I see the role of government. I know that might sound quite heartless or dispassionate in a debate such as this, but it is how I see my role as a legislator.

I believe in a small government, or to quote -

We believe in the inalienable rights and freedoms of all people and we work towards a lean government that minimises interference in our daily lives.

That is why I am a Liberal. I support the intent of the bill because the primary question contained is a question for the individual. It is not a question for government. In my view, our role as the government of the day, is to put in place legislation that protects our most vulnerable and ensures the standards and protocols that are legislated reflect community expectations.

With regard to the role of health care professionals, the most current position available on the AMA website that I could see, was from 2016. I will read into *Hansard* an excerpt from this -

The AMA believes that doctors should not be involved in interventions that have their primary intention, the ending of a person's life. This does not include the discontinuation of treatments that are of no medical benefit to a dying patient. The AMA recognises there are divergent views within the medical profession and the broader community in relation to euthanasia and physician assisted suicide.

The AMA acknowledges that laws in relation to euthanasia and physician assisted suicide are ultimately a matter for society and government. If governments decide that laws should be changed to allow for practice of euthanasia and/or physician assisted suicide, the medical profession must be involved in the development of relevant legislation, regulations and guidelines which protect:

- all doctors acting within the law;
- vulnerable patients such as those who have been coerced or susceptible to undue influence or those who may consider themselves to be a burden to their families or society;

- patients and doctors who do not want to participate; and
- the functioning of the health system as a whole.

Any changes to the laws in relation to euthanasia and/or physician assisted suicide must never compromise the provision and resourcing of end of life and palliative care services.

Doctors are advised to always act within the law to help their patients achieve a dignified and comfortable death.

I also note, the Royal Australian College of General Practitioners' position paper on voluntary assisted dying legislation. The RACGP recognises that changes to the law are a matter for society and government, and all health professionals must operate within the boundaries of state and federal law. The RACGP supports patient centred decisions in the end of life care and respects that this may include palliative care and requests for voluntary assisted dying. Any legislation must protect both patients and doctors from coercion, ensure doctors are not compelled in any way to participate, have clear eligibility criteria and support the optimisation of end-of-life and palliative care services.

I am cognisant that there are divergent views across the breadth of our medical profession. There is no single view on this important topic. I have included these quotes to highlight why we, this Parliament, is entrusted with this decision. We are tasked to both form a view on this matter on behalf of Tasmanians and then ensure it is legislated to understand the perspectives and consciences of each of the people who interact with this legislation, not just the person who is seeking to access what this legislation enables.

Just as I respect the choices of the patient, I respect that the involvement of health professionals should be guided by their own personal beliefs and values. Health professionals must not be obligated to participate in voluntary assisted dying. I also note the AMA's position statement on conscientious objection from 2019 and will I read an excerpt from that into *Hansard* -

Doctors (medical practitioners) are entitled to have their own personal beliefs and values as are all members of the community.

A conscientious objection occurs when a doctor, as a result of a conflict with his or her own personal beliefs or values, refuses to provide, or participate in, a legal, legitimate treatment or procedure that would be deemed medically appropriate in the circumstances under professional standards.

A conscientious objection is based on sincerely-held beliefs and moral concerns, not self-interest or discrimination.

It is acceptable for a doctor to refuse to provide or to participate in certain medical treatments or procedures based on conscientious objection.

A doctor's refusal to provide, or participate in, a treatment or procedure based on conscientious objection directly affects patients. Doctors have an ethical

obligation to minimise disruption to patient care and never use a conscientious objection to intentionally impede patients' access to care.

Doctors should be aware of relevant legislation regarding their rights and obligations if refusing to provide or participate in treatments or procedures to which they have a conscientious objection. If unsure, doctors should consult with their medical defence organisation and/or State or Territory AMA office ...

Doctors with conscientious objections should not be treated unfairly or discriminated against.

I look forward through the Committee stage to this House ensuring that the rights, responsibility and consciences of all our health professionals are fully considered.

With regard to the progress of this bill, as members can appreciate this is not a normal second reading speech to which we are accustomed. This is, quite clearly, not a regular and routine passage of a bill through this place. Ordinarily legislation originates in this House and, on passing, proceeds for the consideration of the Legislative Council. In this instance the bill has been introduced by the member for Mersey, the honourable Mike Gaffney MLC, following extensive community consultation which included a series of forums around the state earlier this year to explain the legislation to local communities.

The bill, in turn, has been received by this House and I am taking carriage of this bill as a Liberal member for Bass, not in my role as Minister for Health. As Mr Gaffney has already provided a very detailed second reading speech detailing the mechanisms and intent for the bill, I will not repeat those. They are already on *Hansard*.

Members of the Legislative Council have all had an opportunity to contribute and now all members of this place will have the chance to contribute and express their intent on this legislation. Should the bill pass its second reading this week, to ensure sufficient time is provided through the committee stage, with the agreement of the House the bill will become the first order of business for the House when parliament resumes next year.

As the Premier has indicated, he has requested the University of Tasmania to establish an independent review panel to consider the legislation and provide members with information regarding how this legislation compares to similar laws in other states and around the world.

UTAS will provide an independent objective report containing a concise summary of the VAD bill following amendment by the upper House; a comparison of Tasmania's VAD bill legislation including bills related to voluntary assisted dying in other Australian states and territories and overseas jurisdictions, including but not limited to the processes allowed by the legislation safeguards and protections for vulnerable people; an outline of the historical development of that legislation in other jurisdictions in terms of scope and protections; a synopsis of relevant reports, analysis and materials in other states, territories and overseas jurisdictions pertaining to the implementation and administration of voluntary assisted dying reform; an objective analysis of the safeguards put in place in other jurisdictions relating to the impact of that legislation on medical practice and practitioners, allied health care professionals, family and social relationships and provision for and practices in aged care; the inter-relationship between the VAD bill and existing palliative care and advance care directives in

Tasmania and the experience of other jurisdictions in implementing VAD legislation to identify matters that may need to be addressed or monitored over time should the legislation pass into law; and stakeholder feedback relevant to all matters previously described.

The university, independent from Government, has selected its panel with members from the university across a range of relevant disciplines. The review of the panel's findings will be provided to all members of parliament in February next year. It is the Government's intention that the Committee stage of the bill will commence shortly thereafter as a first order of business upon the resumption of parliament, subject to the agreement of the House. This will allow sufficient time for government agencies to provide advice on the implementation of this bill, as well as for the university to complete its independent review, seeking stakeholder submissions on the bill as it is now presented.

As the Premier has indicated, should the bill pass its second reading in the House of Assembly, an amendment to the bill will be moved during the Committee stage which, if supported, will denote the effective start date for an 18-month time period at the end of the second reading debate in this House. With regard to further amendments to be moved in the Committee stage, ordinarily I would use this opportunity to explain any amendments I was seeking and circulate those to other parties.

Noting the fact that the advice for all parliamentarians is currently being requested, I do not want to pre-empt what amendments I or others may be making in the bill before us. I can commit to use my best endeavours to ensure that, after consideration of advice from UTAS and state government departments, as well as consideration of stakeholders' feedback alongside that advice, I provide the rationale behind each of those proposed amendments.

The Committee stage of this bill is an important one. It is easy to stand here and talk about what we think but it is much harder to contemplate all the potential ramifications for each decision, each clause, each definition, each time frame and each word. I look forward to the Committee stage that ensures we all consider this bill carefully and ensures our parliament is proud of this landmark legislation. However, before we get to Committee we must pass the second reading.

This is another unusual aspect for me as we debate this bill. Ordinarily there would be an adviser's box on hand to provide me with detailed departmental and policy advice and information to help inform my summing-up. As members appreciate, I do not have that resource available to me for this debate. This is not a Government bill. I therefore ask for members' understanding that during the summing-up I may not be able to provide the usual detail to respond to matters raised during this debate, noting that it is incumbent on all of us to ensure that concerns, queries and questions are clarified and dealt with during the debate so that those who will be tasked with implementing the legislation are able to do so according to our intentions.

Madam Speaker, I look forward to the contribution of all members during debate on this legislation which, as I have said, may be among one of the most important bills we consider in our parliamentary careers. Despite what can sometimes be portrayed as simply a partisan two-, three- or four-sided House, our community and our parliament debates matters such as this in a respectful, diligent and thoughtful way. We know that end-of-life choices and voluntary assisted dying is an important issue for Tasmanians who have strong views on a range of matters on this issue.

I expect that throughout this debate there will be strongly and passionately articulated views put forward. I expect that there will be aspects we all strongly agree upon. I also expect there will be views put forward that I disagree with. Despite our differences, I have confidence that all members of our parliament will listen to all perspectives and consider the views, experiences and arguments put forward as they turn their minds to the vote on this issue.

It is incumbent upon all of us to ensure we are testing our ideas and our understanding at every step of this journey and that we are taking the perspectives of our stakeholders into account as we do so. We owe it to the Tasmanian community to ensure that this legislation is robust, that it has been thoroughly scrutinised, that it accounts for the broadest range of possibilities and reflects the compassion and feedback of our community while still meeting its intended purpose. It is only through satisfying these goals that, at the end of the debate, we can be sure we have fulfilled our duty to the Tasmanian people.

I thank the Premier for offering those on this side of the House a conscience vote. As a Liberal, I note that this option has not been afforded to all members of this House on important debates such as this in the past. It demonstrates the strength of the Liberal philosophy as well as the strength of the Tasmanian Parliamentary Liberal Party that we, on this side, are empowered to debate and vote as we choose on this bill.

I also extend my thanks to all the constituents who have taken time to make their feelings and representations known to me. While I may not have had time and the opportunity to personally respond to all of them, I have read each of them and I thank them for their thoughtful engagement on this important issue.

Many people have shared deeply moving and personal accounts and I acknowledge and respect all of their views. Even if my position on this bill does not happen to reflect their views, I would like to assure Tasmanians that I have taken their perspectives into account and I am doing what I strongly believe is right. My key aim is, should this bill ultimately pass, the work we have done together has given us the best possible legislation that we can make.

I commend this bill to the House.

[12.27 p.m.]

Ms WHITE (Lyons - Leader of the Opposition) - Madam Deputy Speaker, I thank the member for Bass, Sarah Courtney, for bringing the bill into the House today. There is no doubt that this is a historic moment for our parliament.

I also thank the honourable Mike Gaffney, MLC, for his tireless work, his research and commitment to drafting this bill and for his efforts to guide it through the Legislative Council. Thank you for the dedication that you have demonstrated to help Tasmanians adopt a legal framework to allow people the choice about how they can end their life with dignity if they are suffering from a terminal illness.

I thank Jac and Nat for their advocacy, strength and resilience and for the way you have shared your personal story about your beloved mother and her death and helped all of us understand why VAD laws are so important.

I thank my friends, Laura and Jane, who shared their personal experience of watching their mother die, in order to help illustrate the kind of suffering some people endure at their

end of life and how, even surrounded by love and compassion, palliation does not always provide the best death.

You four women deserve enormous credit for the fact that we are even here today debating this bill. It is my belief that in the coming months we will achieve VAD laws for Tasmania. It is in very large part because of your advocacy. You can take huge responsibility once we achieve that enormous aim. Thank you for helping to shape a more compassionate society.

I thank those in our community who have taken an active interest in this sensitive and significant debate, and thank all of those people who have taken the time to write, email or call to share their views and their stories. I have taken on board that experience and those stories have helped to shape my views about how I will vote on this bill.

One of the fundamental beliefs that I hold is that each individual should have the right to choose what they do with their body, that we as capable adults should enjoy the human right to decide for ourselves the way in which we live and, if we are able, the way in which we die.

I understand there are those in our community who will disagree with me and indeed members in this House who will disagree with me on this issue. I respect their views but I remind them that we are debating voluntary assisted dying legislation. This legislation allows for those people who do not wish to participate, whether they be medical professionals or citizens of our state, to choose the option that best suits their beliefs.

There are safeguards in place that protect the most vulnerable members in our community. There are provisions in place that seek to guarantee that any person who wants to access voluntary assisted dying is guided through a process that ensures their decision is scrutinised to make sure the decision is informed, considered and consultative.

I believe the steps required to be taken will provide every opportunity to prevent abuse of voluntary assisted dying and safeguard against improper application. I believe this legislation is necessary to protect those in our community who are already helping to ease the suffering of those people who are terminally ill and assisting them to find relief from the pain sooner. I believe that this legislation is necessary to provide support to those in our community who want to make a conscious choice to die with dignity.

I said on the debate in 2013 that I believe that this legislation is inevitable in Australia at some point in our future should that bill fail to pass the Tasmanian Parliament. As we all know, that bill did not succeed. Since that time Victoria and Western Australia have legislated for VAD. I believe that Tasmania will soon too.

It is important to consider what this bill is for, as outlined in the first pages of the bill. The objectives and principles clause states the objectives of this act -

- (a) to provide, to persons who are eligible to access voluntary assisted dying, an efficient and effective process to enable them to exercise their choice to reduce their suffering by ending their lives legally; and

- (b) to ensure that the process provided for the exercise of that choice protects and prevents persons from having their lives ended unwittingly or unwillingly; and
- (c) to provide legal protection for registered health practitioners who choose to assist, or who choose not to assist, such persons to exercise their choice to end their lives in accordance with that process.

The weight of evidence is convincing in favour of supporting voluntary assisted dying. Polling consistently shows overwhelming support from the community for voluntary assisted dying laws.

I commend the work of Go Gentle Australia who have helped to compile a significant amount of research that has helped to inform me in my consideration of this bill and also acknowledge that some of the work they have done is a compilation of polls that have been undertaken between 2012 and 2019. Of those 11 polls, all of them overwhelmingly found across Australia majority support for voluntary assisted dying laws, with the most recent poll, undertaken in May 2019, showing that 87 per cent of Australians in an ABC Vote Compass poll support voluntary assisted dying laws for people who have a terminal illness.

I would like to share some stories that have been shared with me by members of our community. I will start with a story that was shared with members who were in the House during the last VAD debate where Gideon Cordover spoke at a rally that was held on Parliament House Lawns. He spoke in favour of voluntary assisted dying. He spoke incredibly eloquently about his father, Robert, and told of his father's incurable condition trapping him in his body as MND progressively got worse. He spoke about the ways in which his father could die legally: by suffocation, by sedation, by starvation or by suicide, but he could not legally choose voluntary assisted dying. Gideon spoke from the heart and with his story he told the story of countless Tasmanians.

There are so many stories from people who have contacted me. I want to share some of those to give them voice in this parliament. They are personal stories, they are heartbreaking stories but they are incredibly meaningful stories. They demonstrate that this is not a matter of faith or medicine, it is about a compassionate society affording people at their end of life dignity in death.

The first story I would like to share is from Irene. This is quite a long one, but I feel it is important to share. She writes -

In 2015, my wonderful husband was diagnosed with cancer of the thyroid. This was the beginning of many months of nightmares for myself, and I cannot articulate what it was like for Richard.

Within a few days of surgery, we were called by the neurosurgeon and were told, 'You have anaplastic cancer, it is rare, aggressive and untreatable'.

Richard asked how long he had left and was told, 'Four months and it will be a painful death. Go home and get your house in order.' I am not sure you can imagine how we both felt leaving that consulting room that day. During

these last weeks we had so much to discuss. Daily I could see the changes in my darling husband as he was getting weaker. For a while morphine helped with the pain but let me say there was no quality of life.

It was Richard's wish to die at home with me. When the oncologist phoned me and said it was time to be admitted to palliative care I spoke with Richard and he said, 'I'm not ready.' He had a tortuous night of pain. I simply asked, 'Is it time?' and he said, 'Yes.' He lived two more nights at the Whittle Ward and, as good as the care was and no matter how much pain relief he was administered, he was in agony. The pain in his rib area was so great they could not turn him in bed.

The last day he knew it was his last. He was startled when I asked what was wrong. He said, 'I thought you were not here.' He deteriorated during the day and was unable to speak but he knew we were there and he passed away holding my hand. Communication was by squeezing my hand. I would ask if he was in pain and he would squeeze my hand. When he finally passed away I thought my life had ended as well.

Irene asked that, when we are considering this bill, we do not think of our personal opinion, religious or spiritual beliefs, but those of our constituents.

The time is right for every person to be able to make the choice. Those who do not wish to avail themselves of VAD simply do not. With VAD there would be freedom of choice for end of life. With many tears I have written to ask you, please vote yes.

There are more stories and I apologise in advance - they are heartbreaking to share but they are important to demonstrate why it is necessary for us to legalise VAD.

This is a story from Tina -

My husband died at the age of 45 years after a 10-month battle with double hip lymphoma. He was in agony for so much of his battle. The drugs he was prescribed - and there were many - did very little for his pain. Whether he would have used this legislation, had it been available, I think is beside the point. The point is he should have had a choice.

My husband did not want to die. He did not want to leave me or his three beautiful daughters. He had no choice. He should have had a choice to die on his terms when it became apparent he wasn't going to win his fight. Please help end the suffering.

There are stories from people who have written about their own medical conditions and the reason that they support this bill because for them it is incredibly personal. This is a story from a woman who is my own age, Louise -

I have genetic condition called Lynch syndrome which predisposes me to several cancers. The first reared its ugly head only four years ago. I was 35 years old and caring for my first child who was only tiny. So far, I have

been diagnosed with cancer three times in three separate locations in my urinary tract. I'm going to be fighting off cancers for life. While that is scary, I will do everything I can to live a long and happy life.

I urge you, please, my greatest fears are my young children not remembering me and dying slowly but inevitably in uncontrolled pain, alone, heavily sedated in a generic hospital bed. And this, sadly, happens way too often. This legislation will bring immense comfort to me knowing that the option is simply there.

I said earlier that this is not a matter of spirituality or medicine, it is about compassion. I want to help demonstrate that by sharing some other stories I have heard from medical professionals and from those who are people of faith in our community. I have received correspondence from Lauren who is a palliative care nurse and she writes -

I am a nurse who works in palliative care. I've the honour of caring for people at their end of life. I care for people who are in so much pain that sometimes it gets so difficult to get it under control or sometimes impossible. People who are horrified that they can no longer go to the toilet and lose control of their bowel and bladder and mess the bed or their adult nappy.

I have people plead with me in desperation because they want their suffering to end. If you saw what I see, you would vote for voluntary assisted dying. We don't let animals suffer like this so why do we let humans? Please give people the right to choose their end.

The Royal Australian College of General Practitioners have written, I believe, to all members and in their correspondence on 14 September they say very clearly that the RACGP position statement on voluntary assisted dying notes -

The RACGP supports patient-centred decision in end-of-life care and respects that this may include palliative and requests for voluntary assisted dying.

The member for Bass also shared some other statements from medical professionals that are really important for us to consider as we debate this bill. I have had correspondence from members of our community who are people of deep faith and one of those people was Maree -

I am a practising Catholic and I believe that it is not God's will for us to suffer unnecessarily. I believe we all have the right to choose (if facing a terminal illness) when to end our time on this earth. The pain and suffering that is present at the end of a terminal illness is insufferable for too many. To have the choice available to end the pain would be a comfort to the majority. Please give us this choice.

These are important stories to share. I want our society to be one that is kind and compassionate and one where we do give people the choice about their death. This bill does provide a legislative framework to provide a safe model for people who are suffering with pain and with incurable conditions to make an informed decision about their end of life, about their death.

The conditions set out in this bill for eligibility to access an assisted death are robust and protect against the misuse and protect vulnerable people. There is a clear framework that will help guide decision-making for individuals and for medical professionals. There is comfort for people in knowing that the option of an assisted death is available to them and there are safeguards to protect against this legislation being misused. I think it is important in recognising that just to reference the eligibility criteria for this bill which is found in part 3 when a person may access voluntary assisted dying. Clause 10 says:

10. When person is eligible to access voluntary assisted dying

- (1) For the purposes of this Act, a person is eligible to access voluntary assisted dying if -
 - (a) the person has attained the age of 18 years; and
 - (b) the person meets the residency requirements; and
 - (c) the person has decision-making capacity; and
 - (d) the person is acting voluntarily; and
 - (e) the person is suffering intolerably in relation to a relevant medical condition

It sets out simply and clearly who is eligible and lists circumstances when somebody is not eligible. In those circumstances for the purposes of this act a person is not eligible to access voluntary assisted dying by reason only that the person has a mental illness within the meaning of the Mental Health Act 2013 or has a disability within the meaning of the Disability Services Act 2011.

It is also important to note, I believe, that people can withdraw from the VAD process at any time. This bill clearly sets out that there are penalties for offences. It clearly explains the expectations of this bill and makes it very clear that there are penalties if there are breaches of those conditions.

There is another clause in this bill which I want to mention that I think is important. That is at the very end in Part 20. It is clause 138 -

Deaths not suicide for purposes of law of State

For the purposes of the law of this State, a person who dies as the result of the administration to the person, in accordance with this Act, of a VAD substance or a substance under section 88, or the self-administration by the person, in accordance with this Act, of a VAD substance, does not die by suicide.

It is euthanasia.

For me, the decision today to vote in support of this bill is a simple one. This is a human rights issue. People are suffering cruel deaths, sometimes lonely deaths, sometimes traumatic

deaths and as a society I believe very firmly that we must do better to alleviate the suffering and provide dignity and peace to people in their final stages of life.

Finally, I want to finish with a more personal story. Most of you would know that I was very lucky to grow up in the country as a kid. In our community at that time there were lots of young families and there were lots of other kids for my brother and me to play with. Two of these kids were named Tim and Jason. Tim and I were about the same age and Jason and my brother were about the same age.

Our families and others from across the districts spent a lot of time together, whether at the Nugent hall or each other's farms or helping out in summer to cart hay. We kids were constantly outside playing brandings or chasings, climbing trees, climbing in haystacks and riding out bikes. We all caught the bus together to Sorell school and after we finished school we all went our different ways. Some of us stayed in Tassie and others left. Tim went to the mainland for work and we only saw him on occasions when he would come home to see his family.

Tim got married and had two beautiful boys, but a couple of years ago we got the news that Tim had been diagnosed with cancer and it was bad cancer. It was stomach cancer and he was coming home. Tim was brave and he fought like hell. He had everything to live for, his lovely young family and his beautiful wife, but his diagnosis was terminal. Our entire community rallied behind him and organised fundraisers to help pay for him and his family to purchase a caravan so they could travel around Australia just to be together and enjoy living with one another while Tim still felt okay.

In February 2019 Tim's health deteriorated badly. I had a message from his brother, Jason, asking for my opinion on voluntary assisted dying. He asked whether I supported it. I told him I did and I asked his opinion. He told me that if I could see Tim right now I would know why he was asking. He said that no family should have to endure this and no person should have to suffer this long. He said they pray and hope he passes that day to end his suffering but that they had been doing that for days. Tim did pass away not long after that.

When I asked Jason's permission to share Tim's story his response was simple and a powerful one - 'Go for it, Bec, something good might come from our pain', and I hope so too, Madam Speaker. I urge members to support this bill as an act of compassion and love and humanity to allow people the choice at their end of life that gives them greater comfort, dignity and minimises suffering. I commend this bill to the House.

Members - Hear, hear.

[12.47 p.m.]

Mr GUTWEIN (Bass - Premier) - Madam Speaker, there are no more important matters to discuss than matters of life and death. I want to start by acknowledging the efforts of the member for Mersey, Mike Gaffney, in bringing this legislation to the parliament in the first place. Whether you agree with the intent of this legislation or not, his determination and tireless efforts need to be acknowledged. As Mr Gaffney has himself explained, he has spent two years of regular and extensive contact with international, national and state medical, ethical and legal experts, hundreds of hours of drafting review by the Office of Parliamentary Counsel, made himself available in forums across the state, provided numerous briefings and saw this bill through a very rigorous debate in the upper House.

There is no doubt that the processes of the bill have been further shaped by that rigorous debate and the amendments that have been undertaken in the Legislative Council. I acknowledge all members for their input. I read a number of the contributions and noted the personal reflections by many members. I also noted the dignity displayed by all, regardless of their views.

We have considered legislation like this on occasions during the 18 years I have spent in this House. Whilst never passing through this place, the contributions from members during those debates were some of the best that I have ever witnessed. They have been heartfelt, strong, passionate, informed and importantly sincere and very personal, as the Tasmanian community would expect.

Madam Speaker, I believe that human life is precious. I have lost too many people I love during my 55 years on this earth to not recognise that. However, I also believe very firmly that an individual should take personal responsibility for their actions during their life and I believe very strongly in freedom of speech, freedom of religion, freedom of association and, importantly, freedom of choice. However, when faced with a vote on this type of legislation in the past I have never been able to support it because of my concerns that there are some in our community who are more vulnerable and susceptible to influence than others and I have never been able to be convinced that the protections in those previous attempts were robust enough to provide the level of comfort need to pass those bills.

That some Tasmanians are more vulnerable and at risk than others in our community is a statement of fact and this parliament recognises that fact every day. We legislate to pass laws to protect people from their own actions and the actions of others. We set, either through legislation or regulation, speed limits, age limits, weights and measures limits, height limits; we prohibit the use of certain drugs, we protect against discrimination, and we provide support to many in our community who through circumstances are not able to support themselves. There are many in our community who are at risk because of misfortune or misadventure, because of their environment or their experiences, because of their disability or their age, because their family hurt them instead of loving them, or because unfortunately we failed to ensure they received the education they deserved. These are the vulnerable Tasmanians we must protect and never lose sight of, and in a debate on a matter of life and death such as this, we must keep at the forefront of our thinking.

Whilst like every Liberal member in this place today I have a conscience vote and on this Floor during this debate I hold no position of authority other than as an elected member for Bass. Over recent months as this debate has run its course in the upper House, as the forty-sixth Premier I have never lost sight of my responsibilities to ensure that I do everything I can to improve the circumstances and the lives of Tasmanians to ensure that vulnerable Tasmanians are supported and, if need be, protected.

I believe the volume of work on this bill and the reinforcement through debate and scrutiny today puts this legislation in a good position for us to consider it on its merits. However, what I have been clear in my thinking about with this matter is that we need to ensure every step is taken so we understand clearly what we are voting on and all members are well prepared and well informed to debate this important legislation. We must ensure that if this legislation passes this place there are no blind spots or gaps where vulnerable Tasmanians may be taken advantage of or compromised and, importantly, that we can be confident that it is the best legislation it can possibly be.

There are concerns that voluntary assisted dying legislation may expose vulnerable Tasmanians to undue pressure to end their life and we need to be very sure that the appropriate safeguards are in place to prevent this from happening. That is why, rather than rushing this legislation through as some have argued for, I felt it important to outline a process through which this legislation could be given the consideration it deserves so that its protections are understood, real and robust.

To ensure that occurs, that duty rests with us and as Premier I do not take that lightly. That is why, just as other jurisdictions have utilised independent processes to ensure legislation such as this is the most robust it can be, I have requested the University of Tasmania to establish an independent review panel to consider the legislation to provide members with an objective and informed view regarding how this legislation compares to similar laws in other states and around the world.

The university, independent from me and from government, have selected their panel. The focus of consideration of that panel will be, in one part, the protections in place for those most vulnerable in our society. The panel will conduct research and targeted consultation through a written submissions process in relation to the proposed VAD bill and in order to inform parliamentary debate, provide an independent and objective report to the parliament for members containing a concise summary of the VAD bill following amendment by the upper House; a comparison of Tasmania's VAD bill to legislation, including bills relating to voluntary assisted dying in other states and territories and overseas jurisdictions, including but not limited to the processes allowed by the legislation safeguards and protections for vulnerable people; and an outline of the historical development of VAD legislation in other jurisdictions in terms of scope and protections, as well as a synopsis of relevant reports, analysis and materials in other states and territories and overseas jurisdictions pertaining to the implementation and the administration of voluntary assisted dying reform.

There will also be an objective analysis of the safeguards put in place in other jurisdictions relating to the impact of VAD legislation on medical practice and practitioners, allied health and care professionals, family and social relationships and provision for and practices in aged care; and the inter-relationship between the VAD bill and existing palliative care and advance care directives in Tasmania and the experience of other jurisdictions in implementing VAD legislation to identify matters that might need to be addressed or monitored over time should the legislation pass to law. Obviously there will be stakeholder feedback relevant to all matters previously described.

I have advised people who are interested that the terms of reference are now available on the University of Tasmania's website. The purpose of this process is to receive an objective report from the panel independent of and at arms' length from government to inform members in this place.

The review panel's findings will be provided to all members of parliament later in February next year and it is the Government's intention that the committee stage of the bill will commence shortly thereafter. Furthermore, so that all members can be fully informed on the bill, which has a number of amendments in the Legislative Council, government agencies will also be tasked with providing advice on the implantation of the bill, not the policy intent. This information will be provided to members as well.

The debate will conclude early next year; however, it is not the Government's intention to delay the implementation of the legislation should it pass the Committee stage next year. It is my intention that should the bill pass the second reading in the House of Assembly in the next 24 hours, an amendment to the bill will be moved during that Committee stage that, if supported, will make the effective start date the 18-month time period at the end of the second reading debate in this House.

All members in this place share a common compassionate view, which is that none of us wants to see pain and suffering experienced by a fellow human being. That pain and suffering can differ from person to person. I do not purport to know or have experienced what that is like personally, but, like others in this place, I have seen pain and suffering in others. I believe everyone in this House has endured the grief associated with losing loved ones. Everybody understands matters of life and death.

I have shared with this House before my own experiences with loss as they, for me, are very real, very personal and life-altering events that shaped my conscience, my views and my actions.

I know how precious life is. As some are aware, I lost a 10-year old brother when I was a young man just shy of my twenty-first birthday. The anniversary was 1 December, this week. He died running in 100-metre race at the sports ground in Launceston from a heart defect, a floppy heart valve, in front of my parents who were there to cheer him on. I watched my parents carry the burden of that grief throughout their lives. It was not until I became a parent myself that I truly understood the deep and inconsolable grief of loss they must have carried.

In 2011, I lost my father to aggressive pancreatic cancer and in 2012, I lost my little sister to an even more aggressive form of ovarian cancer. Loss like that never leaves you, nor should it, because after all, that is how we keep the memories of those we love close to us.

These are my most difficult experiences and I know members of the House have also had their own, which have shaped their characters, their lives and their consciences on these types of matters.

The reason I previously shared this with members of the House is that in my experience with my sister and my father, I found the process of palliative care better than I had ever imagined it could be. The professionals, the doctors, the nurses and the people involved in providing that service, were amongst the most caring and dedicated professionals I have met. They supported us as a family with compassion and they afforded all of us, not only my father and my sister, with the dignified, caring ending that I know my father and sister wanted, and we certainly wanted for them.

A very important part of the independent review will be to ensure there is a clear awareness of end-of-life choices and this debate today in no way seeks to diminish the very important, very kind work of those who work in palliative care.

One of the key points I want to speak about is that whilst I acknowledge my own experiences through my own lens, I need to balance that with how others may feel in circumstances of terminal suffering as well. I do not have a mortgage on grief, or on pain or on suffering - no-one does. I believe very passionately that we owe it to Tasmanians to apply careful and considered scrutiny, to listen with compassion, empathy and understanding to the

views shared in this place and to ensure that if this legislation is passed by this House, it does not compromise the safety of Tasmania's most vulnerable.

This will be a very personal debate, and it should be. It is on a very personal subject and it is why members of the Government will have a conscience vote on the bill, as we believe should be afforded to all members in this place. It is incumbent on all of us to ensure that if this bill passes, Tasmania will have the most robust laws possible, that those who are most vulnerable will have the safeguards in place that we need, and that we do the due diligence necessary to ensure we have the very best laws.

As I have said, I believe very firmly that an individual should take personal responsibility for their actions during their life. I believe very strongly in freedom of speech, freedom of religion, freedom of association and, very importantly, I believe in freedom of choice.

Madam Speaker, that is why I will support the principle of this bill and why I will vote for it on the second reading. I will support its progress to the Committee stage when an informed debate on each of the clauses can occur early next year.

Ms O'BYRNE (Bass) - Madam Speaker, this is not the first -

Sitting suspended from 1 p.m. to 2 30 p.m.

END-OF-LIFE CHOICES (VOLUNTARY ASSISTED DYING) BILL 2020 (No. 30)

Second Reading

Resumed from above.

[2.30 p.m.]

Ms O'BYRNE (Bass) - Madam Speaker, this is not the first contribution I have made in this House in support of voluntary assisted dying. I believe it is the fourth and I really hope it is the last. It may surprise people to know that first time was actually not an easy vote for me. I weighed carefully the range of views on the debate and I was genuinely shocked when I found myself hesitant. I thought it would be an easy vote to have. I was pro-choice so, of course, I was pro-euthanasia, but the construct and the protections are complex and I spent time coming to fully support it.

This bill gives me no such hesitation. I support it because it is well-drafted, it is well-consulted and it is a model that has been tested. I thank Mike Gaffney for the work he has done in bringing this bill forward. I attended all but one of the forums in Bass where Mike gave so freely of his time, took every question on board and answered them sensibly and seriously, and took on a lot of those learnings, and I appreciate that.

I also put on record my thanks to Margaret Sing, who has been committed to this cause for such a very long time. I thank those who have told their stories, some of which I will tell today, but particularly to Nat and Jacqui - thank you.

The debate in the upper House was very detailed, very meticulous and leaves us all with a good understanding of intent and of consequence. This bill will not apply to very many people; in fact, one of the criticisms people have is that it might be a bit narrow.

A good and well-respected friend of mine who is a doctor opposes voluntary assisted dying, and said that the only people who had ever asked him to end their life recovered afterwards. This bill is not for those patients. It is for patients who will die regardless of any medical support. It speaks, however, to how they die. It will not pick up lots of people, but, as one of my constituents said in relation to her friend who died in much pain, 'It may make only a few days' difference in a lifespan but a huge difference in the manner of passing.'

As I said, this is not my first contribution: feel free to read the others which deal with many technicalities of this type of this legislation.

I have lost friends to terminal illnesses in the past and in the vast majority of cases, their pain was managed, and managed well, but some of you will know that in recent months end-of-life and the quality of end-of-life for those who have the cruellest of diseases has become deeply personal for me. I feel an obligation now more than ever to get this right.

This bill has a clear process and clear protections, and is the product of an understanding of how this legislation works in other jurisdictions - it has significant support.

I have to say I am disappointed that we will not take this bill through its full stages in this sitting. I thought that was possible; we could have sat longer. I do not believe the debate will be in any way aided by the proposed research. I believe that work has already been done. I do not believe the views that are held and will be cast in today's second reading debate will actually change.

I appreciate the internal challenges the Premier has within his own party, and that he chose to allow this debate: I am very pleased he did that. I am also very pleased that Ms Courtney has agreed to oversee its passage and steer it through the House. However, in order to manage those constructs, we are unnecessarily putting people through more trauma because, for the next few months, they will be required to tell their deeply painful experiences again and again. With that comes trauma.

I note that in a practical sense the Premier has said that should the bill pass next year it will be backdated. This is an administrative construct within the planned implementation. I hope that that backdating comes with a commitment for the full required funding for implementation. We know that in Victoria, it cost around \$6.4 million.

In making my contribution today, I want to give voice to the many people who contacted me on both sides of the debate. Overwhelmingly, they have been respectful, although in many cases deeply distressing, and I will try to give a voice to a few who made representative points of the many.

The vivid image of people jumping from the Twin Towers will stay with us forever. Those people made a choice but it was not a choice to die - a choice, however, of how they died. The New York chief medical examiner, Charles Hirsch, refused to classify their choice not to endure a slow, agonising death as suicide.

This bill is not about suicide and it is wrong to say that. In fact, this type of legislation acts to prevent suicide. We are also asked, as MPs, by experts in suicide prevention not to conflate the choice of voluntary assisted dying with suicide because of the risk of suicide ideation. All members received that advice. I am angry that some have chosen to ignore it. To choose to do so was reckless and irresponsible.

I have permission to read this correspondence from Sally sent to Mr Ferguson in relation to his comments -

I am writing to you in response to an article that was run in the *Mercury* newspaper this week. The paper reported that you stated you would not support Voluntary Assisted Dying Legislation. The article goes on to state that you said, 'I don't believe in physician-assisted suicide' and 'I do believe a Bill that crosses the line of taking a life of one person by another or assisting in a suicide is a line that I'm absolutely not prepared to cross.'

I am writing to you as a healthcare professional with 28 years' experience as a frontline paramedic for two state Ambulance Services, including Tasmania. I have 20 years' experience as a professional psychotherapist, I am an academic with 4 health-related university degrees and I am a PhD candidate.

But more importantly I write to you as a 55-year-old wife, mother, grandmother, daughter, sister, aunty, niece and friend who has been diagnosed with terminal cancer. I have witnessed the painful death of my sister who died from cancer aged 42 and now my other older sister has terminal cancer and fighting the horrible battle alongside me. I also have too many family members to mention who have died or are currently dying from cancer and I witnessed the very slow deterioration of my father who had end-stage Chronic Obstructed Pulmonary Disease (COPD). I saw life drain away from him and witnessed this energetic man who had a passion to live fade away into someone who looked like they auditioned for a role on the *Shawshank Redemption*, no-one should experience this.

Firstly, I would like to address the terminology used, 'suicide'. There are fundamental differences between people who choose to die by completing suicide and those who choose to die with medical assistance by a highly trained medical professional.

People who choose to complete suicide usually have experienced some type of psychological trauma or distress that they have found so overwhelming that they can see no other option but to end their life. These people have a will and a desire to die.

People who are choosing to hasten an already inevitable and imminent death have a physiological condition that cannot be cured, there is no plan B, there are no other options. These people are NOT wanting to kill themselves, in fact, they have a very strong will and desire to live; the disease is what is killing them.

As a terminally ill person, it is not my choice to have a disease that cannot be cured. It is not my choice to die, I want to see my youngest sons get married, I want to meet their children, I want to watch my grandsons grow up, I want to celebrate my 60th birthday but now I won't have that luxury. I want to celebrate my husband's 60th which is only 2 and a half years away, but I most likely won't be able to do that either. There are other milestones in my sons and grandsons' lives that I hoped I could have experienced and I hoped I could have completed my PhD, but now I will not be able to.

Terminally ill people DO NOT want to complete suicide, remember the desire is not to die. If this Bill was to go through and the Voluntary Assisted Dying Legislation was passed, all you are agreeing to is providing people like myself, my family members and others who are suffering from a disease that has no cure, the right to choose WHEN to die. It is the disease that is killing us, not a medical practitioner, not ourselves, the disease. There is no cure. The medical practitioner's goal is to ease the pain and suffering of their patients, not to assist in a suicide. They are professionals, not killers.

Please, make your decision based on what is best for the people. I can understand your belief system does not support completing suicide, but as I have stated, this is not a suicide act. I want to live, it's the disease that has decided I won't. It is not a sin to want to die with dignity, it should be my right and my choice.

Madam Speaker, many people have asked whether this legislation is instead a palliation and why do we not focus on palliation but it is overwhelmingly in addition to palliation because palliation is not always the answer. The very best of care - and we have witnessed some of the most amazing palliative care in family members who have passed away - but the very best care cannot always end suffering.

This bill is about how we respond to intolerable pain and suffering. It enhances the tool that we have to care for people at the end of their life. It does not replace them. It is also about people's experiences as they hold the hands and endure the physical pain of those they love. Todd has asked particularly that I put this on the record -

My sister and I are currently sitting at my mother's bedside where we have been for the past 3 weeks for 15 hours a day, we are watching our mother slowly pass away in constant pain & despite medical experts best efforts my mother has endured pain and suffering I would not wish upon my worst enemy.

Our past few days alongside her have been spent watching her drown in her own mucus and mopping it up as it came out of her mouth between gasps.

This is an experience I had hoped to never witness again after my father died of stomach cancer and had to endure the same.

This vote is not just about the dying, it is also about the families left behind.

I challenge all our politicians to walk through aged care homes and hospitals and speak to the carers and nurses, I challenge our politicians to talk to families affected and hear their stories firsthand.

This should not be a religious or a political idealism vote, it should be a vote based on compassion and moral decency.

This is a message from Judith -

Death does not need to be painful and people should not have to suffer at the end of life. It is time for compassion and it's time for politicians to step back and let people determine their life's direction and use voluntary assisted dying laws if they choose.

The protections drafted in Voluntary Assisted Dying Laws provide excellent safeguards for vulnerable people so the naysayers are being deliberately misleading with their fearmongering.

I was a former hospital CEO and Director of Nursing at a small private hospital in Melbourne, as well as Assistant Director of Nursing Alfred Hospital ... for 10 years with qualifications in Intensive and Cardiothoracic Care. Educationally I have a Bachelor of Applied Science in Advanced Nursing, a post graduate diploma in Health Administration and a Masters Health Science and Health Administration degree.

I watched both my parents die slowly over several days when all hope of recovery was gone.

As a nurse I saw both my mother and father become semi-comatose and dehydrate as neither were able to take food or fluid.

Both of my parents were passing dark, blood coloured urine through their catheters as their kidneys shut down. Both moaned as their bodies spiked awful temperatures that occur during a protracted dying process. Their bodies cramped with pain and they groaned even in coma.

The subcutaneous [under the skin] morphine didn't work because the skin is the first organ that shuts down when someone is so ill the morphine does not absorb when given subcutaneously.

Both of my parents were pro-choice for end of life and had made their wishes clear to family members about wanting to die gently and with dignity but they were denied that choice.

My mum and dad were great people who went without to give their children a good education and a better life. My parents both contributed to the community. Mum was a nurse and Dad was an air traffic controller - they were both intelligent people.

My mother had autoimmune respiratory failure and end stage lung cancer. My father had end stage lung cancer with cerebellar metastases. At life's end, both had intractable pain and struggled for every breath.

My mother attempted to end her own life because she could not find support to finish her suffering. However, she was unsuccessful.

As a Charge nurse in a major public hospital I was able to care for my patients and ensure they had a gentle and dignified death by ensuring the doctors wrote appropriate medication orders that eased patient suffering.

Both of my parents begged me to help them end their lives but legally I could not. That haunts me to this day because I watched them suffer when I had the knowledge to give them the peaceful death they wanted but the law was in the way and the standards of care vary greatly ... so many people have ugly, cruel deaths wracked with pain. It is so inhumane to allow people to suffer like this.

Madam Speaker, one of the most powerful messages from the Victorian review addressed the impact of suicide rates upon terminally ill people. It is not that all of these people would have been able to or, in fact, would have ever accessed voluntary assisted dying, but knowing the possibility is there meant that they approached their terminal illness with more control. The rates of suicide in Victoria declined with the introduction of this legislation for terminally ill patients. It is one of the things about terminal illnesses; it takes away the ability to control so much. It should not take away our decision to make this choice.

I have been heartbroken to read the letters and I am sure that we all have families who have had a terminally ill person take their lives alone and hear their stories of how much they would have liked to be with them, hold them and envelop them in their lives in those moments.

Claire has asked me to read this -

End of life palliative care is just a protracted form of euthanasia that takes a lot longer to die and causes the patient and those they love trauma and grief. We all know the loved one will eventually get pneumonia and gasp for air for days.

In that last five months of her life my Mother was totally lost, unable to speak, had nine separate admissions to different nursing homes. They could not deal with her because of shockingly low staff levels with one nurse on duty at night in a high care ward. In the five months she had 11 admissions to emergency for falls and injuries.

I saw her one day lying utterly naked on a bed by the windows of the corridors of Box Hill hospital.

At home she woke up every morning crying, asking to die for five years.

Her life was hell. She would wander off, have falls in the bathroom and the ambulance was called to get her up. She had nightmares and screamed out every night. She had hallucinations, became violent, wandered off.

Four years after his beloved wife died, my Father, a man who took pride in everything he did; who cared for elderly friends; organised functions for them, lost his 31-year battle with prostate cancer when it metastasised into his bones.

He persevered til his birthday that year and after a beautiful night with me, my younger brother and my girls, we left knowing what was imminent.

For anyone listening, the next bit I am about to read is particularly distressing and if anyone is listening they might want to walk away for a few moments.

On the 22nd of June two weeks afterwards, he pulled the nylon rope from his shed, put the ladder against it and somehow at 91 years of age he put the noose around his neck and found a way to stop his horrendous pain.

I live with the pain of knowing I was unable to help him.

That I could not be with him and hold him and support him. I would have liked to have sat behind him and wrapped my arms around him surrounded by my girl who he adored and rock him as he left us.

Please pass this bill for all of us.

For my sake, for your sake, and for those we love.

None of us would want to die alone.

In my final comments I want to address the views of those who say that their faith prevents them from supporting this view and give voice to those who say their faith compels them to support it. I am an O'Byrne - we are not without a religious background. I hear the words of people of faith but I contend that faith allows you also to interpret teachings. I do not wish to offend those who have faith but I have to put the alternative view. Reverend Trevor Bensch, a former hospital chaplain and a Baptist minister, has said his 'call for voluntary euthanasia is compassionate and thoroughly consistent with the teachings of Jesus'.

Professor Hans Kung, a Catholic theologian, has said -

As a Christian and a theologian I am convinced that an all-merciful God, who has given men and women freedom and responsibility for their lives, has also left to dying people the responsibility for making a conscientious decision about the manner and time of their deaths. This is a responsibility which neither the state or the church, neither a theologian or a doctor, can take away.

Famously and powerfully, the former Archbishop of Canterbury, Lord Carey, has said he does not believe that to ensure terminally ill patients avoid unbearable pain it is in fact un-Christian -

One of the key themes of the gospels is love for our fellow human beings ... Today we face a terrible paradox. In strictly observing the accepted teaching about the sanctity of life, the church could actually be sanctioning anguish and pain - the very opposite of the Christian message.

I do not seek to lecture people of faith but I wanted to put on record the views of the many people of faith who have called upon us to pass this legislation, who believe it is entirely in keeping with their religious beliefs.

Please pass this bill. Pass it because it is good legislation. Pass it because the intent is overwhelmingly supported by our constituents. Pass it for families who have suffered and grieved today. Pass it for people who are in pain. Mostly, pass it because we should not be accepting that ending life in misery and agony is better than helping people whose death is inevitable to leave this life in the best possible way.

[2.47 p.m.]

Ms O'CONNOR (Clark - Leader of the Greens) - Madam Speaker, I rise to speak in the strongest possible support of the End-of-Life Choices (Voluntary Assisted Dying) Bill 2020. I will support this bill just as I have supported each of the three pieces of dying with dignity legislation that came before it, going back to 2009. As the Dalai Lama has said, 'Our prime purpose in this life is to help others and if you can't help them at least don't hurt them'. I believe that is what this legislation is all about. Through this bill we can help the terminally suffering and we can ease their hurt as they leave this mortal plain. We can help the suffering to go gently into that good night.

I support a safe, legal framework for voluntary assisted dying in Tasmania because I believe in respect for human dignity and autonomy. I do not want to see needless suffering. I want suffering people to be at the centre of decision-making about how they will pass from this world. I support this reform out of compassion and a deep abiding love of humanity. That is not to say those who oppose this legislation do not also do so out of compassion and love and concern to protect the vulnerable. It is simply a different perspective. Each perspective on this reform, I am certain, is deeply felt and genuinely put.

This reform is much needed and long overdue. This is strong, compassionate legislation with multiple layers of safeguards to protect the vulnerable, while acknowledging extreme, unrelievable suffering also makes the sufferer extremely vulnerable. This legislation puts the person at the centre of all decision-making about the manner of their passing from this world.

In the lead-up to this debate, like every member of this place, I have thought a lot about life and death. How precious and fragile each life is. How fleeting in the context of millennia and the grinding timeless machinery of a massive unknowable universe. I have thought a lot about life itself. Not just the lives of people but of every living thing on this planet. Every living spark and the intrinsic right of all beings to respect for its existence.

I have also thought about death, of course, and what makes it bearable to contemplate. What makes a good death, because such a thing is possible. The word 'euthanasia' comes from the Greek word *euthanatos*. It means easy death or a good death. What is that?

What do we want for the people we love when that moment comes? We do not want them to suffer. We do not want them to be scared. We want them to retain their autonomy and

their dignity in their last hours and days. We want them to be surrounded by love. For our closest, we want to be there, to be holding their hand when they go. Surely when our time comes we want the same.

I have also thought a lot about my mum, Colleen, who died on 26 April 2019. Grief is a strange, bewildering process. It never really goes away. Sometimes it sweeps you off your feet like a tsunami without warning and it takes you out at the knees. I still really miss my mum. A great comfort to me is that I believe she had as good a death as it is possible to have. She had the best of medical care and was surrounded by love. After half a century of heavy smoking my mum's mighty heart gave out. I remember being at her bedside. She was totally with it mentally, but struggling for each breath. I was watching the wobbling line of the heart monitor; the story it told of her tenuous hold on life after 78 years of living, loving, giving, laughing, often arguing and always sustaining her large clan of children and grandchildren.

The day came when it was clear her suffering was very great. It was too great. My mighty mum knew her time was up. Her excellent doctors gave her a choice. They asked if she would like them to make her more comfortable. A euphemism for terminal sedation. The night before at her bedside she told me she had dreamed of running; something, because of her chain smoking over many years, she had not been able to do for a long time. She said that she did not want to go but she told the doctors yes. I was looking right into her terrified, bright blue eyes when they administered the medication. It felt like there was no other space in the universe. I said, 'See you next time, mama'. Her hold on my eyes was like iron in that exquisitely painful and profound moment.

When my first born arrived in this world at the Royal Hobart Hospital on 13 June 1991 my mum was there. She was the first to hold him. And 28 years later when she drew her last breath my first born, her beloved grandson, Lachlan, was holding her hand.

That night I drove home to her house. The following day I started the heavy task of sorting and making sense of the material parts of her life. I found this note in a chest of drawers. It says, 'I hope you will be holding mine when I leave'. And on the back I suspect are her lotto numbers.

Charles Dickens said we need never be ashamed of our tears. Grief tears are the heaviest and they are they are the saltiest but they also over time can soothe us.

There is a tiny human in the Chamber today; a new and precious life. Her name is Tilly Gray. She is the daughter of Natalie Gray, the niece of Jacqui. Tilly is the granddaughter of the late Diane Gray. Diane never met Tilly, never got to hold her little warm body in her arms, but Diane lives on in Tilly. Diane would be so proud of her incredible daughters, Natalie and Jacqui Gray, whose death bed promise to their mum made them powerful, relentless and persuasive advocates for dying with dignity laws in Tasmania.

I would also like to, from the deepest place in my heart, thank Mike Gaffney for working so hard, so thoroughly, with such deep commitment and heart to bring forward the End-of-Life Choices (Voluntary Assisted Dying) Bill. I do not believe we would be here having this debate in such a collaborative way if not for Mike Gaffney's work on this bill. I would also like to acknowledge the work of his tireless assistant, Bonnie.

I acknowledge the many years of campaigning for reform by Dying with Dignity Tasmania, and particularly their champion, Margaret Sing. I also acknowledge the family of Robert Cordova, who died in 2009 but was here in the Chamber when the first voluntary assisted dying legislation came into this place. I also acknowledge Christians Supporting Choice for Voluntary Assisted Dying, and former upper House member, Norma Jamieson, for their advocacy, and every person who has emailed or written to me, whether or not they support dying with dignity legislation. I am very thankful for the privilege of being able to read their stories.

Legislative reform is an iterative process and we are here today because it has been a long journey. The first dying with dignity legislation was tabled in this House in March 1985. It was the Natural Death Bill introduced into the House of Assembly by former Independent Bob James Brown MHA. It was later reintroduced by Greens member Peg Putt MHA.

In 1990, Dr Bob Brown MHA placed a motion on the table for the withdrawal of the natural death bill and the motion was agreed to, and then reintroduced the Medical Treatment and Natural Death Bill. In November 2009 former Greens Leader Nick McKim's dying with dignity legislation was negatived at the second reading in the House of Assembly. Again in 2013, legislation by then Greens leader Nick McKim and then premier Lara Giddings was brought into this House and debated. In May 2017 we debated the Voluntary Assisted Dying Bill 2016 which was brought forward by Lara Giddings and me.

I want to acknowledge that in that 2017 debate there was one member of the Government who had the courage to vote for voluntary assisted dying, the first Liberal member to my understanding who had done so in this place, and that is the member for Franklin, Nic Street.

I want to thank the Premier for the work he has put into getting us to this point and making sure there is time made in the parliamentary schedule and working constructively with us to this point. I also want to thank the Minister for Health, Sarah Courtney, for having the courage to be behind this legislation and introduce it into the House of Assembly.

So here we are, Madam Speaker, on the cusp of an historic vote. I also want to take the opportunity to read into the *Hansard* some of the messages we have received.

My name is Jade. I am a registered nurse. I support VAD with all my heart. I want Tasmania to follow Victoria and legalise it.

From March 2015 to March 2020, I was working on 7 West, the Palliative and Supportive Care Unit at the Royal Melbourne Hospital. I now live in Hobart. I returned home in April. In those five years of palliative care nursing I saw enormous suffering. People of all ages with terminal illnesses crying out in pain, pain that could no longer be alleviated by the prescribed analgesic. Some people begged to die. They screamed, they swore, they wept. 'Put me out of my misery' and 'I want to die' was frequently told to me. I will never forget their pleas.

In June last year VAD was made legal in Victoria and later in the year one of our patients requested VAD. This person had oral cancer. They had to get their teeth removed because their tumour was growing around them, causing pressure and ongoing pain. Even after the extraction, they were receiving

numerous PRN doses of hydromorphone and cocaine mouthwash. They were also on a ketamine syringe driver for their unrelenting pain. They couldn't sleep, they were exhausted.

They met the criteria for VAD and were approved for the oral preparations. This patient told me and other staff that a huge weight had been taken off their shoulders. They said they felt great comfort knowing they had been listened to and given this choice.

I want every Tasmanian who is met with a life-limiting illness to have this choice.

This is the personal story of Helen Kershaw, who has a long connection with Dying with Dignity Tasmania -

My mum was an incredibly bright, intelligent, warm, strong, loving person and always extremely generous towards others. To mum, her intelligence and knowledge was a major part of her personality and identity. When she began struggling to find words speaking in late 2019 we knew something was going very, very wrong.

After gruelling weeks of tests, the week before Christmas 2019, just two months before mum's death, we had the news that every possible diagnosis had been ruled out and that mum had Creutzfeldt-Jakob disease. CJD is an extremely rare, terminal, neurodegenerative disease with no treatment, no cure and, in many cases, no known cause.

Our research on CJD unearthed what the disease would do to mum. Death through this type of disease involves the person losing all cognitive, mental and physical abilities, having constant hallucinations, seizures, going deaf, blind, and eventually starving to death.

We had the most incredible palliative care team supporting mum and us right from the outset, how lucky we were. I cannot emphasise how supportive the palliative care workers were. Knowing mum's views on her personal autonomy and decision-making process, the team offered everything they could, but for mum palliative care wasn't going to be enough. Terminal sedation, while allowing the body to starve to death was not an acceptable way for her to die.

On Sunday 16 February 2020, it was a beautiful sunny morning. Mum still had her strong-decision making capabilities and she knew that she had to act to avoid the inevitable suffering while she still could. She also knew she had to protect dad and myself because the current law prevented us from assisting her in any way.

Under the current law this type of death is considered a suicide and Helen's mum had prepared a kit for herself to end her own life. She continues -

However, I believe there is a distinct difference between suicide and what my mum did. She released herself from the disease and her anticipated intolerable suffering that was coming her way. It has to be the bravest and the strongest thing she could have ever done and I don't know she did it.

Mum and dad set up a camera to film her death so that we wouldn't be implicated in any way. She was so smart and always thinking of others right until the day she died.

On the day I made the choice to come and be present at the family home. I needed to be there for mum and be there for dad on the day of her death. Mum and I said our goodbyes to each other and I just remember mum saying over and over to me, 'I'm so sorry, my darling' for needing to do what she had to do.

She did not want to die that way but she was dying and it was the only choice left that she felt acceptable. The story goes on and it is very distressing.

Christians Supporting Choice for Voluntary Assisted Dying have written to all members and I quote this from the correspondence -

The Christian Bible is often used to support opposition to change, just as it was used in the past to resist the abolition of slavery, resist university education for women, resist the vote for women and as proof the Earth was the centre of the universe.

History has shown this use of the Bible to be inappropriate. **Christians Supporting Choice for Voluntary Assisted Dying believe the time has now come to put love and compassion for our fellow human beings ahead of theological differences of opinion.**

Finally, a short statement from Irene Donaldson, and this is to all of us -

Please, when you are considering this bill do not think of your personal opinion, religious or spiritual beliefs but those of your constituents.

The time is right for every person to be able to make the choice.

Those who do not wish to avail themselves of VAD simply do not.

With VAD there would be freedom of choice for end of life.

It is with many tears I have written to ask you please vote yes.

Madam Speaker, I wanted to end my contribution today with a poem from one of my favourite poets, the late Mary Oliver. This poem speaks to the preciousness of life, even in its smallest and simplest moments, and the mysteries of death and the enormous courage it takes to face it. If we can ease the terror of an agonising death for the suffering person we can support the courage of their dying in facing their end and that is what the end-of-life choices bill is ultimately all about. This is *When Death Comes* -

When death comes
 like the hungry bear in autumn;
 when death comes and takes all the bright coins from his purse
 to buy me, and snaps the purse shut;
 when death comes
 like the measles-pox
 when death comes
 like an iceberg between the shoulder blades,
 I want to step through the door full of curiosity, wondering:
 what is it going to be like, that cottage of darkness?
 And therefore I look upon everything
 as a brotherhood and a sisterhood,
 and I look upon time as no more than an idea,
 and I consider eternity as another possibility,
 and I think of each life as a flower, as common
 as a field daisy, and as singular,
 and each name a comfortable music in the mouth,
 tending, as all music does, toward silence,
 and each body a lion of courage, and something
 precious to the earth.
 When it's over, I want to say all my life
 I was a bride married to amazement.
 I was the bridegroom, taking the world into my arms.
 When it's over, I don't want to wonder
 if I have made of my life something particular, and real.
 I don't want to find myself sighing and frightened,
 or full of argument.
 I don't want to end up simply having visited this world.

Madam Speaker, none of us in this place, no matter where we stand on this issue, wants to feel we are just visitors on this planet. We want to make positive change. We want to help people. For those of us who support end-of-life choices and strong protections for the vulnerable, this legislation is our chance to reflect what most Tasmanians want; a safe, compassionate legal framework for dying with dignity. They also want to know we will make sure this bill is the best and safest it can be and we will honour that trust. This is the Tasmanian Parliament's chance to respect human dignity and autonomy and to bring peace of mind to the suffering.

I commend the bill to the House.

[3.07 p.m.]

Ms ARCHER (Clark - Attorney-General) - Madam Speaker, I acknowledge my deep respect for all views expressed in this debate, as Ms O'Connor so eloquently put it at the commencement of her debate. I acknowledge and respect that the Tasmanians who we all represent also have different views. What we have heard and what we will continue to hear during this debate is a reflection of all of those views.

The issue of whether to give terminally ill people the legal right and under what circumstances to end their life is one which should be handled with the utmost care and compassion. It is an emotional and deeply personal issue. Indeed, it is particularly emotional

and upsetting for those of us who have lost a loved one in recent times. I lost my mother as a result of severe early onset dementia only last year, so this is still very raw for me. Like others, I have experienced quite a lot of loss throughout my life time including three very dear friends, two from terminal brain cancer, and a cousin from aggressive pancreatic cancer.

In fact, I would prefer not to be debating this topic at all at this time, but I acknowledge that it is an extremely important subject, and it is extremely important that I explain both my personal views and values, and also my deep concerns on legal issues requiring careful consideration.

I do not feel I can extricate myself from my role as the Attorney-General and also as a barrister and solicitor with life experience in these many legal areas. It is what I am trained to do and so the legal, ethical and medical arguments are also of great importance to me.

At the outset, I do not support the principle of this bill based on personal views and reasons, but I also have issues and concerns supporting a bill that has not gone through the usual and extensive processes for law reform and thereby remain unconvinced that this bill adequately protects the vulnerable in our community, or indeed medical professionals. I will explain my observations in further detail.

The introduction of a voluntary assisted dying provision potentially poses significant risks to patients in the context of their care and to medical professionals in the context of delivering services. Therefore, every effort needs to be made to confirm the bill contains provisions that fully protect patients and restrict professional liability. Therefore, I welcome the Premier's request to the University of Tasmania to establish an independent, expert review panel to consider the legislation that passed the Legislative Council which has had numerous amendments, I note, made by members of parliament.

It is important that experts in the specialties of legal, ethics, and medicine, in particular, provide their view on how this legislation compares with similar laws in other states and other jurisdictions, with a focus on the protections in place for some of the most vulnerable in our community. The UTAS advice will also look at end-of-life considerations such as palliative care and advance care directives. This is particularly important and will be of great relevance as my department is currently working through the extensive number of submissions received through the consultation on our draft advance care directives bill.

The UTAS review is independent of Government and findings will be provided to all members prior to the final debate on the bill next year. It is expected that UTAS will request written submissions from key organisations through that process as well as government agencies as the impact will be significant on them by way of processes, the establishment of a commission, and many other matters. I note that it is the Government's intention to ensure that if this legislation is passed, Tasmania will have the most robust rules possible and I hope that this is the case, notwithstanding my opposition.

This does not mean I do not care - quite the contrary. I have lived this and I care so much that I fear for our most vulnerable, not least of all because of my professional experience. I stated in my previous contribution to the last bills that came before me exactly this and I remain deeply and strongly concerned. Not all families are loving and not all have the best interests of their relatives at the forefront of their mind, I can tell you. It is an unfortunate fact of life

that not all can say that they do not exercise guilt or coercion on their elderly relatives. This raises doubts over the issue of voluntariness in the context of this debate.

As the first law officer of this state, it is incumbent upon me to also consider this bill in relation to the legal framework in which it might operate if it is passed by the parliament. As I said, I cannot extricate myself from those responsibilities. These are my initial observations. The implementation time frame of up to 18 months under the current circumstances remains problematic. I am acutely aware, through the reform agenda that I have undertaken as Attorney-General, that appropriate time frames are needed in order to implement this type of significant reform. Government departments have significant existing resources allocated to responding to COVID-19 which has an unpredictable future. Government departments would need time to develop and embed appropriate systems and practices to support the safe and legal implementation of the voluntary assisted dying process.

If passed, it is also the Attorney-General who is responsible for appointing the commission jointly with the minister. Consideration could be given to staggered commencement, for example, to enable the appointment of a commissioner and establishment of necessary prerequisites including developing processes and forms and approving appropriate training courses necessary for the legislation's operation ahead of its broader commencement.

The appointment of the commission itself would need very careful consideration. Questions have also been raised about what role the Guardianship and Administration Board may have and its role in decision-making as guardians and/or supporting people to request voluntary assisted dying.

Further, I am aware that members in the other place were briefed by my department where questions were raised in relation to the interaction with Tasmania's Criminal Code. I agree that this is another potential area where further detailed analysis is required to ensure there are no unintended legal consequences for implementation of the bill.

Like all members, I have received a significant amount of correspondence in relation to the proposed legislation expressing a broad range of views. Time today will not permit me to quote from all of them but there are some professionals, academics and experts I do wish to quote from my research to date.

As a former attorney-general and member of the Victorian parliament, Robert Clarke has an insight into how the Victorian laws were constructed and have been operating. He stated in his letter to me that -

In my view -

he shortens it to VAD so -

VAD is not just about personal choice; it will transform attitudes, treatments and supports throughout the health system.

The risk of coercion is huge. More or less subtle coercion can be through implicit threats to the gravely ill person or to other loved ones, or through playing up fears of what lies ahead or of being a burden on others, including

in a context of pre-existing elder abuse or family violence. Most families are loving and supportive, but there are far too many who are not.

Once VAD becomes the norm, it can quickly expand from being something chosen by the individual concerned to being something often **chosen by others** on behalf of those unable to decide for themselves.

VAD risks undermining palliative care, in two ways, firstly, the vast majority of palliative care nurses and doctors regard VAD as incompatible with its ethos of care and support, and good palliative care may fall away as a result.

VAD's potential consequences most impact the poor, the marginalised, and the lonely, who would suffer from the neglect of proper end of life care and services that could follow from VAD becoming the norm, and who do not have the means or the connections to access alternatives.

In my observation, more important to voters than what their representatives think on such matters is that their elected representatives are able and willing to serve their voters not only with industry but with judgment, as Edmund Burke put it.

Thus, in my experience, voters respect their elected representatives for speaking up on whatever principles they may hold on such issues provided they are reasonably and sincerely expressed.

I would strongly recommend **not to rush into passing any legislation** without full and careful expert examination. The above shows how complex an issue it is, how easy it is to make mistakes and how much would be involved in implementation.

Pat Garcia, CEO of Catholic Health Australia, has also written to me and provided the following contribution -

There are not enough safeguards in place. Much like the review boards in other jurisdictions, the proposed voluntary assisted dying commission for Tasmania is simply an entity to verify that the correct papers were completed by the right person in the right order. The commission will not have the power to investigate anything; it cannot verify if there was coercion by a doctor or family member, nor can it even investigate if a patient fully understood the implications of their voluntary assisted dying assessment and the consequences of taking a lethal substance. This is of particular risk because of the legal threshold for consent to a medical procedure is quite low. A medical practitioner is only required to note that the patient was informed and they seemed to understand.

Professor John Burgess MMS, PhD, MD, FRACP has stated -

As a senior clinician and past AMA State President I must draw your attention to serious flaws in the conceptualisation and design of the bill.

The bill is fundamentally problematic in two key domains.

The bill is directly at odds with the ethical position with both AMA Tasmania and the World Medical Association. Both are firmly opposed to Physician-Assisted Suicide. The legislation proposed in this bill enables physician-assisted suicide. The role of the doctor is to save lives, not take them. Medical practitioner should always remain the patient's trusted advocate, the advocate for health and life, the communities ultimate safeguard against misuse of Euthanasia legislation.

This can only be so if the registered Medical Practitioner continues to remain embargoed by law from killing a person as an act of primary intent. The proposed legislation inappropriately places doctors at the centre of a voluntary assisted suicide process. Medical practitioners should not be permitted to prescribe or administer pharmaceuticals with the purposeful intention of killing a person. The proposed bill is absolutely counter to this epic as it enables Physician Assisted Suicide.

2. there are serious flaws in the design of the legislation, particularly the protections afforded to the vulnerable and those who would otherwise wish to receive appropriately resourced palliative care. Moreover, the potential scope of conditions eligible for assisted suicide is extremely concerning.

He also says -

The bill is dangerously framed and conceptualised, but perhaps this is not surprising given its atypical message to parliamentary consideration. I can only hope the due diligence of all parliamentarians will ensure it is not passed and that an appropriate process of inquiry into the issue of Euthanasia and Physician-Assisted Suicide will be undertaken by our legislators.

I have also had contact regarding the impact on the nursing profession, expressing the view that one aspect in the debate that has not been fully scrutinised is the pressure it will put on palliative care nurses, citing an example of a distressing incident whereby a relative, who was a nurse in another hospital, kept insisting her mother be given a lethal dose of medicine. This was despite the fact that the patient was quite comfortable and not in any distress. The daughter was aggressive to the nurse, who felt bullied by the incident. Other nurses who work in palliative care have come forward with this same recurring problem with relatives.

I also want to refer to a recent research paper undertaken by Ms Madeline Archer - no relative; a coincidence - for her thesis at the University of Tasmania, which she presented to me very recently, but which I have now had an opportunity to read, in which she investigated the Victorian and Western Australian context for legalised assisted dying and the practical implications of whether enough safeguards are in place with particular regard to the self-administration procedure.

Before I turn to her conclusion, I add that I did not ask Madeline what her views of this topic were at all. She undertook this research without taking into consideration any of her own personal views. To this day, I still do not know what her personal views are.

These were her conclusions about the default self-administration procedures employed in Tasmania's voluntary assisted dying system. By way of summary she concluded that -

- these systems exposed potentially vulnerable terminally ill persons to an increased risk of criminal victimisation.
- Existing safeguards may not be adequate to combat offending involving the misuse of lethal medication obtained through VAD and the domestic and residential care environments.
- The bill provides for the VAD substance to be kept in a locked receptacle that is not readily accessible by any other person, raising the question about whether the self-administration process needs to have more robust safeguards surrounding it.

Because her paper is fairly long, I am going to quote from her conclusion -

The analyses conducted in this paper demonstrated that default self-administration procedures employed in Australia's VAD systems expose potentially vulnerable terminally ill persons to an increased risk of criminal victimisation. Existing safeguards, whilst relevant and necessary to preventing criminality, during the eligibility and assessment stages, may be inadequate to combat offending involving the misuse of lethal medication obtained through VAD in the domestic or residential environments. Without denying that premeditated offending may occur in the VAD context, this paper has drawn on a robust criminological evidence-base to highlight the potential for offending to be perpetuated upon vulnerable individuals by previously law-abiding people. Such people - including ordinarily loving and respectful caregivers, family and friends of terminally ill persons - may be encouraged to offend by the salience of situational factors in critical moments of decision-making.

This paper has aimed to fill an important gap in the existing literature by investigating the practical implications of Australia's VAD systems' default self-administration procedures. With so little opportunity for critical exploration of the practical implications of these systems, and the imminence of the legalisation of VAD in other Australian jurisdictions, this paper aims to convey the need for caution in the continuation of default self-administration, and its further implementation in other Australian states and territories. I argue that the findings of this paper demonstrate the need to implement more safeguards which directly relate to the *situation* in which lethal medication is present in the home or residential environment, or to depart from self-administration as the default administration procedure. Any reduction in the frequency with which lethal medication exists in the terminally person's home, given their context of care, will serve to reduce the risk of their being criminally victimised by a previously law-abiding relative, carer or friend. These findings warrant future research, which should be undertaken on a larger scale, drawing upon a variety of methods.

I am pleased to be able to quote from that with Madeline's consent because it is a really valuable paper to read and shows that perspective on some of the other issues I wanted to raise.

In conclusion, I know all members appreciate that this is an extremely complex area of law requiring extensive protections. I think we can agree to disagree on the extent of the protections. I do not feel the protections are there to the extent that they need to be. Therefore, I thank the Premier, not only for allowing Liberal members a conscience vote, but for his referral to the university for independent expert review to look at many of the issues on which I have commented. I feel parts of the bill are ambiguous or wanting greater scrutiny, so for this purpose the process we are embarking on, should this pass despite my opposition, at least hopefully will go through a more robust process.

[3.26 p.m.]

Mr O'BYRNE (Franklin) - Madam Speaker, I choose to start my contribution with a quote.

I pray you and your families will never have to endure a situation similar to ours, but in reality unless you do, you'll never have enough understanding or empathy to help legalise Voluntary Assisted Dying in Tasmania. Sit with me during the last few days of my life, look me in the eyes, deny me of ending my suffering while my withered away body convulses in pain ... there is nothing humane about this ending.

This is not my life or my body anymore, I am a shell and you have taken control of me.

Let us live the last chapter of our lives fearlessly, knowing we can end our own suffering and despair. There is a difference between suicide and VAD. I do not want to die. I am dying.

That is a quote from the last paragraph of the last entry of Diane Gray as she passed. I start with this statement because this was the moment I heard this message read out on ABC morning radio where Diane's daughters, Jacqui and Nat, talked about the tragic and painful end to their mother's life. It was the moment that, in my mind, started this latest attempt to pass voluntary assisted dying, end-of-life choices laws into Tasmania. I can recall sitting in my car listening to this interview with tears streaming down my cheeks, moved by the heartbreak of it and knowing that as a parliamentarian we had the collective power to ensure that it did not have to be that way. It did not have to be so painful, and that it could and should be different.

I have voted in this place once before in favour of voluntary assisted dying. I make the clear indication to you all today that I will again, although this time is altogether different. The powerful image of Diane Gray and her loving daughters embracing each other on Jacqui's wedding day has become a heart-filled emblematic image and motivation for change that has swept Tasmania and moved thousands to not only tell their story and demand their voice be heard but also for many to argue for change.

I had the pleasure of meeting with Jacqui and Nat, and they are a force of nature. I thank them for giving me all the hilly areas to do some letter-boxing, playing a small role in their campaign born from a promise to their mum to do all they could to ensure that no other family would experience the hurt and pain that they and their mother had to endure, a pain that so

many families across Tasmania bear and we all ultimately fear. Their commitment to their mum's memory is as inspirational as it is courageous.

At this point I acknowledge the work performed by the member for Mersey, Mike Gaffney, on this, his extensive and comprehensive public consultation on the bill and the calm and thoughtful manner in which he has engaged our community. I attended a number of community events where he answered questions and was so dispassionate. He would say, 'Look, I'm going to answer your question calmly. I'm not going to invoke emotion into it, I'm just going to answer you as best I can', and it was a not only such an appropriate way but such a powerful way to deal with people's questions around this most important of matters. His work and the way he has engaged in our community has made this change possible.

I also acknowledge the work of our upper House members in their thoughtful and considerate approach to the legislation, the debate and the respectful debate around amendments and the production of this legislation before us today.

The legislation we debate today is comprehensive. It is well thought through. It provides a balanced and responsible approach to managing and dealing with the most sensitive and complex of issues. It provides the safeguards necessary to ensure that a safe, secure and informed environment for choices are provided to those suffering from a terminal illness and for those who are hurting with them. The choice is provided with medical advice and supervision and in a defined and limited range of circumstances.

We are not the only jurisdiction to respond to these circumstances and tackle these difficult matters. It has been resolved and is being managed in Victoria and Western Australia. It is being resolved and being managed in jurisdictions across the world. It is a consensus-building and pragmatic approach to this most difficult of issues. It is born out of the acknowledgement that whilst we have some of the most amazing and best medical practitioners and health professionals in the world who do amazing work supporting people who are ill in receiving the best of treatments, we do not have all the answers.

Medical practitioners and health professionals play a role in the first and last moments of our lives - from cradle to grave, so to speak. As my colleague, Dr Bastian Seidel, the member for Huon, has said in the debate in the other House, and I paraphrase, we must realise that we do not have all the answers or the treatments, and there are moments where the medical profession, despite their best efforts, are unable to meet the needs of all patients. They are unable to stop all pain and to give all people a peaceful death.

In saying this I would like acknowledge the work of our palliative care specialists around Tasmania who do amazing work in supporting people in the last days of their lives. We must realise, though, that prolonging death is not extending life. We are not talking about a matter of life and death; we are debating about the kind of death we wish to have.

I know and acknowledge there are strong views against this bill. Whilst I will not repeat them in this contribution as they are well known, I can say that I have listened and reflected on them. It has ensured I have approached this vote and my position on this bill with the full knowledge of the opposing views. It has made my normal process of consideration on matters of policy even more comprehensive, and I thank them.

On the whole, opposing arguments to this bill have been made in a respectful and earnest way and I thank those people who have contacted me for doing so. Many arguments were made from a faith-based position, or a philosophical perspective. I respect these arguments, I understand them, but I simply disagree on this issue.

This bill and this debate is about balancing the importance of life and the manner of one's death equally, and providing choices for people within a clear, safe and secure framework to manage their passing in accordance with their choice but also respecting their human dignity. These are the things at the heart of this bill.

I quote from an email I received from Mike Gibson from Port Sorell, who says -

The most important aspect I would like to support is the individual's choice. My belief is that most people will not use this measure, but with it in place, it gives them a freedom of choice, along with other measures such as palliative care and other end-of-life choices. We should be able to offer people a choice in a responsible manner and respect their wishes.

As a retired paramedic, I have seen too often great suffering of patients with little to no choice about their own end of life. I have also seen too much trauma to families from people committing suicide and to some who fail only to end up in a worse state.

We as a society surely have the right to informed decisions and choices for ourselves. With rigorous safeguards and with checks and balances in place this bill represents a safe option for those who choose to enact it. That does not mean it must be enacted or in essence forced on someone without their express wish. In fact, most people at the end of life will not have the capacity to make this choice, but for those who can, it could provide an effective peace-of-mind option.

To everyone person who has contacted me, regardless of your viewpoint, I say thank you. I say to you today, I read your letters, I read your emails, your social media posts, I heard your stories, I heard your views and I respect your opinions.

For those who shared deeply personal and painful experiences, I thank you. It is an enormous responsibility to receive your stories, to cherish and honour them, and to respond and give purpose to the act of sharing and, in that act, the implicit task you have asked me to perform. It was not wasted. I see you, I hear you and I am committed to act. It is hard to put into words the emotion and the moments you have shared with me. I can say that it has a profound impact on me. The courage you have shown - the O'Byrnes are pretty passionate people; I do not apologise for that - the pain and suffering you and your loved ones have experienced will not be in vain. So many stories. Many members have come up and shared some of them: all of them important, all of them valid. This parliament has heard their voice, loud and clear.

I remember reading Wayne Crawford's piece. Before I became a politician and joined this place I would occasionally spend time and have lunch with Wayne. His beautiful wife, Margaret, would drop him at the restaurant and we would dissect the world of politics. When he contributed on this matter, it was so powerful. He wrote about the final months of life he

shared with his beautiful wife, Margaret, and how he talked about their Romeo and Juliet-like pact to go together rather than being allowed the option of a peaceful civilised death by going to sleep with family present, to give comfort and wish bon voyage on the final inevitable stage of a life well lived and now well left.

I heard the story of Louise Elliott, a young mum, who simply wanted her children to know that she died in peace.

Ceara Rickard is an absolute champion, vibrant woman. She was diagnosed with a terminal illness, metastatic breast cancer. I had the absolute pleasure, and it was an absolute pleasure, of meeting her and spending some time chatting to her and her partner about her life, her love and her passions. In her own words, Ceara is a 35-year-old, living in Rose Bay, Tasmania, a psychologist who loves painting, bushwalking and photography. She has rainbow-coloured hair. Her friends have described her as the most alive person they have ever met. Ceara volunteers as a mentor to psychology students. She loves working with vulnerable members of our community and much of her career has been in the youth mental health space. She smiles and laughs a lot and she makes friends easily. I can see why. She is from a large family and she lives with a loving husband and their beautiful dog. She is not the kind of person you immediately think of when voluntary assisted dying is raised.

In her words, 'I try to maintain compassion for people who are scared and whose fear drives them to try to dictate my choices'. She believes that most people who are against voluntary assisted dying are scared that by allowing a choice they are saying they condone people dying, which is not the case at all. Ceara can understand those fears while also believing they are not a sufficient reason to take her choices away. Voluntary assisted dying, end-of-life choices, is very much about valuing human life. You do not value people's lives by refusing to listen to people or by ignoring their wishes. In her words -

My wish as cancer steals my life away and I leave this beautiful world is for no-one to steal my death. I have accepted that cancer will ultimately claim my life. I do not think the Tasmanian Government should have the right to claim my death.

These are the heartfelt words of someone who is most impacted by this legislation. I pay respects to her and her contribution to this campaign.

In decisions like this I tend to reach out to those who have inspired my political journey and my own social justice activism. In this case, it is Nobel Peace Prize-winning human rights activist and Anglican priest, Bishop Desmond Tutu. He said -

With my life closer to its end than its beginning, I wish to help to give people dignity in dying. Just as I have argued firmly for compassion and fairness in life, I believe that terminally ill people should be treated with the same compassion and fairness when it comes to their deaths.

Dying people should have the right to choose how and when they leave Mother Earth. I believe that, alongside the wonderful palliative care that exists, their choices should include a dignified assisted death.

For those suffering unbearably and coming to the end of their lives, merely knowing that an assisted death is open to them can provide immeasurable comfort.

He concluded -

In refusing dying people the right to die with dignity, we fail to demonstrate the compassion that lies at the heart of Christian values. I pray that politicians, lawmakers and religious leaders have the courage to support the choices terminally ill citizens make in departing Mother Earth. The time to act is now.

I will quote *Mercury* journo, Wayne Crawford, again in his article -

The Tasmanian legislators should - in considering Mike Gaffney's attempt to give our community the right to manage the manner and timing of our own death - finally accede to the overwhelming wishes of the community and allow individual choice on this most personal of decisions.

To do otherwise will be to yield to interests which would rather that, in desperation, we take the risk of using untested, unregulated and risky methods of ending life, much the same as we are forced to rely on the unregulated drug trade when desperately seeking pain relief.

We have had debates on voluntary assisted dying many times before over many years. In my time here, three previous attempts have been made to achieve voluntary assisted dying legislation in this place. I pay tribute to those who have advocated so strongly, to those who have maintained their dignified persistence to provide the ultimate dignity to those who choose it, to those who deserve it.

I pay my respects to Mike Gaffney for his work. I also pay my respects to Margaret Sing from Dying with Dignity, who has been a relentless and powerful force in driving change and driving this debate, keeping it in the public eye and maintaining her commitment to seeing this thing through. I am sure Margaret will always, in her own way, say, 'We can do better than this'. She is probably right, but my goodness me we have made a step today and, hopefully, if this legislation passes this House, an enormous step for people across Tasmania.

We have reached what is called the 38-degree moment. It is the tipping point; 38 degrees is the critical angle at which snowflakes come together to form an avalanche, the breaking of a wave. I believe we have reached the 38-degree moment in this debate. The work of Jac and Nat Gray and their beautiful little Tilly, building upon many years of good people striving for change, has brought us to this point, the tipping point. The momentum for change around voluntary assisted dying end-of-life choices has built into an avalanche of hope and compassion.

Change is happening. Hopefully this House can respond to the thousands seeking, hoping, and demanding this change. To end a loved one's suffering, to empower them to make a choice, to assist them to pass without the needless pain is a gift. I support voluntary assisted dying, end-of-life choices legislation. I commend the bill to the House.

[3.45 p.m.]

Ms OGILVIE (Clark) - Madam Speaker, they were fine words. I also thank the Attorney-General for her very compassionate and intelligent contribution.

There is not a person in this room or in our beautiful state who wants anybody to die in pain. I do not want people to suffer. You do not want people to suffer. This is something on which we all agree.

I sense that there is a lot of love in this room today, for humanity, to take care of people, to ensure the utmost dignity no matter what choices people make. There is kindness and compassion and care. There are choices to be made. There is freedom to be considered, there is autonomy to be considered and there is a balance of rights to be considered.

Everybody wants the most careful compassion and an abundance of care and love at the end of life. I will say in the last three or four weeks in our family we have also lost a close member from early onset dementia. It has been a difficult experience. I have also lost a friend to suicide.

Today we are talking about how much agreement we have: 95 per cent in this room today. The part we are debating is the law around the 'how' part and it is that which we must get right.

For me the discussion today is all about choice. It is about bringing people together as a community to negotiate and to navigate the balance of rights. In the same way some choose to be involved, or may wish to be involved, others will choose not to participate. It is only those people who know what their realm of non-participation is and we need to talk to them and sit down with them and understand that very carefully.

Now, as others have done, I anticipate broad support for this bill today within this place, so I have given a lot of thought to what my contribution could be. Much like the Attorney-General, I am now in my 51st year and 25 years as a barrister and solicitor, so I have some professional experience. I have dealt with families and I have dealt with the death decision within our family and with other families, wills and estates and testamentary issues; all of those things and you do get more seasoned as you see more of this stuff. You do understand more about what people want and what families want and what people are able to bear in these situations. I believe I can best assist this discussion by trying to ensure that the concerns around choice of those who do not wish to participate are truly and adequately ventilated.

Undoubtedly, in my mind, there will need to be amendments to this bill. It is important also to understand the process steps that have been agreed to enable the consideration of this bill today. It is an unusual approach for a bill to originate in the Legislative Council and we have agreed on some particular steps. Carriage of the bill was taken by Ms Sarah Courtney and I thank her very much for that service. It takes people of goodwill to be able to bring the conversation together and that is what we need to do.

The bill will be debated today with speeches running through today and tomorrow, which incorporates an extra sitting day. For those watching online, and I am sure there are very many, we call this our second reading debate. At the end of the second reading speeches, a vote will be taken as to whether the bill will go into our Committee process for amendments. That is not

a vote to do more than that, but it is an important step. The bill, if passed, does not become law at that point. It moves into the Committee stage and I anticipate, as I have said, there will need to be amendments.

The Government has proposed undertaking its own review. I thank the Premier for that. I am looking forward to hearing the outcomes of that review and what the policy settings will be because, at the moment, we have a bill that is not held up by the substrata of policy settings because it has gone through a different process. The Committee process will reconvene in the first sitting of next year to consider amendments. The university's panel of review will commence in the intervening period, enabling a shaping of the bill and the pulling together of a broader conversation, with consultation and proposed amendments, if any, I expect to be brought forward.

At the conclusion of the Committee process next year, a vote will be taken whether to pass the bill as amended or not.

We all understand some are in favour of this change, some are against and a vast proportion of people are open to reform, provided protections are strong enough and particularly the conscientious objection is completely secured for people and places.

It is customary on matters like this for parties to allow a conscience vote. I am in an unusual position as an independent - every vote is one I have to search my conscious on. We must support the principles of conscience and personal choice. That means choice to participate and, importantly, choice not to participate. We have all agreed that. I encourage everybody to be incredibly respectful with each other in this place. None of us really know what another person's experience in this area of end of life has been. Why do we not assume that we are all here doing our best to navigate one of the greatest issues anyone could confront in a lifetime?

Just this morning I have re-tabled my consent to medical treatment bill, which codifies the existing common law right we all currently have to refuse medical treatment and turn to palliative care. I was taken by the comments Mr O'Byrne made around promises made and promises kept. No matter what happens, this legislation - my bill - will be needed and it will go through a standard parliamentary process.

I feel it is appropriate for me to tell you about the generation of that bill and why I am tabling that bill: I made a promise to my daughter and my family, and all families, that no-one would ever go through what I went through when my daughter died. Can you imagine my grief? We all have personal experiences of death and dying. The devastating death of my daughter - and I still haven't recovered, I probably never will, it does change you. Please do not mistake my stoicism for anything other than that. We all carry the burden of grief that we have in different ways.

I was heartbroken to read the collection of stories in the brown booklet which supported the bill. I was so concerned about those that I referred those documents to the Health Complaints Commissioner seeking urgent help. If this is what is going on then it is a terrible situation.

I have been a lawyer for about a quarter of century now, something I never thought I would be able to say, and I understand when legislating that cool heads must prevail. It is not

enough to be moved by emotion. When framing legislation, we must also deal in reason and facts and data as much as we are compelled by care, empathy and compassion.

To my mind, the legal framework for end-of-life decision-making has a number of core elements. First, codifying the common law on end-of-life rights and treatment, for example, my bill that I tabled today. Second, legislating for advance care directives which is under way and I thank the Government for that work; and third, vastly increasing palliative care funding and its provision. I have written to the Premier and I have asked him to put \$20 million into it. Why not? Let's do that as well or instead, I don't care, let's do that. It is a good thing to do.

I have spent a decade since the death of my daughter working on end-of-life law reform. I tabled an end-of-life decisions bill in the last parliament. I tabled an advance care directives bill. I proposed reforms to wills and estates, emotional estates in particular, and I did a parliamentary visit to law reform experts at Kings College in London, the University of Dublin, and I visited the Levenseindekliniek Clinic in the Hague, which is their euthanasia clinic. We ran a full parliamentary inquiry on palliative care, followed by a Law Reform Institute inquiry which found in favour of the proposed advance care directive law reform. That legislation is out now for review and consultation.

I am very supportive of the university's review panel and I encourage consideration of the appointment of counsel assisting, particularly specialist drafting skills. It is an extremely complex area of the law. If we are to get to any sort of framework that could be acceptable, particularly around the conscience issues and the issues of vulnerability and consent and capacity, that it is going to need refined legal work. How accelerated dying fits into that framework requires deep consideration and careful legal drafting. As we all know, there are legal, ethical, policy, regulatory, and process issues that we have not yet traversed.

I look forward to seeing the proposed amendments. I wonder also on the policy level why we only have one proposed model put forward. There may be other models that could be more effective or efficient. It is not unusual, for example, for specialist services to be provided to Tasmania from Victoria in a Vic/Tas model. To date, without having seen that policy framework, but which I hope will be forthcoming soon, it is difficult to provision the bill because it would usually have been a function of that policy work having been done first. However, we are where we are and we are all making the best of the process that we have agreed to follow.

I note with some dismay the confusion in the Legislative Council that led to, shall I say, some intemperance and mis-conclusions in relation to how private healthcare providers manage this issue in Victoria. As would have others in this House, I have received messages from AMA Tasmania, Calvary Health Care, St Vincent's, oncologists from St Johns, palliative care experts and others, setting out not only their concerns locally but how they manage it already in Victoria, where coexistence has been secured. That is something that is very important for us to focus on.

There can still be misunderstandings and the fact that this can still happen tells me there is work yet to be done, particularly around how Catholic healthcare, hospitals and aged care facilities engage or do not engage in this issue. That needs to be a discussion that is held at an independent table with fairness, with independent people, and with open hearts and minds, because the only people who can tell you how far their realm of conscientious objection sits is the people to whom that refers. It is extremely important that that happens.

Calvary Health Care has written:

If the bill is passed, Calvary will not participate in any form of medically assisted or voluntary assisted dying. This is a service we do not offer. Our focus is always to accompany people and relieve suffering and never to harm, nor intentionally bring about the death of a person who is not dying.

That is where they are at, a long way from there to where this might go.

I have received letters from oncologists, specialist palliative care doctors, the AMA, Calvary Health Care and others, setting out their position not to support the bill. Other doctors are supportive, it is true, and I have received a lot of correspondence from constituents who are also supportive, but there is enough there for me to want to pause and consider to see the results of the university's review.

I anticipate that we will be looking at a different model as that review unfolds and those important conversations are held. When the bill comes on again before the House, as I expect it to in March of next year, it may look quite different. We have had a number of iterations of this bill already. I have sought to read them all but there were quite a few iterations so it was hard to keep track of that trajectory.

As to the funding process analysis and agreed intersections with other existing laws, particularly the Tasmanian Criminal Code, it is essential to get those right. I am in an extremely privileged position. I understand that and am aware of my duty to carefully legislate for all Tasmanians and not just to be guided by what I may personally think about issues. I have always promised that my default position will be deep and full consultation in fairness and with an open heart. I have taken this approach on matters of transparency and my voting record shows my consistency on this.

My key legal concerns are interaction with the Tasmanian Criminal Code Act, particularly substantive sections 154, 156, 157, 158 and 159, which I do not think have been dealt with, and also sections 161, 162, 162A and 163. Together with these issues, I have concerns of a more general and philosophical nature, including carefully quarantining all conscientious objection from the operation of this bill for individuals and organisations. It must be those affected who articulate the scope of that quarantining.

I would like to see full and open consultations that include written submissions from the AMA, the Law Society, particularly the disability sector, Catholic Health Care, insurers, the funeral sector, pharmacy, police, the courts and aged care providers.

I am concerned about the safety of people, including the physical controls of deadly substances, a very practical mother-type thing to be worried about when you have young people and toddlers about.

Most importantly, and where I hold very firm, is that I need to feel there is 100 per cent protection for disabled people, particularly intellectually disabled Tasmanians, and the larger question of whether the policy settings that may ultimately be proposed are aligned with the provisions of the bill we have before us, or whether it only needs to be amended or redrafted. There is still work to be done.

Questions of informed consent, age-based consent issues, subjectivity, voluntariness, eligibility, people with cognitive impairment, definitional issues, safeguards, suicide, depression, and efficacy and accuracy of prognosis - all of these issues have been raised with me by way of correspondence from constituents. There is also a practical issue around digital medical health records and communication systems which still operate in a somewhat piecemeal fashion to this day. There is also the balance of rights between those who wish to participate and those who do not, including those working in allied healthcare fields.

I am concerned about the erosion of palliative care. I believe we need a hospice in north and south Tasmania and for these reasons I am reluctant to support this bill at this time, knowing as I do with my lawyer's seasoned hat on, that it will require amendments and that the review inquiry will identify those amendments. I have confidence that that will come forward but we have not yet seen those elicited, so I will not be supporting the bill at this time.

[4.02 p.m.]

Mr STREET (Franklin) - Madam Speaker, I have known this day was coming for a while now but it does not make it any easier. I start my contribution by thanking a number of people. I thank the member for Bass, Sarah Courtney, for taking carriage of this bill. I thought her second reading speech was outstanding, so much so that I am going to plagiarise part of it a little bit later on.

To Nat and Jac Gray, it is never lost on me that every time you advocate for this issue you are reliving one of the worst experiences of your life. The fact that you are prepared to do that to honour your mum's final wish is both admirable and amazing to me. I have to say that the noise of Tilly stirring occasionally is one of the best sounds I have heard in this place and particularly while we are debating an issue like this it is a reminder, much like when you hear a baby stir at a funeral, that we are part of the same circle of life; we are all on the same journey, in a sense. I also point out that I got to babysit Tilly for 45 minutes yesterday afternoon while her mother and aunt were meeting with some other MPs. She did not actually make that grizzling noise once in that 45 minutes, Nat, but that is okay.

I thank Margaret Sing for her advocacy on this issue. The first time I met Margaret it was like being met by a very kind hurricane. She is full-on but her intentions and motives are so pure that you cannot help but fall in love with her. She is an amazing person. Hilde Nilsson was here but I believe has left, but she is no less amazing a person, albeit a little more restrained than Margaret, I have to say, but with the same pure intentions and somebody who has been a terrific sounding board for me.

Finally, before I get to the substantive part of my contribution, I thank Mike Gaffney for the work he has done in putting this bill together. Not long after I was re-elected to this place I got a phone call from a number I did not have on my phone. It was Mike and he just said, 'I would like to touch base the next time I am in Hobart and you are available', so I met Mike for a coffee basically knowing what he wanted to talk about.

We had a coffee upstairs at Harbour Lights; he sat down and all he wanted was the conversation. There was no pressure, there was no assumption I would support this bill because I have been a supporter in the past. He said, 'I have a draft of a bill I am working on that I would like you to have a look at - tell me what you think, are you still supportive of what we are trying to do? Does this bill meet what you are looking for in terms of protections and what have you?'. I will be forever grateful to Mike, not just for the work he has done, but for the

approach he took with me and the approach he has taken with every Tasmanian that he has met with.

The consultation process across the state has been as thorough as any consultation process for any bill that has been developed in any other part of the country, and from the bottom of my heart, thank you, Mike.

I am sure it is probably not a shock to anybody in this place that I will support this bill, having voted for the previous iteration in 2017, but I make the point that it has not always been that way for me.

Most people are probably on a journey in terms of their beliefs and the things they believe in. You cannot help but be shaped by the things you go through. I am a product of 13 years of Catholic education and I was a weekly churchgoer until the age of 17-and-a-half, maybe, and that inevitably shapes your view of the world and the things you believe in. That is not to say that I have completely left behind my time with the Church in order to support VAD. I know many people of faith support this VAD process as well. The point I am trying to make is that not everybody comes to this debate with a firm view they have held from the start all the way through. Lots of people change their minds as things evolve.

I want to touch on the issue of palliative care because many constituents who have contacted me who are opposed to the bill have said, 'What we need rather than VAD is more money put into palliative care and better palliative care.'. I think we can do both. As the minister said in her second reading speech, 'I would not want my support of this VAD bill to be seen somehow as a negative or a slight on the level of palliative care available in Tasmania'. The people who work in palliative care are phenomenal human beings. I cannot even begin to get my head around the idea of having the intellect to become a medical professional and then making the conscious decision to work in palliative care.

We sometimes talk about palliative care as a bit of an abstract concept, one that is just over there. However, when you actually turn your mind to it, palliative care workers get up in the morning and go to work knowing exactly what they will be dealing with that day - people who are at their most vulnerable and most in need of care, comfort and compassion. They go home at night, having done a full day's work, and then they get up in the morning and they go to work and do it all over again.

You only have to lose one person close to you to know the pain anyone goes through with grief. People who work in palliative care inevitably form relationships with the people they care for; they do it over and over again, and they do it by choice. They are to be commended for the work they do for all of us.

In terms of palliative care, I have spoken to enough professionals - some of whom were for and some against the concept of voluntary assisted dying - and other people about their personal experiences to know that palliative care simply does not work in 100 per cent of cases. There are far too many examples for anybody to be able to convince me now that we need only palliative care and that palliative care can be the solution to every situation.

Opponents of the bill also talk about the slippery slope, but with all the evidence I have seen, the argument for the slippery slope simply does not exist. Legislation of this type is now in place in Victoria; it has also been in place in the Netherlands and in Oregon in the United

States for many years and the evidence of the slippery slope just is not there to back up the argument.

I want to talk about suicide versus euthanasia. It is unfortunate we have wrapped the issue of suicide up with this particular issue. They are two very separate things. I have reached 41 years of age without losing a parent, or any aunts, uncles or cousins, but I know people who have died who did not want to. I have seen their struggle; I have seen people die who would have given anything to keep living. The idea that if this bill had been in place when they were going through their suffering and they chose to access this service with two weeks to go, that somehow they committed suicide is an insult to them. Somebody else said, 'These are not people who want to die, these are people who are dying', and that is just the fact of the matter.

Suicide is a psychological issue. I know people who have committed suicide. Suicide is when somebody's mental state has reached a point where they see no point in living, even though they are perfectly healthy besides their mindset. We need to do more in the area of mental health and we need to do more in the area of suicide prevention - and because I believe in the VAD process does not mean that I am somehow turning a blind eye to suicide and the blight it is on our community.

I will talk briefly about my grandfather. He was one of my heroes, something I probably never told him enough. He was a truck driver and a cartage contractor, not a tall man but a big man. It was not unusual if you visited his place, or if he was at our place, to see a set of legs walking around the corner carrying something twice his size. He was the strongest human being I have ever seen. In his last weeks in hospital, he knew he was dying. I went to see him one day; he was asleep when I got there so I sat down next to his bed and waited. When he opened his eyes, he looked at me - I am his oldest grandchild - and he said, 'Nic, I have had enough.'. I could do nothing for him. Nobody will ever convince me that if my grandfather, at 82 years of age, had called his five children to his bedside, and said, 'I have lived a good life; I have done everything I can for you; I have done everything I can to enjoy my life, but I have had enough and it is my time', that he had committed suicide. He would have chosen to end his life at a time of his own choosing and in his control, which is the way he lived his life.

The gender equality movement passed my grandfather by so all the decisions in his household were always made by him. He was a man who lived his entire life in control, but he did not die in control. Instead he died because food and water were withdrawn and medication was increased. Instead of passing away with his entire family at his bedside, he passed away with one son at his bedside because the others were not there - they could not get there in time when the hospital called to say he was going.

Suicide is a psychological issue; euthanasia is a physical issue. These are people who do not want to die, but are dying.

There has been talk in this place and in previous debates about vulnerable people, about the disabled, both mentally and physically disabled, and the elderly. We need protections in any legislation like this, and I believe that the protections are in place. Most of the constituents who have contacted me on either side of this debate have been incredibly respectful in putting their point of view across but the email I received that claimed that my support for this bill meant I wanted to kill amputees, the mentally disabled, children, et cetera, angered me to the point where I had to switch the computer off and walk away for a while. How anybody opposed

to this bill or supportive of it could come to that opinion about another human being is beyond me, it really is.

When we are talking about vulnerable people, Madam Speaker, the people who want to access this service are the most vulnerable people in our society. These are people at the most vulnerable point in their life. Do we not owe it to them to put something in place to respect their wishes as well as those vulnerable people I have just talked about? I think we do.

As I said before, this is about control. It is about individual control and it is about choice. I make the point that physician-assisted dying occurs every day, and we are blind if we stand in this place and pretend it does not happen every day. My grandfather was medically assisted to die. My other grandfather, years earlier, was physically assisted to die. The only difference was that it was the doctors who were calling the shots in that hospital, not my grandfather lying in the bed. At the minute, doctors are making choices for patients.

What we are talking about with this bill is putting control back in the hands of the person who is going through the dying process rather than the person who is treating them. I understand that that is difficult for some medical professionals; I understand that to their way of thinking it violates their ethics. But as to my ethics - I said I was going to plagiarise part of Ms Courtney's second reading speech where she said -

For me, as a member of parliament, I frame policy or legislation that comes before me by the principles of how I see the role of government. I know that might sound quite heartless or dispassionate in a debate such as this, but it is how I see my role as a legislator.

I believe in small government or, to quote, 'We believe in the inalienable rights and freedoms of all people' and we work towards a lean government that minimises interference in our daily lives. That is why I am a Liberal.

Madam Speaker, those are my ethics in this place. That is why I chose to run in the first place. It is what I intend to do every day that I am here. It is never lost on me the responsibility that goes with being one of the 40 people in the two Houses of this place every day I walk through the front door and the incredible privilege it is. My commitment to Tasmanians is, above all else, that is my ethics for my time in this place.

The other point I want to make in terms of control is that most people who support access to VAD will never use it but it will give peace of mind to many thousands of people who are sick, who are ill and who are degenerating from a disease they cannot control.

The fact of the matter - and I think Ms O'Byrne made the point - is that there are people committing suicide now who are counted as suicide statistics only because something like this bill is not in place. They are choosing to take their lives before their time simply because they cannot live with the thought that at some stage the disease is going to take control of them to the point where they will not be able to make their own choice.

It is a sincere form of comfort to these people that even though they might never get to the point where they have to access it - palliative care may turn out to be all that they need to ensure that they die a pain-free death - they will have the knowledge that this bill is there in case and it will provide a tremendous comfort to them.

I was sent an email who used a personal example to say she did not support the bill because she had a family member who, on her death bed, the family were able to gather around and somehow an estranged family was brought back together and found peace together at that time. As heartfelt as I know that was for that person, I would say that this is not about the family and friends of the person who is dying; this is about the wishes of the person who is dying.

When you debate legislation like this, you cannot help but become a bit contemplative and what I would say to that person, if they are listening, is do not wait until somebody is on their death bed before you make peace with them. Take the opportunity that is available to all of us as healthy human beings that is not available to people who are dying who cannot make amends or reach out to somebody they are estranged from. Do it now. Don't wait.

I was talking to Ms O'Connor in the lunch break. One of my more positive personal aspects is my absolute loyalty to my family and friends, but with that goes a terrible trait of holding a grudge to the point where it is serious problem and a serious failing of mine, so I guess I am saying to people who are listening, do as I say and not as I do in this particular case. Learn from my mistakes, even at the tender age of 41.

Before I finish, I want to say that I support the entire process this bill is going through, from Mike's work in developing the bill to the Premier's setting up of the university inquiry to the delaying of the Committee stage until next year to allow that process to take place. I believe the Premier has shown considerable leadership on this issue. It was disappointing to hear another member bring politics into this in their contribution and talk about the internal factions within the Liberal Party as though that was somehow an issue.

The strength of the Liberal Party is the belief in individual responsibility and individual choice. I thank the Premier very much for giving every member of his party a conscience vote but I also thank him very much because he instituted the process in terms of presenting this to his party room and then presenting it to Labor Party and the Greens. I honestly believe that will result in us getting a better bill than the one that is before us now.

That does not take away from the work that has been done previously, but an external set of eyes, or four sets of eyes in this case, will be looking at the bill before it comes back to us to identify any problems, the bill will go to government departments for them to put their expert eyes over it as well, and what the Premier said that I agree with is at the end we will have a bill pass this place, hopefully, which is the best of its type, not just in Australia but in the world. At this stage of the second reading, I wholly commend the bill to the House.

[4.22 p.m.]

Dr BROAD (Braddon) - Madam Speaker, I am reminded of how emotional this debate is; I have a box of tissues on standby. To be honest, everybody at some stage will be thinking about that box of tissues and making use of it. This is a very emotional debate.

When I first debated this issue, I had been in parliament for only about a month and it was quite daunting to come into parliament and be thrust into a debate that was so intense and emotional. I have gone back and re-read my speech that I gave in 2017 and I do not resile from it one bit. I will make some similar points. In fact I could almost have done a cut-and-paste and given the same speech, but with some crucial changes.

I will reiterate that I do not come to this debate with a religious perspective. I know others in this place do, and that is fair enough. I sincerely thank everyone who has contacted me over this issue on all sides of the debate. Thank you taking the time, both this time and previously. This is also an issue that has come up between those debates. When somebody comes to you and says they want to talk about voluntary assisted dying, or euthanasia, or however else anyone wants to describe it, this is not an issue where you can look at someone and make a judgment on what they think. You do not know what they are going to say next because this is an issue that is very personal and it is not along any socioeconomic divide. This is something that is intensely personal. Everybody has different perspectives and I respect all sides of this debate.

For some, this bill is less than perfect. Having a contrary view to me and others is fine. This is not a black-and-white issue, and both sides of this debate have strong arguments. However, this time around, I am not as conflicted as I was last time. The second line in my speech last time was discussing how conflicted I was. Like others, I too have seen a loved one die in circumstances that were less than ideal. As some would say, not a good death. We are all born to die, there is nothing surer. Death is a natural process, but the longer I live and the more funerals I go to, the more I understand that grief is the price of love.

As a society we do not handle death very well. Try talking about making a will and people do not want to go there. We reject death and we resist talking about it. Other cultures probably do this much better than we do; however, we are who we are. It is almost like we ask, why did they die? Why was there not an intervention? We are unaccustomed to death.

We might even joke and say something like, 'Don't talk like that; you are going to live forever'. It is why debates like this are so difficult and so emotional. As legislators we must also do all we can to protect the vulnerable. Much discussion on this has been about protecting the vulnerable. If we were debating a bill that was the same as the previous attempts, I would once again have voted against it. Putting up a similar bill each time and hoping it will get passed has proven to be an unsuccessful strategy. This is a very different bill from 2017 because it makes some crucial changes.

I would like to commend the member for Mersey, Mike Gaffney, for his efforts. I thank him for the conversations we had, but more importantly for his consideration of the issues I raised and changing his draft bill to a point where I can now support it. Thank you, Mike. I am not sure the changes were only because of what I had to say. More likely they were due to the input of many others whom Mike consulted. He consulted very widely. Nobody can criticise Mike for that.

In politics compromises are required for there to be progress. Pragmatism is far more productive than trying to push continually for policy purity. This debate is not a place to make partisan political points. In case someone is tempted I will make some things very clear. Last time I voted against the end of life choices bill. This time I am supporting it because Mike Gaffney has made significant changes which I will unpack in a minute. I have not been coerced to change my mind. I will reiterate that if we were debating the same bill from 2017 I would have voted against it, irrespective of consequences. This bill is different. This bill is about choosing between two deaths. For me, this is the crucial point.

In 2017 we debated a bill that had loose definitions of pain and suffering which meant that voluntary assisted dying could be accessed by almost anyone who could argue they were

suffering intolerably. Importantly, a terminal diagnosis was not required. The requirement for a terminal diagnosis is the strongest protection we can put in place. It is this change that meant I could support passing the bill. I believe most of the heavy lifting is done in clause 6 which defines a relevant medical condition as this -

(1) For the purposes of this Act -

relevant medical condition, in relation to a person, means a disease, illness, injury, or medical condition, of the person that -

- (a) is advanced, incurable and irreversible; and
- (b) is expected to cause the death of the person; and
- (c) except if the person is exempted from this requirement under subsection (3), is expected to cause the death of the person -
 - (i) within 6 months; or
 - (ii) if the disease is neurodegenerative - within 12 months.

I discussed the last point with Mike Gaffney. I pointed out that in his original draft it did not take into account neurodegenerative diseases and I thank him for this inclusion. I will outline why I think this change is also important later in my contribution so the requirement that I had - the main requirement was there needed to be a terminal diagnosis but I thought that a neurodegenerative disease not being covered by this legislation was an omission. I thank Mike for changing that.

I will now attempt to unpack these points. There are those who die undignified and painful deaths. We have heard numerous stories already. Pain is a complex thing. It is not as simple as a certain amount injury causing a certain severity or volume of pain for everyone. Everybody experiences pain differently depending on their emotional state, for example, their fear and uncertainty, their cultural beliefs, depressive illness, whether they remain active. This is because other factors in our brains also help modulate pain.

Suffering is not only about patients. For families and professional care givers attending to them, their pain can be linked to the pain of the patient - the emotional pain of loved ones can amplify the distress of the patient. Suffering is also caused by other physical symptoms in terminal patients, with a high prevalence of fatigue, generalised weakness, things like laboured breathing, delirium, loss of bowel and bladder function, nausea and vomiting to name a few.

As a result of these things people are already making end-of-life choices. Others have spoken of those choosing suicide by various means to end their lives in the face of pain and suffering. These outcomes can be horrendous for the family.

I would like to give some examples of people, even without this legislation, who have made choices that ended their lives.

One instance was of a man whose father had been disabled through an accident in his mid-40s and he was reaching into his 70s. His son was a doctor and he said, 'Dad, see that on your head? That is a melanoma. You should get that treated'. He said, 'No I won't'. He chose not to get that melanoma treated because he had made the decision that he wanted that melanoma to end his life. Indeed it did.

The father of a good friend of mine was battling what turned out to be mesothelioma. He had had numerous bouts of cancer treatment and was at the point where he said he did not want any more treatment. He stopped taking the cancer treatment, made peace with his family, and two weeks later he died. Whether the cancer treatment he gave up would have prolonged his life we will never know, but he had decided that the pain and discomfort of that treatment was not worthwhile. He chose that his end would come. In withdrawing that treatment his life was prematurely ended.

Someone I knew quite well had had bowel cancer and had his bowel removed. He had a colostomy bag. He was full of life despite the impact of his cancer treatment. After a few years he found that the cancer had come back. His diagnosis was very difficult. The cancer had been diagnosed because he had once again fallen quite ill. He made a decision then that he did not want to go on with life. He was being fed at that stage through a PEG tube. He decided to stop eating. After a couple of weeks he died, much to the distress of his family.

People are making decisions about withdrawing their treatment. Others are making choices about how they would like to die. I recall my wife's grandfather, Tupp. He was in his 90s. He had lost his wife only a year before and he had congenital heart failure. He had given strict instructions to his family that he would not be resuscitated. There would be no medical intervention. We received the call that he was in the nursing home, his heart was failing, he was falling in and out of consciousness. He was surrounded by his family. They were doing a rotation. They were with him all the time. He had four kids and at least two of them were there every time. My wife asked why he did not want to get treatment. He had made his peace and he decided that time was at an end. He died exactly the way he wanted to, surrounded by loved ones. It was a very peaceful death.

This has made me think a lot since. Should we be making decisions about the end of life when it is coming rapidly to an end, a decision that sometimes causes more suffering to the person who is in the throes of death. This is why I believe the point of choosing between two deaths is crucial. That is what this bill does. It is not open to everybody. It is open to people who are in the last stages of their life. They have a terminal diagnosis; time is limited.

When is prolonging suffering a good option? On balance, I believe this bill before us strikes the right balance between adequate protections for the vulnerable, or giving people the choice of two deaths in the face of a terminal diagnosis. Putting in place a time frame of six months for a terminal diagnosis and 12 months for a neurodegenerative disease are further protections. I welcome that change from the debate in the other place.

The other issue that I raised with Mike Gaffney was around neurodegenerative disease. My own much loved grandmother died after a long battle with Parkinson's disease. Last time we debated VAD, I discussed how I learned that my grandmother had spoken with my father about killing herself. 'If I had a gun, I would shoot myself', she said, and that was soon after her diagnosis. She knew she was not going to get better and death would not be quick.

However, suffering is not just about physical pain. It is also about psychological, emotional, existential and sometimes social factors.

In my own personal experience, the last time I saw my grandmother was two days before she died. She was a skeleton. She was very frail. She had been unable to eat for some time and did not have good quality of life. I knew she did not have long to go when I last saw her, and I was relieved for her when it was all over. In the end, she died from an infection which likely came from the bed sores as she was in a severely weakened state and unable to move. However, I never heard her complain and she remained stoic to the end, and I was surprised to hear that she had spoken to my father about suicide. I only learned about this in 2017 when we discussed the previous bill.

Suicidal thoughts are not uncommon for terminal patients and it is also not uncommon for patients wishing to die in an early diagnosis to find meaning and accept their fate. I have read in the literature that this is not uncommon with the disease progression. Patients' attitudes change and suicide is a less likely option towards the end. I think, on reflection, having that option does provide people comfort and others have talked about that. I am not sure what my grandmother was thinking or how her mind changed over time but I did not see the angst and I wish she was still around to ask.

I now think people in my grandmother's situation should be able to choose how their inevitable death occurs. I have really reflected on that in writing this speech. When it comes to neurodegenerative diseases one thing in particular also had a big influence and I have previously spoken about this in parliament. It was the end of life faced by a bloke I grew up with, Adrian Bonde. He was diagnosed with motor neurone disease and died in 2018 aged just 44. Adrian was a loving partner of Michelle, a devoted father of Denae, Lachie and Ethan, and a much-loved son of Heather and Lionel Bonde, and a brother to Steve, Robert, Michael and Carolyn.

I had known Adrian most of my life. He grew up on a farm just up the road from where I grew up. He was a guy who you could say had lived life to the full. As a young lad he was a bit of boy racer. He was no saint and I think he got into a bit of trouble with some of his behaviour in his hotted-up Torana. He definitely settled down as he got older and married Michelle. I had also known Michelle since kindergarten. She was in most of my classes all the way through primary school and into high school. I again express my sincere condolences to Michelle and her family, and thank her for once again allowing me to talk about Adrian. No-one should have their partner taken so young and especially in the manner of Adrian's death.

I also express my sincere condolences to Lionel Bonde, my former Central Coast Council colleague. After Adrian's diagnosis and later his death, I have had conversations with Lionel and he urged me to support VAD. Anyone who knows Lionel knows he has strong views, but when it comes to VAD he has been unwavering due to the suffering and slow decay of his son to a stage where Adrian lost all function and dignity. Lionel remains convinced that Adrian would have accessed VAD if it were available. Unfortunately, neurodegenerative diseases have impacted Lionel's family a number of times and it has certainly hardened his resolve and I respect his opinion on this.

It was hard to see a once vibrant young man in Adrian slowly decay even from a relative distance. To hear how his end came is distressing. It was a slow and prolonged loss of function and it was made worse by the very clinical setting he had to live in for the last part of his life.

Lionel has also been campaigning for a dedicated hospice space that is much less clinical and much better meets the needs of younger patients and their families suffering diseases like MND. That is a campaign worth supporting.

Once again, I thank Mike Gaffney for the changes that he made, taking into account the impact of things like these horrible neurodegenerative diseases, not only Parkinson's or MND but other things like Huntington's.

To sum up, this bill is different from the dying with dignity bill from 2017. With pragmatism and passion, Mike has made a difference and definitely made progress as this bill looks very likely to pass. There have also been others who have campaigned along the way, including Jacqui and Nat Gray who are here today.

The important things for me are that there needs to be a terminal diagnosis and that this bill provides a choice between two deaths. There being a time frame for that diagnosis is of benefit but more than likely I would have supported this bill without it, but that is something else that strengthens it again.

Finally, I will add that this in no way should impact the provision of palliative care. It is not an either/or proposition. Having this available provides comfort to some people. They may set in place VAD as an option, they might go through all the requirements yet not use it, but it provides people with that comfort.

It is not compulsory. It is a choice that some with a terminal condition may choose, or then again, they may be comforted simply knowing that the option is soon available. But it is not compulsory. It is also not compulsory for doctors and others involved in medical situations if they do not want to be involved. We are not making any compulsion with this bill. It is something that people can opt into.

On balance, Mike has done a fantastic job with his consultation. I thank him once again for heeding the conversations that we had, for making the changes necessary. I can support this now, whereas I could not in the past. I commend this bill to the House.

[4.42 p.m.]

Mr BARNETT (Lyons - Minister for Resources) - Madam Speaker, all MPs in this place desire a more caring, compassionate, loving society where the frail, aged, disabled, sick and the vulnerable are protected and supported. Like many in this place, I have also experienced the loss of people close to me through terminal illness. My father passed away from motor neurone disease in 1985 when I was aged 23, and my much-loved mother from an incurable cancer in 2015.

However, the End-of-Life Choices (Voluntary Assisted Dying) Bill is ill-conceived and sadly, in my view, has a perverse effect, delivering a less caring, less compassionate and less loving society. The bill attempts to establish a legislative and administrative framework for Tasmanians to commit suicide with the assistance from the medical profession.

It is complex and ambiguous, and it is flawed in many respects. The devil is always in the detail. Already we have seen more than 20 versions of this 170-page bill put forward and with the original bill heavily amended.

The bill's safeguards are inadequate and will not eliminate the risk of abuse. The bill places at risk, vulnerable Tasmanians, the elderly, the sick, people with disabilities, people with depression and Tasmanians of that ilk. This bill undermines the dignity that should be ascribed to each and every person. The bill also undermines all the good efforts in recent years to combat youth suicide and suicide more generally, especially in rural Tasmania.

The AMA opposes the bill for good reason. In a letter to all members of this place, signed by 10 present and past presidents of AMA Tasmania, they said:

The ultimate safeguard for the interests of vulnerable patients must remain an embargo on the active involvement of registered medical practitioners in the promotion of euthanasia.

The currently proposed legislation lacks this safeguard and consequently poses a completely unacceptable risk to the elderly, the depressed, and the vulnerable.

The title of the letter was 'AMA president opposes dangerous physician-assisted suicide law,' a telling choice of words. The founding ethic for every doctor based on thousands of years of tradition is do no harm, sometimes referred to as the Hippocratic Oath. That ethic is demolished by this bill. It also denies organisations with a conscientious objection to euthanasia adequate protections. This is a very unfair attack on freedom of belief and expression.

I also note comments made by the bill's sponsor during public debate that 'no religious group should feel as though they should be able to influence policy-making in Australia'. I strongly disagree with this comment. We are all, in this place, entitled to express our views either as people of faith or not, a point well made by the Australian Christian Lobby at the time.

I will now outline in greater detail the reasons I strongly oppose this bill. Regarding euthanasia in Australia, my research shows that more than 20 voluntary assisted dying bills have been presented and defeated since 1995 across this country, including three in Tasmania. To date, euthanasia has only legally taken place in two Australian jurisdictions, the Northern Territory between 1995 and 1997 and Victoria from mid-2019. Legislation legalising euthanasia was also recently passed in Western Australia but is not expected to commence until mid-2021.

With just more than a year of recent operation in Australia, there is little to no evidence available as to the performance of these most recent laws. What is already clear in Victoria is that more people are accessing euthanasia than proponents claimed during the debate. Also, worryingly, Victorian palliative care professionals report the law has had a devastating effect on their field of practice, team cohesion, and in doctor-patient interactions. It is of note that very few doctors, particularly specialists in Victoria, have agreed to actively participate in euthanasia.

Due to the passage of time, the Northern Territory's brief flirtation with euthanasia has been better scrutinised. When I was a senator, I was for a time deputy chair of the Senate Committee on Legal and Constitutional Affairs. In 2008 the committee examined the Rights of the Terminally Ill Bill 2008. The committee received over 1800 submissions and the findings were alarming. Of the seven deaths that occurred in the Northern Territory, four revealed common features of depression. Certainly the gatekeeping role designed by this act failed to protect the depressed, isolated and demoralised patients, a sorry story indeed and a tragedy for a nation that prides itself on standing up for the underdog and those doing it tough.

Experience from overseas jurisdictions which have legalised euthanasia or assisted suicide show that meaningful and foolproof safeguards cannot be legislated. Examples from the Netherlands, Belgium and the United States consist of lives ended without consent, breaches of the law, and a lack of reporting. These experiences prove that mistakes can and are made, fatal mistakes. Wilful breaches can and have occurred. If the risk of getting it wrong was enough to justify the abolition of capital punishment in Tasmania in 1968, then surely the same risk would justify rejection of this bill.

I turn now to the bill currently before us. I am greatly relieved that the bill is subject to an inquiry, although with such broad and comprehensive terms of reference I am concerned that time is short and it will be a challenge to deliver the report in the time available. Further, it would be normal for such an inquiry to be conducted in advance of the introduction and debate on a bill of this nature, as occurred in Victoria and Western Australia.

I also note a recent survey that found that more than 90 per cent of Tasmanians had not been consulted on the bill, including key stakeholder groups. I understand that the bill is based, at least in part, on legislation that has passed through the Victorian and Western Australian parliaments. It is, however, looser in its requirements than either previous act. Its safeguards are inadequate and will not eliminate the risk of abuse. It introduces new hazards through allowing lethal substances to be stored in homes without checks. If passed in its current form, it exposes organisations with a conscientious objection to euthanasia to costly litigation. In short, it is bad law.

During the recent pandemic time and again we made hard but necessary decisions to protect our state and our people. These decisions were made on the basis that Tasmania has the oldest and, at times, most vulnerable population in the country. This bill will place at risk vulnerable Tasmanians and create a society that is less caring and less trusting.

The Honourable Sir William Cox, former Chief Justice of Tasmania, says of the bill before us -

... while purporting to offer safeguards against abuse, [a number of provisions] do not provide adequate protection to the vulnerable patients who embark on or continue the process of VAD against their better judgment.

Paul Santamaria QC says -

The bill includes an array of protections for those who are not in real need of protection. But for those who truly need protection the bill comes up short. The protections much vaunted by the proponents of the bill are only paper-thin ...

I note that the Victorian shadow attorney-general, Robert Clark, has expressed similar concerns.

The Leader of the Opposition mentioned that the bill before us proposed to make it a crime to coerce a sick person to apply for euthanasia. What was not pointed out is the chance of detection in such cases. The reality is that elder abuse is real. It is happening now and is often difficult to detect. In cases where the central witness is the victim who has been apparently legally euthanised, prosecution becomes so much harder.

The Tasmanian bill is also looser in the provisions it places around accessing euthanasia. The Victorian and Western Australian legislation mandates a minimum period of nine days from the first to final request. This bill limits this to four days, increasing the risk of hasty or rushed decision-making. The bill allows for medical practitioners to make decisions on the basis of AV meetings where proper assessments of capacity and voluntariness are difficult and prone to error. A decision to end one's own life made over Zoom? This is a serious flaw. It allows for less qualified medical practitioners to participate in the euthanasia process and is the case under the Victorian and Western Australia acts.

The bill is ambiguous and vague in defining a relevant medical condition. This is of particular concern, as it is the framework that defines the eligibility of who can access assisted suicide. Worryingly, it lacks protection for hospitals, aged care centres and other institutions with a conscientious objection to euthanasia.

The Honourable Greg Smith SC, former New South Wales attorney-general and minister for justice, said this -

A major deficiency of the Gaffney bill is the lack of protection for hospitals, institutions and nursing homes whose operators are conscientiously unwilling to allow physician-assisted suicide or euthanasia to be practiced in their premises. This would apply to premises operated by Christian Churches, particularly the Catholic Church, as well other Christian Churches and non-Christian religions.

This attack on freedom of belief and expression should be resisted.

Before proceeding further, I want to address the matter of prognosis briefly. Some have supported this bill on the basis that it restricts assisted suicide for those who have an incurable condition that is expected to cause death and has a particular prognosis. Prognosis is a statistical concept. Many people will live for months and even years longer after being given a particular diagnosis, despite being given a short prognosis. Setting prognosis as a requirement for euthanasia increases the risk that some will end their life prematurely.

There is a slippery slope. Experiences overseas consistently show that legal euthanasia has spread because it becomes inevitable. For example, during the original euthanasia debate in Belgium, access was explicitly restricted to people aged 18 years or over on the grounds that the inclusion of children was deemed so controversial it would have threatened the approval of the bill. Does that sound familiar? In 2014 an amendment was passed that allowed the euthanasia of minors and, in October this year, the Dutch government permitted to euthanase children aged between one and 12 years. Most Tasmanians would reject euthanasing children

as an abhorrent concept. If passed, the bill puts us on a slippery slope to what is currently unthinkable.

Assisted suicide need not be the only solution for those suffering terminal or other illnesses. Recent advances in medical technology and pharmaceuticals has seen palliative care treatments leap forward, even in the last 10 years. These advances provide genuine and viable alternatives to end-of-life decision-making. Experts in palliative care, oncology and related fields almost unanimously agreed that nearly all symptoms arising from physician pain at the end of life could now be managed. We should be doing all we can to ensure Tasmanians are able to access such services.

Dr Helen Lord, a local palliative care specialist, wrote in a recent opinion piece in the *Mercury* that -

In my 30 years of medical experience as a GP and palliative care specialist in Tasmania I have seen profound suffering when palliative care has not been made available in a timely manner, and in my opinion improving access to good care at the end of life would remove any need for physician assisted suicide or euthanasia.

Advance care plans or directives are generally understood to be formal expressions of an individual's treatment. Wishes written or recorded by a person in anticipation of that person being in a state of incapacity are intended to have effect if they actually become incapacitated. I have been on the record as supporting ACDs for a number of years.

Professor Ian Olver, medical oncologist, researcher and bioethicist, said -

I submit that if Tasmania had advanced care directive's legislation and could guarantee that every person had access to Palliative Care counselling this would preclude the need for assistance suicide and avoid compromising the choices of a larger vulnerable population.

I also commend my colleague, Madeline Ogilvie, for her work on this front, including tabling legislation in this place today.

As members also know, I have been a long-time advocate for improved palliative care services and remain honoured to have been a Motor Neurone Disease Australia ambassador, supporting people with MND and their families, and standing up for better services to support this community.

If we are to be a society of care and compassion, surely we should come alongside those who are hurting rather than offering them a bleak and permanent solution to their problems?

Suicide prevention - my concern and that of many others in Tasmania is that legalising euthanasia will be sending entirely the wrong message to vulnerable and hurting members of our community. Not only that, but we also run the risk of undermining the significant investment that has been made in supporting those with mental health issues and boosting suicide prevention by governments of all sides and at all levels. That annual funding support amounts to billions. Much of it comes from state governments, although a significant

proportion is from the Australian Government with support also from the private sector - but that investment is growing and it is very well supported.

Euthanasia is assisted suicide. As we read it, the bill fails to mandate suicide prevention and other counselling that may identify other issues in people's lives which weigh into their decisions. We should be helping those in need, not sending them a message that suicide in any form is okay.

In conclusion, it is my view that the bill is ill-conceived, is ambiguous and is fatally flawed. It has a perverse effect of delivering a less caring, a less compassionate and a less loving society. It undermines the dignity that should be ascribed to each and every person. It is opposed by key institutions and organisations, including the Australian Medical Association, faith-based organisations and many in the community.

I submit that the bill should be rejected.

[4.58 p.m.]

Ms HADDAD (Clark) - Mr Deputy Speaker, I welcome the opportunity to speak on this important bill. In doing so, I note this is the Tasmanian Parliament's fourth attempt at introducing voluntary assisted dying laws, and I believe it is the most thorough.

At the outset, I put on the record my commendation and thanks to the member for Mersey, Mike Gaffney, and his team for the incredible amount of work they have done to bring this bill forward, to thoroughly consult the bill, with dozens of forums held with communities around the state and to manage the passage of the bill through the Legislative Council.

I also acknowledge the respect and compassion with which the members of the upper House conducted themselves during the debate, acknowledging, of course, that voluntary assisted dying is something that evokes incredible emotion among many Tasmanians and is a sensitive and deeply personal topic for each and every one of us.

I am confident the same level of respect and compassion will be shown during the debate in this Chamber, and it has already.

I thank Sarah Courtney, the member for Bass and Minister for Health, for sponsoring this bill in the lower House so that we can debate it today. I also thank Sarah Courtney for speaking so thoughtfully about the ways in which her views on this issue have changed over time.

Mr Deputy Speaker, I wish to acknowledge the people who oppose this change who took the time to contact me and tell me why. Many of their emails and letters were impassioned and their reasons for opposing the bill were often deeply personal. I read every one of those messages and letters. To those who did take that time to express their concerns to me, I say thank you. I want you to know that I did take account of your views and I respect your right to hold them.

I recognise too, as other speakers have done, that there are divergent views in the medical profession, in the faith communities, and in the wider community on this important topic, and I respect each person's right to hold their own view, as I hold mine.

It is my fundamental personal belief that people should be able to make their own decisions about what happens to their bodies. It is my belief that people should be able to make their own decisions about the health care they receive during their lives and when they are facing illness. I support people's rights to make these decisions in a safe way, supported by medical professionals, families and loved ones. I also believe this decision-making autonomy should extend to the treatment options we choose when it comes to our end-of-life care.

I observed very carefully the debate in the upper House, and read carefully the many pieces of correspondence sent to me about this important issue as well as the views of individuals and groups working in and representing the medical profession. I strongly believe if any system of voluntary assisted dying is to operate safely, there must be a strong framework to protect those who need protection and that clearly set out strict eligibility criteria as well as the processes and rules for how someone would access VAD. I believe that with robust safeguards in place, a person who is suffering intolerably and terminally should be able to access a safe option to end their life in dignity, with the support of their medical team and loved ones.

I also believe we can be confident the bill before us today does contain those safeguards required to ensure that a voluntary assisted dying process can be implemented and operated safely without abuse in this state. I believe that with those strong safeguards in place, VAD should be an available personal choice for a terminally ill and suffering Tasmanian, which would be one of a range of choices for someone to consider in their end-of-life care planning.

When VAD is implemented safely and is available as a choice to terminally ill people at the end of their life, it should be done as a careful part of their end-of-life care planning, as part of an advance care directive and as an integral part of palliative care support. Indeed, it is clear from other jurisdictions where VAD has been introduced, that it works hand in hand with well-funded palliative care services. Palliative care is an integral part of the vital support people receive at the end of their life and VAD should be one of a suite of choices of treatments available to people to enable them to make that decision in a supported way.

This bill is about choice because sadly for the people who require this law, which could include anyone of us or our loved ones, there is no choice. Their choice has been made for them by their terminal illness. They know their choice has been removed, and a painful and inevitable death awaits them.

VAD laws like this one are about compassion, about dignity and about autonomy. If passed, this bill will deliver a choice for a more dignified death for those already facing one.

I acknowledge the work of Dying with Dignity Tasmania, and in particular, Margaret Sing, who has worked tirelessly across multiple governments and for decades to lobby for this change.

The objectives of Dying with Dignity Tasmania are clear; in brief, they are -

1. the right of everyone to make decisions about their death and dying with the same freedom of choice, personal autonomy and human rights that they have in other aspects of their lives
2. the right of everyone to die with dignity, as they see it

3. end-of-life and advance care planning to enable everyone to express their wishes and to have them respected
4. accessible, quality services, including palliative care, that assist people to have a dying process and death they regard as dignified ...

It is the spirit of these objectives that we are dealing with today. In order for people to access VAD as a voluntary, careful and considered part of their end-of-life care planning, the legislation we are discussing today must pass.

Dying with Dignity Tasmania and others who support VAD are strong supporters of palliative care. It is absolutely acknowledged that this can provide many people with sufficient comfort and relief from suffering for them to have a dignified death; however, it must also be acknowledged that not everyone is fortunate enough to have their suffering adequately relieved by even the most state-of-the-art, world's best practice palliative care.

Dying with Dignity Tasmania believes, and I agree, that people should not have to suffer through a prolonged, traumatic dying process against their wishes. For many of us, talking about death and dying is not easy. Many families avoid it because it is such a difficult topic, almost taboo. I can understand that - it is confronting and horrible when we are well, fit and healthy to contemplate any one of us dying. I admit I find it hard as well. Watching my grandmothers and now my parents talk frankly about their end-of-life wishes is confronting and hard, but the alternative is simply too hard to bear. To be faced with a dying loved one who has lost all dignity, but whose wishes have not been discussed to fully understand them is something too hard to bear. It is something I have not had to experience in my life so far, but I have heard from hundreds of Tasmanians and from many friends and family who have. Their stories have moved me to tears in most cases, and today they have moved me to action in supporting this bill.

Jacqui and Nat Gray are two incredible human beings who went through the unimaginable when their mum, Diane, was diagnosed with incurable gastric cancer at just 57 years of age. Diane had an excruciating battle over 11 short months before passing away in September last year. Since then, her incredibly strong, passionate and loving daughters have lived her spirit and lobbied tirelessly for this change. Diane's wish was to die at home with her daughters by her side. Her illness was so bad that her wish could not be carried out and instead she died in pain in a hospital care setting. The family was, of course, enormously well supported by compassionate, caring palliative care staff, but Diane's wishes to die a dignified death at home could not be met.

I have been so moved and impressed by Jacqui and Nat's hard work on this issue. New to politics and the technicalities of legislative change, these two incredible women have worked tirelessly to explain their story and why this change is so important to them and everyone else who finds themselves in a similar situation. While I never had the chance to meet your mum, Diane, and I wish I had, I am confident you are doing her memory proud. I acknowledge that you are both here today with little Tilly, who carries Diane's name, which is a beautiful tribute. I feel lucky to have met you both and happy to have helped on your campaign with just a little bit of letter-boxing - maybe not the hilly areas that David got.

Mr Street - You got the flat ones, did you?

Ms HADDAD - I got the flat areas, thank you.

Mr Deputy Speaker, there are two more personal stories I wish to share today as part of my contribution to this important legislation.

First, I am going to share Greg's story. Last year I met with Greg's daughters, Linda and Susan. Greg was a long-time member of the Labor Party in Tasmania and I knew him well. He was the treasurer of my local ALP branch for as long as I can remember. Greg was a passionate advocate for good policy and he loved the Labor Party only a little bit less than he loved his beloved daughters and wife, Deb.

When Greg and Deb retired from work in Hobart, they surprised us all and moved to Launceston to be closer to family. While all of us in the south missed Greg's presence here in the party, he, of course, immediately moved to a branch in the north and entrenched himself in the activity of the Labor Party in Launceston.

Shockingly, though, very soon into his retirement, Greg was diagnosed with incurable cancer. His daughters Susan and Linda have generously written Greg's story and given me permission to share it today. They say -

Dad was the best man we have known, our hero. He was the kindest, most generous, most intelligent yet humble person. He had a cheeky sense of humour. He taught us to find enjoyment in the small things in life. One of his favourite tips was to always walk on the sunny side of the street.

That is why Van Morrison's *Bright Side of the Road* was played at his funeral -

As his daughters we were lucky. We knew he would do anything for us. We never had to question how much he loved us, we were his girls and he was our best friend.

Dad was first diagnosed with what we believe was lung cancer in December 2017. When we got the call, everything changed in an instant. We knew we had to stay strong for him but we were falling apart.

It was so close to Christmas it seemed like an eternity to get the tests done and he declined very rapidly over the break. He got very tired and confused, which at first we thought was a reaction to the shocking news, but early in the new year he was getting delirious and had to go to hospital.

They discovered his calcium levels were so high that they were surprised he was even conscious.

He got good treatment in the hospital and we took him home. We all rallied around trying to find our new normal.

Then came the next blow. We were told it was incurable Stage IV oesophageal cancer, which had already spread to his lungs, his bones and his brain. In some ways it wasn't a surprise because he just looked so weak and

sick, but it was a harsh reality that we had to face to absorb that our dad would not survive the fight.

They could not give a time line but we pinned our hopes on a few months, maybe even years, if things went well. The first round of chemo was 20 days and it was rough. Soon after he suffered a fall. The cancer had made his bones so brittle that his spine was injured and doctors thought walking again would do too much damage.

He was in so much pain and so frail at that stage that he decided to refuse any further treatment. He moved to palliative care, by which stage he was in constant pain. He tried refusing food to make the end come quicker, but the doctors made it clear there was no point in doing that. The cancer was coming quicker than starvation would.

He was just trying to have some feeling of control over what little he could.

Mr Deputy Speaker, Greg held on as long as he could. He did not want to die, but when he was ready to go, his body was not. Despite excellent care from the palliative care team, he was in constant pain and his medication was being increased dramatically each day. Susan and Linda told me they could not believe how much medication a human body could bear. They said he would drift off into sleep and wake up distressed. He just wanted it over. On his deathbed he begged his daughters to fight for VAD so others would have a choice not to go through what he did. This is why they met with me and shared this experience for me to share it tonight here with you in the House.

Greg was just 63 when he died and was only in palliative care for two weeks in the end. He barely got a chance to fight, but he tried really hard and in enormous pain right until the end, when he knew that it was not going to change his outcome. Linda and Susan told me that watching someone you love so strongly go through that much pain and suffering without being able to do anything is excruciating and impossible for someone who has not experienced it fully to understand. They are right; I do not believe I can understand their pain.

They did not want their dad to go and he did not want to die, but they did not get a choice in that. It would have been comforting for them all had they known he did not have to suffer any more than he had to. To me, that is the crux of why this legislation is so important. People facing such an intolerable end of life do not have a choice. They know a traumatic death is coming, no matter what.

Legislating for safe, careful VAD would give people a choice and give dignity to those who have lost it. It would give people comfort to know that there is a choice. Many who would have that choice would not take it up, as we have seen elsewhere, but it is about providing that relief and comfort to people knowing that they have a choice if they are facing such an intolerable death.

I know I would feel that relief when this legislation finally passes and comes into law, and I am not terminally ill. I am relatively young, fit and healthy, but I have seen enough illness and death in my life to know that if that fate did await me, I would feel relief knowing that option was there for me and my kids, to save my daughters the pain of watching their parent die a traumatic and prolonged death.

I will finish by sharing some of Helen's story. I did not meet Helen's mum either, but Helen and her partner Dave are friends of mine and Helen has agreed for me to share some of her story here too. Helen said -

Under the current law, mum's death would be considered suicide. However there is a distinct difference between suicide and what mum went through. She released herself from the disease she was suffering from, knowing full well that more intolerable suffering was coming her way. It has to be the bravest, strongest thing she could ever have done.

She was just 64 when she died, leaving behind her loving husband of 30 years and their daughter, Helen, aged just 28. Helen's mum was an incredibly bright, intelligent, warm, strong and loving person and was always extremely generous to others. A smart intelligent woman, she knew something was wrong in late 2019 when she began to struggle to find words.

After weeks of tests, she was diagnosed with Creutzfeldt-Jakob disease, a rare terminal neurodegenerative disease with no treatment, no cure and often no known cause. She was given a terminal diagnosis for a disease that offers a miserable life expectancy of two to six months and a rapid traumatic decline into losing all cognitive mental and physical abilities, constant hallucinations, seizures, going deaf and blind, losing all bodily functions and eventually starving to death.

What made the shock diagnosis so much worse for Helen and her family was knowing what her views were on her end-of-life options. Helen's mum was an active committee member of Dying with Dignity Tasmania, and her grandmother had been president for many years. Healthy discussion around death and dying were commonplace in Helen's family and they all knew her wishes, but they were powerless to act on these long-held views. Helen said they had the most incredible palliative team again supporting her mum and they knew how lucky they were to have that but they all knew it was not going to be enough. Terminal sedation, while allowing her body to starve to death, was not an acceptable thing for any of them.

In February 2020, Helen's mum made her own arrangements to take her own life. Still with her full decision-making capacity she decided to act while she could. She did so methodically and carefully and in a way that she knew would protect her husband and daughter, because as our laws currently stand, they would have faced criminal charges if they were involved in any way. She set up a camera to film her own death to ensure there was no question of her family being involved in any way. On the coffee table next to her she laid out her enduring care paperwork and other documentation relating to her actions and wishes. The family said their goodbyes and Helen remembers her mum saying to her over and over again, 'I am so sorry darling'. She did not want to have to go that way but she was facing a horrible imminent death and felt that was the only acceptable and dignified choice.

The next part is traumatic to hear but I believe it is important for people to hear what happened next. Helen and her father left the room. They knew she would have placed a bag over head and turned on the nitrogen gas bottle that she had obtained for the purpose and taken deep breaths. They do not know how long she was conscious for but Helen said she could hear her mum gasping from the other end of the house for 13 minutes. Helen can still hear the sound as she lies awake at night. Helen said as traumatic as that still is to her, she tries to remember that her mum was releasing herself from the torture she was suffering, knowing more

intolerable suffering was coming her way but her death could have been so different if a medically assisted death had been available.

What followed Helen's story is again very important to hear. They had to ring the police to report her death as a suicide. Several police came over several hours. Their phones were removed. The house became a crime scene. The tiny street they lived in was filled with emergency vehicles. They gave formal police statements and while they knew the police were doing what they had to do and they were compassionate, at a time when they should have been surrounded by love and support, they were surrounded by strangers, formal police processes, worry and doubt.

Helen said it was an added level of trauma that no-one should have to go through and she feels terrible too for the police and other emergency service workers who had to endure that experience when it did not have to be that way.

Helen generously shared her story because she wants people to know what happened to her family and what will continue to happen if we do not implement VAD in this state. Helen's mum deserved better and as a family during their most difficult time they deserved better too. With a change to law they would have been able to be supported by medical professionals and grief specialists at this most sensitive and traumatic time. Like all of us who support VAD, Helen and her family too completely respect the views of anyone in the same situation as her mum who would not want to access VAD. The support and continuing protection of vulnerable people is increased funding for palliative care.

Not everybody would access VAD. Helen's mum was a vulnerable person too. She was left on her own. Helen's family was a vulnerable family but they had to face it on their own with incredible risk and trauma that will be with them for life.

We preserve our lives with medical assistance to the best of our abilities to live healthy, happy, pain-free lives but we will not allow medical assistance to provide the comfort we deserve in the last days of our lives when those last days are dominated by intolerable suffering, pain and loss of dignity through terminal illness.

I am lucky enough to still have both my parents and one grandparent. She is nearly 96. Both my parents have had serious health concerns over the years. They have had successful treatment and survived their health scares. I believe and hope beyond hope, that they will be with me for decades more but hearing stories like Susan's and Linda's and Helen's, as well as the many hundreds of others from people who have shared their stories with me over recent months and with all of us, it is my firm belief that nobody should have to undergo the prolonged, traumatic kinds of deaths that they did. Their illnesses were terminal and they were cruel. Their deaths were traumatic, devastating, heartbreaking, painful and prolonged. Dying in this way is anything but dignified for the dying person and does unending harm to their families and loved ones who are left to suffer even more.

Dr Cameron McLaren, a medical oncologist at Monash Health in Melbourne, has described this better than I could hope to, and he said -

Those of us in favour of VAD take great offence to the syntonisation of VAD and suicide. Suicide is a choice between life and death whereas VAD is a choice between two deaths.

While death and dying are deeply personal and sensitive issues to each of us it is really the only one thing we can all be sure of that we know we will each face some day.

I believe when it comes to VAD we must recognise that people who would access this regime are already dying. They are already suffering terminally and their loved ones are suffering too. We owe it to these people to pass this legislation. People who are suffering unnecessarily and who could easily be any one of us or our families or loved ones.

I want to live in a compassionate state: a place where we care for one another and lift each other up when we need it. I believe Tasmanians are compassionate people who want to see this compassionate change which is why I support the legislative changes proposed in this bill and commend it to the House.

[5.21 p.m.]

Mr ROCKLIFF (Braddon - Deputy Premier) - I rise to speak on the End-Of-Life Choices (Voluntary Assisted Dying) Bill 2020. To the best of my knowledge, this is the fourth time in the Tasmanian parliament when I have been asked to vote on a proposal to introduce voluntary assisted dying laws in Tasmania.

The record will show that I did not support the previous three bills, the first of those being in 2009. My reluctance to support voluntary assisted dying in the past was not borne from any philosophical or religious point of view but one of natural cautiousness and my concern for the vulnerable in our community. However, each time I have come to this debate with an open mind and a respect for those who have been urging reform. A lot can happen and change in 11 years, especially in this place.

To contemplate changing your mind on any matter that evokes such emotion and presents such vast differences of an opinion one needs to dig deep, start from the beginning, put aside past views and prejudice and listen. To give this bill the justice that it deserves and the time and the thought, I have dug deep. I start this discussion with what I see as a clean slate and an open mind that places empathy at the forefront of my decision-making.

In my first speech in this House, fresh off the farm, I talked about the strong personal values which would support and guide me as a member of the Tasmanian parliament. I promised to be an empathetic leader and a strong advocate for a compassionate and a tolerant community. I spoke of my experiences as a volunteer Lifeline counsellor and the valuable lessons learnt from that experience. To quote from my inaugural speech -

... lessons such as empathy, which literally means the ability to understand another person pretty much as they understand themselves, to see the world through their eyes.

I wanted to make a positive difference to Tasmanians from all walks of life and I have drawn strongly on these values and consulted widely to form my position on the End-of-Life Choices (Voluntary Assisted Dying) Bill 2020. There has been a bit of soul-searching.

I have reflected once again on the values of the party that I represent, the Liberal Party, and the values that that party brings to this place. To paraphrase, some of the principles and values include belief in the rights and freedoms of all people, the innate worth of the individual,

a humane and just society, the freedom of thought, expression, worship, speech, association and choice.

I thank everyone who has taken the time to contact me with their views. I am grateful to the people who have shared their personal stories with me to help me achieve the best understanding that I can on this most important issue.

I have also gone back to my own previous contributions on this subject. On 24 May 2017 I said the following in our House during the last voluntary assisted dying debate -

I am often grateful for these debates because I believe they take us forward as a community, despite our differences of opinion on important social issues that we can have very constructive debates irrespective of our views and further, it is always important to take stock and reflect on where your views and values have altered or changed over time.

This current bill has been heavily critiqued and strengthened through the highest level of scrutiny over the many hours of debate in the other place, in addition to the extensive research, consultation and expert advice already incorporated within it.

I am impressed with the way Mike Gaffney has consulted on this subject in a very methodical, measured and typical Gaff-very-caring way. Mike has brought the community and stakeholders with him. I note there have been at least 35 community forums.

I am hearing from constituents that this bill meets the expectations of a large proportion of the Tasmanian community and is strongly supported. On this point I acknowledge the petition tabled by the member for Clark, Ms O'Connor, in this place earlier this year in support of legislating voluntary assisted dying as an end of life option that attracted over 13 000 signatures.

In recent years we have learnt so much from a raft of inquiries, investigations and consultations, the earlier bills, and evidence gathered from jurisdictions with VAD laws in place that are in some places now long-established. This information has helped to achieve the bill before us. We should keep in mind the vast experience of those who have informed the drafting of this legislation. I am satisfied with the rigorous processes and the high level of scrutiny, independent oversight at various stages and the protections for both the people seeking to access voluntary assisted dying and the medical practitioners.

The bill is based on a best practice framework and it contains strict and comprehensive eligibility. The strong legal protections contained within it heavily regulate access to voluntary assisted dying for those eligible.

Accessing VAD under the act will be intensely scrutinised, monitored and reported by an independent commission which will have medical and legal expertise. This commission will enable the provision of expert guidance to medical professionals. Strict oversight and standards ensure that medical professionals involved in assisting a person to access VAD under the act are appropriately qualified and undertake regular training.

Protections ensure that the person is fully informed, clearly understands the processes and the consequences of all end-of-life care options and provides information about where to get additional help and support, should this be required.

There are also robust processes around accessing VAD, ensuring that at all stages the person and the practitioners are acting voluntarily, and decision-making capacity is also assessed. A person can change their mind and withdraw from the process of seeking voluntary assisted dying at any time.

Coercion has previously been raised as a concern. The bill addresses this by requiring training for practitioners to understand and spot when pressure or coercion may be occurring. Further, there will be mandatory reporting and fines, extensive offences, and penalties apply for those doing the wrong thing.

Choice is at the centre of this. A person can choose whether they use voluntary assisted dying and/or palliative care or other end-of-life services when suffering from a medical condition that will result in the person's imminent death. Having choice available does not mean that a person or a medical practitioner is obliged to do it. I understand that medical practitioners want to provide lawful and compassionate end-of-life choices and assistance for patients.

It is voluntary for both parties. Doctors can choose to assist or not. They can have confidence that they are hearing from the patient what they genuinely want. There are safeguards around who can communicate on behalf of the person seeking voluntary assisted dying under the act. I read many and varied views from medical practitioners. I have spoken directly to some. There are people within the medical profession vehemently against and others passionately for voluntary assisted dying. Others are cautiously in support. For this reason, I believe that the establishment of the University of Tasmania's independent review panel to consider the legislation and focus their considerations around protections in place for those most vulnerable in our society will provide an extra level of scrutiny and reassurance that every possible aspect of this legislation has been considered.

I have heard it expressed - and this is probably the most confronting aspect for me personally - that voluntary assisted dying is assisted suicide, notwithstanding the words in the bill that clarifies otherwise. This is a point for which I have probably had to do the most soul-searching. I have spent more than half of my life in the community and in this place, and now with my ministerial responsibilities, making every effort to prevent people dying by suicide. I have to ask myself, has this been a barrier to me not supporting voluntary assisted dying in the past? I have reflected very deeply. I have sought counsel and spoken to many. That process has helped me to reconcile in my own mind that voluntary assisted dying is not suicide.

There is a marked difference between suicide and what we are being asked to support today. Dying by suicide can be violent and very lonely. It is preventable. As the Minister for Mental Health and Wellbeing, I know that we need to be mindful in this place about language when talking about dying by suicide. It is my responsibility, as minister, to do all we can to ensure that support is available for those people who get to a point in their lives when they feel that suicide is their only option.

I am aware with my previous experience within Lifeline and having undertaken a component of the Connecting with People suicide awareness training, that the idea or intention

to die by suicide can be interrupted. An individual can be supported into seeking help and changing the trajectory of their life. Members would be aware that a few weeks ago I released some very sobering statistics in the Tasmanian Suicide Register. It is important information and important for this discussion. Data from that register shows that of the 359 people reported to have died by suicide in Tasmania between 2012 and 2016, two-thirds had reported a physical illness and half had experienced acute, chronic or cancer-related pain. This demonstrates to me that there are some people who are choosing to end their life in a traumatic way for both themselves and their loved ones because their suffering is unbearable and their death is expected due to illness.

While we must do all we can to alleviate the suffering for those that are in the situation, for some it must be acknowledged that in certain circumstances there is nothing that can be done, despite the best efforts of the wonderful palliative care specialists and people. I have listened to the voices of those with lived experience that are compelling in their rationale for seeking this legislation.

In doing so, I have come to learn all of us can be working to end death by suicide. At the same time we can provide a mechanism to support the individual whose death is known to be imminent, who was experiencing intolerable suffering that will continue and worsen, to have a supported and carefully considered, painless process that will ensure they can die peacefully and with dignity.

I would like to share a personal story from my dear mum, who was a nurse with experience in working in palliative care. I asked her her thoughts on this. I am biased but I think my mum is the most beautiful, caring person that has ever walked the planet. I share this with her permission. These are her words -

Working in the community as a nurse and for some years specialising in palliative care was such a rewarding and thought-provoking experience. Many times I grappled with my own emotions regarding the heart-wrenching situations we, the nurses and doctors, faced, but no more so than our patients, their families and their friends. Having said that, the tenacity and the fortitude of the human spirit never ceased to amaze me. I am a passionate supporter and promoter of palliative care and the staff who provide such excellent end-of-life care. Palliative care is a holistic service where not only the doctors and nurses are involved but pharmacists, allied health, social workers, chaplains, spiritual carers, hospice volunteers, families and friends.

My mum goes on to say -

While skilled palliative care can alleviate pain and discomfort, both mentally and physically, in the majority of patients, there are some exceptional circumstances where this cannot be achieved. There have been certain cases and very few at that, that if I had been in the same situation as the person in pain I would have liked to be able to choose when I could end my own suffering and pass away with dignity.

This is her personal view. She has known Mr Gaffney for a very long time and commends you on your work, Mike, and she is a supporter of this bill.

Every son, especially ones who have reached the age of 50 and still have the privileged opportunity to listen to and take advice of their mum should do so. When I joined this parliament I made a commitment to be an empathetic and compassionate leader, and I am upholding the commitment today and respecting each individual's choice. I want to give my support to enable another compassionate option for those people to exercise their right to choose a death without unnecessary suffering, giving them the opportunity to say goodbye to their loved ones at the time of their choosing.

I do not regret my previous position on such an important matter as voluntary assisted dying. It is, after all, a matter of life and death. There is nothing wrong with being cautious; equally there is nothing wrong with a change of heart based on sound evidence and empathy.

Mr Deputy Speaker, I have shed a tear listening to beautiful and caring people, Jacqui and Nat included, who have been hurt by their experiences watching a loved one die in undignified and painful circumstances and are now passionately and courageously advocating for change. I believe this is the right time for voluntary assisted dying and I will be supporting the bill.

[5.38 p.m.]

Dr WOODRUFF (Franklin) - Mr Deputy Speaker, I rise to speak with great commitment and gladness in my heart to support this bill and the expansion in end-of-life choices. It will give all Tasmanians who are diagnosed with an incurable terminal illness the choice to end their lives on their own terms, in the arms of people who love them, in peace and comfort. What more could we ask for at the end of our time?

I want to acknowledge and thank the many, many people who have campaigned with determination and passion for this bill over decades. Natalie and Jacqui Gray, still here, amazingly, and tiny baby Tilly, have been the public face of this bill, campaigning on behalf of their darling mum, Diane. I thank you for all the energy you have put into this campaign.

There have been plenty of public faces of previous campaigns - earlier today Gideon and Neika Cordover came to watch the debate, as they had with their dear father and husband, Robert, when Nick McKim introduced the Dying with Dignity Bill 2009. The Cordovers were here again when the Voluntary Assisted Dying Bill 2013 was introduced by Nick McKim and Lara Giddings. By then, Robert had succumbed to motor neurone disease and Gideon and Neika had spoken publicly and movingly about the cruel fate of people suffering motor neurone disease, the hard truths about the way death comes and the need to change the law to allow for a dignified and pain-free death for others. They were here again in 2017 when Cassy O'Connor and Lara Giddings moved a voluntary assisted dying bill again.

The enduring energy behind all these voices, kindly and forcefully working for the right of all of us to die with dignity, has been Margaret Sing and the others in her group. I thank Margaret and all the people who are behind the scenes privately, who have been working for decades, every day some of them, bringing us the evidence and the voices of people who have died long and painful deaths and the families who wish it were otherwise.

Bone-shaking grief, unbelievable longing and terrible dislocation: these are all normal feelings when someone you love intensely dies. Over time, most of us settle to a place of peace and our memories are sweet and precious, even when they make us cry and feel empty inside.

It is very hard to find peace when the person you love suffered and died a long, undignified death that no amount of medication could relieve. It is very hard to find peace when they were forced to take the only path left to them, which was by violent means, to end a horrendous and unbearable pain. It is very hard to find peace if they pleaded or demanded for you to end their pain, but there was nothing legal you were allowed to do.

We have all received emails from people who have had these experiences, who are struggling to find peace and who are looking to the passage of this bill to give them some solace. This bill will give those people some solace and it will end that situation for the future. It puts the choice and the decision to continue living with a terminal illness in pain or to die a dignified death into the hands of the person who is dying.

In the 1990s, I supported young, gay men who had been handed what was then a life-ending diagnosis of AIDS. They were young and full of life. They were not going to hand over decision-making about their medical treatment to doctors. They wanted to control the reins and those young dying men shook up history, the very foundations of the doctor/patient relationship and it has never been the same since. Good on them. They made sure that their doctor was acting for them and guiding them through the maze of decisions about what treatment responses they could have to the many painful ways that people died from AIDS.

This bill acknowledges the centrality of the patient in making the ultimate choice about how they face their own certain death. The role of the doctor will be to provide wise counsel, to give expert medical assessment of the timing and progress of the disease course, to provide access to the best palliative care available, to make sure that the person has fully considered the implications of ending their life and that they are of sound mind on multiple occasions when they make that final decision.

Since I first heard of Philip Nitschke's work, I have always supported the right of terminally ill people to choose when they die. My innate sense of what is right says that I have no place trespassing on that private decision for another person. It is the biggest and most difficult decision any person could make in their lifetime. One time it might be mine to make too. Death is the most personal experience and I do not think any of us can know how we will approach that moment, if we even get a chance to do so consciously.

Viktor Frankl was a psychiatrist and a neurologist; he was also a Jewish man and a holocaust survivor. He was imprisoned in the Nazi death camps and survived for years among daily horrors and torture, the death of thousands around him, including his wife, his father and all the rest of his family except his sister. Terrible things were done to him. Chance meant he avoided the gas chambers of Auschwitz and Dachau. He survived death by starvation or torture, even when most people around succumbed, through realising the power of his mind to give him choices about how he responded. These gruesome experiences taught Frankl the primary purpose of life, the quest for meaning. This quest was what sustained him and others who survived the death camps. In his words, he learnt that -

Between stimulus and response there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom.

Mr Deputy Speaker, we have the freedom to choose. This is what makes us human. We have imagination, the ability to create another place in our minds beyond our present reality, however grim that is. We have a conscience, our deep inner awareness of right and wrong, of

the principles and beliefs that govern our behaviour, and a sense for each of us of what our thoughts and actions are and whether we are in harmony with them. We have independent will and the ability to act based on our self-awareness, free of other influences. How people respond to the knowledge their life will soon end and that the end will be painful is entirely personal. We should respect and enable that. Victor Frankl also said -

Everything can be taken from a man but one thing: the last of human freedoms is - to choose one's attitude in any given set of circumstances, to choose one's own way.

Many people have written to me very clearly that they want to end their life at a time of their choosing, to transcend what they know will be a painful and undignified end and to take their last breath in the company of people they love. I want to read a few things from people who have written to me about this.

Graham said -

I was diagnosed in May this year with terminal pancreatic cancer and the passing of this legislation would give me the option of a dignified and less painful death. I want my family to remember me as someone who has made a choice to pass peacefully and with dignity and not as someone ravaged by the final stages of cancer.

Sarah said -

Last week my partner was diagnosed with cancer. Of course we are heading into unknown waters. I am full of questions and fears with all the best and worst-case scenarios swelling in my head.

You see, when serious illness occurs you have little or no control over so much through that journey. I do believe absolutely that having some control over the end of your life provides peace, removes fear, and while only a small minority may chose assisted dying, for all those facing the same mortality, the knowledge that there was this piece of control left in their life makes all the difference. They are still going to die. It is just the journey to the final destination which is quite rightly placed in their hands.

Ceara is 35 and has been diagnosed with incurable cancer, and says she loves painting, bushwalking, and photography. She has rainbow hair. Friends have described her as the most alive person they have ever met. She sounds like a wonderful person but she knows that her life now won't be long. She said:

My poor health has taken so many choices away from me and I am grateful that you are fighting for me to have a final choice to leave this beautiful world on my own terms when the end comes.

Some people, like my father, choose to embrace the passing of life and he embraced his very quickly degrading body and the suffering that came with openness and spiritual depth. I sat with him over the 10 days he took to die from brain cancer after he had chosen to stop eating and drinking. I do not know if he would have taken a different path if assisted death was an

option but it wasn't and so we did not talk about it, but I reckon he would have been open to it because he was open to so much of everything in life, exploring the experience and life and death in the most intense way he could.

It is our job as legislators to put all our energy into ensuring this bill is the best and safest it can be. I want to reassure the people who have written to me, and there have been hundreds, that I have read and considered all your views. They are both pleas from people who desperately want this bill passed because of what they are suffering or what they experience with their dearest peoples and also grave concerns from others about potential risks if the bill passes. We have a responsibility to make sure the concerns about unintended consequences are carefully addressed, especially fears that vulnerable elderly people might be pushed to end their life for their family's benefit or that medical professionals whose conscience cannot bring them to take part in assisting a person to end their life might have to be involved.

We have to always make sure the legislation we pass does not inadvertently impact on the vulnerable, the ignorant, the gullible, those with divergent beliefs, and the powerless. That is why I have paid so much attention to ensuring the concerns people have raised with me about perceived unintended consequences of this bill are in fact addressed. I am comfortable this bill provides the rigorous checks needed to forestall any capacity for a person to be obligated, emotionally bullied, tricked, confused, overwhelmed, or chastened into choosing an assisted death.

I acknowledge and thank Mike Gaffney, who has put enormous work during the preparation of this bill into widely consulting the Tasmanian community and to learning from the experiences of other jurisdictions, including those that have had voluntary assisted dying in operation for years and have themselves reviewed it thoroughly. I cannot thank him and his assistant Bonnie enough for how diligent, open and neutral they have been and caring in providing me as a member and other people in the community all the evidence and material about this bill.

We also have to make sure that in considering the views of people who do not support this choice we do not so constrain the conditions for access to assisted dying that the bar becomes too high. I was gratified to hear Ms Courtney make the point that fundamentally this bill's focus has to be on the rights of dying vulnerable people to choose the terms of their death and ensuring they can make an informed decision.

Mr Deputy Speaker, we all have just one life to explore, to express, to create, to nurture and to contribute. Life is a gift and hopefully sometimes it can be a joy. We are responsible for our own lives and I believe we are responsible for our own deaths. For all the people who have contacted me and shared the stories of the suffering death of the person they love and for those on that journey themselves today who want the right to end their life on their own terms in a painless way and for everybody else in our community in the future who would want to exercise their free will in this most intimate moment, I commend this bill to the House.

Debate adjourned.

ANSWER TO QUESTION

Ashley Youth Detention Centre - Numbers of Personal Searches

[5.53 p.m.]

Mr JAENSCH (Braddon - Minister for Human Services) - Mr Deputy Speaker, I wish to update the House in relation to a response I submitted to a question on notice from the recent budget Estimates process and in an answer I provided in question time yesterday.

I provided advice that I received from my department that the number of personal searches conducted at Ashley Youth Detention Centre during 2019-20 that involved a staff member who has been stood down was zero. The department has subsequently identified information and have now advised me that one of those staff members who had been stood down took part in one personal search during the year 2019-20 in the presence of other staff.

The overall number of searches during 2019-20 remains the same. I request that the record be updated.

I will seek advice from the Chair of Committees regarding updating the relevant response to the question on notice.

TABLED PAPERS

Estimates Committee A

[5.54 p.m.]

Mrs PETRUSMA (Franklin) - Mr Deputy Speaker, I lay upon the Table of the House additional information provided to Estimates Committee A by the Premier, Treasurer, Minister for Climate Change, Minister for the Prevention of Family Violence and Minister for Tourism; and the Minister for Primary Industries and Water, Minister for Energy, Minister for Resources and Minister for Veterans Affairs.

SUSPENSION OF SITTING

[5.55 p.m.]

Ms COURTNEY (Bass - Minister for Health) - Mr Deputy Speaker, I move -

That the House be suspended until 9 a.m. tomorrow.

The House suspended from 5.55 p.m. until 9.00 a.m.