PARLIAMENT OF TASMANIA

HOUSE OF ASSEMBLY

REPORT OF DEBATES

Wednesday 3 March 2021

REVISED EDITION

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

QUESTIONS

Social Housing - Rising Rental Costs

Ms WHITE question to PREMIER, Mr GUTWEIN

[10.03 a.m.]

Tasmanians were astounded when last month you questioned the clear evidence that rental costs are rising beyond the average family's reach. It not only showed how completely out of touch you are, it also shows a callous disregard for families struggling to keep a roof over their heads. It also highlighted your Government's big talk but appalling delivery and your heartless broken promises around social housing.

Last week your Government evicted a single mother of five into homelessness. Megan Doyle was in transitional housing for the past 12 months but is now homeless because you have failed to ensure that she and her children can move from that safe environment to secure housing. Ms Doyle has been on a housing waiting list for 18 months and has now had to send one of her children to live with relatives while she and her other children couch surf in the lounge room of her mother's two-bedroom unit in Montrose.

Premier, what do you say to Ms Doyle and hundreds of others like her who you have failed to provide housing for and who have no hope of breaking into the private rental market?

When will you actually provide an adequate number of properties for increasingly desperate families? When will your Government stop evicting people into homelessness?

ANSWER

Madam Speaker, I thank the Leader of the Opposition for her question and for her interest in this matter.

What I would say to people like Ms Doyle and others in Tasmania at the moment that this Government is building houses as quickly as we possibly can. In fact, we are building houses across the state at a rate that has never been seen before.

The only way you can deal with demand in the housing space is to build more houses -

Ms O'Byrne - You evicted her out of her transitional accommodation knowing she had nowhere to go.

Madam SPEAKER - Order please, Ms O'Byrne.

Mr GUTWEIN - I would like the opportunity to answer this question.

Last year there was a 95 per cent increase in the number of dwelling approvals compared to the previous period. In December alone, there was a 66 per cent increase in dwelling approvals and I made the point yesterday, and I thanked local government for its work, because we are seeing a pipeline of building new houses and dwellings that this state has never seen before.

In relation to job builder, 2600 applications, around 2200 new dwellings, which interestingly enough have to be for new homes and in the main will be people who are currently in property which will provide more stock when they move into that new home -

Ms White - She cannot afford private rental.

Mr GUTWEIN - The other point I make is that since we came to government, there has been a net gain of almost 450 social houses over the last two years; importantly, 200 low income Tasmanian households have also been assisted to purchase a home by this Government with a further 246 building brand new homes through HomeShare. There has never been a more concerted effort to build new stock than what this Government is doing at the moment.

My other point - and this needs to be put clearly on the record - is with regard to the Residential Tenancy Commissioner and the processes it follows regarding applications for unreasonable rent increases.

Ms WHITE - Point of order, Madam Speaker, standing order 45. Can I draw the Premier's attention to the relevance of his answer to the question which was about why his Government is evicting families into homelessness? It has nothing to do with the private rental market and everything to do with the government supply of social housing and why it is not helping to put a roof over this woman and her children's heads.

Madam SPEAKER - I ask the Premier to be responsive.

Mr GUTWEIN - Madam Speaker, it is quite obvious that the Leader of the Opposition is not listening to a word I am saying. I have explained that we are building more houses than ever before and there is a pipeline of new home builds and dwelling approvals that will ensure we continue to get houses out of the ground at a rate that has never been seen before in this state.

Ms O'Byrne - This does not excuse the fact that you evicted a woman and her children knowing she had nowhere to go.

Madam SPEAKER - Order, please.

Mr GUTWEIN - The question included a point regarding what is occurring in the rental market. With regard to the moratorium we put in place last year and the commentary that the Leader of the Opposition has been running, it is worthwhile pointing out what is actually occurring in that space.

The Residential Tenancy Commissioner has received only five applications this year with regard to unreasonable rent increases. Of the five applications received, at this stage one was

found to be valid and reasonable, one was found to be invalid and three remain under assessment. Interestingly enough -

Opposition members interjecting.

Madam SPEAKER - Order, please. Order.

Mr GUTWEIN - at the same time last year, there were only four. Broadly we are in line there.

To assist tenants and to assist landlords, we have put in unparalleled levels of support over the last 12 months - something to the tune of nearly $3.4 million, to assist both tenants and landlords experiencing hardship as a result of the impacts of the last 12 months, and we will continue to work with tenants and landlords, as we work our way through this.

Clearly in relation to a demand challenge, the only way that you can deal with that is to build more supply -

Ms WHITE - Why are you evicting women into homelessness?

Mr GUTWEIN - and that is exactly what we are doing Madam Speaker. We are doing it at a rate that no other government before has ever done.

Social Housing - Waitlist - Kenzie Family

Ms WHITE question to PREMIER, Mr GUTWEIN

[10.10 a.m.]

Premier, Tasmanians were moved and horrified last week to read about the awful situation faced by mother of two Crystal Kenzie, who after languishing on a housing waitlist for the past three years is now homeless and living in a tent in the rain.

Crystal, like many, many other Tasmanians, has found herself in this vulnerable situation through sheer desperation because your Government has not built the properties to give families a roof over their heads under what is clearly a housing crisis.

I have no doubt that the Premier has read the story. I have also no doubt that his Housing minister has read the story. I have also no doubt that Crystal, like hundreds of other Tasmanians, has been placed in the too hard basket, along with each of his broken promises, because right now she is still living in a tent.

Just last night, Crystal was told to go to the Safe Night Space in Hobart at 7 p.m., but was turned away because there were no available beds.

Why is Crystal still living in a tent? Why has her tragic and dangerous situation not prompted the Premier or his Housing minister, or any member of this Government, to stop burying their heads in the sand, do the right thing and offer her safe accommodation?

ANSWER

Madam Speaker, I thank the Leader of the Opposition for that question and her interest in this matter.

I am not going to comment on individual circumstances. But the point I -

Ms O'Byrne - That is why she is living on a tent.

Members interjecting.

Madam SPEAKER - Order please.

Mr GUTWEIN - The point I make is that the responsible minister will look into the Safe Night Space matter today. I am proud of the fact that we have invested more in the Safe Night Spaces than any government before - not just here in Hobart, but around the state as well.

Members interjecting.

Madam SPEAKER - Can I please ask for some decorum?

Mr GUTWEIN - Madam Speaker, that *Mercury* editorial has obviously fired them up today. Let us be clear about that. They have had a bit of a knock for the last couple of days.

I accept that it is challenging matter. I accept this is a serious situation. That is why, as a government, we are investing more into social and affordable housing than any government before us. That is why we are getting houses out of the ground faster than any government before. That is why we have local governments working as hard as they did last year to ensure we have nearly 3500 dwelling approvals - a 95 per cent increase on the year before.

We will continue to invest. We will continue to build houses. We will continue to increase supply.

With the matters raised this morning, in terms of individuals, I am certain the Housing minister will look into those matters; in terms of the Safe Night Space and the challenges there, we will follow those up.

Ms O'Byrne - Will you hurry?

Members interjecting.

Madam SPEAKER - Order please.

Mr GUTWEIN - I again make the point that we are building more and we are investing more. The only way you can deal with a housing demand challenge is to increase supply, and that is exactly what we are doing.

Housing - Rent Hikes

Ms O'CONNOR question to PREMIER, Mr GUTWEIN

[10.14 a.m.]

A couple of weeks ago, you said you did not think rents were too high. The evidence, however, is that rents in Tasmania are soaring. According to SQM Research:

> Hobart prices have gone up by 36 per cent, Launceston by 40 per cent and Burnie by 30 per cent in the past four years.

Last year, tenants had a brief reprieve from rent hikes under COVID-19 rental protections, but in the month since those protections expired, dozens of tenants facing massive rent hikes have contacted us. Here are just a few of those testimonies of financial distress:

> Our rent just went up from $380 a week to $440. We have been forced to sign, as we would never get another place and I know it.

Another person:

> The owner wants to raise the rent from $440 to $500 a week.

Another testimony:

> My rent went from $600 a fortnight to $850 a fortnight.

Another one:

> My rent went up. It is a bloody hit in the pocket and I have three months on my lease. I might become homeless. It is hard to live.

Premier, the Tenants' Union confirms its advice line is running hot. Are you prepared to walk back -

Members interjecting.

Madam SPEAKER - Please stop, I do not want conversation across the Floor.

Ms O'CONNOR - Are you prepared to walk back your statement about rents not being too high? When Tasmanians fortunate enough to own a second property raised the alarm on land tax increases, you said your Government would act. What will your Government do to rein in rents for Tasmanian tenants?

ANSWER

Madam Speaker, I thank the Leader of the Greens for her question and her interest in this matter.

It is a statement of fact that our Government has provided one of the most generous assistance packages to the private rental markets for both landlords and tenants with the hardship caused over the past 12 months.

We have also put in place transitional arrangements, which the member is well aware of, that both landlords and tenants can apply to.

Furthermore, I again make the point that the Residential Tenancy Commissioner stands as a safety net, a backstop, for unreasonable rent increases.

As of 1 March, the Residential Tenancy Commissioner has received just five applications through that -

Ms O'Connor - Talk to the Tenants' Union.

Mr GUTWEIN - Just five applications. Well, I suggest to the Tenants' Union that rather than coming here and bleating about this, they actually take them to the Residential Tenancy Commissioner. That would be the sensible thing to do. The process is there.

At this point, there have been just five applications. If the Tenants' Union is fielding all these calls for unreasonable rent, I suggest they use the mechanism that is in place to assist them. Do you not think that would be a sensible thing to do?

Ms O'Connor - I think it would be sensible for you to listen more broadly to what is happening in the community.

Mr GUTWEIN - The point I am making to you, Leader of the Greens, is that there is a system, a process, available. At this point, only five applications for unreasonable rent increases have been made.

I make the point that of those five applications to date, one was found to be valid and reasonable, one was found to be invalid, and three remain under assessment.

I encourage the Tenants' Union - and I must admit I have had discussions with Mr Bartl over the period on this, and I found him reasonable to work with, but if there is a need to sit down with him and understand more fully what the Tenants' Union is facing or fielding at the moment, I am more than happy to do that. However, I make the point that through the established processes, which the Tenants' Union is aware of, we are not seeing an increase in applications.

Furthermore, we have provided transitional assistance throughout this period. I do not have the details here, but we have been working with a number of tenants and landlords in terms of providing additional assistance. I can certainly get that number. We are prepared to do that.

But again, in terms of the established processes and the Residential Tenancy Commissioner, we are not seeing a significant increase. In fact, hardly any increase at all.

Ms O'Connor - Do you think that is an accurate measure?

Mr GUTWEIN - The Residential Tenancy Commissioner is there to consider whether unreasonable rent increases are being requested. At this time, there is broadly the same number that was occurring last year to the same period this year. That is the evidence I have before us.

As I said, I am happy to meet with Mr Bartl and have a conversation about this. In the same way that we worked so very hard last year to ensure we could provide the confidence people need, I am more than happy to have that conversation with him again in terms of the circumstances he is facing.

But there is an established process. You are aware of it; Mr Bartl is aware of it. At the moment, access to that is broadly in line with where it was 12 months ago.

International Sporting Competitions - Tasmanian Campaigns

Mr TUCKER question to Premier, Mr GUTWEIN

[10.20 a.m.]

The introduction of the Tasmanian JackJumpers into the National Basketball League (NBL) later this year will demonstrate Tasmania's readiness to compete on the national stage in elite sporting competitions. Can you update the House on Tasmania's campaigns in international sporting competitions, including basketball?

ANSWER

Madam Speaker, I thank Mr Tucker for that question and his interest in this matter.

Sport is good for the state's health; I think we can all agree on that. Playing sport leads to a healthier society and all the positive outcomes that brings. Furthermore, having our own teams on the national stage will provide a pathway for our kids and junior sportspeople to follow their dreams -

Opposition members interjecting.

Madam SPEAKER - Order, please listen to the Premier.

Mr GUTWEIN - whilst also providing economic growth, investment and jobs along with increased returns to the state budget so we can invest more into health, education and supporting our community.

I am sure all members in this place are as excited as I am to see the investment and jobs that have been created as we redevelop the Derwent Entertainment Centre ahead of the entry of the Tasmanian JackJumpers into the NBL later this year. Under the Government's partnership with the NBL, the DEC will be the home base for our Tasmanian team and a truly national competition as well as providing a world-class entertainment venue.

The Tasmanian Tigers, both men's and women's teams, have proven over decades on the national cricket stage just how good we are when we are allowed to compete. Since entry into the national Sheffield Shield competition back in the early 1980s, we have produced more international players on a per capita basis than any other jurisdiction. We have the current

Australian Test captain in our own Tim Paine and, with no offence to Tim, we also had the best Australian Test captain in Ricky Ponting. There is no doubt at all about that.

We recently welcomed the news that Netball Tasmania is preparing a case for a Tasmania-based team to enter the national Super Netball League in 2023. I am sure we will more to say on that soon.

Similarly, in the world of football, still known to many as soccer, we support longstanding aspirations for a Tasmanian A-League team to bring the elite round ball game to Tasmania. I have met with representatives from Football Tasmania and a proponent for a Tasmanian A-League team and there is no doubt this is an exciting proposition that will boost the Tasmania's exposure on the national stage as well as provide a huge lift to the profile of soccer in this state. I expect to have more to say soon on that proposal.

Furthermore, last week I announced that for the first time since 2013 A-League games will be played in Tasmania following an agreement between the Tasmanian Government, Western United Football Club and Football Tasmania.

Victorian club Western United will host two games per year at UTAS Stadium in Launceston this year and next, and Calder United, a women's team affiliated with Western United, will also play a match against a Tasmanian women's select team this year, with a W-League game to be played in 2022.

In relation to the Australian Football League, I thank those members of parliament who have joined the United We Stand campaign for a Tasmanian AFL team and put the temptation of politics aside as we move towards our greater aim of our own team. In terms of the AFL's initial response to my letter pushing the AFL's review of our business case out to 2022, I made the point that that simply was not good enough; however, since making that point I have had two very constructive conversations with the CEO, Gill McLachlan. Mr McLachlan understands very clearly the need to have the consultant's work on the Tasmanian taskforce report completed by the middle of the year and for the consultant to be someone who is seen to be independent and suitable to both the AFL and the state.

My view is that if by the middle of this year this work can be completed, it will enable us to move forward to make arrangements with Hawthorn and Melbourne and take the next steps towards their own Tasmanian team. Mr McLachlan has committed to providing an answer by the end of next week, and I will provide a further update by next Friday, 12 March. I fully expect we will be able to move forward positively; however, if the AFL will not work with us, I will outline in coming weeks how we will fill the weekends - both north and south - with content next year if the Hawks and North Melbourne are not here in Tasmania.

Clearly, other fast-growing sporting codes are taking the lead in welcoming Tasmania to the national stage. None is further advanced than basketball, a game that is seeing a surge in participation levels across the state. In the lead-up to the entry of the JackJumpers into the NBL this year, I am delighted today to be able to announce that we are bringing the Sky Sport New Zealand Breakers to Tasmania to host the six NBL season games beginning around Easter, subject to final rostering, with the Breakers making Tasmania their home base for a period of four to six weeks.

We will invest around $750 000, which will be used for operational and game day costs as well as new permanent infrastructure at the Launceston Silverdome, which will be the home base for the New Zealand Breakers and which is necessary to support the JackJumpers when they play there in coming seasons.

This is a great outcome for Launceston and the state. The benefits of this deal with the NBL will generate positive, economic and social outcomes. It will put our state in the national spotlight ahead of our entry to the NBL.

Basketball Tasmania will also benefit financially from the games and, in a coup for our kids, both the New Zealand Breakers and the NBL will engage with the wider basketball community across the state, delivering training clinics and development opportunities while here. The games will be broadcast throughout Australia and across the Tasman on SBS, ESPN and Sky Sports. Tourism Tasmania campaigns will be promoted and the court surrounds will sell the very best of Tasmania. The Launceston Tornadoes will also be included in the event programming.

We are delivering our plan to support jobs and rebuild confidence by strongly investing in our community as we do it. Australia is waking up to Tasmania's potential to have teams on the national sporting stage. I commend the National Basketball League, Larry Kestelman and Basketball Tasmania for leading the way.

Australian Women's Football League - Tasmanian Team

Ms OGILVIE question to PREMIER, Mr GUTWEIN

[10.25 a.m.]

Women are flying high up there in the ruck. On any given Saturday all around our state at local community clubs our women are joining AFL teams - they are pulling on the boots and playing footy. We are kicking serious goals with the fastest growing football competitions in Tasmania. Women's football is clearly where it is at, so now it is time to prioritise the women's game and land an AFL women's team. Why are we not hearing anything about this? For far too long, women's football has been treated as an afterthought. It is time to put all our muscle and brains behind a women's AFL team. Will you stand up for women's footy and today prioritise a Tasmanian women's AFL team?

ANSWER

Madam Speaker, I thank Ms Ogilvie, the Independent member for Clark, for that question and her interest in this matter.

To be clear, the business case put forward to the AFL includes an AFLW licence. We are very keen to see us have our own team here in Tasmania, our own AFL licence that includes an AFLW licence. That has been part of our thinking from day one.

I make the point that female participation in football in Tasmania is soaring at the moment. It has been, without doubt, the singular success that has occurred as a result of our current arrangements, and I am very pleased to see the interest and the level of participation. It is something front and centre in our minds regarding the pathway that we take to an AFL

licence, which will include both the men's game and the women's game. That has always been part of our thinking.

Regarding the point you made that no-one has been speaking about AFLW, I do not think that is the case and I reject that. In the business case brought forward, it was always the Government's view that we should have a licence for both men and women.

Social Housing - Waiting List Increase

Ms WHITE question to PREMIER, Mr GUTWEIN

[10.28 a.m.]

Today 3594 Tasmanian families are languishing on the social housing waiting list, a shocking 65 per cent increase since the Liberal Government took office. Those families are couch surfing, relying on the kindness of friends and family, and in many cases they are simply homeless. Each of those families will wait on average for years to get anywhere near the top of that list. Even the most urgent priority cases are being forced to wait on average for at least 15 months to be housed.

Those are people like Dave White, who has been a priority housing applicant for nearly four years, and who has nominated 43 suburbs where he would be happy to live. In order to see his kids, he stays with his father for four nights each week and spends the remainder of the week sleeping in his car. Mr White has been waiting for housing for over 200 weeks. What do you say to Mr White and others like him, to whom you promised housing but truly failed to deliver?

ANSWER

Madam Speaker, I thank the Leader of the Opposition for that question.

I again make the point that I cannot comment on individual circumstances, but I make the point, as I have done before, that this Government is building more houses than ever before. The level of dwelling approvals last year and the pipeline we have in front of us demonstrate that. In fact, the Report on Government Services, released in January, demonstrates that there has never been more social housing in Tasmania than there is currently today.

We are taking a multi-pronged approach to this. Investments are being made into social housing by this Government at a level that no other government has ever made before. In fact, $100 million was invested in the middle of last year, and over $300 million was laid out in the Budget as we move forward to ensure we can provide housing options to people.

On top of that, and I have already made this point, last year we saw the extraordinary outcome of the level of dwelling approvals being up 95 per cent in December compared to the previous December, and 66 per cent up in December alone. On this side of the House we are systematically ensuring that we invest, we build and we provide roofs over people's heads. That is our plan. The only way we can deal with a housing challenge is to increase supply. That is exactly what we are doing, and we have a multi-pronged approach to do that.

Ms O'Byrne - Did you sleep in your car three nights a week?

Madam SPEAKER - Order please, order.

Mr GUTWEIN - As I said, there was a net gain of around 450 social houses over the past two years alone. These social houses do not include the more than 200 low income households assisted to purchase a home by this Government, a further 246 to build a brand new home through HomeShare. It does not include work to deliver new supported accommodation facilities like the former Waratah Hotel and the Balmoral Inn, or to expand homelessness services like the pods at Hobart Womens Shelter and Bethlehem House.

The Government will continue to deliver more homes for Tasmanians than ever before. As I said, we are investing a record $300 million to deliver new housing and homelessness initiatives, helping those most in need, creating jobs and growing our economy at the same time. We are investing at a level that governments in the past have not invested. The pipeline of work demonstrates that investment is working because we are seeing more approvals and more houses being built. That is the only way we can deal with the pressures of demand by increasing supply. That is exactly what we are doing.

Citta Hobart Pty Ltd & Anor v Cawthorn - Tasmanian Government - Intervention

Dr WOODRUFF question to ATTORNEY-GENERAL, Ms ARCHER

[10.34 a.m.]

Your Government has consistently taken questionable sides in High Court of Australia cases. You have taken legal action against public housing tenants in the past versus Housing Tasmania matter and the protection of Aboriginal heritage in takayna/Tarkine. You have argued for a private development in contravention to your Government's own World Heritage Area Management Plan on a technicality.

You are now siding with a developer discriminating against people with a disability in a court case that is likely to cost more than it would to remedy the problem. Attorney-General, you have argued you are only joining the case to seek clarification on the proper interpretation of Tasmania's laws.

Why have you chosen to intervene on the side of Citta Property Group in a High Court case and not on the side of Mr Cawthorn and in support of your own laws? Why do you need to intervene at all when the court will make a proper interpretation of Tasmania's laws clear, regardless of your intervention? It seems to be your contention that the state should intervene in every case that hinges on an interpretation of Tasmania's laws. If it is not, what makes this case so special? Why are you supporting the side of a corporation that is refusing to provide reasonable access to a public building to people with a disability?

ANSWER

Madam Speaker, I welcome this opportunity to explain to the House the exact role of the Attorney-General. This particular matter, and indeed many matters which I need to put my name to by way of intervention of High Court matters, does not give me any pleasure at all. It

is one of the most difficult parts of the role of the Attorney-General, but there is an apolitical role of the Attorney-General and this is one of them.

No more evidence of me acting apolitically is the fact that Mr Cawthorn is actually a personal friend of mine, so it does not give me any great pleasure at all - that is why I said that publicly - but it is critical that the Government ensures Tasmania's laws are interpreted appropriately.

I will not be lectured to by the Greens about the role I carry. I will take advice from the appropriate source as to when it is appropriate to intervene. Ms O'Connor has been in Cabinet and I assume she understood then, and as she would now, the role of the Attorney-General as First Law Officer of the Crown and that I need to exercise both a political and non-political function. This includes the non-political role of needing to intervene in such proceedings to seek clarification from the courts on the proper interpretation of Tasmania's laws, represented by the Office of the Solicitor-General.

Such action is necessary, at the very least, to provide clarification to ensure our laws are interpreted appropriately. Our laws are not flawless. How many times do I come into this place with law reform, because of the need for clarity in the law? That is the whole purpose of matters going to court as well, as is consistent with section 8(c)(1) of the Constitution Act 1924 and the rule of law. I will always exercise the powers of the Attorney-General with the highest standards of integrity and act apolitically when required -

Ms O'Connor - Except when it comes to transgender law reform where you were a disgrace.

Ms ARCHER - Madam Speaker, I actually do take personal umbrage at that. Ms O'Connor said I was a disgrace.

Ms O'Connor - Statement of fact. The way you politicised transgender law reform was appalling and harmful.

Madam SPEAKER - Order, Ms O'Connor. Could you withdraw that comment?

Ms O'CONNOR - Thank you, Madam Speaker. I withdraw it, other than to say it was a statement of fact.

Madam SPEAKER - That is not a withdrawal. I will take a ruling.

Ms O'CONNOR - I withdraw it.

Madam SPEAKER - Thank you.

Ms ARCHER - Clearly from that, Ms O'Connor wants to get personal on these matters.

What was actually disgraceful was the fact that the matter was brought on for debate in this House when I could not be here because my mother had passed away. Do not talk about how disgraceful that whole debate was.

Back to the subject in point - as I said, I take no pleasure on this occasion, and indeed on many occasions, in needing to act apolitically in my role as Attorney-General. I have explained why in this case I needed to intervene for the purpose of clarity and the interpretation of the law.

Dr Woodruff - Why don't you wait to find out what the judgment is? Why are you doing this?

Ms ARCHER - I am not taking sides.

Dr Woodruff - You are taking a side. You are supporting Citta Group.

Ms ARCHER - I have intervened so that the state can argue the case. The decision of the full court may require the Anti-Discrimination Tribunal to exercise federal judicial power which is unconstitutional and it is this issue that needs determining. To be clear, my intervention in this matter is for the sole reason of ensuring that the state's institutions act lawfully.

Whilst not a common practice, these actions are necessary from time to time to ensure our laws are clarified. It is not a reflection on the merits of Mr Cawthorn's case at all. The fundamental principle is that the Crown must obey the law and if there is any doubt about the law, it should seek to ascertain that, if necessary through the courts. That is what I am doing.

The laws of Tasmania apply in the context of the federal system, subject to the Commonwealth Constitution. Like any other administrative tribunal, the jurisdiction of the Anti-Discrimination Tribunal depends on the statute that governs it - in this case, the Anti-Discrimination Act 1998. However, there are principles of constitutional law that limit the reach of the tribunal's jurisdiction. In the present case the question of the limits of the tribunal's jurisdiction arises in the context of the applicants for special leave having raised in their defence before the tribunal that their compliance with the federal law is sufficient to meet their obligations. That question raises a legal controversy about whether the tribunal is required in the present case to make a decision that involves the impermissible exercise of the judicial power of the Commonwealth.

The state does not have legislative power to invest its tribunals with Commonwealth judicial power, so the state considers that there is sufficient doubt about the reasoning of the full court of the Supreme Court to warrant the attention of the High Court of Australia to finally resolve this matter. I reiterate: the object of the intervention in the application for special leave is to encourage that outcome, not to take sides with the applicants for special leave on the particular merits of their case. It never is and it never will be.

Until the matter is finally resolved by the High Court, the tribunal is bound to follow the decision of the full court; if the doubts the state entertains about the full court's decision are correct, the tribunal's jurisdiction to decide the present case and future matters of a similar nature will remain in a state of uncertainty. That is the point and no other on which the state would urge the court's clarification.

Our Government will always remain committed to working with people with disability, their families, their carers, disability providers and the wider community to build a more

equitable, inclusive and accessible state for all Tasmanians. Ms O'Connor knows that I support people with disability and this is not the object of the exercise.

Housing - Waitlist - People Living with Disability

Ms WHITE question to PREMIER, Mr GUTWEIN

[10.42 a.m.]

In a letter to the member for Franklin last month your Housing minister, Mr Jaensch, admitted that of those 3594 Tasmanians on the Housing waiting list, just under one-third are living with disability. In relation to only priority applicants, that number increased to above one-third. Those Tasmanians living with disability will wait at least 15 months for housing. They are people like Rachel McCallum, who currently lives in social housing at Rokeby with her son Ethan who lives with complex disability. Their housing is so fundamentally unsuitable that Ethan cannot access the house in his wheelchair and is forced to crawl. Rachel and her children have been waiting seven years to be transferred to suitable accommodation. Your Government has failed to deliver this family an outcome despite being classified as a priority applicant.

Premier, your Government has been aware of this case for the entire time you have been in office. What is your Housing minister doing today, right now, to try to help this family out of this untenable situation so that a 12-year-old boy is not forced to crawl around his home for another seven years because his wheelchair does not fit in the house?

ANSWER

Madam Speaker, I thank the Leader of the Opposition for that question and for her interest in this matter.

I accept this is a difficult, challenging and complex problem that we need to deal with but the only way you can deal with a demand challenge is to increase supply. My point is that in focusing on increasing supply, I am pleased that last year in terms of the dwelling approvals we have seen pass through councils in December - this is important -

Mr O'Byrne - Seven years, yes, it is very important.

Mr GUTWEIN - This is important because the only way you can solve a housing challenge where demand is high is to increase supply.

Mr O'Byrne - But you're not doing anything.

Mr GUTWEIN - Even you should be able to understand that.

Opposition members interjecting.

Madam SPEAKER - Order, please.

Mr GUTWEIN - Last year dwelling approvals rose a remarkable 66.5 per cent in December, the largest monthly increase in the country and more than six times the national

growth rate. Dwelling approvals were nearly double, 95.4 per cent higher in December last year than in December 2019. We are building houses and dwellings as fast as we can. We are investing more than any government before us.

Ms White - Seven years.

Madam SPEAKER - Order.

Mr GUTWEIN - Madam Speaker, I made the point I am not going to speak about individual cases in this parliament -

Ms O'Byrne - This is actually about individual people, not just numbers.

Madam SPEAKER - Order please, Ms O'Byrne.

Mr GUTWEIN - but I am certain that the matters and the names you raised this morning will be followed up by the Housing minister.

In terms of the Housing minister and the performance of this Government, the only way you can deal with a demand challenge is to increase supply. In terms of supply, we are outstripping the country. In terms of dwelling approvals, we are outstripping the country in terms of the opportunity we have to deal with this supply challenge. This Government will continue to focus on that. We need to build more dwellings and that is exactly what we are focused on. We need to invest in more dwellings. The only way to deal with that demand challenge is to increase supply and that is what we are focused on.

Government Support - Apprentices and Trainees

Mr TUCKER to MINISTER for EDUCATION and TRAINING, Mr ROCKLIFF

[10.47 a.m.]

Can the minister update the House on how the Government is committed to supporting apprentices and trainees as part of the Government's plan to rebuild a stronger Tasmania? Is the minister aware of any alternative approaches?

ANSWER

Madam Speaker, I thank the member for his question and interest in this matter.

This side of the House remains committed to Tasmanian jobs and building a skilled workforce. Employment is back to pre-pandemic levels. We have the lowest unemployment rate of any state and we have seen strong growth in apprentice and trainee numbers. In January this year, there were 669 training registrations, a massive 64 per cent increase on January 2020. These results do not happen by accident.

The Government's skills response to COVID is working and driving business confidence. Our rapid response in job training initiatives are supporting those most affected by the pandemic, getting them back to work or skilled up to enter the Tasmanian workforce. Tasmania was already delivering the highest apprentice completion rates in Australia, but we know there

is more to do. I am very pleased to announce a $1.5 million investment in our Mentoring for Success program which will assist small- and medium-size businesses to recruit and retain apprentices and trainees.

Everyone has to start somewhere, but there can be challenges when employing an apprentice or trainee, especially if they are new to the workforce. These can include generational gaps, personal matters, communication difficulties or not knowing the best ways to approach work-related issues. Research shows that mentoring in support by group training organisations in the first 18 months of an apprenticeship has significant positive impact. This model of pastoral care leads to better retention and completion rates. We also know that small businesses often find it hardest to deliver the wraparound support a new apprentice needs. By utilising the skills and expertise of group training organisations, we will see more apprentices and trainees staying in study and more small businesses retain their staff.

Mentoring for Success is built on constructive industry feedback and driven by research. It is not a policy that promises one thing and does another, like Labor's free TAFE policy. I note that Labor is trying to claim that Premier's Economic and Social Recovery Advisory Council supports their policy. That is what they said online - and that PESRAC recommended that the Government adopt Labor's policy to offer free TAFE. But this is what PESRAC actually said:

> The State Government should fund a program of free VET courses in qualifications directly related to demonstrated jobs growth. These should be delivered rapidly and flexibly by TasTAFE and other training providers endorsed by industry.

That is exactly what the state Government is doing. It is called JobTrainer. PESRAC did not say restrict training to TAFE because that would mean restricting qualifications and placements.

Mr O'Byrne - Finally, the Government is actually now talking about PESRAC.

Mr ROCKLIFF - In fact, Mr O'Byrne, around 1700 JobTrainer places are offered by private RTOs that would not exist under those opposite.

Ms White - Except you could fund TAFE to deliver them.

Ms O'Byrne - If only the Government had a training facility they could fund to deliver them.

Mr ROCKLIFF - There is a pattern here of Labor telling a few porkies to Tasmanians when it comes to a free TAFE. There is a pattern developing.

Ms O'Byrne - There is a pattern of you undermining TAFE. Staff walking out the door, horrible culture.

Madam SPEAKER - Ms O'Byrne, can I ask you to refrain from interrupting the Deputy Premier?

Mr ROCKLIFF - Madam Speaker, just like the Tasmanian tiger, sightings of Labor policies are very rare. When they do have a policy it really bears closer scrutiny. You know what? I scrutinised your policy. I downloaded it; I screenshot it; I enlarged it. You know what? It is not the real thing. It is not a Tasmanian tiger - it is a pademelon of a policy. That is exactly what it is, a hoax on the Tasmanian people.

Dr Broad - Now we know what you are going to do post-career - you have a comedy routine up. You finally look interested in something.

Mr ROCKLIFF - I do try to be helpful, particularly to those opposite. Dr Broad and Ms Dow are constituents of mine so I try to be helpful, I really do. Last week I put out a couple of media statements related to Labor's so-called free TAFE hoax.

Dr Broad - Wake yourself up from your slumber, Minister snooze.

Mr O'Byrne - He is winding up for his last 12 months.

Mr ROCKLIFF - I am pleased some notice was taken of those media releases, because they clarified their language to saying something like just some courses in areas of skill shortages are free - some courses.

Ms White - It has always been the policy: building construction, hospitality, tourism, aged care, disability, agriculture.

Mr ROCKLIFF - Let me be very clear, TAFE under Labor will not be free for everyone. When you look at Labor's calculation, it is clear not even 20 per cent of places would in fact be free. Who would choose who gets a free place and who does not? It has taken a Liberal government to rebuild our public training provider, employ more TAFE teachers and invest in state-of-the-art infrastructure, which was crumbling around the Labor government.

Ms O'Byrne - The policy is pretty clear. I think you need to enlarge it a bit more.

Madam SPEAKER - Ms O'Byrne.

Mr ROCKLIFF - Infrastructure was crumbling and we are rebuilding those state-of-the-art facilities. Our Government is investing in more than $43 million to boost jobs and apprentices and trainers in Tasmania, to give businesses the confidence to employ Tasmanians.

Members interjecting.

Madam SPEAKER - Could we have a little more calm in the Chamber, please?

Social Housing - Housing Quarterly Report - Delivery Target

Ms WHITE question to PREMIER, Mr GUTWEIN

[10.54 a.m.]

Your Government strategy is to deliver 3400 new homes between 2015 and 2023. Given the deepening housing and homelessness crisis, and given the increased desperation of

thousands of Tasmanian families languishing on your growing housing waitlist, it is clear those families cannot rely on you. The Housing Quarterly Report released yesterday shows that six years into your housing strategy, you have delivered just 856 homes, a result of just 25 per cent of your target with only two years left to deliver.

Premier, can you give an absolute guarantee that you will deliver on your promise of 3400 homes - not lots or blocks of land, but actual homes - or is it just another broken promise that will leave Tasmanians homeless or without somewhere safe to call home?

ANSWER

I thank the Leader of the Opposition for that question and note the very good job the Deputy Premier just did pointing out the policy vacuum that exists on the other side.

This Government delivers on its policies; in terms of what is a very complex, difficult and challenging situation in housing demand, we have a multifaceted approach.

The point I have made again and again this morning is that the only way we can solve a housing demand challenge is to introduce more supply. Right across the board that is exactly what we are doing.

We are building more social houses, we are supporting those in the private sector. As I indicated, last year we saw record numbers of dwelling approvals, which means there is a pipeline of building work that will be underway and constructed as we move forward.

Importantly, as a government we invested $100 million last year to ensure we could bring forward supply and we have a $300 million program moving forward over the coming years.

The Government is investing; the Government is delivering. As I said, we are taking a multifaceted approach that will ensure we increase supply across a range of channels because that is the only way we will provide the outcomes we are looking for.

Again, I look at the other side and, as I think has been very well pointed out by the Deputy Premier this morning, we have a policy vacuum over there. Again I make the point, as I have done on so many occasions, on this side of the House we have a policy and a plan, which is to increase supply and to invest until we get houses out of the ground.

I make the point that whingeing is not a policy and complaining is not a platform, which is all we hear from that side of the House. On this side of the House, we will get on and we will continue to build and invest because that is what will solve the supply issue.

Social Housing - Waitlist Increase

Ms WHITE question to PREMIER, Mr GUTWEIN

[10.58 a.m.]

In September 2019 after lobbying by Senator Jacqui Lambie the federal government forgave Tasmania's longstanding Commonwealth housing debt, which amounted to

$157 million. At the time your Housing minister promised that money would help deliver around 80 homes for people on the social housing waitlist each year.

Premier, your rhetoric is that the economy is recovering, you are doing all you can, but the reality for many Tasmanians is that they are not feeling the benefits.

Premier, 3600 families are waiting for a house. The waitlist has increased by 65 per cent since you came to government. People are living in tents and the backseats of their cars. People are sleeping in relatives' loungerooms or on floors. Thousands of Tasmanians have lost hope of ever putting a safe and secure roof over their families' heads.

The Government promised 80 new houses a year when the Commonwealth wiped Tasmania's historic housing debt. The fact is the Quarterly Housing Report released the day before yesterday shows you have gone nowhere near it.

Premier, how can Tasmanians - particularly those thousands on the housing waitlist - trust you to deliver? How many of the 80 homes you promised to be built each year with the debt waiver money have you delivered? This latest report says there are just three and if I use the intellectual powers of the Deputy Premier and enlarge this number pointed out to you right here, three houses out of the 80 you promised. Shame.

ANSWER

Madam Speaker, I thank the Leader of the Opposition for that question and her interest in this matter.

I am proud that we were able to reach agreement with the Commonwealth, which was something that over the 16 years of Labor and Labor-Greens governments, you were not able to achieve.

Again the Government is investing a record $300 million to deliver new housing and homelessness initiatives, helping those most in need - a multi-channelled approach, creating jobs, supporting the economy and strengthening our communities in every region.

Over the three years to the end of June 2023, we will deliver more than 1500 new homes for social housing, including over 400 homes in the next 12 months alone. That is what delivery looks like.

Opposition members interjecting.

Madam SPEAKER - Order, please.

Mr GUTWEIN - I will not go over all the points I have made this morning regarding our focus on ensuring that we solve the supply issue, but we continue to invest at record levels, and importantly -

Opposition members interjecting.

Madam SPEAKER - Order, Mr O'Byrne.

Mr GUTWEIN - the supply of approvals in the system now and the work in front of us, along with our investment, will ensure we deliver on the commitments that we have made.

Renewable Energy Projects - Benefit to Local Communities

Mr TUCKER question to MINISTER for ENERGY, Mr BARNETT

[11.01 a.m.]

Can the Minister for Energy please outline how Tasmania's major renewable energy projects are benefiting local communities as part of the Government's plan to rebuild a stronger Tasmania?

ANSWER

Madam Speaker, I thank the member for Lyons for his question and his special interest in this matter, because it does have direct relevance to rural and regional Tasmania. I know his strong support in that space.

As a government, we are supporting our local businesses to create jobs, to grow the economy, and deliver opportunities for families, particularly in rural and regional Tasmania. Our Buy Local policy enhances the opportunity for local suppliers, local contractors and local Tasmanians to be involved.

In July last year, as a government, we made a number of changes to our Buy Local policy. They were good changes to increase support of Tasmanians, Tasmanian businesses small, medium and large, and the community more broadly to be involved in response to the COVID-19 pandemic. It is all part of our plan going forward, which the Premier has outlined on a number of occasions.

Government businesses are a key part of that. As Energy minister I wrote to the three government energy businesses and reaffirmed that these government businesses would comply with our Tasmanian Buy Local policy.

Likewise, our Tasmanian Renewable Energy Action Plan has a key commitment to maximise Tasmanian business and employment opportunities from renewable energy projects. This has been implemented and we are rolling this out as we speak -

Members interjecting.

Madam SPEAKER - Order, Mr O'Byrne and Ms O'Connor.

Mr BARNETT - to the widest possible Tasmanian participation of these businesses.

I am pleased to advise today, as a prime example of how our regional areas are benefiting from this policy, that TasNetworks' Deloraine depot will undergo a redevelopment for community and landowner engagement activities as part of Project Marinus.

Once construction is complete, the site will host community engagement activities, drop-ins, workshops and other information-sharing sessions. There will be facilities for up to

12 Project Marinus employees, including planning, survey roles, engineering services, safety, land procurement services, community and customer engagement, and more.

An open tender process saw the appointment of a north-west Tasmanian construction company, Stubbs Constructions, based at Wivenhoe, to undertake that work. Between now and May-June, Stubbs will be employing eight to 10 workers for an $800 000 upgrade for those facilities, and for maintaining the electrical services in and around the Deloraine depot. You will see electricians, plumbers, mechanics, painters, plasterers, carpenters, flooring and civil contractors and more doing that work over the coming months: great boost to Deloraine and to the Meander Valley.

Tasmania is a leading renewable state. That is what we are, Madam Speaker. You have heard it before. We are delivering the country's low-cost, reliable, clean electricity. Of course, that is delivering energy security, downward pressure on electricity prices, billions in investments and thousands of jobs heading our way in Tasmania.

Of course, we are absolutely delighted. Dozens of people are already employed in the process during the design and approval phase. A peak 200 Tasmanians will be indirectly and directly employed, and regionally based in terms of those jobs. It is really important in those rural and regional areas; the north-west coast in particular will benefit, as will northern Tasmania.

We will be unlocking our renewable energy powerhouse of the nation potential with Marinus Link and Battery of the Nation, and delivering $7 billion of estimated benefits to Tasmania, thousands of jobs, and energy security improvements and downward pressure on electricity prices.

All of this is opposed, at least in part, by the Opposition and the Greens. What do they have to offer? Relentless negativity, criticising, bagging out the economy, killing off the confidence. We want to be one of the most confident states in Australia, and guess what? - we are, thanks to the leadership of Peter Gutwein and our Liberal Government, which is delivering a plan that is delivering more jobs, more opportunity, more development.

We are sick and tired, and the community is sick and tired, of the relentless negativity.

What do they have to offer on the other side? A big round black hole of nothingness in terms of policy. There is nothing there, so it is time to get on board, support our policies, and support our plans to deliver more jobs and opportunities for Tasmanians.

COVID-19 - Sporting Organisations - Participation and Safe Practices

Mr TUCKER question to MINISTER for SPORT and RECREATION, Ms HOWLETT

[11.07 a.m.]

Sporting clubs and associations experienced great disruption as a result of the pandemic.

What has the Government done to maintain participation and ensure COVID-19 safe practices? What further support will be provided to grassroots sporting organisations, with

winter season sporting competitions just around the corner, as part of the Government's plan to rebuild a stronger Tasmania?

ANSWER

Madam Speaker, I thank the member for his question.

Sport plays an important role in the lives of so many Tasmanians. In many cases, it is the glue that brings communities together.

The Government has a strong record of support for the sport and recreation sector, which is in stark contrast to Labor, which made no mention of either sport or recreation in its Budget response last year.

The Tasmanian sport and recreation sector faced unprecedented challenges through the COVID-19 pandemic, with many competitions, tournaments and rosters being postponed or cancelled.

The sector is to be commended for its approach to COVID-19 and taking seriously the health and safety of their participants, staff, officials and spectators.

When the pandemic hit, we promptly consulted with the sectors to determine what government support could be provided to ensure the viability of community sport.

Responding to this need last year, under the COVID-19 Sport and Recreation Grants Program, the Government provided funding of $2.8 million to assist with recovery and safe return to play. Tranche 1 of the COVID-19 Sport and Recreation Grants Program provided grants of up to $150 000 to Tasmanian sporting organisations to assist with salary costs. Through tranche 1, more than $1.9 million was granted to 25 sporting organisations, which assisted with the salaries of 186 employees across the sector.

Tranche 2 had a focus on supporting grassroots clubs return to play in accordance with Public Health requirements, providing small grants of up to $3000 to purchase items such as hygiene supplies and additional equipment. Through tranche 2, more than $900 000 was granted to 431 clubs, across more than 40 sports, to support their return to play.

With the safe return to play for many sports across the community and my attendance at many sporting matches, I have been able to witness firsthand just what this support has meant to the clubs around Tasmania.

I am pleased to announce today that, as part of the Government's plan to rebuild a stronger Tasmania, the Government will continue to support the state's sport and recreation organisations through the ongoing challenges faced as a result of COVID-19. Applications will open tomorrow for funding under tranches 3 and 4 of the COVID-19 Sport and Recreation Grants Program to assist these organisations.

Tranche 3 will be an extension to tranche 2 and will provide sport and recreation clubs with up to $3000 to assist with hygiene and equipment purchases to comply with relevant return-to-play measures. Organisations will be funded on a first-in basis.

Tranche 4 will provide sporting clubs and associations grants of between $3000 and $25 000 to assist with the purchase of equipment such as uniforms, scoreboards, playing equipment and office equipment, with applicants required to contribute at least 20 per cent of the total project cost. A total of $1 million will be made available for distribution under these tranches to help rebuild a stronger Tasmania.

As the Minister for Sport and Recreation, I am proud of the initiatives the Government has provided to the sport and recreation sector. Our plan is working. We are supporting jobs rebuilding confidence and rebuilding our community.

Social Housing - Homeless Tasmanians

Ms WHITE question to PREMIER, Mr GUTWEIN

[11.12 a.m.]

You have breached the trust Tasmanians placed in you on the crucial issue of providing them with housing. You have broken big promises to some of the most vulnerable Tasmanians living with homelessness, Tasmanians who are struggling to provide for their families and making difficult decisions between paying the rent and putting food on the table and Tasmanians living with disability but living in unsuitable accommodation.

The fact is you have utterly failed. The total supply of social housing under your Government and your bumbling, incompetent Housing minister, Mr Jaensch, increased from 12 504 to 12 509 last year, confirmed by your minister in budget Estimates. That is an increase of just five houses. No amount of rehearsed hand-wringing from your Housing minister is going to make that any different. No amount of your Housing minister's staged photo opportunities is going to change the fact that you have dismally failed Tasmanians in need of housing.

Premier, you claim that increasing housing supply is the key to addressing the housing crisis and yet your Government added just five more houses last year. How can 3600 Tasmanians languishing on the waiting list rely on you when at this rate it will take 720 years to put a roof over everyone's head?

ANSWER

Madam Speaker, I thank the Leader of the Opposition for that question and I reject entirely her assertions.

The Report on Government Services released in January shows the Government is delivering for Tasmanians in need of housing. The report shows the Government's total investment in social housing increased by 24.2 per cent in the 2019-20 financial year. It shows there was a strong net increase in the number of social houses since we came to government, including a net gain of almost 450 over the past two years alone, and it shows there has never been more social housing in Tasmania than there is today.

I reject the assertions of the Leader of the Opposition and once again make the point that whingeing is not a policy platform.

Ms WHITE - Point of order, Madam Speaker, under standing order 45. This is a very serious issue and the allegation you have made is that we have misled the House. It was the minister who provided that information to the parliament, so if anyone has misled, it is the Minister for Housing. That is incredibly serious and he should correct the record.

Mr GUTWEIN - I again make the point that the note I have in front of me shows that the total investment in social housing increased by 24.2 per cent in the 2019-20 financial year and that there was a strong net increase in the number of social houses since we came to government, including a net gain of almost 450 over the past two years alone. I do not believe there is any need to correct any matter the Housing minister has said.

Mr O'BYRNE - Point of order. The Premier is referring to a document and he is relying on it for information. I seek that he table the document.

Madam SPEAKER - I have been advised it is not a point of order.

Mr GUTWEIN - Thank you, Madam Speaker.

As I have said, the report shows the Government's total investment in social housing increased by 24.2 per cent in the 2019-20 financial year and a strong net increase in the number of social houses since we came to government, including a net gain of almost 450 over the past two years alone.

Time expired.

PETITION

Community (Producer Responsibility) Container Deposit Scheme

[11.15 a.m.]

Ms Ogilvie presented an e-petition signed by approximately 437 petitioners, requesting that the House to implement a community (producer responsibility) container deposit scheme that is open to greater participation by local Tasmanian businesses, community groups and sporting clubs, and which supports local jobs and maximises benefits for the community, the environment and the Tasmanian circular economy.

Petition received.

CHILDREN, YOUNG PERSONS AND THEIR FAMILIES AMENDMENT BILL 2021 (No. 3)

First Reading

Bill presented by **Mr Jaensch** and read the first time.

MATTER OF PUBLIC IMPORTANCE

Housing

[11.19 a.m.]

Ms STANDEN (Franklin - Motion) - Madam Speaker, I move:

That the House take note of the following matter: housing.

I rise to speak about the important matter of housing and this Government's complete and utter betrayal of the people of Tasmania and their failure to deliver adequate social housing in particular, which is the safety net for people who are either unable to afford private rentals or even aspire to home ownership in their lifetime. The waiting list, as we have heard today, currently sits at around 3600 people, a figure that has increased by 65 per cent since this Liberal Government took office.

Clearly, this minister is trying to fudge his figures. He knows that he wrote to me and provided a figure of 12 504 homes as housing stock as at the end of 2019 and he is on *Hansard* in Estimates in November last year stating that the stock at that time was 12 509, an increase of just five new social housing dwellings in over 12 months.

In the last term of the Labor-Greens government roughly 2200 new homes were built and the waitlist was the lowest in a decade. This Government inherited that situation, yet in its first term of government managed to build only 37 new homes, despite the fact that the Affordable Housing Strategy at that time indicated that nearly 700 new homes were required every year to meet the shortfall in demand for social and affordable housing, which now stands at 11 400 statewide. That is now an old figure from 12 months ago.

The Report on Government Services (RoGS) figures indicate that the Government has built a little over 700 properties over seven years. For the Housing minister to say he is looking forward to a pipeline of construction of over 400 per annum, if he looks in the rear vision mirror, he has done nothing of the sort - nowhere near 400 properties in any single year. He knows the emergency accommodation situation in this state is woeful, with unassisted requests rising to 31 on average every day over 19 facilities. That is nearly 600 people, 600 families, every day turned away from shelter accommodation.

He knows that the RoGS data shows that overcrowding in social housing in this state is significantly above the national average, yet we have a situation where the Premier, on 11 February, when asked about the situation on rental affordability in this state, denied that rents were out of control. He said that would be a dangerous statement to make yet he and the Housing minister know that rents have increased on average 37 per cent over the past five years, the cost of living has significantly increased and wages have failed to keep pace with those costs.

The minister completely flees the Chamber and does not want to listen to this contribution on the important matter of housing, because he knows that Shelter Tasmania says he has no plan and no ambition, and that factor is putting more stress on the private rental market. He knows that the Tenants' Union is receiving concerns today about rapid rent increases, as have I.

On 24 February this Housing minister stood up at one of his ribbon-cutting exercises and said there could never be a guarantee that all demand for public housing could be met. I put it to you, Mr Jaensch, that if you lack the ambition or the vision to address social housing in this state, I sure am willing to put up my hand. I have not given up on the people of Tasmania, as obviously you have.

These are people like Rachel McCallum and her four children, including Ethan whom we heard about in question time this morning - a 12-year-old child who has been known to this state Government for at least seven years. He has a complex neurodegenerative disease and for seven years this family has said there will come a day where Ethan is unable to move around the home, the social housing dwelling, they have in Rokeby. That is because he is getting bigger so his mobility issues are getting worse, and he has now reached the point where he has almost an adult-size wheelchair. Although his situation has been gradually declining, he is now in the situation where he is crawling around his home in order to access different parts of the house.

I shared with Ms McCallum the response I received from the Housing minister when I flagged with him that Ethan's paediatric rehabilitation physician in August last year indicated an urgent need to arrange home modifications due to the current set-up being unsafe for Ethan and a significant risk of falling injury. The response from the minister was that the housing provider had offered seven alternative homes and she denies this. She says that they discussed one once and that the housing provider agreed that even that was not suitable because of the complex needs.

In his response the minister said that it was not seven years, it was actually only four years this family have been waiting. That is not good enough and this Housing minister knows it. Ms McCallum and her family know it. When I shared that response she was absolutely shocked and outraged. She feels let down and she denies she has ever been offered any suitable alternative accommodation. When she talked with Mission Australia Housing, the housing provider, they said they had no idea what she was talking about in relation to the seven homes that were supposedly offered.

There is no solution. I have written again to the Housing minister to provide a clear time frame for what housing solution is available to this home. I ask him again today: what urgent action have you taken, Mr Jaensch, to address the complex needs of this family?

Time expired.

[11.26 a.m.]

Ms O'CONNOR (Clark - Leader of the Greens) - Madam Speaker, I very much welcome the opportunity to talk about the housing crisis as a matter of public importance debate today.

It was good to see Labor focus on housing in question time this morning and for the MPI debate. It is somewhat encouraging because, as Ms Standen knows, I have written on behalf of the Greens to the Leader of the Opposition, the Speaker of the House and independent MP Madeleine Ogilvie urging them to work with us to deliver some real relief for Tasmanian tenants.

So far I have had a response from Ms Ogilvie suggesting she is happy to work with us. I have had a response from the Speaker, the member for Clark, Ms Hickey, saying she will work

with the Government more on increasing supply, but I think there is some space there. I have not had a response from the Labor Party. I just remind Labor that we are in a finely balanced parliament and it is possible for us to deliver some real relief for tenants if we work together, particularly given that at this stage we have a premier who does not believe rents are too high. We have a government that does not seem to want to provide long-term meaningful relief to tenants, one that refuses, for example, to move to regulate short-stay accommodation or to deliver a model like the Australian Capital Territory, which puts caps or restraints on unreasonable rent increases.

On 10 February this year, the day the Premier said he did not believe rents were too high, the Tenants' Union of Tasmania posted on its Facebook page:

> Our advice line is extremely busy at the moment so if you have left a message please be patient! We will get to everyone eventually. Alternatively, if you are in Hobart you can drop in and see us in person from 9.30 to 12.30 today or tomorrow.

The Tenants' Union and the Greens have been hearing from many tenants who are in extreme distress. I do not think the Premier understands what housing insecurity does to people. It makes people afraid. They are stressed - when you are afraid of losing your home, you are not going to take a risk by taking on your landlord or elevating the matter to the Residential Tenancy Commissioner. That is the situation we are in right now. The Premier needs to educate himself about what is happening in the community, as tenants are being slugged with major rent increases that are unaffordable in many cases.

I will read now from some of the testimony we have received when we asked people, after the tenancy protections expired on 1 February, to get in touch with us and tell us if they have had a rent increase. The first one says:

> I have rented this unit for close to six years. I have had regular inspections during this time. I have been told bluntly I am being kicked out. I do not feel I am receiving a fair go.

Two:

> The real estate just gave us a notice that the owner wants to raise the rent from $440 to $500 a week.

That is an extra $120 a fortnight. I will continue:

> The property manager said it was due to the raised value of the property in the current market but a house for rent literally a few houses down with the same bedrooms, new kitchen and two bathrooms, instead of our one, is rented at $450.

The third example.

> I have been on the housing list for three years and renting at $390 a week so I can be close to my disabled son, and I am having a very hard time coping financially and mentally. I just have to wait. But how long?

Example four.

> I got your email about the rent going up. Well, my rent went up. It is a bloody hit in the pocket, I have three months on my lease. I might become homeless. It is hard to live. My health is not good, I have bad depression, and back pain.

Example five.

> I received a rental increase from an email from EIS Property. The ambiguous language they used was designed to intimidate. I had to read it five times because I thought it was saying they would be chasing me for arrears (cue heart palpitations).

Example six.

> It is so good to hear that you have our backs. As a tenant I often feel like I am a disposable resource here to be squeezed. The Tenants Union are an amazing resource but they can only do so much.

Example seven.

> Anyway, I am probably one of the lucky ones, only a $10 a week increase this year (eye roll).

Example eight.

> Both my wife and I are pensioners, myself being a disabled pensioner and my wife is my carer. We are just able to keep our rent each fortnight and with the pension payment we do not have much leftover after our bills are paid.

Example nine.

> We had someone call the office to tell us their rent went from $285 a week to $420 a week and that their real estate agent was boasting about the increase.

Now the simple fact of the matter, as the Tenants' Union says, while the increases can be challenged through the Residential Tenancy Commissioner it is often very difficult.

He said it relied on proving the increase was not, 'by a reasonable amount'. Mr Bartl says that the Residential Tenancy Commissioner's view is that a reasonable amount is what the market is dictating. In a climate where supply is scarce and there is increased demand, it is driving the cost of renting properties up and up.

Madam Deputy Speaker, the 'reasonable amount' test, as you would know as a former housing minister, is determined based on rents for similar properties in a nearby area. In *The*

Examiner there is an example in southern Tasmania that involved an increase from $378 to $450 a week for a three-bedroom house.

In this place, in this rarefied place where we are all privileged in one way or another, it is possible to lose touch. It is possible to lose sight of the people, and I urge the Premier to get out more and talk to more tenants because they are suffering, they are stressed and they are frightened and they need leadership.

Time expired.

[11.33 a.m.]

Mr JAENSCH (Braddon - Minister for Housing) - Madam Speaker, I thank Ms Standen for bringing this matter of public importance, housing, to me every day in my role as Minister for Housing, and I take it very seriously. I am confident in the program that we have underway to meet the significant challenge, this housing shortage, that Tasmania and Tasmanians are facing right now.

I do not shy away from that for one minute, and as the Premier articulated earlier, at the end of the day and all of the shelter and the other peak bodies representing people and organisations in the social services sector, there is no substitute for supply to meet increased demand. That is what we are totally focused on. I will touch on the issue of supply of housing but I need to separate that from, and deal separately with, Labor's chosen tactic to start this year with the issue of housing, which is again, to bring the individual cases of people in housing stress into this place and present them in question time as an attack on the government.

I have said before, and I will not deviate from my rule, that I will not discuss the details of individual cases in this place. I have a responsibility to them, to our tenants and constituents, to protect their private circumstances and needs from the judgment of others effectively in this place who do not know the context and do not know the very complex individual situations that some people face.

I will not be making direct reference to those people in this place, suffice to say that Labor has no mortgage on compassion. We all care for Tasmanians in these circumstances and some of those on low incomes with complex health and family circumstances more so than most.

I can relay that of the cases raised this morning, our office has had contact with them. Our department and parts of our housing system are working with those families, those households, to examine their options which we cannot direct them to take, but we will always continue to work with them to find housing solutions that meet their needs. As Ms Standen reflected a moment ago, I have written back to her outlining a number of steps that have been taken and options proposed to assist some of the tenants and some of the families that she referred to. We will continue to do that.

In a letter to Ms Standen we offered some of that detail in good faith so that she could understand the context of the situations; again, I believe it is out of order to be bringing those details in here. I certainly will not be engaging in the details of those personal cases.

Labor has no mortgage on compassion. At the end of the day we need a capacity in our housing system to provide options that meet the specific needs of individual families. We will

continue to do that and to drive that at unprecedented levels. Nationally, we are recognised by RoGS as being ahead of the pack in our supply of social housing, keeping pace with population growth in particular.

I need to address a couple of other matters raised this morning by Labor. There was a frequent reference to this number of five houses delivered and a reference to comments made in Estimates.

Madam Speaker, as you and others here should know that social housing, the portfolio of properties and places available to allocate to people who apply to the social housing register, takes in public housing owned and managed by the Director of Housing as well as state-owned and managed Indigenous housing, community housing managed by community housing providers and Indigenous community housing.

In total at the moment over 13 800 social housing properties are operating in Tasmania as part of that portfolio and we are growing it substantially year on year. In the last two years the net increase as reported in RoGS has been around 450 homes.

In Estimates last year the questions and answers relating to the figure of 12 509 homes refers only to houses owned by Housing Tasmania and does not include social housing owned by the community housing providers, but are under agreement to be operated by them as social housing under the same programs entered into first by the Labor-Greens government in 2013.

Since then, the focus of state government investment in new housing, which has been substantial and is now at record levels, has been through a community housing provider agreement. This is a far more efficient and effective way for us to use Tasmanian dollars to get housing on the ground and adequate management of those rather than investing in and owning and operating ourselves as government public housing. So the numbers that you refer to reflect a shift of emphasis from investment in new Tasmanian government-owned and operated public housing, and into far more leveraged long-term agreements with community housing providers across Tasmania in which, a couple of years ago, Tasmania led the nation, with about a third of our housing stock being managed through specialist not-for-profit community housing providers. With our latest transfers, that will take that to around 50 per cent of our stock.

Time expired.

Ms Standen - You can argue it whichever way you like. People do not care who owns or manages their properties. They just want a roof over their heads. Supply is not meeting demand. You know that.

Mr Jaensch - You are wrong on your numbers, again.

Ms Standen - So, there is no housing crisis? Is that right? No problem?

Madam SPEAKER - Order, Ms Standen.

Ms BUTLER (Lyons) - Madam Speaker, this is a very important issue, which certainly keeps us all very busy here - the number of constituents who are in constant contact with us in relation to their homelessness status.

I caught up with a lady the other day, outside my office actually, and she said to me, 'We just feel so betrayed by the Government, Jen. It is so desperate here. There are so many people who need housing, who are waiting on housing lists, and we just feel so betrayed.'. That is a direct quote from a constituent. That is not political spin; that is directly from a constituent.

The impact of the housing crisis is very real in Tasmania. As I was saying, I have at least one contact from a community member daily in relation to housing stress and homelessness. It is very real, and it is unprecedented.

In the 15 years I have worked within government, when people used to come to see us and they would tell us, 'I am homeless' or 'I am just about to become homeless, can you help me?', I used to say to them, 'Have you got somewhere to stay for a few weeks?', because usually we would be able to find some assistance for them within a few weeks.

I cannot say that to people anymore. I have to look them clean in the eye and say, 'Have you got some time on your hands, because you are looking at a good 12 months' - and that is on a good day.

That is the situation we are in at the moment, and it is so different to the situation we had 15 years ago.

Over 3500 Tasmanian families are currently on the social housing waiting list. That is the size of the population of Smithton. That is also the size of the population of Brighton. That puts it into a personal context for you. Take away the dehumanisation - think of it as the whole population of Smithton, the whole population of Brighton, all on that social housing waiting list.

In addition, we should never forget we are all only a few unfortunate events away from needing social housing ourselves. A serious health issue can mean having to give up a good job. It can mean not being able to meet your rent or mortgage payments. Trying to find a roof over your head can mean being homeless.

A family violence situation can mean having to find alternative accommodation for you and your children - staying on other people's couches, until your welcome is overstayed, to moving into shelter accommodation.

I can tell you, minister, that shelters are full at the moment. A constituent came to us last week and we rang every single shelter and they were all full. You would know that, or I hope that you would know that in your current role.

For some people, there are no alternatives. There is no family support, and no friends with a spare room, a couch to sleep on for a while - and even if there is, the huge wait times experienced for social housing or affordable private rentals to become available is not weeks now - as I just said, it is years.

We, Tasmanians, are a community, and at the moment many people in our community are doing it so tough.

This Government has done nothing to solve the problem properly.

Homelessness results in significant social and economic cost, not just to individuals and their families, but also to our entire community. For individuals and families, homelessness makes it difficult to engage in education and training, and can leave people vulnerable to violence, victimisation, long-term unemployment and chronic ill health.

You would know this, minister. Some health problems are a consequence but also can be a cause of homelessness, including poor nutrition, poor dental health, substance misuse and mental health problems.

Tasmanians experiencing homelessness are often excluded from participating in social, recreational, cultural and economic opportunities within their communities. They are more likely to be unemployed, more likely to interact with the criminal justice system, and impose a disproportionate demand on publicly funded medical facilities.

The cost of homelessness to homeless persons, our community and economy is enormous, and it increases the longer the individual remains homeless. The annual cost to the community of rough sleeping has been estimated as exceeding $25 000 per person. Not addressing the homeless shortage is not only morally corrupt, it is also an indicator of poor economic judgment.

Do you know what the average cost of a private rental in Bridgewater is, minister? You did not want to come doorknocking with me in Bridgewater and meet the people who had those faults in their houses. The average cost of a private rental in Bridgewater is estimated at around $380 per week at the moment. That is nearly the entire weekly benefit of a person on a Newstart allowance or a pension. That leaves very little for food, power, transport, heating and medication costs.

Also, keep in mind that a homeless Tasmanian will not be able to successfully rent an available property in the private sector. The competition is fierce between applicants, and the prices are simply far too much, and out of reach for most people.

We saw this coming, minister. We sat in our housing affordability committee and we saw this then. You must have seen this coming, and you guys have been here now for seven years.

Time expired.

[11.47 a.m.]

Mr ELLIS (Braddon) - Madam Deputy Speaker, I am always delighted to speak about housing and home building. With my background as a plumber, I have been involved in the construction sector for many years - ever since I was 18 - and I know how important it is as driver of our economy, in terms of the opportunities for our young people, both working in construction, but also to be able to own your own home, set your family up for life, and to be able to really have a wonderful future.

Before I go on to some specific matters, I encourage a lot of the boys and girls who are leaving school at the moment, thinking about what their plans are for next year, to consider a trade - plumbers, electricians, builders, all sorts. Apparently, you cannot get a tiler for love nor

money at the moment, so you could do that as well, because it is a fantastic future and it is a great job.

With regard to housing, every Tasmanian needs a roof over their head, and this Government is delivering a record number of homes for those who need it. The Report on Government Services, released in January, is out there; anybody who is watching today can go on the internet and check it out. It shows there has never been more social housing in Tasmania than there is today. Anyone who might be listening -

Ms Butler - I am pretty sure the waiting list has never been higher, either.

Madam DEPUTY SPEAKER - Order.

Mr ELLIS - to the Opposition Housing spokesperson, Ms Standen, may get a sense that things that are simply not true are real facts - but the information is available.

Ms Standen - You deny the waiting list figures are problem?

Madam DEPUTY SPEAKER - Order, members for Franklin and Lyons. The member for Braddon showed you respect during your conversations. I ask that you stop interchanging across the Chamber, please, and allow him to make his contribution, with respect.

Mr ELLIS - Thank you, Madam Deputy Speaker. A quick Google shows there has been a strong net increase in the number of social houses since we came to government, including a net gain of almost 450 in the past two years alone. The disconnect between the real numbers and the numbers Labor makes up is staggering.

The Government has assisted more than 200 low-income Tasmanian households to purchase a home. That is a big deal for a lot of people. For some people when they are growing up the thought of being able to own their own home is really out of reach. When support is available, when you can actually get your foot on the first rung of the property ladder, the kind of aspiration that everyone should be able to attain, our Government is supporting them. A further 246 will be able to build a brand new home through the HomeShare program.

Ms Standen - I tell you what, Chris lives in a tent - she would be happy just to get a spot in a Safe Home Space.

Madam DEPUTY SPEAKER - Order.

Mr ELLIS - That is an opportunity for families, it is an opportunity for tradies, for businesses right around Tasmania to actually take part in the enormous housing boom we are seeing in Tasmania, which is a great thing for everybody in our society. It speaks of aspiration, it speaks of home ownership and it speaks of brighter days ahead.

We have also delivered new supported accommodation facilities like the Waratah Hotel and Balmoral Inn, and expanded homelessness services at the Hobart Women's Shelter and Bethlehem House. These are incredibly important. I know in my electorate of Braddon the wonderful work that women's shelters do in supporting people who are in -

Ms Butler - Shelters are full; they are full, Mr Ellis.

Madam DEPUTY SPEAKER - Order, I have asked for silence, thank you. Allow the member to make his contribution.

Mr ELLIS - Thank you, Madam Deputy Speaker.

I thought this would be one thing that we could all agree on. The work of women's shelters is absolutely vital. We should all support the wonderful work they do for women who are in crisis, or in family breakdown. Some things should unite us all. In the 2020-21 Budget, we are investing a record $300 million to deliver new housing and homelessness initiatives, helping those most in need, creating jobs, growing our economy and strengthening our communities in every region - that is, the north-west, west coast, King Island, from our area.

By the end of June 2023, we will deliver more than 1500 new homes for social housing, including over 400 in the next 12 months alone. Do not just ask me or the Opposition Housing spokesperson. Check it out on the internet; the Report on Government Services is publicly available. You can see the truth.

More broadly, we are managing the problems of growth. A housing boom is a good thing for everybody. The Opposition seems content, as they were during the David O'Byrne recession, to manage the problems of decline. Sure, it is easy to keep going the way you have always done things if people are leaving the state in droves, if young people do not see a future here, if the only people who are left are the ones who do not want to find work and do not want to aspire. That is one of the things we have changed since we came into government. People actually want to live -

Ms Standen - Smashed it, they did a great job.

Madam DEPUTY SPEAKER - Order. I have asked for silence and the honourable member to make his contribution in silence, thanks.

Mr ELLIS - Thank you, Madam Deputy Speaker. People actually want to live in Tasmania. Not just the people who are here currently, but people from the mainland, from overseas are coming here because they can see a future, because they can see jobs, because they can see a great place to buy a home, start a family and -

Members interjecting.

Madam DEPUTY SPEAKER - Order. I cannot hear the member make his contribution. I have asked twice already for people to allow him to make it in silence and I ask that in the remaining one minute and 13 seconds, he be allowed to do so. Thank you.

Mr ELLIS - Thank you, Madam Deputy Speaker.

I know this is a touchy subject for those opposite. People were leaving the state in droves under the David O'Byrne recession. Now they are coming back, not just in the numbers of people who were here in Tasmania before, but by thousands more, people right across the spectrum, people who want to work, who want to aspire, who want to call Tasmania home, not just for them, but also for their families.

We have had an extraordinary boom in the construction sector for people right across the state, an increase of more than 90 per cent in home dwelling approvals. That has never been heard of before. The amount of work out there is truly staggering. If those opposite have ever spoken to any of the businesses in their community, they would know that tradies are absolutely flat out. They are working massive overtime. They are bringing home the bacon and they are getting the job done. That is what we want to see. We want people to be able to make more money, to build more homes and to provide for their families, and also to own their own homes.

I think one of the sad things with the Labor Party is their obsession with the managing problems of decline and their opposition to the problems of growth.

Time expired.

Matter noted.

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

In Committee

Continued from 2 March 2021, page 118.

Clause 6 further considered -

Second amendment proposed by Mr Barnett further considered -

Page 25, clause 6(5).

Leave out the subclause.

Insert instead the following subclause:

(5) The Commission must, so as to assist the Commission to decide whether or not to make a determination under subsection (3) in relation to the person -

(a) request medical practitioners to provide to the Commission medical records, in the possession of the medical practitioners, in relation to the person; and

(b) request a medical practitioner, who has specialist knowledge as to a relevant medical condition that is a relevant medical condition in relation to a person, to advise the Commission in relation to the relevant medical condition using the collection of medical records for the person provided by the Commission.

Mr JAENSCH - Prior to progress yesterday, we were examining Mr Barnett's second amendment, which, if members recall, would change the word 'may' for 'must' in the opening of clause 6(5) but also included changes to clause 6(5)(a) and (b).

The amendment would also reverse the order of paragraphs (a) and (b), which is fine, but I also note it provides for the commission to request medical records from a medical practitioner in relation to the person but then to ask that what I interpret to be another medical practitioner with specialist knowledge relevant to the medical condition examines those records and provides advice to the commission.

I seek clarification of that to ensure that is understood, because I think it is additional to what was in the original bill and open that distinction and that change for discussion as well because it was not covered in the introduction of the amendment.

Mr BARNETT - I thank the member for his question of clarification around my second amendment.

The main part of it, of course, is inserting the word 'must' -

Mr DEPUTY CHAIR - Mr Barnett, apologies. You have already spoken twice on this amendment and so I cannot -

Mr BARNETT - I appreciate that, and when there is a point of clarification your understanding of it is correct. The minister might want to add further to that.

Mr DEPUTY CHAIR - Apologies.

Dr WOODRUFF - Mr Jaensch has raised a question that has been sitting in the back of my mind overnight - I was also wondering why the order of paragraphs has changed. What is that about?

Three changes are being proposed to this subclause. It reverses the order of the paragraphs (a) and (b). It changes from the singular requesting a medical practitioner to provide to the commission medical records. It changes that to the plural - 'request medical practitioners to provide to the Commission medical records' - and it also adds an additional phrase at the end of what is now paragraph (b), which is 'using the collection of medical records for the person provided by the Commission.'.

I would like to hear the view of the member for Bass about the addition of that information. We have not heard her views on that. I am not sure if she is able to hear me while I am talking. Perhaps I will just wait until she is -

Mr Jaensch - She cannot hear you when you are not talking.

Dr WOODRUFF - That is a very good point. I would prefer Ms Courtney to hear my comments if that is okay. It is a question. Because the member for Bass has carriage of this bill and she has paid a lot of attention to this, I would like her view on the additional text added to what is now paragraph (b) - 'using the collection of medical records for the person provided by the Commission.'.

I concur with Mr Jaensch's concern that this appears to add an extra layer of independent determination of the matter which the commission is required to go through, or may go through, on top of the processes already laid out in the bill. This appears to provide for another whole

layer of process. I do not understand how that could be an advantage or indeed what the purpose of doing that is.

Mr JAENSCH - Mr Deputy Chair, my first question when I got to my feet was to confirm the intent of what the member had conceded in the amendment. While we are waiting on further advice, I am happy to definitely express support for the principle. As I understand it, it is somewhat akin to a de novo, if that is the right word in legal jargon, another party with the same skills looking at the same information and being in agreement as to the circumstance.

I also understand that this applies to only those cases where an exemption is sought from the prognosis of death arising from a medical condition within the prescribed time frames. Whilst on the surface, it may seem to be adding cost and machinery to the process and encumbering it, it would only be in those exceptional circumstances for a relatively small number of people where they might have quite extraordinary circumstances to be taken into account. I think there is precedent for this -

Mr Barnett - Because it is a prognosis of six or 12 months.

Mr JAENSCH - It is a very difficult thing, but if there is at least the opportunity for the commission to seek a second opinion based on the same information and based on the individual case notes - the medical record of that case - I think it adds confidence to the commission's consideration of an application for exemptions. I think it would go some way also to providing confidence to the broader community that another layer of safeguard is in place.

I have been approached by constituents who have raised with me the circumstances in other jurisdictions where medical practitioners who have assisted in the procurement of voluntary assisted dying have at some point been found to have been miscarrying their responsibilities under the process. Concerns have been raised with me that the commission needs the ability to examine across time and over a number of cases, but also individual cases that the legislation is being enacted by practitioners as it was intended and in accordance with the rules.

I think Mr Barnett is introducing an important safeguard element with that second opinion based on the same information. That will give some people confidence that an additional set of eyes is on the data and the commission is receiving advice from different people which, if it converges, can give greater confidence to its decision about an exemption. That is the only contribution I wanted to add.

Ms COURTNEY - In response to Dr Woodruff's comments around the additional words Mr Barnett has added, my understanding, and I am sure Mr Barnett can correct me by interjection if I am wrong, is that it further strengthens or clarifies that clause. It does not change the substance of the intent of that clause. Regarding Mr Barnett's second amendment, my understanding is that a more pertinent amendment is around the 'may' or 'must' in terms of the intent of that. As I indicated previously, I have no reason to vote against Mr Barnett's amendment.

Ms O'Connor - You are talking about the amendment to clause 122? Clause 6, second amendment?

Ms COURTNEY - Correct, yes.

Mr FERGUSON - It is worth mentioning that Mr Barnett's amendment serves a second purpose that has not been brought into the debate, but Mr Barnett has correctly identified that there is a mistake in the bill. Clause 6(5) refers to a different subsection (2) when it clearly it should be (3), so Mr Barnett is actually helping correct the error.

Dr Woodruff - That was already flagged as an amendment.

Mr FERGUSON - But that has not been mentioned.

Dr Woodruff - It has, by circulated amendments from Ms Courtney.

Ms O'BYRNE - I am extremely disappointed. Whilst the member who brought this bill forward does not think that it matters, I think it fundamentally matters. It is a fundamental mistake to make. We will be opposing it because we should not be saying 'may'. I am really disappointed in that decision.

Mr DEPUTY CHAIR - The question is that Mr Barnett's proposed amendment to clause 6(5) be agreed to.

The Committee divided -

AYES 11	**NOES 11**
Ms Archer	Dr Broad
Mr Barnett	Ms Butler
Ms Courtney	Ms Dow
Mr Ellis (Teller)	Ms Haddad
Mr Ferguson	Ms Hickey
Mr Gutwein	Mr O'Byrne
Mr Jaensch	Ms O'Byrne
Ms Ogilvie	Ms O'Connor
Mrs Petrusma	Ms Standen
Mr Rockliff	Ms White
Mr Tucker	Dr Woodruff (Teller)

Mr DEPUTY CHAIR - Honourable members, the numbers being equal, I cast my vote with the ayes.

Amendment agreed to.

Clause 6, as amended, further considered -

Ms O'CONNOR - Mr Deputy Chair, I have circulated an amendment to clause 6. I move that clause 6 be amended by, on page 23:

Leave out all words after "For the purposes of this Act - "

Insert instead the following words:

> ***relevant medical condition***, in relation to a person, means a disease, illness, injury, or medical condition, of the person that is advanced, incurable and irreversible and is expected to cause the death of the person.
>
> (2) For the purposes of this Act, a disease, illness, injury, or medical condition, of a person is incurable and irreversible and is expected to cause the death of the person if there is no reasonably available treatment that -
>
> (a) is acceptable to the person; and
>
> (b) can cure or reverse the disease, illness, injury or medical condition and prevent the expected death of the person from the disease, illness, injury or medical condition.

I acknowledge that as a result of the last vote in this place, which reflects that there are prognostic time frames in the legislation, that is something we may need to go back to depending on the will of the House in relation to prognostic time frames.

There is a real issue with leaving it to doctors to determine how long a person may have to live as a requirement for them being able to access provisions under the end-of-life choices bill. There is a reason the past three bills that came before this place to enact dying with dignity did not have a prognostic time frame. It has to be about the person's level of suffering, not what some doctor believes is the person's life expectancy.

I understand at one level why Ms Forrest introduced this legislation upstairs, but I do not believe it reflects broad community sentiment about what should be the eligibility for accessing voluntary assisted dying. Of course, it is very difficult to measure community sentiment, but fundamentally, Tasmanians are fair-minded people, and I think they would have questions over the huge trust this bill places on medical professionals to get the prognosis right every time.

It should not be a requirement of accessing this legislation that a doctor has used their best estimate to determine how long you might live.

If this legislation is going to be person-centric - and that is, I believe, the intent of the legislation - we need to focus on the unrelievable suffering of the person.

I point to the experience of Western Australia, and the advice of the Ministerial Expert Panel on Voluntary Assisted Dying. I have been able to determine that there is no evidence supporting this six-month prognostic time frame, or 12 months for neurogenerative disorders. It is not, anywhere that I can find, cited as best medical practice. But the Western Australian panel said the six-month time frame originates from Oregon and it is based on a six-month prognostic time frame required for eligibility for hospice funding.

The Western Australian ministerial expert panel noted there is no clinical evidence supporting the use of a six-month time frame. The panel noted a suite of tools is used to

prognosticate a 12-month life expectancy, making this assessment more reliable than an attempt to prognosticate a six-month time frame.

The panel also recommended the use of the phrase 'death is reasonably foreseeable', rather than 'expected to cause the death of the person'. This may be due to one of the prognostic tools being the 'surprise question' - and that is, 'Would I be surprised if this patient died in the next 12 months?' This is a very different test to an expectation of death.

The Western Australian panel also did not support different time frames, but different conditions, noting:

> it is difficult and potentially discriminatory to weight the suffering of one terminal diagnosis above the terminal diagnoses, especially since a person may be suffering from more than one terminal illness.

I note that in Oregon where this six-month time frame is used, 50 per cent of people who requested voluntary assisted dying died prior to the completion of the process.

Without reflecting too much on the debate in the other place, I want to quote from the response of Mr Gaffney, the member for Mersey, on this amendment. He cites Dr Carr, who has great experience with the Victorian framework; many of us have read the emails or seen the video. Dr Carr says:

> One of the advantages of the Tasmanian legislation is that there is no requirement for the patient to have a specified prognosis with their terminal illness -

Again, quoting Dr Carr:

> In Victoria, the need to provide a prognostic time line has proven to be a significant stumbling block. In reality, almost no doctor can say how long a patient who is terminal has left to live. The requirement to provide a prognosis has paradoxically made some doctors hesitate, so the patients only become eligible for VAD care when it is in fact too late. The removal of this barrier would be likely to enable patients to begin the process at a more appropriate time.

And this is a doctor who operates in that space, as Mr Gaffney said.

He also quotes Dr McLaren, who has been involved in more than a hundred cases of the application for VAD in Victoria. More than 50 of his patients have received VAD medication; more than 40 have chosen to take the medication. He has been present in supporting patients and their families in more than 30 administrations of VAD medication, including seven cases where the practitioner intervention was required.

Dr McLaren says one of the advantages of the proposed Tasmanian bill is that it:

> removes the requirement for a short prognosis, and instead focuses on the suffering of the individual. It seems cruel that we must tell some of our

> applicants in the most amount of suffering that unfortunately they have not suffered enough and must wait as their prognosis is unclear.

We have an opportunity to ensure this legislation goes to the issue of the person and their suffering, not what a doctor decides may be a person's expected lifespan.

I feel really strongly about this amendment, which was put in upstairs. I feel it is wrong, and is not based on clinical evidence. I understand it has been put in out of an abundance of caution on the part of Ms Forrest, and then supported by the Legislative Council, but there is no foundation in evidence for having a six-month and 12-month prognostic time frame. I encourage members in this place - those of us who support the intent of this legislation - to remember that this is about giving power back to the individual to have a real say over the manner of their passing from the mortal world.

For too long, death has been highly medicalised. The power has been left almost solely in the hands of doctors. We know that out of enormous compassion, doctors are making decisions every day to administer medication that has the effect of hastening death - and these are decisions made by the doctors, not by the suffering person.

We need to reset the balance so that the individual who is suffering has the right to have a say in the manner of their passing. For too long, all the power has been in the hands of doctors, and that is part of the reason, of course, that the Australian Medical Association (AMA) over and over again has not supported voluntary assisted dying legislation.

I urge members to think about this amendment, because I believe it will strengthen the bill for the suffering person. From a personal point of view, that is my entire motivation in debate on this legislation.

I hope members will understand that this clause, which has been put in upstairs, is not backed by evidence. It is not best clinical practice, and it does not have the interests of the suffering person closest to heart.

Procedural Matter

Mr DEPUTY CHAIR (Mr Tucker) - Before I call the next speaker, the Clerk has just briefed me on a procedural issue, which I am now going to explain to everybody. If I get it wrong, the Clerk is going to turn his head towards me, so that I know I have it wrong.

The reason it is so important we deal with these amendments sequentially, as we go through the bill, is that once you go past a section of the clause, it is deemed to have been accepted by the House.

Ms O'Connor's current amendment should have been debated before Mr Barnett's previous one, because his dealt with -

Ms O'Connor - Just very fast.

Mr DEPUTY CHAIR - And I am going to deal with that as well.

I have suggested to the Clerk, and he has agreed with me, that regardless of who gets the jump going forward, the Clerk and whoever is assisting him at the time knows whose amendment should be coming next.

Regardless of who gets the jump, the Clerk will indicate, to either myself or Mrs Petrusma in the Chair, whose amendment needs to be dealt with next. So even if Mr Barnett, in this case, had the jump, the Clerk would then turn to Ms Petrusma or me and say, 'Actually, Ms O'Connor's amendment is the next one in sequential order.'.

Normally, we would say this whole amendment is now out of order and not allowed to debate; I am not going to do that.

We will allow the debate on this amendment to go forward and see what the will of the House is on this amendment, and then either Ms Petrusma or I will speak with the Clerk about what we need to do about Mr Barnett's amendment that we just voted on.

Ms O'Connor - Thank you, Mr Deputy Chair. Thank you, Clerk.

Mr JAENSCH - I thank Ms O'Connor for her contribution. I philosophically agree that this is about a person and their suffering. The fact of what we are dealing with here, though, as lawmakers in this parliament, is that we have a bill that has been sold and has passed through the upper House, its second reading and the public process it has gone through and the public discussion on the strength of it being for the relief of suffering for people who are dying. It has been consistent on that where previous bills were not and drifted from being about people who are dying to people who are suffering. That is why I did not support the last bill that was before this place because I believed it had been sold to the community as one thing and then appeared as something different at the end, and you did not have a mandate for it.

In this case, this bill is very clearly about relieving the intolerable suffering of people who are dying from the condition that has been nominated. I believe that principle has been thoroughly canvassed and explored, and the principle on which the bill has progressed to this stage. The use of prognostic time frames is the clunky but accepted way of determining medically that a death is going to happen, a person who is dying within a reasonably predictable time frame, as imperfect as that judgment may be. I think the test in exceptional cases that Mr Barnett has introduced can add rigour to that, but I think it would be a grave mistake to remove what I understand to be the thing that declares this is about the suffering of a person who is dying and will die and therefore this service is about foreshortening the period they need to suffer.

That is how I understood it and discussed it with my constituents. I think removing the prognostic time frame at this stage of the game would be totally out of step with how the bill has been developed and communicated and discussed. I will not be supporting this amendment.

Dr BROAD - I think you might want to also respond to my sentiments as well, rather than waste one of your two turns. I agree with a lot that the member for Braddon, Mr Jaensch, has said. I stood in this place in my first debate on voluntary assisted dying and, as Mr Jaensch said, the discussion on that bill was about people in the process of dying and that bill was to

ease their suffering. However, the lack of protections meant that bill was applicable to far more people than those who were in the process of death.

One of the strongest factors, I believe, in people supporting the bill in the upper House and now through the second reading, is that this is a discussion about the choice of two deaths. That has been one of the strongest points. I certainly had conversations with the member for Mersey, and I really appreciated his compromise on this particular point. Without going over my second reading contribution, there are various points in this Committee debate where the bill could, in effect, fail to get passed, either in this place or in the other place. This is a key point. I know that the Greens and Ms O'Connor in particular have been consistent on this point throughout -

Dr Woodruff - Hold on, this is a conscience vote.

Dr BROAD - I am not casting any aspersions.

Dr Woodruff - Just to be clear this is not on party positions.

Dr BROAD - No, but there were Greens previously in this place, not just you. Ms O'Connor has been very consistent in wanting voluntary assisted dying legislation that was more available, shall we say, than the majority of legislators in this place have been willing to accept, and that is predominantly the reason it and similar bills failed three times.

We are at a point now where a large number of MPs in both the upper House and here are comfortable with the idea of voluntary assisted dying because of the protections that have been added. One of the protections that I really appreciated the member for Mersey inserting was that the relevant medical condition would be likely to cause death. However, in the upper House that debate was quite vigorous - and again was repeated in this place - that a prognostic time frame was an additional safeguard that meant people could support the bill through the second reading.

I think there is a danger here and I am surprised this amendment is being moved, to be honest.

Dr Woodruff - Why?

Dr BROAD - Because I think this is a point where support for the bill could change because of the prognostic time frames, whether they are clunky or whether they are for all the reasons Ms O'Connor highlighted. This is a point in time where this bill could lose support so I think you have to be pragmatic that although the prognostic time frames may be clunky and there may be arguments where doctors are uncertain, we have certainly heard arguments where these points have been teased out into the extreme. I do not think the prognostic time frames would be a bad thing and lead to people not being able to access the scheme.

Ms O'Connor - That is not the evidence.

Dr BROAD - I think it is an added protection. It gives a lot of people comfort, both in this place and in the public, and I do not think we should not support this amendment.

Ms COURTNEY - With regard to Ms O'Connor's amendment, I have listened very carefully to her contribution and I want to say I thought it was very well argued. However, I have also listened to other members as well and I will not be supporting her amendment.

As has been articulated by other members, this is a very substantial change in terms of the bill voted on in this House last year. With an amendment such as this there needs to be a lot more work and engagement done with the community before I would contemplate supporting it.

I know that overseas there are some different scenarios, but in the Australian examples the time frames in this bill line up with those other jurisdictions. While I think the member made her arguments very coherently, I am not compelled to step away from what is happening in other jurisdictions.

Ms O'Connor - Even though it is not based on evidence or best clinical practice?

Ms O'BYRNE - I will also be opposing the amendment. It is not that I do not understand exactly what Ms O'Connor is saying and the motive behind it. I went to all of Mr Gaffney's forums in my electorate and I understood the position when it was placed then. However, this has been debated extensively within the community and in the upper House. There is a range of views on it. The safeguards are the very reason that many people have been able to support the bill in the way it will be applied.

It is regarded as one of the safest bits of legislation worldwide. That is really important. I do not think it is true to say that this is a difficult decision for doctors to make or one that might not be made in the appropriate time frame. They make this kind of call all the time. If you apply to get your superannuation early because you have a terminal illness, doctors have to sign a form saying they agree and that you have a prognosis that has a time frame around it.

I understand what Ms O'Connor is saying and I understood it when Mr Gaffney first had that position. It is not that I do not have sympathy for it, but it is a fundamental change to the bill as it has been discussed in the community. It is important that as we are acting as a House of review in this instance, we also understand community expectations and the implications of such a fundamental change to the bill.

Ms O'Connor - The bill that was discussed with the community did not have prognostic time frames.

Ms O'BYRNE - There has been significant debate since this bill was debated in the upper House. There was a long debate up there; there has been debate in the community, and it is one of the reasons it has support.

Many people said in the Chamber yesterday that we are masters of our own destiny - thank goodness we have a male term for that - but we are capable of making our own decisions down here, and we do, but we have to do so with regard to their impact, not only in the community, not only in those people accessing the bill, but also on the ability of this bill to pass.

If we fundamentally change this provision, we will be creating a deal-breaker upstairs. That is a matter for them and they will vote on it however they will, but if you look at the debate

up there, if you have had conversations with people who were engaged in that debate, this is something that could mean we do not end up with voluntary assisted dying legislation in a couple of weeks. Fundamentally, that is what I think many of us in this room want to achieve. It is about being a little bit pragmatic on some very difficult decisions.

Dr WOODRUFF - I want to pick up on the point the member for Bass made about this being the safest legislation. We have to understand that every clause of this legislation is about balancing many issues and the bill is about balancing a range of concerns. Ultimately, it is our responsibility as legislators to make sure that when we listen to concerns about matters to do with safety, they are based on evidence.

That is the important point Ms O'Connor is making with this amendment before us. The time frames being proposed are not based on evidence. They are arbitrary; they have not been chosen in other Australian jurisdictions' voluntary assisted dying legislation. They are not part of the Western Australian bill, they are not part of the Victorian bill, and they are not part of the Canadian bill.

It is important for us to understand we are departing from the historical, albeit short history, position in this area, but accepting that every other jurisdiction that has been through this debate has had it very extensively. We are the fourth of those jurisdictions having this discussion.

I am concerned because when we place a prognostic time frame into the definition, we are necessarily meaning there is less opportunity for people to access voluntary assisted dying who have already been diagnosed with an advanced, incurable and irreversible condition for which there is no available treatment or treatment acceptable to the person.

Let us be clear: this is not about saying that anybody who is not feeling very good can access voluntary assisted dying. This in no way is reducing the stringency of the definition we are all agreed upon. There is no challenge to this definition, so we are in agreement that no-one would be able to access voluntary assisted dying if they did not pass the test of having a diagnosed advanced incurable and irreversible disease or condition for which there is no treatment or there is no treatment acceptable to the person.

The question we are talking about is whether there has to be a medical practitioner time frame put on that person's time of death. I put to members that there is no good evidence for a six-month or a 12-month time frame, 12 months for neurodegenerative or six months for other people. There is no good evidence base.

Other jurisdictions have raised this many times and are very concerned at the overly conservative length of time medical practitioners will give about a person with a terminal illness, their death, the time of their death versus the reality of when they die. I will read from a study in 2000 - not that recent; not that many of these studies have been done - published in the *British Medical Journal*. It was quoted in the discussion in the Western Australian ministerial advisory panel in relation to its voluntary assisted dying legislation. It finds that clinicians tend to overestimate survival times substantially. In this study of terminally ill patients, of 343 doctors who provided survival estimates for 468 terminally ill patients at the time of their hospice referral, only 20 per cent of predictions were accurate, 63 per cent were overly optimistic.

That means that 63 per cent of the time, people were predicted to live far longer than they actually did. We have to be clear that the majority of people who will be accessing voluntary assisted dying under this legislation will have to be predicted by their doctor only to survive with their terminal illness no more than six months. It may well be that the process of applying and spending the time applying for voluntary assisted dying is going to catch up with people and mean that they are not able to access voluntary assisted dying.

We do not want the overly optimistic estimates of doctors to mean that people miss out. The purpose of this legislation, the spirit, is to alleviate suffering and pain for people who have a terminal illness, and who will die because they have an advanced and incurable form of that illness and there is no treatment. That is why I think it is really important we stick to the evidence and understand that well-meaning as that amendment to the legislation was in the upper House, the fact is it is an arbitrary estimate and it will mean that people who should have access to this will miss out.

Ms OGILVIE - I am going to make just a couple of short comments. I think we are really talking about dementia patients who are diagnosed early and whose trajectory could last a matter of years. I have recently had the experience of this in my own family. What happens from a legal perspective is that as the dementia increases, the competency issue comes into play much more directly. If you are going to consider both those issues, not so much with other degenerative diseases, but certainly with dementia and the capacity issue, I want to put on the record that I think that is one area worthy of deep consideration. I do think we need to note that for the record.

The second thing is that yesterday I argued we are the masters of our own destiny in this House. I argued that legislation could be improved by looking at what is happening elsewhere, not just legislation that is in place in other states and territories, but that we could form our own views particularly in relation to Tasmania. Those contentions were not agreed with, but they do seem to be being argued today by the Greens. I am a little bit confused about the basis of the process. I do accept, of course, that this is a new process for us. It is perhaps something that will happen again, given the nature of the make-up of the Houses, so regarding those issues of processes and legislating in a reverse system in the Westminster system, I think this House needs to give some thought to how we do that properly going forward, particularly because the bills likely to come through this process - the social reform bills - are very important to many people, to all of us. I think the way we go about having these debates is incredibly important.

I have not formed a view about this issue of time lines. I have had the personal experience recently in the last two months of a death in my own family of someone with a dementia issue. It is an issue of competency and when you are able to make decisions. Competency can fluctuate as well.

I want to put that on the record. I also stand by my philosophical position yesterday that we need to be pragmatic and practical, that we need to recognise the issues as they actually currently occur and not have philosophy override us or be overly concerned in a Westminster system about whether our decisions in this forum, which we are entitled to make as elected representatives in the lower House, the House of Assembly of Tasmania, might be viewed ultimately by the Legislative Council. I am very much of the view that we ought to be masters of our own destiny. I just wanted to reiterate that.

Mr STREET - The process of going through this bill means that there are times when I am going to be in the Chair when I want to speak on something so I appreciate Mr Tucker taking over from me to allow me to speak on this because I can see from the people who have spoken that it is most likely not going to come down to a deliberative vote from the Chair, so I thought it was important I put my opinion about this on the record.

Whilst I understand that the prognostic time frames in the bill have allowed Mr Broad, Mr Jaensch and others who did not support the bill in 2017 feel more comfortable this time round with the bill, I put on the record that I supported the bill in 2017 that did not have any prognostic time frames in it. I will vote for this bill with the prognostic time frame in it, but I put on record that I think it is a mistake to have the prognostic time frame in the bill.

I think that by putting in the prognostic time frame, we are essentially deciding on what length of time it is acceptable for somebody to suffer. We are basically saying that if they have an incurable illness that cannot be treated to their satisfaction and it looks like they have eight months to live, they have to wait two months in unendurable suffering before they can access this bill. I do not think that is right.

My other point is that one of the central tenets of my support in 2017 and 2019, which I mentioned in my second reading contribution both times, for the concept of euthanasia or voluntary assisted dying, whatever you want to call it, is that it is about putting power back in the hands of the individual and taking it away from doctors.

That is not to diminish the role doctors play in the community or in our healthcare system. It is about saying, 'This is my life and I will decide what level of suffering is acceptable to me and what is not.'. If this bill becomes law, people should be able to say to the physician or whoever, 'I have reached the point now where my suffering is past the point of being bearable. It has affected my quality of life to a point where I don't want to go on any longer. I know what the end result is going to be. I don't care whether it is six months, 10 months, 11 months, 13 months away, I know myself that I'm at the point where I want access to this now.'. By putting prognostic time frames in, we are taking an element of the individual's choice and freedom away from them which I think is the central tenet of what we are speaking about with this bill.

As I said, I will support the bill with the prognostic time frame in it if that is the will of the House, but I believe it is a mistake to have it in there. There has been a lot of talk. Ms O'Byrne made the point about not wanting the bill to ping backwards and forwards, and I absolutely agree with that -

Ms O'Connor - Yep, me too, but it's going to ping anyway.

Mr STREET - but at the end of the day the pragmatic view has to be that if the will of the House is that VAD becomes law at the end of this process, we have a law and we do not have this backwards and forwards.

It seems to me that we are paying an awful lot of attention to what the Legislative Council's will was rather than thinking about what the will of this House might be and whether the Legislative Council should in turn take note of the will of this House when the bill arrives back up there. It seems to be a very one-way street at the minute in terms of how we are dealing

with this whole process - that somehow because it started in the Legislative Council we have to pay more attention to the will of the Legislative Council than the will of our own House.

Mr O'BYRNE - I echo the sentiments of the speaker who just resumed his seat, Mr Street, not so much on the reflection of both Houses and the process, but on his sentiments around the prognostic determination in the bill. In 2013 I voted for a bill that did not have that as well. This is something I have anguished over in terms of my support for this bill and the decisions that individuals make. Mr Street and other members have passionately argued that it is about putting power back into the hands of people to make a decision about the kind of death they want and that fundamentally underpins this bill.

But I am sick of saying sorry. I am sick of saying you are right. I am sick of saying, yep, we should, so the responsibility we have here is to deliver. People are saying some people may miss out on an option, and that may be the case and that would be a tragedy, but at the moment everyone misses out.

We have a responsibility as legislators to build a consensus not only in this House but in the other House as well. It is not about kowtowing to the other House; it is about respecting and understanding the nature of their debate and listening to the second reading contributions and people talking about their journey on this, people who previously voted against it who are now voting for it. There are key things that have made them comfortable and enabled us to build consensus, not an absolute majority in terms of the full numbers of the House but a majority that will get this bill through the House.

We have a responsibility to the people who have asked us to deliver legislation that will enable them to have dignity and have choice at the end of life. It may not be perfect, and I am concerned about that. I have had so many conversations with my friends and people in the street who have come to me to raise this specific issue with me and I sympathise with them, but at the end of the day we have a responsibility to build legislation that can get through both Houses of parliament. We need to recognise that and we need to stop making excuses.

Listening to the passionate, well-thought-out and well-constructed arguments put forward to this amendment by Ms O'Connor, Ms Woodruff and yourself, Mr Street, and others who have contributed, I feel we have a responsibility not only to get the best legislation but also to get legislation that can be implemented and can pass both Houses of parliament. Therefore despite my intellectual and philosophical opinions, I cannot support the amendment.

Ms O'BYRNE - I thought that was incredibly eloquent, David. I just want to add that there is a level of pragmatism we have to take to this debate around what we can achieve. There is not a member or a minister in this House who has not had to think about what the other place would do when it receives legislation. That is just a reality we have to deal with. It is actually how the parliamentary system works. It is difficult on some occasions, but we have to be pragmatic about what can be achieved.

I am universally pro-agency and pro-choice. That is who I am so it is a difficult thing, but I just wanted to give some comfort, particularly to Mr Street and Mr O'Byrne who have spoken, and I know that both Ms O'Connor and Ms Woodruff have made comments as well and are very passionate.

Other elements of the bill also go to providing greater access, and they are about the definition of subjective suffering, not objective suffering. That actually makes a significant difference, as does the fact that the commission can grant exemptions.

I agree, Mr O'Byrne, that it is not perfect, but if this is the best we can get, to deliver that outcome, then sometimes in life we have to be pragmatic. We do not always get everything as perfect as we want. The most important thing is that we have delayed people's access to this legislation and this opportunity for too long.

Ms O'CONNOR - I thank all the speakers for their contributions. Just to be clear - particularly in response to what Dr Broad and Mr Jaensch have said - this is actually quite a pragmatic amendment that I am proposing. It talks about a condition that is irreversible and expected to cause the death of the person.

In clause 6(2)(b), if there is no reasonably available treatment that:

> can cure or reverse the disease, illness, injury or medical condition and prevent the expected death of the person …

This is actually for those who had issues with the previous bill that came through this place, because the emphasis was only on unrelievable suffering. This is a stronger provision. It recognises these conditions will cause death, and on that journey to death there is unrelievable suffering. I just want to make that clear in case anyone has not properly read the proposed amendment.

I understand the need to build consensus around this legislation. It has been a long journey in the Tasmanian Parliament; in fact, it is now 11 years long. I do not think any one of us in this place has an accurate read on what the Tasmanian people's expectations on the detail of the bill are. The bill consulted by the member for Mersey did not have prognostic time frames in it.

What we have seen from public opinion polling - and that is the best gauge we have, I guess, in terms of the measure of public support - is that overwhelmingly the Australian people and the Tasmanian people support a safe, legal, compassionate framework for voluntary assisted dying, in numbers of around 80 to 85 per cent. It does not matter how people vote, and it does not matter how old they are. This legislation, having a framework like this in place, has overwhelming community support.

I guess what frustrated me before about what Mr Jaensch said is that he was talking about the community's expectations. Well, the community's expectations on this issue have been ignored for more than a decade in the Tasmanian Parliament. The community has expected members of parliament to reflect their wish for a safe, legal, compassionate framework for voluntary assisted dying in Tasmania. I did not hear Mr Jaensch worry about community expectations in the last debate. I may be misrepresenting you, but the community expects us to deliver this framework.

I recognise the numbers are not here to remove this time frame. I think it is a matter of regret that we are more worried about what some members of the upper House might think than we are about delivering good law or not in some quarters.

I am not going to divide on this, but I can foreshadow that Dr Woodruff will be presenting an amendment shortly that might give members of this place more comfort around prognostic time frames that are actually based on clinical evidence.

Thanks, everyone, for your contributions.

Before I sit down, I want to follow up on a matter raised by Mr Barnett and Mr Ferguson yesterday in a very -

Ms Ogilvie - Are you putting the amendment?

Ms O'CONNOR - I have put the amendment; I do not need your guidance on how to conduct myself as a parliamentarian.

What I heard yesterday was this fearmongering about this clause, 'relevant medical condition and diabetes'. Last night I received an email; I will just call my constituent Bonnie. She said, 'If my partner stopped taking his insulin, he would not need VAD, he would be dead, fast.'

Then a post on the VAD Tasmania page:

> after watching the antics of Mr Ferguson and Mr Barnett yesterday, my own mother chose to stop treatment. She was a diabetic for some 30 years or more, insulin dependent. She chose to stop treatment shortly after having her leg amputated. She was told more limbs would be amputated in the near future. She survived 14 days without insulin, and I believe she would have accessed VAD had it been available -

Sitting suspended from 1.00 p.m. to 2.30 p.m.

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

In Committee

Resumed from above.

Clause 6, as amended, further considered -

Ms O'CONNOR - In closing on this amendment, I want to do justice to someone who left a post on the VAD Tasmania page about her mother who made a decision to stop taking insulin - obviously she was a type 1 diabetic. This woman says, and I will start from the beginning because it is only brief:

This woman says, and I will start from the beginning as it is only brief:

> My own mother chose to stop treatment. She was a diabetic for some 30 years or more, insulin dependent. She chose to stop treatment shortly after having her leg amputated. She was told more limbs would be amputated in the near future.

> She survived 14 days without insulin and I believe she would have accessed VAD had it been available, but she certainly did not choose to stop treatment to access VAD, she chose to stop treatment because it was her choice, her life, her death. She chose to leave this life before she suffered more amputations, more pain, more skin grafts. She left while she still had her dignity.

Ultimately, this is what this legislation is all about. I commend the amendment to the House, but I know where it is going.

Amendment negatived.

Clause 6, as amended, further considered -

Dr WOODRUFF - I listened very carefully to that debate as I am sure all members did. As reflected in the bill before us and as a result of discussions in the other place, it is clearly the will of the House to have a time frame in Tasmania for the voluntary assisted dying eligibility process.

With that in mind and to reflect the best expert discussions that have been had in Tasmania, Western Australia, Victoria and in Canada, among other places, this amendment seeks to provide one single time frame and that time frame being 12 months. I will read the amendment in:

First amendment

Page 23, clause 6(1), definition of **relevant medical condition**.

Leave out paragraph (c).

Insert instead the following paragraph:

"(c) except if the person is exempted from this requirement under subsection (3) - has resulted in the death of the person being reasonably foreseeable within a period of 12 months."

This removes the current paragraph (c) which has two time frames - one is expected to cause the death of the person within six months and the second, if the disease is neurodegenerative, to be within 12 months.

It replaces it with one single time frame which has the important determining element that it is reasonably foreseeable to the medical practitioner, to the consulting medical practitioner and to the voluntary assisted dying commission in the determinations through each stage of the process.

The arguments for why we need to have a time frame have been put by many members of this Chamber and it was supported in the other place. I am proposing we put them together because the six-month time frame for people other than people with neurodegenerative

disorders is an arbitrary one. It was not what was consulted upon - there were no time frames in the bill Mike Gaffney tabled in the upper House.

We should not forget that the bill Mr Gaffney tabled was widely consulted in Tasmania. Extensive workshops were held and people from across all parts of regional Tasmania were encouraged to attend workshops and to provide their views. The bill tabled in the first place by Mr Gaffney was, in fact, the result of the best understanding we have of the Tasmanian people's views on voluntary assisted dying in Tasmania and what they wanted to see in such a bill in terms of choices and safeguards.

What we have in front of us is an amendment to that bill which resulted in the bill here which was put in by Ms Forrest at a later stage in the discussion in the other place. It is very clear that the six-month time frame for access for all people is an arbitrary time frame so it is not a time frame based on any best evidence. It is not one that is supported in the majority - I am reading here from the Ministerial Expert Panel on Voluntary Assisted Dying from Western Australia and it makes very clear that there should only be one time frame. That was its conclusion - that it is not six months for some conditions and 12 months for other conditions. The panel's view was that it is difficult and potentially discriminatory to weight the suffering of one terminal diagnosis above another terminal diagnosis, especially since a person may be suffering from more than one terminal illness.

Other members have spoken about this, but I think the point is that the suffering a person can have from an incurable and life-ending illness can be profound, it can be prolonged and it can go on for far longer than six months. There is no basis for having two time frames in this bill and the extensive conclusion of the expert advisory panel is that a 12-month time frame is conservative and fairer, and the inclusion of 'reasonably foreseeable' is a better tool for making a time frame prognosis than the way it is framed in the bill.

Ms O'Connor mentioned earlier the idea of a 'surprise question'. That term has now been written about fairly extensively in the academic literature, where the 'surprise question' is the question, 'Would I be surprised if this patient died in the next 12 months?'.

The combination of a medical practitioner with expertise asking that question, and answering it with other available palliative care tools commonly used in clinical practice is the best, most accurate, still conservative way of coming at the question of how long a person is likely to live with an incurable terminal illness.

I look forward to people's comments. I think it provides a way through. We have a clear signal from the other place that time frames are required. It is in the bill, and we've had an indication of that here, and it is a much fairer way of landing. It is pretty clear that as there were no time frames put in the bill in the very first place, this did not stand out in all the wide stakeholder conversations held in the formation of the bill Mr Gaffney produced and then tabled.

I do not think it is reasonable to claim we have evidence, other than those workshops, of what the Tasmanian community feels overall about this issue. The fact it was not there, I believe, speaks to the fact that the majority of Tasmanians involved in the consultation, and who made submissions to this bill in the other place - Mr Gaffney's bill - on balance did not recommend there should be a time frame.

Time expired.

Madam CHAIR - For the benefit of members who were not here before lunch, the Deputy Chair explained to the House that this amendment is not being considered in the correct order it should be. In future, we encourage members to please jump when their amendment falls within the clause.

Ms O'BYRNE - Madam Chair, I have just done that. We were advised that the Chair would make that call if they felt it was out of order. Will that be the case?

Madam CHAIR - At the time. Now we are just asking that members are cognisant of where their amendments fall, and to make sure it is clear where their amendment should be moved.

Ms O'BYRNE - Madam Chair, can I clarify that you will not provide that advice around order, which is what the advice was earlier? I do not have any amendments to move, so it does not impact on me, but for clarity.

Madam CHAIR - Of course we will take it under advice, but it is up to members as well, as normally happens in the House, that people who jump get the call first. What we are asking is for everyone to be cognisant of where their amendments fall, and to make sure that, between yourselves, you look at it and are aware where you do need to get the call and the jump as well. Any other speakers to this amendment?

Ms O'CONNOR - Thank you, Madam Chair, I will speak in support of this amendment. I think it is the 'third way', if you like. It is a path through that respects the will of the Legislative Council that there be a time frame, and reflects the fact that in this place there seems to be broad acceptance of, if not support for, a time frame for prognosis to be able to access voluntary assisted dying.

It makes the legislation less restrictive to people suffering from an incurable disease that will result in death. It has more clinical evidence at its foundation.

I think this amendment improves the bill before us. I would, of course, have liked to see the prognostic time frames removed. But it does, to a greater measure than the bill does now, provide more scope for the individual suffering person to be empowered over decision-making, and I think it provides a more realistic time frame for someone to be able to access VAD and to go through that really difficult process.

I strongly commend this amendment to the House. I think it is a very sound amendment that deals with those concerns I raised before, and that in fact were reflected by other members, including Mr Street, Mr Jaensch, Mr O'Byrne and Ms O'Byrne, let alone Dr Woodruff.

There is an understanding in this House that prognostic time frames are potentially problematic. I hope people will see this amendment is an improvement, and approach it with an open mind. Our job is to produce the best law we possibly can here.

Ms COURTNEY - I appreciate the amendment the member has put forward, particularly the arguments around it. Notwithstanding that, and I recognise that it is substantially different from the amendment Ms O'Connor moved, I am not of a mind to support it.

However, on this side we have a conscience vote, and some of my members have indicated they have different opinions to me on this matter. That will obviously be a matter for them, but I will not be supporting it.

Ms O'Connor - Are you able to explain what your reservation about supporting it is?

Ms COURTNEY - With regard to Dr Woodruff's amendment, as I articulated in my last contribution, as well as changing the wording around - as I read it - 'expected' versus 'reasonably foreseeable', it is in addition to the expansion from six months to 12 months for that particular cohort, as has been articulated, I think, by other members. I do not know what the other side is going to do on this matter; it is not something I am willing to support. However, in saying that, I appreciate the arguments put forward by the member. To be frank, I will be intrigued to see how the House votes on this one.

Ms O'BYRNE - I really appreciate this is a significant compromise you have made, and it is a desire to give effect to something that many people feel is a flaw in the bill.

However, I think the arguments that were put against your original amendment still stand. There is significant risk through it. I want to draw your attention to the fact that in clause 6(3) there is another way. We talked about a third way. That third way actually exists, in subclause (3):

> The Commission, on the application of a person, may determine that the person is exempted from the requirement of paragraph (c) of the definition of *relevant medical condition* in subsection (1)

That is there for those circumstances to ensure that people can have access if the commission determines they have fallen outside the time requirement, but genuinely need to do that. That does not have any time frame around it. It could be six months, it could be nine months, it could be three weeks. It could be whatever is necessary - and it is, once again, still holding up that principle that we have debated already, around the subjective decision and not objective decision. It is about that individual's particular needs. I am genuinely -

Ms O'Connor - Who is making objective decisions here?

Ms O'BYRNE - This is the point. We had this conversation already that the decisions are not objective, they are subjective - they are about the individual's needs. I think that gives us the pathway forward here. I am genuinely sorry it does not meet that need. I am genuinely sorry your view is not something we could end up with, but I just do not think it would work in the current climate, and I think we have to be pragmatic about some things. It is all well and good being pure and it makes you feel good to move the best of options, but we also want options that get through.

Ms O'Connor - I think a 12-month prognostic time frame would get through.

Ms O'BYRNE - Having listened to and read the debate upstairs, I think it would fall over. That is one of the reasons we have to be cautious with decisions we make in this House to ensure that at the end of the day this legislation passes and becomes law. That is the most important thing we are doing today. As I said, in clause 6(3), there is the opportunity for people still to be assessed outside the time frame. I think that gives some comfort.

Dr WOODRUFF - I respect the view Ms Courtney has presented. I would like to understand better Ms O'Byrne's position because she did not address the issue of six months issue; she just said we talked about it before. What we talked about last time was the need to have a time frame. She mentioned not wanting to stray from the place but I did not actually hear her address her problem. She said there were problems with the six months, but I did not hear her articulate what that problem is.

The problem I have identified with the six months is that it is unreasonably conservative in the context of the length of time a person is likely to live potentially in unbelievable pain and suffering. To contract to six months not only the time frame to their predicted time of death when they are able to use voluntary assisted dying, that is when they are able to start the process. There are so many bureaucratic hurdles to jump through, albeit we have decided they are important for safeguarding people in the community and indeed people themselves in making that decision. I support that, but no-one has presented the time frame of how long it is going to take a person to access and be able to use voluntary assisted dying from the point of first writing to their medical practitioner to getting that device in their hands and being able to use it.

I put to you, Ms O'Byrne, that in the very best interpretation, it will be a month, and that is if everything goes tickety-boo. We do not have that time frame before us, but there are numbers of people - BMPs, CMPs - being able to wait for up to seven days before a response is compelled and at other times there are not time frames. You want to put one more bar in the way, another hurdle for people -

Ms O'Byrne - You can attack me personally as much as you want.

Members interjecting.

Madam CHAIR - Order. I ask that Dr Woodruff be allowed to have the call. The member for Bass can make another contribution on this amendment.

Dr WOODRUFF - Thank you. If the member wants to stand up and respond, I support she is able to do that, but I am responding to her because she made these points. I do not think she is being very clear about the whole reasons she might not want this. I do not understand why she would not look at something that has been supported not by only the majority of people who spoke to Mr Gaffney in his workshop series, but also by ministerial advisory councils in states around Australia and overseas where this has been thrashed out ad infinitum.

A six-month prognostic time frame for the majority of people is far too short. I think it is very unfortunate the member would look to the situation in the upper House and try to read the tea-leaves on how people are going to respond on this because I do not agree. I beg to differ. I think the will of this House, if we support this amendment, would be strong enough to send a very clear message to people in the upper House who might not be sure about that position, and it might be well supported.

I encourage members to think about the very people who have come to us and have written to us. We are trying to give them an opportunity for choice about when they will end their life when they have an incurable disease with intolerable suffering when there is no

treatment available and no end in sight. It is up to them to make that decision. This is simply saying a one-year time frame for everybody.

Dr BROAD - I agree with my colleague, Ms O'Byrne, that the same arguments apply. It is not just about the upper House, it is about this place in that the prognostic time frames are a compromise but they are an important compromise that gives comfort to people and puts this bill in a frame where it is most likely to pass. Messing around with that compromise is not going to be very productive potentially here and in the other place so I will not be supporting the amendment.

Mr ELLIS - I want to make some short remarks about the amendment from the Greens -

Dr Woodruff - Excuse me, it is my amendment, Mr Ellis. We are not working as a party unit.

Mr ELLIS - I am sorry, Dr Woodruff, no offence intended and if it was taken that way I sincerely apologise. In terms of my approach to being a legislator on this bill, my deep conviction is that euthanasia inevitably leads to a number of wrongful deaths. My view is that if we are to do our job in this place we need to get towards zero. I do not believe we will achieve it but certainly were this bill to pass, it would be my hope that the number of people who would suffer wrongful deaths under this would be as close to zero as possible.

The international experience of euthanasia where it has been brought in is that there is enormous creep, particularly over time. The number of people who undergo euthanasia in places like the Netherlands has exploded in the last number of decades. Dr Woodruff mentioned Canada. It is interesting because at one stage Canada had restrictions on the time it would take for someone to die as predicted by a doctor, but unfortunately in some Canadian provinces that has been removed completely and the law is less than a decade old. It is important for us as legislators to remember that the longer the time before death, the more it will increase the number of wrongful deaths we will see. I will not be supporting this amendment.

Ms O'CONNOR - Madam Chair, it is very frustrating to have members like Mr Ellis falsely claim that voluntary assisted dying frameworks lead to wrongful deaths. Any analysis of the data, internationally and in Australia, does not support that proposition. The slippery slope argument put initially by Mr Hidding in this place - I remember it clearly - and by others is not backed up by the evidence. What Mr Ellis is effectively saying is that he is comfortable with people who have a terminal condition and whose suffering is excruciating and cannot be treated, with them not be able to access relief through the end-of-life care act - and it will become an act.

If Mr Ellis is going to stand in this place and suggest that wrongful deaths will result as a consequence of this legislation being passed, he needs to back it up with evidence. It might seem to the contrary, but you do not get to come into this place and make wild assertions on matters of life and death.

The experience of voluntary assisted dying frameworks, whether it be in Oregon, the Netherlands, Canada, Western Australia and Victoria, any one of the more than 20 jurisdictions where voluntary assisted dying legislation is in place, is that the slippery slope argument does not hold.

I point Mr Ellis, if he is interested in the facts, to look at a report from the Victorian Coroner before Victoria enacted its voluntary assisted dying legislation. The coroner in Victoria pointed to a high number of suicides. I do not have the words in front of me right now, but it was the coroner's view that a number of those suicides were related to suffering caused by terminal illnesses that could not be relieved by modern medication.

To put that another way, if we do not have a safe, legal, compassionate framework for voluntary assisted dying, people whose suffering is extreme and for whom there is no relief and no hope, have, and will, take matters into their own hands. Mr Ellis needs to educate himself.

I have the benefit of 11 years of looking at this issue through four different pieces of legislation and a comprehensive parliamentary committee process. Another piece of data that Mr Ellis might want to have a look at was published in the *Medical Journal of Australia* in about 2007-08; it asked doctors anonymously the question whether or not out of compassion and to relieve suffering, they would administer medication to a patient knowing it would hasten death. In the order of 64 per cent of doctors who answered this survey anonymously said that they had, so doctors are making this decision every single day.

For example, in the case of my father who had alcohol-related dementia and melanoma, nobody asked him if he wanted to be made more comfortable and put to sleep/have his life shortened. Nobody asked him because he had dementia so the doctor made that decision.

Ms Ogilvie - That is an assault.

Dr Woodruff - It happens every day.

Ms O'CONNOR - It happens every single day. If Mr Ellis wants to be taken seriously on this issue, I urge him -

Members interjecting.

Madam SPEAKER - Order, the member has the call.

Ms O'CONNOR - I urge him to do his homework instead of casting out a wild claim that this legislation will lead to wrongful deaths after it has been consulted over two years, drafted by the Office of Parliamentary Counsel off the back of the experience of other jurisdictions, gone through the Legislative Council and been amended and now it going through this place, and yet would still lead to wrongful deaths. That is an insult to us all.

The member does not get to come in here and glibly say that sort of thing because it is garbage and is unsupported in any way by the evidence.

Mr ELLIS - I want to turn down the temperature. My goal in this discussion is to be careful, considered, constructive.

I was asked for evidence. I mentioned Canada, and an article in *World Medical Journal*, 'The 'Normalization' of Euthanasia in Canada: the Cautionary Tale Continues', by the authors Herx, Cottle and Scott:

How Many People Undergo Euthanasia in Canada?

In just under four years, the number of euthanasia deaths has rapidly increased in Canada. New statistics released by the federal government on February 24, 2020, show that 13,000 people have died by euthanasia since the legalization of the practice, which represents approximately 2% of all deaths in Canada. The government estimated that there were 5,444 deaths in 2019 and 4,438 deaths in 2018 from euthanasia ... In comparison, Statistics Canada reported 1,922 deaths in motor vehicle accidents for 2018, the latest year for which statistics are available …

Euthanasia proponents argue that the Canadian death rate should stabilize at a level comparable to other jurisdictions with equivalent legislation, such as the Netherlands where euthanasia now accounts for 4.9% of deaths … However, it is troubling that Canada's rate has increased more rapidly than other permissive jurisdictions over a similar initial time period, and that our rates are quickly approaching current rates in the Netherlands and Belgium, where euthanasia has been legal for almost 20 years

Expansion of Euthanasia Practice and Legislative Changes

In addition to the increasing numbers of cases, there is also an expanding range of indications approved for euthanasia. In four years, Canada has moved from approving euthanasia for so-called 'exceptional' cases to euthanasia being treated as a normalized, almost routine, option for death.

Ongoing court challenges to legislative requirements for euthanasia have resulted in its approval for individuals with chronic illnesses such as osteoarthritis, dementia, and physical disability …

Dr BROAD - Point of order, Madam Chair. I am really loath to do this but we have a lot of clauses to get through. We are going to be here a long time. I ask the member to direct his comments to the amendment at hand. We have had a lot of these arguments in every part of the second reading of the bill and if we are reading stuff like that into *Hansard* which does not directly address the amendments, we are going to be here for months. I ask you to direct the member to be relevant to the amendment to the clause we are debating.

Madam CHAIR - Thank you, Dr Broad. I am sure Mr Ellis is going to get to why he is outlining all that to make it relevant.

Mr ELLIS - I will finish with this research, which is just coming to the end. I raised it because I raised Canada as a jurisdiction that has removed the six-month requirement and has since seen an explosion in the number of people who are using it.

Members interjecting.

Madam CHAIR - Order, the member has the call.

Mr ELLIS - There has been a large increase. The media reports:

> point to less restrictive interpretations of eligibility criteria by assessors and providers of euthanasia without intervention from the courts ... These precedent-setting cases have produced what euthanasia providers themselves call 'not an expansion of our law' but 'a maturing of the understanding of what we're doing' … This, in turn, has led providers to approve -

Dr Woodruff - You are reading biased commentary from an organisation on record as being opposed to euthanasia, and it is really offensive.

Madam CHAIR - Order, Dr Woodruff, allow the member to make his contribution.

Dr Woodruff - He should be clear about what he is reading from.

Madam CHAIR - Order, Dr Woodruff.

Mr ELLIS - I mentioned at the start it was the *World Medical Journal*, the authors were -

Dr Woodruff - Did you also say they are firmly opposed to euthanasia?

Madam CHAIR - Order, Dr Woodruff, I am sure you do not want to start to have warnings.

Dr Woodruff - It is not an objective body. Thank you, Madam Chair.

Madam CHAIR - Dr Woodruff, I ask you to allow the member to make his contribution in silence, please.

Dr Woodruff - I support Dr Broad's comments.

Mr ELLIS - The authors were Herx, Cottle and Scott:

> Although reports of criminal code and regulatory body violations have been well documented … , no charges have ever been laid.

Madam Chair, I just wanted to provide that to the House because it was asked about research in Canada and the expansion of the number of people who will access euthanasia if there is a change in the time frame for people to access it.

Mr BARNETT - Madam Chair, I add very briefly to this clause to support Mr Ellis and his concerns about the slippery slope. The fact is that it does occur and having been involved in a Senate committee that looked into the Northern Territory's brief adventure into euthanasia. That was a tragic failure, where four of the seven people who died under that legislation were found to have had symptoms compatible with that of depression. In terms of the safeguards under that legislation, they were simply inadequate.

Further, with respect to both Belgium and the Netherlands, there are some absolutely categorical slippery slope arguments. In Belgium the minimum was 18 years of age when it was first introduced. Now of course it applies to children. In the Netherlands an increasing number of patients are seeking to end their lives because of psychiatric illness, dementia and

other age-related complaints, so Mr Ellis is right. These are serious concerns and I refute the arguments of Ms O'Connor.

Question - that the amendment be agreed to - put.

The Committee divided -

AYES 3	**NOES 19**
Ms O'Connor	Ms Archer
Mr Street	Mr Barnett
Dr Woodruff (Teller)	Dr Broad
	Ms Butler
	Ms Courtney
	Ms Dow
	Mr Ellis (Teller)
	Mr Ferguson
	Mr Gutwein
	Ms Haddad
	Ms Hickey
	Mr Jaensch
	Mr O'Byrne
	Ms O'Byrne
	Ms Ogilvie
	Mr Rockliff
	Ms Standen
	Mr Tucker
	Ms White

Amendment negatived.

Ms COURTNEY - By indulgence, for clarity for the House, the amendment I had for clause 6 to leave out subclause (2) and instead insert subclause (3) has now been dealt with in Mr Barnett's amendment. He included that within his.

Clause 6, as amended, agreed to.

Clauses 7 and 8 agreed to.

Clause 9 -
Authorised medical practitioners

Ms COURTNEY - Madam Chair, I move:

First amendment

Page 28, clause 9(a).

Leave out the paragraph.

Insert instead the following paragraph:

(a) the person is a medical practitioner;

This amendment has been made to refer to the definition of 'medical practitioner' made in clause 5. This clarifies that for the purposes of the act, an authorised medical practitioner must meet the definition of medical practitioner as defined in clause 5 of the bill, rather than referring to the health practitioner regulation national law.

Ms O'BYRNE - Point of clarification. As I understand this, it does not include or exclude anyone who was not included or excluded, but is really clarity for the original intent that in no way changes the provisions - it just takes away an ability to misunderstand the provisions. That is on the record. Why do you need that? The existing clause seemed more specific than the one you have done. Can you explain why you need to shift, or is that OPC?

Ms COURTNEY - In terms of the agency advice, it is just for clarity - to simply link it back to the defined terms. There is no other reason for this change to try to amend the intent of it. As we went through yesterday with some of those definitions, it is making sure there was clarity around those definitions for the interpretation of the bill.

Ms O'Byrne - To clarify by interjection, if you are removing the person as a practitioner, that is not impacting at this point on the other subclauses which you will deal with your (c) subclause?

Ms COURTNEY - Yes, I will deal with those separately. That is simply for (a).

Ms O'Byrne - Other than that I do not know you need it to do that. It does not seem to make any sense.

Ms COURTNEY - I have been provided with advice that it would be better.

Amendment agreed to.

Clause 9, as amended, further considered -

Ms COURTNEY - Madam Chair, I move:

Second amendment

Page 28, clause 9(b).

Leave out the paragraph.

Instead insert the following paragraph:

(c) the person has practised as a medical practitioner for at least 5 years after vocational registration as a general practitioner or after completing a fellowship with a specialist medical college; and

With regards to this amendment, the rationale for this one, I do not think it was based on any of the agency advice. I felt appropriate to have this in the bill; I expect that other members might have contrary views. However, I note that other jurisdictions also have a requirement for a time period of experience. Victoria has five years for both general practitioners (GPs) and specialists, and Western Australia also has experience provisions.

I understand, and I know from reading the UTAS report, that there are differing views on time of experience being a proxy. However, in my opinion, a level of experience is worthy, considering the type of situations we are dealing with. By the very nature of voluntary assisted dying, the decisions made by a medical practitioner are final.

As I said, I am interested to hear other members' opinions on this amendment, but my firm opinion is that having experience in that area is appropriate and providing a time period is a helpful way of doing that.

Mr Jaensch - While you are on your feet, can you clarify whether you are taking out (b) and instead inserting (c)? Would it be a new (b)?

Ms COURTNEY - I am leaving out (b) and replacing it with (c), which actually encompasses the definitions in (b) and then basically adds the five years. Currently, (c) talks to relevant experience or managing the medical condition as the qualifier for the vocational register or general practice.

Mr Jaensch - If you are collapsing (b) and (c) into one thing, you would be calling it (b), would you not, because it comes after (a)?

Ms COURTNEY - Yes. Well done.

Mr Jaensch - Then you have to change (d) as well to (c), and then the others.

Ms COURTNEY - I am advised that after it all goes through, that happens automatically.

Mr Jaensch - Automatically?

Ms COURTNEY - These smart people deal with that for us.

Ms O'BYRNE - I genuinely do not understand the introduction to this other than you have done it because you seem to think it might not be a bad idea to do.

That significantly concerns me in terms of recognition of a medical practitioner's experience and advice. The introduction of a five-year moratorium is actually nonsensical. It means 10 years because you already have the five years of practice. It means they cannot do anything for 10 years.

I do not know of a single medical body that would have recommended this, that would have suggested this was a good idea, because it would be the absolute antithesis of all their other regulation of practice and capacity to practise.

You have used the example of other jurisdictions. Other jurisdictions have a different type of workforce - 95 per cent of our GPs are in fact specialist GPs. We do not need to provide

this kind of limitation because it should be about competence, not an arbitrary additional five years that has come out of nowhere really and certainly no advice that has been provided for you to do so.

I am extremely concerned about it because we do not have to do it in other areas. While you are not bringing this forward as Health minister, you are the Health minister and you are required to understand the limitations on medical practice, to understand the health practitioner regulation legislation and to recognise standards are already in place.

We are not going to say that a specialist cardiologist cannot perform an angiogram until five years after they have done their additional training. We are not going to suggest an oncologist might have to have an extra five years, not going to suggest a palliative care physician might have to have an extra five years.

I am worried that if you make this decision here, there are implications further on in the way we recognise the training and skills of medical practitioners. I do not think playing around with this one in order to make people feel a bit more comfortable about a doctor's competence is the right way to address any concern you might hold of how doctors are registered and how skills are actually achieved.

This is a significant impact on access to services. It is a significant decision to make and has implications in other legislation. While this is a private member's bill now, you as Health minister are now saying that you do not trust the qualifications that exist and that you want to put in an additional five years and have a moratorium, which means not five years - it is not a five-year process, it is a 10-year process. I absolutely oppose doing that.

This was also identified in the UTAS report. It made that clear as well. It was discussed extensively in the debate in the other place. The argument that 'Another jurisdiction has dealt with their staffing profile this way and I kind of thought it was a good idea' is actually not a legitimate act for you in your other role as Health minister to support.

The implications of you doing this here are profound. It could be used in other interpretations. It could be used in access to terminations, and that is not an appropriate place for you to be. I genuinely want to support you through this bill, but this is a dangerous piece of work. We will oppose it strenuously. I encourage you, if you do not have an overwhelming evidence-based reason to bring this in, to make this change, please do not. You do not need to do it. It does nothing to enhance the bill, but it does potentially diminish access and also sets a precedent that will be played out in other health areas, which has serious implications.

Dr WOODRUFF - I do not agree with the way the argument was framed by Ms O'Byrne but I do have a problem with this amendment. I understand it, this was in the bill in the upper House in the first place. A length of time to define appropriate medical expertise was in the bill and was taken out after conversation in that place. It was Dr Seidel, who is sitting here, who might have swayed members to understand that to be accepted to a college as a fellow, particularly if you are talking about the RACGP, requires extensive training over years and years, through which a person is a registered medical practitioner for that whole time - so that, in a way, you would have one or the other, but not both. This is a sort of a double and completely unnecessary extra burden.

I totally understand where it is coming from. However, the fact that in your amendment you have to practise for at least five years after completing a fellowship with a specialist medical college or vocational registration - if you left out everything after the words, '5 years', it would be a different matter. If you left out the words, 'after completing a fellowship with a specialist medical college' or 'vocational registration', because I feel like we are going into a circular conversation that was had upstairs.

I think that reflects the understanding about the quality of training, not just general training, but specific training as a GP over a long time before a person is accepted to a college as a fellow.

I would not support this in its current form, but I would be open to it if there was to a change to it.

Ms COURTNEY - Thank you, Dr Woodruff, I appreciate your contribution. I will reflect on that before we bring this amendment to a vote. With this legislation, it has been my intention to ensure that it is practical, and to ensure we have as much public confidence as we can in it.

With regard to levels of experience and training, I take your comments on board, as well as yours, Ms O'Byrne. There is no intent this should undermine, or be a reflection of my view of, the capacity or the quality of training. This is a bill that will have profound consequences. Ensuring the community has confidence in the level of experience of the people who are involved is at the heart of this.

I want to reassure you that it was not my intention with this amendment to somehow reflect on practitioners. This was, as I said, a policy decision that I felt strongly about.

With the clause as it currently stands - and I accept that in the UTAS report it says there are different views on using time as a proxy for experience - I am still concerned about 'relevant experience' in the existing paragraph (c). This was a way to rectify that, in my view.

Ms O'CONNOR - I will not support this amendment either. I understand that, in broad terms, this amendment put by Ms Courtney was in the original legislation tabled upstairs. It was removed by the Legislative Council.

I am worried that this is another arbitrary number being inserted into the legislation. Who came up with the idea that five years is the right amount of time to be sure a medical professional is capable of making determinations under this legislation? I think that the clause, as worded currently in the bill, is solid.

Again, I do not think that members in this place - with the greatest respect to Ms Courtney - have any 'read' on the public's mind on this issue, other than we know this has overwhelming community support.

I do not believe arbitrarily putting in a clause that requires five years of vocational registration or general practitioner experience, or after completing a fellowship, is going to particularly strengthen public faith in this legislation.

They will want to know this bill has been consulted, that it has been out to the community, that it has been dealt with by both Houses, and where it has needed to be strengthened, it has been strengthened. That is what people will want to know.

I do not support this proposed amendment because I think it is arbitrary, and is a bit like the six-month prognostic time frame. The legislation, as it is before us, is solid.

Ms BUTLER - I strongly oppose this amendment. A five-year moratorium is nonsensical. This really is an unprecedented clause. A specialist GP does not need to have five years experience to be able to provide palliative care.

I believe this was also discussed extensively in the upper House. It feels somewhat like policy on the run, a bit trigger-happy. I think the reason this was agreed to in the upper House was out of strong debate. It is not just the length of time a general practitioner has been practising for, it is the experience that general practitioner has.

Ms O'BYRNE - I want to have my final say on this, although it looks like an amendment to the amendment might be being drafted as we speak.

'Experience' has already been identified as having had that training. For us to be saying that it now matters how long you have been a doctor, not how competent you are as a doctor, and not if you have actually met those requirements, is fundamentally undermining the way we view our medical practice. We do not do this in any other area, and this is not the only area that deals with significant matters in the health sphere.

A number of incredibly complex areas require doctors and medical practitioners to make difficult choices. They do so based on the competency that they have, not their length of service.

An arbitrary five years - and five years has just been pulled out of almost nowhere - makes no difference. You are competent or you are not competent. That has been the decision made across the health sector, and this is a really dangerous place to go.

I was going to read some of the debate from upstairs, but I do not think we need to. I think this is wrong. I am actually just filling in time now, because it is quite clear we are looking at an amendment to the amendment being negotiated over there, and I guess I am facilitating that conversation.

We have over 500 specialist general practitioners in Tasmania. They are medical practitioners who are vocationally registered, who have specific postgraduate training in general practice. They are specialists in their own right, in the same way they might be a specialist physician who is an oncologist or a neurologist. It is no different under the law.

To start saying for the first time that we are going to have a difference in the law is a real problem.

This is actually really difficult. I want the member who has moved the clause to change her mind, but she is not listening, so I do not know how to really play this for the moment.

Ms Courtney, I hate to be rude, but I am making a point that I really want you to hear. I know you are trying to resolve the matter -

Ms Courtney - Sorry, I am trying to find a resolution, but I can -

Ms O'BYRNE - One of the resolutions is not to do it. We have 500 specialist GPs in Tasmania. They are medical practitioners who are vocationally registered, who have had specific postgraduate training in the speciality of general practice. They are specialists in their own right, in the same way as a specialist physician would be, whether they are an oncologist or a neurologist or any other specialist physician.

We do not have the issues other jurisdictions have. You say you have looked at other jurisdictions. Well, 98 per cent of our GPs are specialist GPs. We do not have the issues that you are trying to address in other jurisdictions. Then this makes no sense, and is actually an incredibly arbitrary decision for you to make and does have implications in other areas. I really encourage you not to do this.

Competence is defined based on your competence. It is not based on your length of experience, and most of us in many workplaces can attest to that, but specifically it is not. You do not get more competence in this space simply by the length of time because that assumes you have been dealing with that issue all the time to build any additional competence, and that is not the case. The reality is our specialist GPs are already there. We have already made them wait another five years. You are trying to implement a 10-year moratorium, and that is a significant change.

Dr WOODRUFF - I recognise the real concern here to make sure that the medical practitioners involved in the voluntary assisted dying process have the right sort of expertise and experience in dealing with people who are dying and who understand that process. I would say two things to that.

First, in order to become a general practitioner you have to be a trained general practitioner so you have to go through years of time in GP surgeries and talking to patients as part of your training. That necessarily involves coming into contact with people who are dying. All medical practitioners come into contact with people who are dying. It is true that GPs have that personal, intimate relationship with people, and that is different to somebody who comes into a hospital and gives you a diagnosis of lung cancer or something and comes in and goes out. It is an ongoing personal relationship, but a person who is training to be a GP must do a lot of time in the five years it takes for them to be trained in that way. They already have that expertise by the time they finally become a fellow of the college.

Second, and this was discussed in the upper House, I do not believe it is reasonable to think a GP would do the training to become a voluntary assisted dying accredited person if they did not feel they had the expertise to be engaged in that process. There would be no extra cash incentive, not that medical practitioners ever put that first, but there would be no reason to do this other than a real sense that you have something to give and that you want to give that, and that you have the experience. It is a pretty heavy weight of responsibility that any PMP is required to fulfil - a lot of thinking, a lot of paperwork, a lot of serious diligence, a lot of backwards and forwards with the law. It is not something anybody would take on lightly, so I feel comfortable without having anything after the five years. All that stuff about the college - I do not think that part of the amendment is required.

We have precious few medical practitioners in Tasmania and of them, an even more precious number of GPs, so this is an unnecessarily restrictive narrowing of the pool. We need to look at regional Tasmania and access to services across the whole state and the opportunities for people in regional communities to be able to access their GP, who might only have been three years post receiving their fellowship of the Royal Australian College of General Practitioners so they will have to go somewhere else. We have a smallish pool and we do not need to restrict that unnecessarily with what is on paper an arbitrary time frame. I think we can be confident in the processes and expertise that people who go through the training to become a fellow of the RACGP receive in terms of their contact time with patients and having these sorts of conversations about life and death.

Mr O'BYRNE - Essentially, we already have people who are specialists. They have to do a course in order to undertake these duties. Five years is unnecessary. Looking at it cynically, is it designed to narrow the pool of people who will undertake this very important work? To someone who is a specialist, to someone who has done all the study in the world and the course, to say they need another five years is a personal judgment on their skills, which is a reflection on the specialist, and I do not think it is necessary. This amendment is not necessary. It was dealt with in the upper House and we should deal with it in the same way down here.

Ms COURTNEY - Thank you, Mr Deputy Chair. Given that I clearly do not have the support for this amendment, I will seek leave to withdraw the amendment.

Mr Ferguson - Well, some of us support it.

Mr DEPUTY CHAIRMAN - The member needs to seek leave to withdraw the amendment now that it has been put.

Mr Ferguson - We thought it was an improvement.

Ms COURTNEY - While others speak to this amendment and put their views on the record, I will continue to seek further advice to try to get a resolution for this that all members are happy with. Perhaps other members would like to contribute to this clause while I am doing that.

Mr FERGUSON - Mr Deputy Chair, I did not intend to speak. I have been listening to the latter part of the debate. I am aware of the amendment. I thought it was fairly self-evident why Ms Courtney would want to move it. There are a range of ways in which people become doctors, and the pathways are reflected both in the original bill, together with the amendment circulated by Ms Courtney, in relation to the second proposed amendment to clause 9.

I think what very clearly sits behind this is a disposition that a person should have five years of experience as a qualified specialist or general practitioner in order to be entrusted with that very particular role as an authorised medical practitioner.

I think that is self-evidently speaking for itself as to its merit. I heard a comment earlier, and I do not know, Mr O'Byrne, exactly what you meant - the suggestion that it might have been cynically motivated by the mover. I did not understand why you might have thought that.

People work in their vocation for, what, 40 years? You are talking about a five-year period of time out of those 40 years.

Ms O'Byrne - Ten years: five and five.

Mr FERGUSON - I am sorry?

Ms O'Byrne - It is 10 years. It is five years plus five years.

Mr FERGUSON - No, you did not hear what I said. I said people will have a working life of approximately 40 years.

Ms O'Byrne - You said five years, we heard you.

Mr FERGUSON - I will repeat what I said. A person might have a 40-year working life, of which you are saying five of those years are beyond their qualification as a general practitioner or as a specialist. It is not going to reduce the pool of people by any substantial amount at all.

What it will do is promote the notion of safeguards. I would have thought you would be looking for safeguards. I am.

We believe the bill will pass, and I do not think it is right to continue what was done yesterday, which was to try to ascribe bad motives to good people in this House, on both sides of the debate, who are looking for safeguards.

I do not know exactly what is in Ms Courtney's mind at the moment as to any difficulties with seeking advice. I am looking forward to hearing any further responses.

I would have thought this was a fairly cut-and-dried, non-controversial way of trying to enhance the safeguard of the legislation, noting that this is new for Tasmania. It has never been done here. If you are going to entrust this role to authorised medical practitioners, surely you want them to be experienced in their lives?

Ms O'Connor - The clause, as it stands, requires them to be substantially experienced.

Mr O'Byrne - And to go through training.

Ms COURTNEY - I have listened to all the contributions very carefully, and indeed have sought advice from the mover of this entire bill, Mr Gaffney.

However, my view does still stand with regard to the experience. Trying to define the definition 'relevant', I worry that will itself have unintended consequences. I understand my view differs from others, but my view is that this amendment should still stand, and I will continue to move it.

Mr DEPUTY CHAIR - The question is that the amendment be agreed to.

The Committee divided -

AYES 11	NOES 11
Ms Archer	Dr Broad (Teller)
Mr Barnett	Ms Butler
Ms Courtney	Ms Dow
Mr Ellis (Teller)	Ms Haddad
Mr Ferguson	Ms Hickey
Mr Gutwein	Mr O'Byrne
Mr Jaensch	Ms O'Byrne
Ms Ogilvie	Ms O'Connor
Mrs Petrusma	Ms Standen
Mr Rockliff	Ms White
Mr Tucker	Dr Woodruff

Mr DEPUTY CHAIR - The result of the division is 11 ayes, 11 noes. In accordance with standing order 257, I cast my vote with the ayes.

Amendment agreed to.

Clause 9, as amended, further considered -

Ms COURTNEY - This is the additional amendment. I move:

Third amendment

Page 28, paragraph (c), before "medical condition."

Insert "disease, illness, injury, or".

This amendment adds the words 'disease, illness or injury' to clause 9(c), to make it consistent with clause 6(1) of the bill, where it refers to:

> ***relevant medical condition***, in relation to a person, means a disease, illness, injury, or medical condition

I have added those three words to clause 9(c) to make it consistent with clause 6(1) of the bill.

Dr Woodruff - It was circulated.

Ms COURTNEY - To clause 9(c), where it has 'relevant experience in treating or managing the medical condition', it adds 'disease, illness or injury or medical condition'. This expands this clause so it is consistent with clause 6(1) where we define the medical condition and talk about its relation to a disease, illness, injury, or medical condition. It is expanding that to replicate and reflect what is in subclause (c).

Ms O'Byrne - So this is amending the new paragraph (c) we have just amended?

Ms COURTNEY - No, that is what I was seeking clarification on.

Ms O'Byrne - I don't have one that reads now as it would read given that that amendment has been accepted.

Ms COURTNEY - I have sought advice on it; I think I was somewhat confused by Mr Jaensch so we have replaced -

Ms O'Connor - Welcome to our world - standard approach.

Ms O'Byrne - Don't be distracted. Help me out here.

Ms COURTNEY - No, I am trying to. The old clause 9(b) has been replaced by -

Ms O'Byrne - The one you call 'the new (c)'.

Ms COURTNEY - Yes.

Ms O'Byrne - But then the old (c) is still the current (c).

Ms COURTNEY - The current (c) is still there.

Ms O'Byrne - Which says the person's 'relevant experience in treating or managing the medical condition expected to cause the death of the person'.

Ms COURTNEY - Yes, so before 'medical condition', we are expanding that to be 'disease, illness, injury or medical condition' to bring it in line with clause 6(1) on page 23 of the bill paper now before the House. That is where we talk about a 'relevant medical condition' and we define that as 'in relation to a person, means a disease, illness, injury, or medical condition'. I am sorry for the confusion.

Ms O'Byrne - Fine.

Amendment agreed to.

Clause 9, as amended, agreed to.

Clause 10 -
When person is eligible to access voluntary assisted dying

Ms COURTNEY - Mr Deputy Chair, I move the following amendment:

Page 30, after clause 10(2).

Insert the following subclause:

(3) For the avoidance of doubt -

(a) a person who has a disability, within the meaning of the *Disability Services Act 2011*, is eligible to access voluntary

assisted dying if the person has a relevant medical condition and the other requirements of subsection (1) are satisfied in relation to the person; and

(b) a person who has a mental illness, within the meaning of the *Mental Health Act 2013*, is eligible to access voluntary assisted dying if the other requirements of subsection (1) are satisfied in relation to the person.

This amendment is to avoid doubt. In its comments, the agency advised it was unclear if a person by the very nature of having a disability or perhaps a mental health condition or mental illness would be excluded even if the relevant condition for which they were seeking to access VAD was unrelated to their disability. This is to clarify that people can access it; however, all the other thresholds for the illness/disease that they will be seeking VAD for still need to be met.

Amendment agreed to.

Clause 10, as amended, agreed to.

Clauses 11 to 14 agreed to.

New clause A -
Person's general practice medical practitioner must be consulted by PMP and CMP

New clause A presented by **Mr Ferguson** and read the first time.

Mr FERGUSON - Mr Deputy Chair, I move:

That to follow clause 14 in Part 3 a new clause A be inserted.

New clause A

A. Person's general practice medical practitioner must be consulted by PMP and CMP

(1) In this section -

"relevant information", in relation to the general practice medical practitioner of a person, means -

(a) all information, from the person's general practice medical practitioner that relates to the disease, illness, injury, or medical condition, that is expected to cause the death of the person; and

(b) all copies of the person's medical records that are in the possession of the person's general practice medical practitioner -

that the PMP or CMP reasonably requires to enable the PMP or CMP to determine that the person is, or is not, eligible to access voluntary assisted dying.

(2) A person's PMP or CMP who receives a request from the person must, before determining the request under this Act -

(a) consult with the person's general practice medical practitioner; and

(b) require the person's general practice medical practitioner to provide to the PMP or CMP, respectively, all relevant information in relation to the person; and

(c) before determining the request under section 33, 47 55, consider all relevant information, in relation to the person, provided to the PMP or CMP by the person's general practice medical practitioner in accordance with the requirement under paragraph (a) or (b) or otherwise.

(3) If a person's PMP or CMP does not comply with subsection (2) in relation to a request, the PMP or CMP is, for the purposes of this Act, to be taken to have determined, under section 33, 47 55, the request by determining the person is not eligible to access the voluntary assisted dying process.

(4) A general practice medical practitioner to whom a requirement is given under subsection (2) must comply with the requirement as soon as reasonably practicable.

(5) This section does not apply in relation to a person's PMP or CMP if the PMP or CMP is, after making reasonable attempts to obtain from the person the information reasonably necessary to determine the matter, of the opinion that -

(a) there is no general practice medical practitioner in relation to the person;

or

(b) or the PMP or CMP, respectively, is unable to determine whether or not there is a general practice medical practitioner in relation to the person.

Chair, the bill in the very beginning, principles and objects, actually sailed through this place. One of those requires regard to:

> the therapeutic relationship between a patient and the patient's registered health practitioner

and that should, wherever possible, be supported and maintained.

The PMP, in assessing the person's first request, may request a medical practitioner to provide copies of the person's medical records in the practitioner's possession. That, of course, is drawn from clause 25. That is in the bill already.

However, note that the clause refers not to an authorised medical practitioner, but merely to a medical practitioner. The intent of this very clearly from the Gaffney bill considered by the Legislative Council is to enable the person's doctor to provide the person's medical records. However, I have to emphasise to the House there is no obligation, there is no requirement, on the PMP to actually consult with the patient's GP. They might, but they are not required to. There is an ambiguity in the current provision in clause 25, which I am sure we will get to later.

I do not challenge the drafting of clause 25. After all, it deals with the request process. In this part of the bill, of course, we are still in eligibility requirements. I emphasise again: for these reasons the bill needs to be amended so that the PMP should be required to check in, to consult, to speak to or engage with that doctor who is that person's family doctor, their GP, their specialist for life, as the College of GPs has described its members in trying to remind people about the role of the GP.

They are not just the person you go to when you are feeling ill. They are the person that you go to, hopefully infrequently, but over long spans of time and have somebody constantly monitoring your medical progress, looking after you, not just for your sick certificate, not just for an antibiotic, but also for your care plan. They keep on top of your cholesterol, keep on top of your encouragement to exercise, keep on top of your vaccinations, and keep on top of your chronic diseases. Not acute care, not even necessarily disease.

Well, I hope everyone here has a GP. I know there has been increased encouragement on that. The GP is somebody that you should know on first name basis, and they should get to know you over time, get to know your family.

Dr Woodruff - It is fortunate if you are lucky enough to be in that situation. So many people are not.

Mr FERGUSON - That is the ideal, do not shoot it down. They know the person beyond their medical journey. They will often know about their insecurities and their vulnerabilities, and they may well know about coercion occurring in a person's life.

The bill currently neither requires a GP to provide the person's medical records nor includes any sanction if the GP refuses to provide the person's medical records, and I have had that drafted. If a person has been asked for but they have refused to provide the records, for whatever reason would be unknown to members here today, looking ahead many years in the future, that GP ought to have done that and there is no sanction currently in the bill. In this regard the bill needs to be amended to require the PMP to request and obtain the patient's medical history and to consult with the patient's GP about whether there are any circumstances known to the GP that might inform the question - and this is a key one.

Ms O'Connor - But that's not all that it does - it says a PMP and a CMP.

Mr DEPUTY CHAIR - Order, Ms O'Connor.

Mr FERGUSON - Before you start shooting it down, please respectfully listen. Is the patient's request made voluntarily? That would be a very first order question anyway.

The amendment is justified for these two main reasons. First, the PMP may have had no previous knowledge of or contact with that person; that is the current language of the bill. I think we have to accept that is the construction of the bill. We do not have to accept that there is no medical history that person is required to ask for.

The second reason is that the PMP will be ill-equipped to decide or ascertain whether, by reason of family or other sources of duress or coercion, the patient's decision cannot be said to be voluntary. I guess we would agree on that. It is supposed to be voluntary so I believe it is incumbent on this House to codify a check-in that it is truly voluntary at the first stage with that caring relationship between the GP and the patient, the person. The GP will be significantly better placed to offer those views and to contribute to the PMP's consideration for the first request.

This is a safeguard. I am not proposing an additional step, stage or layer. It is a safeguard that can be done simultaneously with the other processes in Part 4 of the bill.

While consultation with the patient's own GP will not necessarily resolve questions of duress and coercion, it is a significant improvement on the current draft of the bill because it improves the prospects of any duress, coercion et cetera being detected. Self-evidently, it will also make sure that the PMP has a proper medical work-up, if one is available, if there is one for that patient's assessment.

If a person does not have a GP, then this clause is not called upon if they cannot be reasonably found. I am aware that somebody that might not feel comfortable with this would have to explain to me what is it that you would be opposed to? What is it that you feel uncomfortable about? One reason you might say is what if that person does not want the GP sharing that information with their PMP? I have to bring it back to a key point here. We are talking about a bill that will see one person take the life of another. That is why we constantly have this language around safeguards. That is why we have these safeguards.

Time expired.

Ms OGILVIE - I want to develop some thinking around this. I can only speak from my personal experience of those who I have been with who have died, the stages of end of life, and it has always been my experience that the GP has been involved. I think the drafting as it currently stands is open about that, so I am personally leading towards agreeing that the GP should be engaged. If we need to refine the drafting to clarify that, that seems a very sensible, practical option.

I agree with Ms O'Connor and Dr Woodruff who also suggested that the access to GPs issue is very difficult and complex. That sits outside of what we are trying to do here today and is a problem that needs to be resolved separately.

I can only speak from personal experience, but certainly when my daughter was dying, our fabulous GP was there; when my stepmum was dying, my fabulous GP was there; when my stepfather, Peter Underwood, was dying, our GP was there. Maybe we have been fortunate to have those people that we can call on. It seems to me as a human thing, as a real thing connected to the healthcare system, having that primarily level of health care with a known GP is a very sensible thing to do. As I say, I do not think I have all the answers - I just have some personal experiences that I wanted to put on the record. I generally support this proposition.

Ms O'CONNOR - I understand where Mr Ferguson is coming from, but the fact of the matter is quite a few of my constituents do not have a regular GP. They cannot find a GP who will bulk bill, but quite a few of my constituents go to a general practice rather than have one doctor they are always able to go to. I think potentially where we are looking at an amendment that will provide two approaches through requiring a primary medical practitioner or a consulting medical practitioner to consult with a GP only if that person has a GP, there is inequity embedded in this clause.

Again, it is this thing about looking at the legislation as a whole. In clause 9 when you go to the one we were just talking about a while ago, what makes an authorised medical practitioner? The sort of information a primary medical practitioner and a consulting medical practitioner and ultimately the administering health practitioner need to be reassured of around eligibility and competency is already rigorously dealt with in this legislation. It would be a different matter if the patient themselves were consulted about whether they wanted this information shared with their GP. We are going to be looking at some amendments later from Mrs Petrusma that will do just that.

There are so many safeguards embedded through the clauses of this legislation. There is a reason that the UTAS panel said this is the safest model they have looked at in the country. It is pretty rock-solid. I am worried that Mr Ferguson is trying to add another hoop, another layer of complexity and potentially another time delay that will impact on the suffering person. There is a provision in this clause which says if the primary medical practitioner and the consulting medical practitioner - not 'or', 'and' - cannot reach the GP if that person has a GP, then that person is deemed to be ineligible to access voluntary assisted dying.

I will not be supporting this amendment because it is unnecessary. In many cases, as we know, someone's primary medical practitioner may well be their GP.

Ms O'BYRNE - I am not inclined to support it either. There are a couple of reasons why - and I do not know whether this will assist Mr Ferguson in understanding why I may have some reticence: it is an unnecessary barrier and will be a little bit confusing. There is actually no definition of what a patient's general practice medical practitioner is; that does not exist as a definition. There is already a definition of what a usual GP is and that goes to them having seen them a majority of the last 12 times, or a patient can identify one. That is how you would find out or get access to that.

Ms O'Connor mentioned the fact that many people do not have them. Some people choose not to. That is actually how they conduct their medical - to help their medical journeys. Eighty-five per cent of patients have a usual GP, which leaves 15 per cent who do not. I am not quite sure where they would fit in this.

I do not think this actually adds anything to the process, because medical practitioners already identified and involved in VAD already have to satisfy themselves that they have all the necessary information they require in order to make a reasoned decision. That is a requirement that exists already.

There is also, under the medical code of practice - you have to recognise other documents are in existence - a professional obligation for them to do that as well, so this exists in a number of things already.

It is the reason the decision has been made to have specialist fellows involved, and specialist GPs, who all have to undergo accredited VAD training, and now, without reflecting on a vote of the House, another five years of service.

I genuinely understand the concerns around coercion. I absolutely get that, but the reality is GPs are already trained to look at issues of coercion. They do not just have people walk in, and hear something, and just go tick. They do genuinely look at issues around coercion, and that includes if somebody might be identifying they want to refuse treatment. They already look for coercion there. They look for coercion around admission to aged care. They look for coercion around terminations. These are things GPs already do.

I do not think this adds any additional layer of protection that is missing. I do think, though, that it does become confusing, and it does create an unnecessary barrier.

Ms COURTNEY - I indicate that I will not be supporting this amendment. Like others, I understand the intent regarding the inclusion of GPs, or a person's GP, in such an important decision.

I acknowledge that for many people who access VAD, or seek to, their GP will in all likelihood be a core part of that process, and will be a partner in that process. However, with the amendment as it has been moved here, I have a number of challenges which I will walk through and distil.

First of all, the requirement in subclause (2) that they must do these things, and the fact that in subclause (3), if they do not, then that person is deemed ineligible - I do not think that is a reasonable determination. It effectively stops the process of determination before it has even started.

Furthermore, in subclause (5) - and I do not want to verbal the member - I understand he has inserted this particularly with regards to 'reasonably necessary'. However, with regard to comments made by other members, I think this adds an unnecessary and burdensome requirement. It adds time and an arbitrary step, and I believe it delays a process that already has a number of safeguards in it.

With regard to the requirements that satisfy the fact that relevant information has been determined, in clause 27(2)(c), a person's PMP:

> must not determine under section 26(a) that the person is eligible to access voluntary assisted dying until the PMP has sufficient information to enable the PMP to make the determination.

We have talked a lot in this Chamber about qualifications and the ability of a practitioner to make decisions. I acknowledge we have had a range of views on those, not reflecting on a previous amendment, but the fact that this PMP must not determine eligibility unless they have sufficient information - and I believe that determination of what is sufficient does lie in the hands of a PMP - arbitrarily saying there are additional things you need to have, in my view, adds time, when people are at a point where they would like things to progress.

I also acknowledge that with regard to the minimum number of eligibility assessments conducted, the comparative table in the UTAS review indicates Tasmania has double the minimum number of eligibility assessments required compared to the other jurisdictions on that table. Therefore, I do not believe that putting a mandatory requirement that may end up in ineligibility, simply because the information is not provided, is inappropriate. The provisions already contained in clause 27 are appropriately robust.

As parliamentarians taking this legislation through, we need to have confidence in those practitioners who are making the decision to be PMP to be able to determine for themselves what is relevant, and not make an arbitrary decision in this Chamber of what is or is not.

It may well be that the person's GP has relevant experience. It may well be that this is the information a person seeks, but making it prescriptive is unhelpful. Having a clause that can step into deeming a person ineligible because the PMP or the CMP does not comply with it adds an unnecessary roadblock in an already robust bill.

Finally, before I take my seat, I very much agree that the fundamental basis of this bill is choice. Making it mandatory for reference to somebody's regular GP is inappropriate, because some people do not have a regular GP, as has been highlighted - and importantly, for a range of reasons, people may not want their GP consulted.

There are myriad reasons regarding circumstances. Small communities - we do not know what relationship the GP has to the person. It could be a pastor from the local community, who they feel deeply uncomfortable about knowing what their intentions are. The privacy of the person and their choice in this process is paramount, and therefore I will not be supporting this amendment.

Dr WOODRUFF - Madam Chair, I agree with what Ms Courtney and other people have said against this amendment. I also will not be supporting it.

I want to add a perspective from somebody who lives in regional Tasmania, in the Huon Valley. Good luck with defining what a GP would be. The idealised world Mr Ferguson represented is an ideal that we should strive towards, possibly, but it is so hard to achieve. There are so many reasons why people change GPs, or GPs move. People change workplaces, where they drop their kids off - they need to have GPs near there, instead of near where they live, or they have to move into town to work. There are so many reasons people change GPs, or GPs change on them.

In the practice I go to, I have seen three GPs in the past two years, and I have been quite keen to keep one of them. They were all excellent but I could certainly say that for different reasons they have had to move on or the timing has changed. I agree with what Ms Courtney said - I think there is an abundance of care in this bill to make sure that the people who need to

provide information and who have the information, that information can be sought and that can be done.

Mr TUCKER - I will make a few comments in support of this amendment. A comment was made here today about this legislation being the safest model in the country. I would say to that person that just because it is said it is the safest model in the country does not mean it cannot be improved and made safer. I always strive for more improvement to make things better and we should be doing that in this place, in my opinion.

The second thing I raise in regard to this amendment is that communication is key. When I talk about communication, I think back to my council days when we set up a community mental health action group. The lack of communication occurring between the medical professions in this regard absolutely amazed me. The improvements we made within the community when we got people talking and finding out what the problems were and how we could fix them were amazing. It did not actually come down to money, it actually came down to communication.

Also in regard to this amendment, I am confused about how this actually delays the process of this. I would like to have explained to me how it delays things.

My last comment on this is that not all regional areas have GPs changing all the time and any communication is better than none. I acknowledge there is a problem in regional areas with GPs turning over, but it is not in all areas that GPs turn over regularly.

Ms OGILVIE - I am listening carefully to the conversation around the Chamber and note that there is obviously really great diversity of experience in relation to being able to access GPs and engage with them. I talked a bit about my personal experience. Perhaps I have been fortunate to have had a very long-term stable relationship for me and my family with our much-loved GP, who has now since retired. I just think that when you are going through the worst moments of your life in a medical setting, there is no-one better to shepherd you through than your GP who knows you. I think it is really quite sad and unfortunate that we seem to have a position now where there is such diversity of access and ability to even get to see a GP across Tasmania and also on the Bass Strait islands.

It is something that also goes to the question of the teleconferencing debate that we had during this discussion. I really worry about a Tasmania in which we do not have face-to-face access to GPs, people who are able to provide that long-term stable advice and that family medical practice. We also heard a bit of negativity around doctors generally in today's debate, which I would like to scotch as well. Doctors are trained well to know that it is the patient who makes a decision. You cannot force medical intervention onto a person because to do so is an assault under law.

GPs, particularly in rural and regional areas, do the full range of health care, including palliative care. They are out there on the front line, working with nurses and with families in all sorts of very difficult circumstances. We heard a lot about this during the palliative care inquiry that we had a number of years ago. I think, Madam Chair, you were on that committee as well. All these issues we are talking about today were live then and are live now, but I am just being very human about it. I think it is good and sensible to have that continuity of care and to have a GP involved in the conversations.

I hear what members are saying about drafting and not delaying, and I certainly have not proposed anything that would cause that, but I like to think that when you are in the deepest, darkest moments of your life - and it might not even be you who is going through it but your family, the carers who are managing that - reaching out to a GP might be the first thing you do.

Ms O'BYRNE - I will not support the amendment and I am getting the read that it probably will not get up. What is the situation if your regular GP, who you did not nominate, because that is how the process would actually work, was a conscientious objector? Are you saying they would then be obliged to participate? It is just a question. I do not think the amendment is going to get up but it is a genuine question.

Mr FERGUSON - You never know the future.

Ms O'Byrne - You never know; things can turn very quickly.

Mr FERGUSON - I would like to take my second opportunity and I will attempt to capture some of the points that have been made, including some false ones and some misunderstandings, which is unfortunate given the benefit of more than 24 hours. I think that ought to have been long enough to have established that this does not propose a further assessment which was set. It does not. It is part of the same stream of work. If that was an argument to scotch this amendment, I scotch that argument. It is not correct; it is a misunderstanding. I hope to clear that up. It is not a reason not to support this.

There are no additional stages or processes involved in agreeing to this amendment. It is the same stream of work. It does change one dynamic, however. As I discussed earlier, and Ms Courtney reflected in the later stage of the bill - I think 25 to 26 - it talks about the ways in which the PMP may go out seeking information from a range of sources. I think there might even be a foreshadowed amendment around medical records. That is so the PMP has the wherewithal possibly to investigate those medical backgrounds and histories. I hope it has not been lost on anybody here that I am seeking to prevent a person who has some coercion in their life from remaining hidden and lost in that system. It is called a safeguard.

In relation to Ms O'Byrne's question, I do not see a principle here for conscientious objection. I certainly have not drafted one. I do not see that principle one way or the other. It is simply a requirement on the general practice medical practitioner to hand over to the PMP for assessment information that is - and I quote the amendment - 'reasonably required'. I did not hear anybody mention that. I mentioned it twice in my opening but nobody else has raised it. It is not casting a wide net - 'give us everything you've got'. It is drafted very carefully so that it is all information, all copies, that the PMP or CMP reasonably requires to enable a determination that the person is or is not eligible to access voluntary assisted dying.

It is my wish that a vulnerable person who is experiencing a sense of feeling a burden to other people - and I hate to call it out, but you all know what families can be like. They come into our offices. You know as well as I do that not everybody is as nice as they make out. I am looking for a safeguard, and I have been very careful not to introduce a new stage or process because it obviously would have been shot down. It would have been falsely and whatever claimed as a frustration. It is not that. I will concede though, Ms Courtney, you did focus on the use of the word 'must' in subclause (2). Yes, I am drafting it that way because I need to. I want the House to consider this question. Why should not the primary medical practitioner do that due diligence on what is potentially someone who has vulnerabilities and who potentially they have never met before? Ever.

I am more surprised that somebody would argue against it at all. Ms O'Byrne asked about the definition of general practice medical practitioner. In fact I was advised that it is not required because it is a term that is well understood; indeed, Ms Courtney included the very words in an earlier amendment that was agreed by the House so I hope that is satisfactory.

To say that subclause (3) is unreasonable disappoints me because that is reminding the PMP and the CMP that they must do this. It causes the action because if they do not, they have not done their job. It is an accountability measure, subpart (3). It is entirely reasonable. It is indeed entirely appropriate.

I accept that some people might not want their GP consulted. I think that is reasonable to say that. I do. I can understand that, but we are talking about a life and death decision. This is a due diligence exercise in seeking out whether the PMP really has to make an assessment of someone they have potentially never met before and for whom they have no case history, no medical information, no social background knowledge. This is due diligence. I must say there are many occasions in this bill when people must do things so how is that an argument against my amendment? I know my amendment because there is an inherent negativity toward it.

I just think that GPs should be part of the journey whether they agree with physician assisted suicide or not, and we know that most do not agree with it. We know that. We accept that some do and some will want to be part of the process. This is not about the GP being made to participate, and it is not about going behind the back of the patient either. It is about making sure that we do not see, in Mr Ellis' words, 'wrongful deaths' - people who die through this process that by any other measure should not have because they were coerced and felt pressured and burdened - rather a burden to others and they felt the pressure. I have seen it.

I dare say any member here of any years' standing has seen it too. People do get abused. That is why we advertise on television, in the newspaper and on the backs of buses - 'Ring this number if you think you are seeing elder abuse' - because it happens. I think I need to bring a dose of reality about human condition to this debate; I will be very disappointed if, for whatever reason, people could not see the, I would have thought, fair-minded merit to an amendment that is seeking to ensure that people making decisions about life and death have a full file. If there is no GP or usual doctor, I have not created a new barrier.

Dr Woodruff - Well, you have because it is a 'must'.

Mr FERGUSON - I have not. You have not read the amendment which has been in this room for more than 24 hours. It is covered in subclause (5) - if there is no GP, there is no further need for the clause. Okay? So it is covered. I believe I have argued against each and every objection. I will ask for support of the House.

Maybe it has been a busy debate and maybe it has not been possible for everybody to fully spend the time reading or processing, but I hope my explanation for members who are so determined to see this bill pass might satisfy the arguments that have been made because I believe I have just comprehensively debunked all of them.

Ms O'CONNOR - Madam Chair, Mr Ferguson, in arguing for this and at a philosophical level because I understand your position on this legislation and the policy behind it and I respect your commitment to that position and I respect your values, but all through this legislation,

medical practitioners, whether they be the PMP, CMP or AHP, at every step must be convinced that the person is acting voluntarily.

Clause 7, relevant information about eligibility. Clause 10, when a person is eligible to access voluntary assisted dying the person must be acting voluntarily. Clause 13, a specific clause, when a person is acting voluntarily. For the purposes of this legislation, a person is acting voluntarily if the person is not acting under duress, coercion or because of a threat of punishment or unfavourable treatment or a promise to give a reward or benefit to the person or another person.

These are legal requirements on medical professionals who will be participants in the VAD process for the suffering person. Again, in clause 15, the relevant practitioner must be satisfied as to a sequence of matters. The VAD person has decision-making capacity and under subclause (d), the VAD person is acting voluntarily in wishing the other person to make relevant communications on behalf of the VAD person. That goes to the matters of communication.

I have not gone to them all, but at every step of the way -

Mr Ferguson - I just want them to have full due diligence.

Ms O'CONNOR - To suggest that medical professionals who participate in this process and are part of making these life and death decisions with people will not exercise due diligence and their obligations under the law is offensive.

Mr Ferguson - No, it is not. We are making a law here. We should do our due diligence.

Ms O'CONNOR - That is right, and the law already has a set of safeguards in place that guard against exploitation. I do not normally do this, but it was a Green minister, me, who made sure that Tasmania had its first elder abuse prevention strategy that was properly funded.

Mr Ferguson - Yes, you did.

Ms O'CONNOR - I certainly recognise that elder abuse is a reality in our community and on the statistics anywhere between 3000 and 4000 Tasmanians are experiencing physical, emotional and other forms of abuse as a result of their age and their dependency on others.

Mr Ferguson - That is where my amendment is coming from.

Ms O'CONNOR - We both care, okay, and I get where you are coming from.

Mr Ferguson - Tell me where it creates barriers or hoops for people to jump through.

Ms O'CONNOR - It creates a structural barrier in that you will have two different approaches depending on whether someone has had a stable enough life or enough income to have a long-term family GP.

Mr Ferguson - What if it saves someone?

Ms O'CONNOR - The whole bill is about saving someone.

Dr Woodruff - Entirely speculative, but it is needed.

Ms O'CONNOR - I give up. There is no point arguing.

Madam CHAIR - Order, there is too much chatter across the Chamber.

Mr Ferguson - What if it did? What if it were somebody who was being abused?

Ms O'BYRNE - I am really concerned. The member interjected that 'What if it saves someone?'.

Mr Ferguson - Yes, someone who is being abused.

Ms O'BYRNE - It is clearly about creating additional levels, but I remind everyone that medical practitioners involved in the VAD process have to, must, satisfy themselves that they have all the necessary information in order to make a reasoned decision. That is what the requirement is.

There is also a professional obligation under the medical code of practice that exists that the medical practitioners rely on, and they are trained to look for coercion. It is a straw argument to suggest we have to do this because our medical practitioners will not do this work if we do not add this additional provision in.

The reality is that those provisions exist already within this bill and already within the medical code of practice and already within the training. It is an unnecessary delay and it does not add anything to strengthen protections because it is simply another step against protections that already exist.

Ms O'Byrne - By interjection, should we delay this until after clause 82 because it is consequential to 82? Do you want to leave it until then?

Ms COURTNEY - I think we managed to deal with the earlier one in clause 5, and we passed that one, I understand.

Ms O'Byrne - Sometimes we did. It depends on whether it has an impact, that is all.

Ms COURTNEY - My advice is that it does not.

Question - that new clause A be read the second time and made a part of the bill to following clause 14 - put.

Amendment negatived.

Clause 15 read -

Progress reported; Committee to sit again.

MOTION

Sitting Time

[5.03 p.m.]

Ms COURTNEY (Bass - Minister for Health)(by leave) - Mr Deputy Speaker, I move:

> That for this day's sitting the House not stand adjourned at six o'clock and that the House continue to sit past six o'clock, and that the sitting be suspended from 7.00 p.m. until 7.30 p.m.

By way of explanation, the suspension is for a dinner break. We are operating like the Legislative Council; it will give us an opportunity to be able to have some -

Ms O'Byrne - Can I confirm you have moved the dinner break and an adjournment time of?

Ms COURTNEY - I do not have an adjournment time at the moment, but the dinner break is 7.00 p.m. until 7.30 p.m. We will come back at 7.30 p.m.

Motion agreed to.

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

In Committee

Resumed from above.

Clause 15 further considered -

Ms COURTNEY - Mr Deputy Chair, I move:

First amendment

Page 39, clause 15(1), definition of ***relevant communication***, paragraph (c), after "section 82(1)(b)".

Insert "or (4)".

With regard to this amendment, my advice is that if this clause is to have any effect depends on the passing of my amendment to clause 82. Effectively it will be inconsequential if clause 82 is not amended.

Ms O'Byrne - I note that given we are planning to vigorously oppose clause 82, we will obviously be opposing this but not dividing on it.

Amendment agreed to.

Clause 15, as amended, further considered -

Ms COURTNEY - Similarly, I move:

Second amendment

Page 42, clause 15(7), after "section 82(1)(b)".

Insert "or (4)".

This for a similar rationale - it will not have a consequence should clause 82 not be amended.

Ms O'Byrne - Obviously we oppose it because we are opposing clause 82, and we will have quite a debate when we get to that, but obviously no reason to divide at this point.

Amendment agreed to.

Clause 15, as amended, agreed to.

Clauses 16 and 17 agreed to.

Clause 18 -
Person may make first request to access voluntary assisted dying

Ms COURTNEY - Madam Chair, I move the following amendment:

Page 47, before clause 18(1).

Insert the following subclause.

(1AA) If a person has clearly indicated to a medical practitioner that the person wishes to access voluntary assisted dying, the medical practitioner must, whether or not the medical practitioner has a conscientious objection to providing assistance to the person to die, provide to the person the contact details of the Commission.

The foundation of this amendment is to promote and support equitable access to voluntary assisted dying. We know that a medical practitioner may have an objection on a range of reasons. It may be conscientious; it may be they are about to move. There might be many reasons. However, I took note that concerns were raised by some medical practitioners about an obligation to refer to another medical practitioner who also may not have a conscientious objection, so effectively this amendment would add a requirement that the medical practitioner must provide the person requesting access to VAD with the contact details of the commission.

This is a simple amendment which makes sure that the person, because we do not know their circumstances, is not obliged to contact the commission. The person can get the contact details of the commission and do with them what they will, but the amendment will ensure, because we know people find themselves in a range of different circumstances, that they have the commission's contact details.

I also made this amendment because there will be circumstances - and we have talked about this - when people are in settings where perhaps access to information may be more limited. We know a range of amendments were moved by Ms Ogilvie but did not get up, but may be revisited at some stage around organisations. I just want to make it clear that if somebody has asked or been approached, they at least get the details of the commission.

Mr FERGUSON - Thank you, Ms Courtney, for the discussion. I note that this was not raised in the agency advice but I believe it was raised in the UTAS review. I can see why you would move this way. I am sorry to dwell on the past but you just rejected an amendment that dealt with some 'must' language and now you are putting in some of your own. Forgive the cynicism. I think it is better than providing a mandated referral. That would be quite wrong and cruel on people who have conscientious objection.

However, I do not believe that if this bill is to pass that you should artificially withhold information from people. What engagement or consultation have you had with the voice of doctors, AMA, or any other health group since this bill was drafted without this amendment and since you have been contemplating this amendment?

Dr WOODRUFF - I indicate that I support this amendment. It seems to be a simple one-way referral of the person to an awareness of the commission and an opportunity for them to engage with any advice or involvement in the commission if they should so wish. I am comfortable that that is a good idea.

Ms COURTNEY - I will respond to Mr Ferguson's question. I believe I comprehensively responded yesterday in the debate regarding my level of engagement and my comfort with my level of engagement around this entire bill.

I am moving this as a way to ensure that we have equitable access. We talked about rights quite extensively yesterday and I tried carefully to propose a pathway forward that would balance the rights of a person to be able to access information with the rights of a conscientious objector by not having an obligation to refer them to another medical practitioner.

Ms O'BYRNE - I apologise that I managed to miss it. I am sorry but I do support it. I believe providing additional information is important, but I will flag that if you go to a doctor and that doctor is not able to provide you with medical treatment, they are obliged to send you to someone who can provide you with that treatment.

The way we dealt with this in termination legislation was that they did not have to talk about it but they had to advise you that there was a list of services that could provide you with advice. I think that is a fundamental thing because quite often you might go to the only medical person you know and if they say no, you are lost. That is not the intent of this bill. Providing the commission with information is important but I believe there is an amendment around referral coming up.

Ms O'CONNOR - I was going to move that but I am not going to because I do not think it would be successful and there are issues -

Ms O'BYRNE - I would tell you if I think it is an important one and if it is consistent with other legislation. I will have a quick look and see if I will.

Ms O'CONNOR - You are free to move it. I did draft something.

Amendment agreed to.

Clauses 18, as amended, agreed to.

Clause 19 agreed to.

Clause 20 -
Refusal to accept first request

Dr WOODRUFF - Ms O'Connor and I have both together and separately had many conversations with people about this bill over the last year. It is my view that it is incredibly important to provide the information to the person and to the commission about the decision-making process around this important refusal to accept the first request.

I have moved an amendment which improves both the rights of the person, a duty to respect the person to be notified about a refusal and also to improve our information collection as a state through the record-keeping of the commission about the use of voluntary assisted dying in Tasmania and about instances where a medical practitioner refuses a first request.

I move the following amendment:

> That clause 20 be amended on page 49, subclause (3) by leaving out the subclause and inserting instead the following subclause:
>
> "(3) A medical practitioner must, as soon as reasonably practicable, but in any case within 7 days, after refusing to accept a first request from a person under section 19(b) -
>
> (a) notify the person of the refusal of the first request; and
>
> (b) note, on the medical practitioner's records in relation to the person, that the person has made a first request and that the medical practitioner has refused to accept the request; and
>
> (c) notify the Commission, in the approved form, that the medical practitioner has refused a first request from the person."

In the bill we have before us, clause 19 says that a medical practitioner must, within 48 hours, accept the request or refuse to accept the request. It is the case that in clause 23 on page 50, under notification of acceptance of first request, the PMP has to within seven days notify the person that they have accepted the first request, they have to note on the medical practitioner's medical records in relation to the person that the medical practitioner has accepted a first request from the person, and they also have to notify the commission in the approved form that the medical practitioner has accepted a first request from the person.

This amendment that you have in front of you seeks to mirror clause 23 for people for whom a medical practitioner has refused to accept the request. As it stands at the moment, clause 19 says the medical practitioner has to make a decision within 48 hours whether they refuse to accept the request. It does not say anywhere that they have to notify the person

directly that they have refused the request. It might be implied but it is not stated. It only says, under clause 23(b) that this must be noted on records. That is not the same thing as notifying the person directly.

I am concerned that there is a gap here. It is a basic issue of justice and respect for a person who is clearly suffering and has a terminal illness - that is their understanding - and is making a request. There is no requirement in this law that a medical practitioner must inform them that they do not accept the request. I believe that is disrespectful and needs to be corrected.

The second part of this that needs to be corrected is information going to the commission about the number of times that a first request has been refused. As it stands, we would not require medical practitioners in Tasmania to have any record-keeping, other than to put it on the patients' medical record - it does not have to go anywhere else. It does not have to leave the practice.

I believe it is a mistake for us to have legislation like this; a review of it is going to be important to make sure, when we come to that stage, that the act - if it is in place - is doing the best possible job it can.

In order to come to that conclusion, we will need to have data. That data will need to be collected by the commission. If we do not make this amendment, there is no ability for the commission to get any information about the number of times that a first request has been rejected, whether it is a pattern that is happening in certain places. It is not requiring a reason; it is simply a statement that it has been rejected without any reason.

It is not moving into pushing people to provide a statement of reasons. It is simply saying it should be recorded to the commission that a request to a medical practitioner has been rejected. The amendment is simply saying that the person has the right and a duty of respect, that we expect within this legislation, that they will be personally informed, or informed by the medical practitioner, and that it will be noted on the medical records.

As I said, this mirrors exactly the process that will be required when a first request is accepted. It is the same process if it is rejected.

Amendment agreed to.

Clause 20, as amended, agreed to.

Clause 21 -
Medical practitioner not required to give reasons for accepting or refusing request

Ms COURTNEY - I move:

That clause 21 be postponed.

I do not have an amendment at the moment; however, it has been highlighted to me that we may potentially have one. So, rather than do something that we regret later, I would rather postpone this and come back to it. I do not have anything to propose at the moment.

Postponement agreed to.

Clause 21 postponed.

Clauses 22 to 24 agreed to.

Clause 25 -
PMP may refer person, request information, &c.

Ms COURTNEY - Mr Deputy Chair, I move:

First amendment

Page 54, after clause 25(c).

Insert the following paragraph:

(x) request a person (a *medical record holder*) to provide to the PMP copies of medical records, in relation to the person, that are held or stored by the medical record holder and that the PMP requires in order to make the determination;

This amendment goes to the agency advice that was circulated, which says that clause 25 did not refer to medical records that may be held by organisations that employ medical practitioners. Medical records are held by the organisation, not the person. This is seeking to rectify that.

The first amendment that I have inserts a new subclause. This is the first in a series of amendments regarding the compulsion of organisations to actually provide records when they are requested. It is clarifying and covering what DPAC advice was provided to members.

These amendments have been added to clarify and ensure that any relevant medical records held by a medical record holder - being an organisation, a corporation, a GP practice - may be requested by the PMP, CPM or AHP, so that they may make a determination in accordance with their obligations under the bill. This effectively complements what we already have, but addresses the matter that was raised by DPAC.

Ms O'BYRNE - The fact that it complements the matters that are already there indicates it probably is not actually a necessary amendment. It is highly unlikely that there would be information in records like this that the PMP would not already have complete access to. The patient is most likely going to have an ongoing and in-depth relationship with the PMP because of the other provisions in the bill. There may be information that is recorded that is not relevant, or not of interest to them. There also may be information that is of interest to the practitioner that is not recorded in medical records.

I do not think it amends anything. We will oppose it simply because we think it is unnecessary, but we will not be dividing on it.

Amendment agreed to.

Clause 25, as amended, further considered -

Ms COURTNEY - I move:

Second amendment

Page 54, clause 25(d), after "the information".

Insert "(which may include any medical records)".

This clarifies that the information that may be requested may include medical records. This is on advice that this amendment be added.

Amendment agreed to.

Clause 25, as amended, further considered -

Ms COURTNEY - Mr Deputy Chair, I move:

Third amendment

Page 54, at the end of the clause.

Insert the following subclause:

(2) A person to whom a request is made under subsection (1) must not fail, without reasonable excuse, to comply with the request as soon as reasonably practicable.

This also goes to the agency advice, which said that while clause 25 enables a PMP to require another medical practitioner to provide particular information but there does not appear to be any requirement for the medical practitioner who has asked for it to provide it. It is in response to that concern that was raised.

This amendment inserts a new subclause to ensure that record holders who are asked for information under this act must comply with it. That is pretty self-explanatory, to ensure that this process can occur.

Ms O'BYRNE - This is similar to the clause before. These things are understood and required through a number of other processes. You do not need to add it; it makes it look a bit messier.

Amendment agreed to.

Clause 25, as amended, agreed to.

Clause 26 -
PMP to determine first request

Ms COURTNEY - Mr Deputy Chair, I move the following amendment:

Page 54, at the end of the clause.

Insert the following subclause:

(2) A person's PMP is to determine a first request from the person as soon as reasonably practicable after the PMP has sufficient information to enable the PMP to make the determination.

With regard to this subclause that has been added, this insertion will add the requirement to ensure that the practitioner is to determine the first request as soon as reasonably practicable after they have gathered the sufficient information. This includes the relevant information before making a determination on the request to access VAD.

There may be different time frames with regard to that determination. So rather than having a specific time frame, as soon as practicable means that this process, as it said, can ensure that it is completed as soon as possible when the medical practitioner has the appropriate information.

Ms O'BYRNE - It is inconsequential. It does not add anything to the bill. Clause 26 is actually quite clear. There are already some defined prescribed time frames for PMP actions. I will oppose it because it is an unnecessary addition to the bill.

Amendment agreed to.

Clause 26, as amended, agreed to.

Clause 27 read -

Ms O'CONNOR - Mr Deputy Chair, earlier I circulated some amendments relating to Ms Courtney's amendments which would remove the audiovisual provisions from the legislation. I will not be moving them anymore.

Ms Courtney, we will simply be voting against your amendment to remove the audiovisual capacity. This is something I hope all members will pay very close attention to. This is a significant part of the legislation in terms of enabling access, particularly to, for example, people who live on King Island or Flinders Island or any part of Tasmania where access to medical professionals and particularly to specialists, is severely restricted.

Ms O'BYRNE - I want to make some comment on this clause before the amendment is moved. I only get two speaks when you have moved your amendment so I can speak to the clause broadly first.

Ms O'CONNOR - I am going to move to suspend this clause.

Ms O'Byrne - You are going to suspend it?

Ms O'CONNOR - Postpone the clause.

Ms COURTNEY - Given Ms O'Connor's contribution, because I was working on a pathway based on those being moved and amendments based on yours -

Ms O'Connor - Apologies.

Ms COURTNEY - That is fine. I will get that clarified so we can find a pathway forward and we will all have clarity on what we are voting for with regards to audiovisual. I know at some point that is very important.

Ms O'Byrne - I am letting you know that I cannot see a pathway because the Commonwealth legislation was never designed to encapsulate this kind of conversation.

Clause 27 postponed.

Clause 28 agreed to.

Clause 29 read -
Records and notifications of determination of first request

Mrs PETRUSMA - Mr Deputy Chair, I move the following amendment:

Page 57, after paragraph (a).

Insert the following paragraph:

"(x) may, with the consent of the person, provide to the medical practitioner who the person ordinarily attends in relation to a disease, illness, injury, or medical condition -

(i) a copy of the PMP's determination; and

(ii) a statement of the reasons for the PMP's determination;"

I emphasise that this does say 'may' with the consent of the person. The reason I am moving this amendment is, as people would be aware, I worked in health for 26 years before coming into parliament. Whether it is a medical practitioner who is for or against this legislation, friends of mine who are medical practitioners said that usually because they had been involved with the patient's care for many years that it would be good for them to know if a patient of theirs with the patient's consent lets them know if they are proceeding with VAD. It is more if the person wants their medical practitioner to know there is a pathway forward for them to allow for this information, to give permission for the medical practitioner to receive this information.

At the moment, if you are a GP, you receive discharge summaries, for example, where your patient is in hospital; you receive copies of pathology reports, X-rays and lots of information. This normally happens if the person on this journey does want this to happen.

Ms O'CONNOR - I believe these are reasonable amendments. They still empower the person to make a decision about whether or not they want that information passed on to their GP. I can see no reason not to support these amendments.

Ms O'BYRNE - I am a little less comfortable. I believe they are a little similar to the debate that we have had around GPs before. Obviously my discomfort is not going to make any difference given the numbers on the Floor. I guess I would be interested in -

Ms Archer - It complies with their wishes.

Ms O'BYRNE - I have listened to you. I did not interject. I am saying that I have a level of discomfort but it will not matter anyway. I am not quite sure why you are getting a bit snarky over there, Ms Archer. You have been very silent except for interjections.

Madam DEPUTY CHAIR - Order, Ms O'Byrne.

Ms O'BYRNE - Well, it is true. I do not think that it adds anything. I do not think that it is necessary. We are going to vote no but we are not going to divide.

Ms O'CONNOR - Can I get some clarification? I have just looked at them together. Clause 29 has a 'must' provision and then a 'may' provision in it if we add the amendments. Have you thought about that?

Mrs PETRUSMA - The other three that were to follow are similar to this and have been changed too. I will circulate the other ones too.

Ms O'CONNOR - To be clear, my question was, should the House accept this amendment? There is a grammatical incongruity here because the first part requires the PMP to do *x* number of things within seven days and then we are inserting a 'may' under some mandatory provisions. I would not mind getting some clarity on how that might work.

Mrs PETRUSMA - The Office of Parliamentary Counsel drafted this; because it says 'but in any case within seven days', it is only still 'may' so 'they may within seven days provide this information'.

Ms O'CONNOR - It says 'must as soon as reasonably practical but in any case within seven days'.

Mrs PETRUSMA - But because it follows subclause (a), OPC has said that may be with the consent of the person.

Ms O'BYRNE - I agree with you. I think it is confusing because the way it would read, as I understand it, is that -

> A person's PMP who has made a determination under section 26 in relation to the person must, as soon as reasonably practicable but in any case within 7 days -

notify in clause 29(a), and then your new one may do something but then it takes away the 'must place' for (b) and (c) so it does actually have an issue.

Ms O'Connor - Can we pause for a moment, Mr Deputy Chair, while we get some extra advice on that?

Mr DEPUTY CHAIR - I think Ms Petrusma is going to confer with Ms Courtney.

Ms COURTNEY - What was seeking to be clarified?

Dr Woodruff - The clause proposed to go in inserts a 'may' part into an overall 'must' clause.

Ms O'Byrne - You would have to change subclause (a), existing (b) and existing (c), and put 'must' at the beginning - must notify, must place, must give - in order for 'may', with a consent to be a consistent document. Do you want to defer clause 29 and come back to it in whole because we have one as well? Mrs Petrusma, is it a new subclause (b) or is it a second paragraph in subclause (a)?

Mrs PETRUSMA - It would be a new subclause (b).

Ms O'Byrne - Because if it were a second paragraph in subclause (a), you would be fine, but if it is a new subclause (b), it is not, so there is a way to fix it. Not that I care very much about it but you can fix it.

Ms COURTNEY - Yes, I think it needs to be amended. It could be clause 29(a)(i).

Ms O'Byrne - It is a problem because it is a new (b), but if it were a subsequent paragraph in (a), the 'must' would still override the beginning of subclauses (b) and (c).

Ms Courtney - What I am seeking to do through interjection is -

Ms O'Byrne - We are all interjecting horribly now, Chair.

Mr DEPUTY CHAIR - That is all right. The call is yours, Ms Courtney.

Ms COURTNEY - I support the intent of Mrs Petrusma's amendment. For clarity, I was going to seek advice to ensure we have it drafted correctly to capture Mrs Petrusma's intent.

Ms O'Byrne - Do you want to postpone this clause?

Ms COURTNEY - I am happy to do that and I will get that sorted.

Ms O'Byrne - I think if you make it a second part of (a), the 'must' does not get overridden for (b) and (c).

Ms COURTNEY - I am happy to do that because I support the intent.

Ms O'Byrne - Do you want me to stand up and talk for a while - is that what you are asking?

Ms COURTNEY - That would be wonderful, sure.

Ms O'BYRNE - We just want to facilitate the process. Is there another solution other than you perhaps leaving the Chair for a few moments?

Mr DEPUTY CHAIR - I would have to report progress to do that. I think we will give you the call, Ms O'Byrne, and ask you to be relevant to the amendment, please. Ms Ogilvie, let us split the time.

Ms OGILVIE - I am coming into this quite cold, but by way of drafting there are a few options - hopefully, we will come back with one of those from OPC.

I agree with Ms O'Byrne that you could amend subclause (a). The clause 29 proposal could be reallocated as paragraph (i) under subclause (a)(i), or it could come in as a second part to clause 29, so clause 29A, but you would have to also include the words:

> a person's PMP who has made a determination under clause 26 in relation to a person must, as soon as reasonably possible but in any case within seven days -

and then insert those paragraphs. I think it is eminently doable. I think it is just a little technical question and the intent of it obviously is quite sound.

Ms Archer, I was thinking back to law school days and although I am finding it hard to recall the legal principle, I think it is *exclusio unius*, the specialist area that overrides the broader, but you could Google that for me because I cannot remember if that is exactly right.

It would be good to get the drafting nailed down, but I think we are all of the view that generally the substance is sound. Drafting on the fly in House is always fun and we are making good progress on this bill, aren't we? Does anybody want to have a chat about that or shall I just keep going?

Drafting, don't we love it? We are up to clause 29. It has been a good couple of days work. I think we will be sitting into the evening to continue with this. I hope we actually get most of the way through the bill by midday tomorrow or perhaps we will be reconvening. It is quite possible if we need to do that.

Ms O'Byrne - Would it help if I ask Mrs Petrusma a question about the amendment?

Ms OGILVIE - I think that is a great idea.

Mrs Petrusma - I do not want to use my second turn.

Mr DEPUTY CHAIR - I will give the call to Ms O'Byrne.

Ms O'BYRNE - Hopefully we are going to have the member step back any moment now.

MR DEPUTY CHAIR - She can pose the questions and Mrs Petrusma can answer them in her second turn.

Ms O'BYRNE - She could or she could give an answer via interjection. It may elicit other questions; who knows?

Mrs Petrusma, a very important part of this clause would be understanding how the consent would be provided by the person. Does that consent need to be in writing? Could that

be verbal consent? Could it be a phone call? Given we are going to support this anyway and you will just have to fill in time because it is your own amendment, how would you suggest that the consent of the person would be sought?

Mr ELLIS - Madam Chair, I want to speak in favour of this important amendment. As we all know, in their lifetime people have a really critical relationship with their GP. Regardless of what happened in a previous amendment, and particularly with the clauses around consent, I think this particular amendment is a really good commonsense practical way that we can connect people with what is their most longstanding and important medical relationship. For any person who has been in a situation where they have needed medical assistance, it is often the first place they go.

Ms Courtney, are you returning to report advice?

Ms Courtney - By interjection, my advice is that I sought to have the amendment typed and circulated so that we are all clear. Perhaps we could postpone. I just want to make sure that with amendments to amendments, and considering how confusing it is getting, that everybody is clear. I think that is good process. You can contribute for as long as you want to.

Mr ELLIS - I will finish my contribution.

Ms COURTNEY - Mr Deputy Chair, I move:

That clause 29 be postponed.

Ms O'BYRNE - Before we do postpone, did the member who is moving the other amendment want to speak to her intent? That might help us to get through it faster when it comes back. Just a general conversation.

Mr DEPUTY CHAIR - No, we cannot.

Clause 29 postponed.

Clauses 30 and 31 agreed to.

Clause 32 -
PMP may refer person, request further information, &c.

Ms COURTNEY - Mr Deputy Chair, I move:

First amendment

Page 61, after clause 32(c)

Insert the following paragraph:

(x) request a person (a *medical record holder*) to provide to the PMP copies of medical records, in relation to the person, that are held or stored by the medical record holder and that the PMP requires in order to make the determination;

As I explained earlier, this relates to a series of amendments regarding organisations that might hold records, based on the fact that this was questioned. DPAC advised it would extend to organisations, not just to the individual practitioner, as I outlined earlier.

Ms O'BYRNE - Once again, I think it is highly unlikely there would be any information in records like this that the PMP would not already have access to. As I said before, people are likely to have an ongoing and in-depth relationship with their PMP because of the nature of the provisions of the rest of the bill, and the nature of how it will operate. There may be information that is of interest to the practitioner that is not recorded in medical records. I do not think it adds anything, so we will vote no, but not object to it.

Amendment agreed to.

Clause 32, as amended, further considered -

Ms COURTNEY - Mr Deputy Chair, I move:

Second amendment

Page 61, clause 32(d), after "the information".

Insert "(which may include any medical records)".

The rationale behind this is as stated previously.

Amendment agreed to.

Clause 32, as amended, further considered -

Ms COURTNEY - Mr Deputy Chair, I move:

Third amendment

Page 61, at the end of clause 32.

Insert the following subclause:

(2) A person to whom a request is made under subsection (1) must not fail, without reasonable excuse, to comply with the request as soon as reasonably practicable.

As we have previously discussed in relation to these series of amendments, this amendment provides a provision, without an explicit time frame, that the records are provided in a timely way.

Amendment agreed to.

Clause 32, as amended, agreed to.

Clause 33 agreed to.

Clause 34 read -

On motion by **Ms Courtney** -

Clause 34 postponed.

Clause 35 agreed to.

Clause 36 read -

On motion by **Mrs Petrusma** -

Clause 36 postponed.

Clauses 37 to 42 agreed to.

Clause 43 -
PMP to provide reports and information to CMP

Ms COURTNEY - Mr Deputy Chair, I move the following amendment:

Page 67.

Leave out "the person's PMP person".

Insert instead "the person's PMP".

This one is pretty self-explanatory for members.

Amendment agreed to.

Clause 43, as amended, agreed to.

Clause 44 agreed to.

Clause 45 -
CMP may seek further information, &c., from PMP

Ms COURTNEY - Mr Deputy Chair, I move the following amendment:

Clause 45, page 68, at the end of the clause.

Insert the following subclause:

(2) A PMP to whom a request is made under subsection (1) must not fail, without reasonable excuse, to comply with the request as soon as reasonably practicable.

This clearly provides an obligation on the PMP to provide information. This is again included because of the agency advice that was received and circulated that suggested that the PMP can request the information, but there appears to be no obligation on PMP to provide that information, thus meaning the CMP maybe unable to return that request. This seeks to resolve that and to avoid any doubt.

Amendment agreed to.

Clause 45, as amended, agreed to.

Clause 46 -
PMP may refer person, or request further information, &c., at request of CMP

Ms COURTNEY - Mr Deputy Chair, I move:

First amendment

Page 69, clause 46(1) after paragraph (c).

Insert the following subclause:

Insert the following paragraph:

(x) request a person (a *medical record holder*) to provide to the PMP copies of medical records, in relation to the person, that are held or stored by the medical record holder and that the PMP requires in order to make the determination;

Again, this is to ensure clarity on the breadth of this clause to include organisations as well as a person. Again, it is to clarify a matter raised in agency advice.

Ms O'BYRNE - I put on the record that we believe this to be an unnecessary addition.

Amendment agreed to.

Clause 46, as amended, further considered -

Ms COURTNEY - Mr Deputy Chair, I move:

Second amendment

Page 69, clause 46(1)(d) after "the information".

Insert "(which may include any medical records)".

Once again, this has been explained to members and I hope they will agree.

Ms O'Byrne - Again, I do not think it is needed.

Amendment agreed to.

Clause 46, as amended, further considered -

Ms COURTNEY - Mr Deputy Chair, I move:

Third amendment

Page 69, after clause 46(1).

Insert the following subclause:

(2) A person to whom a request is made under subsection (1) must not fail, without reasonable excuse, to comply with the request as soon as reasonably practicable.

Ms O'BYRNE - Again I point out that we are dealing with medical practitioners who are covered by a code of conduct and for whom there are prescriptions in terms of responding, and I think this proposed amendment is unnecessary as an addition.

Amendment agreed to.

Clause 46, as amended, agreed to.

Clause 47 agreed to.

Clause 48 -
Requirements in relation to determination by CMP

On motion by **Ms Courtney** -

Clause 48 postponed.

Clause 49 agreed to.

Clause 50 -
CMP to keep record of determination and notify Commission

On motion by **Mrs Petrusma** -

Clause 50 postponed.

Clauses 51 to 53 agreed to.

Clause 54 -
PMP may refer person to another health practitioner, &c.

Ms COURTNEY - Mr Deputy Chair, I move:

First amendment

Page 76, after clause 54(c).

Insert the following paragraph:

(c) request a person (a *medical record holder*) to provide to the PMP copies of medical records, in relation to the person, that are held or stored by the medical record holder and that the PMP requires in order to make the determination;

This ensures for clarity that these do not just apply to the person but also to the holder, which may be an organisation.

Ms O'Byrne - Once again we think it is inconsequential.

Amendment agreed to.

Clause 54, as amended, further considered -

Ms COURTNEY - Mr Deputy Chair, I move:

Second amendment

Page 76, clause 54(d), after "the information".

Insert "(which may include any medical records)".

Amendment agreed to.

Clause 54, as amended, further considered -

Third amendment

Page 77, at the end of clause 54.

Insert the following subclause:

(2) A person to whom a request is made under subsection (1) must not fail, without reasonable excuse, to comply with the request as soon as reasonably practicable.

Amendment agreed to.

Clause 54, as amended, agreed to.

Clause 55 agreed to.

Clause 56 -
Requirements in relation to determination of final request

On motion by **Ms Courtney -**

Clause 56 postponed.

Clause 57 agreed to.

Clause 58 -
Notification of determination

On motion by **Mrs Petrusma** -

Clause 58 postponed.

Clause 59 -
Change of PMP after final request made

Ms COURTNEY - Mr Deputy Chair, I move:

First amendment

Page 79, clause 59(1), after "section 16".

Insert "and Part 16".

This amendment fixes minor errors in reference. This is a series of amendments where references to 'section 16' change to 'Part 16'.

Ms O'BYRNE - I struggled to find what this would do. I am actually not trying to take up time. It is one I am assuming I am going to support because it seems really sensible, but I did not understand the need for the clarification. I wonder if you could point me to where I should be looking to understand that clarification.

Ms COURTNEY - If you turn to page 79 of the bill paper, the paragraph at the bottom of that page refers to section 16.

Ms O'Byrne - It is Part 16 of the bill rather than section 16 of the bill.

Dr Woodruff - They just happen to be the same numbers. I was confused.

Ms O'Byrne - That is what was confusing me then. I was trying to work out where this section was going to be. I will be fine with your next three amendments.

Amendment agreed to.

Clause 59, as amended, further considered -

Ms COURTNEY - Mr Deputy Chair, I move:

Second amendment

Page 80, subclause (2), after "section 16".

Insert "and Part 16".

Amendment agreed to.

Clause 59, as amended, further considered -

Ms COURTNEY - Mr Deputy Chair, I move:

Third amendment

Page 80, subclause (5), after "section 16".

Insert "and Part 16".

Amendment agreed to.

Clause 59, as amended, agreed to.

Clauses 60 to 70 agreed to.

Clause 71 -
What pharmacist may do on receiving VAD substance prescription

On motion by **Ms Courtney** -

Clause 71 postponed.

Clauses 72 to 75 agreed to.

Clause 76 -
What pharmacist may do on receiving VAD substance prescription

Ms COURTNEY - Mr Deputy Chair, I move the following amendment:

Page 99, clause 76(2)(d)(i), after "the substance" (second occurring).

Insert "and has not obtained an AHP administration certificate under section 86".

This is a minor amendment to clarify that an AHP administration certificate under section 86 has not been obtained. This has been picked up by the department, so I am moving this one on advice. This provision relates to the duties of the AHP when VAD substance is no longer required.

Ms O'Connor - I can't find the department's advice on that.

Ms COURTNEY - I have subsequently received further advice from DPAC on this.

Ms O'Connor - I don't want to be difficult but would you mind fleshing out what DPAC's advice was on that particular clause that has led to this?

Ms COURTNEY - I will attempt to explain this but I do not have a copy of the advice here to be able to do that.

This clause is in relation to a VAD substance when it is no longer required. With regard to this clause that we are adding this amendment to, it is clarifying the circumstances when the AHP is in possession of the VAD substance. In the circumstances here, it was supplied to the person because that person was intending to self-administer but the substance has been returned to AHP because they have intended to self-administer but because the AHP has not obtained an AHP administration certification under clause 86, that is why they are captured in this because they do not have a certificate based on that.

Ms O'Connor - You would hope they wouldn't get that far in the first place if they didn't have an AHP administration certificate.

Ms COURTNEY - This is when it has been returned from a person. At the time of supply the person was intending to self-administer the substance but it has been returned to the AHP because the person has subsequently ceased to intend to self-administer the substance.

Ms O'Byrne - Is that a necessary thing for AHP to have, or would that be a self-evident hosting of the substance?

Ms COURTNEY - My understanding is that from a substantive perspective, my amendment is more for clarification than changing the intent of this. It was drafting advice that this would be appropriate to insert for clarification, but there is no intent on the change of the substance of the clause.

Ms O'Connor - Thank you.

Amendment agreed to.

Clause 76, as amended, agreed to.

Clauses 77 and 78 agreed to.

Clause 79 read -
AHP may refer person to another person, &c.

Ms COURTNEY - Mr Deputy Chair, I move:

First amendment

Page 104, after paragraph (c).

Insert the following paragraph:

(c) request a person (a *medical record holder*) to provide to the PMP copies of medical records, in relation to the person, that are held

or stored by the medical record holder and that the PMP requires in order to make the determination;

I have explained this on a number of occasions.

Ms O'BYRNE - I will note for the record on this, and then subsequent amendments, that we do not think it is necessary for you to do that. We believe it to be self-evident, but progress we shall.

Amendment agreed to.

Clause 79, as amended, further considered -

Ms COURTNEY - Mr Deputy Speaker, I move:

Second amendment

Page 104, paragraph (d), after "information".

Insert "(which may include any medical records)".

Amendment agreed to.

Clause 79, as amended, further considered -

Ms COURTNEY - Mr Deputy Speaker, I move:

Third amendment

Page 104, at the end of the clause.

Insert the following subclause:

(2) A person to whom a request is made under subsection (1) must not fail, without reasonable excuse, to comply with the request as soon as reasonably practicable.

Dr WOODRUFF - I passed the previous version of the same thing. I wanted to ask a question I should have asked the first time around. What would a 'reasonable excuse' constitute in this situation? Previously the amendment you circulated said they must comply. Now it has a 'reasonable excuse' in there as well.

Ms COURTNEY - Thank you, Dr Woodruff. As you have pointed out, we have not defined what a reasonable excuse is. We would seek to do that in guidance material that was provided. This one was around the intent to make sure that there is no unnecessary delay - and I am not inferring for a moment that any practitioner would delay in a process such as this.

My advice is that 'reasonable excuse' would be determined in guidance material when that is provided.

Dr WOODRUFF - The intention, as I understand it, would not have anything to do with conscientious objection or anything else in that frame at all. That can be on the record that there is no intention that it would be anything other than a death in the family, the practice records are down temporarily, or those sorts of really practical things.

Ms COURTNEY - I confirm on the record that this is around practical things that may be reasonable that would be an impediment in that reasonably practical time frame. A reasonable excuse would be your practice burned down; that would be very reasonable.

Dr Woodruff - Bearing in mind the context that this is about voluntary assisted dying, and 'reasonable' in that context would have to be -

Ms COURTNEY - This does not relate to conscientious -

Dr Woodruff - But it would have to be a substantial thing, given the context of the purpose for which it is required.

Ms O'Byrne - Can I ask what the consequence might be? How would you would appeal a consequence? We do not define 'reasonable excuse'? May I ask if you have some advice where, if someone disputed that they had claim to meet a reasonable excuse, how they would progress that? This does not have a definition in the way that other elements might.

Ms COURTNEY - On the point raised by Ms O'Byrne, there is no penalty associated with that. It is to strengthen the intent. Quite clearly, in a bill such as this, time is often imperative for some people. It is ensuring that we are strengthening that at every opportunity.

Ms O'Byrne - I add that I think that outcome is implied anyway. It is an unnecessary change to the bill, but the bill shall progress.

Amendment agreed to.

Clause 79, as amended, agreed to.

Clause 80 agreed to.

Clause 81 -
Advice to be given to person where AHP determines person has decision-making capacity and is acting voluntarily

Ms COURTNEY - Mr Deputy Speaker, I move the following amendment:

Page 105, paragraph (d), after "advise the AHP".

Insert ", in person,".

Ms O'CONNOR - I have not seen the minister suggest that this be postponed. It does connect directly to the ongoing debate about audiovisuals. I believe there has been something close to a terrible mistake here.

If a person suddenly changes their mind, they should be able to let the AHP know by text, phone, Webex, carrier pigeon, whatever it is. It is very important that at any point through the voluntary assisted dying process a person who is participating in that process is able to say that they no longer wish to. I urge the minister not to move this amendment.

Ms O'BYRNE - I agree with Ms O'Connor. I am hoping that will also be the position of the member who has moved the amendment.

Regardless of the whole telehealth debate - and I think we are going to be spending some time there because there has been an unfortunate interpretation of that - it really does need to be at the discretion of the medical practitioner to determine whether it could be done through other mechanisms.

At this stage, the decision on capacity has already been made: they are acting voluntarily. This is just a provision of advice. I genuinely think that if you are a really unwell person, this is an unnecessary burden to make you travel for something that does not fundamentally change any of the decisions that we will argue about later on, or the decisions around accessing VAD.

It seems to be limiting things to onsite consults. I do not understand what you might be wanting to achieve, other than maybe it has been captured in that other space. But this is just the advice, after all that other work has been done. Why would you make somebody, particularly in regional communities, travel in such an unpleasant -

Ms COURTNEY - I have changed my mind. Mr Deputy Chair, I move:

That the clause 81 be postponed.

Clause 81 postponed.

Clause 82 -
Person may give final permission

Ms COURTNEY - Mr Deputy Chair, I move the following amendment:

Page 108, after -

Ms O'Byrne - Is this kind of the same thing that is picked up in clause 83?

Ms COURTNEY - Why don't I talk to it? I think that will clarify it.

Ms O'Byrne - In the context of what clause 83 does, you might not need to do this but talk to it first and then see where we go.

Ms COURTNEY - Madam Chair, I move:

Page 108, after subclause (3).

Insert the following subclause -

(4) A person who has given the person's AHP a final permission may give to the person's AHP an instrument in writing -

(a) completed, and signed, by the person; or

(b) if the person is unable to complete or sign the instrument - completed and signed by an adult (other than the PMP, the CMP, or the AHP, in relation to the person) who is designated by the person to complete or sign, or to complete and sign, the instrument on the person's behalf -

amending the statement, referred to in subsection (3)(c), that is included in the final permission.

This amendment relates to further amendments I am making to clause 91. I talked to these yesterday with regard to a person and their ability to amend their final permission statement in an approved form. This relates to whether a person wishes to self-administer, is assisted to self-administer or who has the AHP administer the VAD substance.

This is to take into account situations where, when a private self-administration certificate has expired, the person is still able to self-administer if an AHP administration certificate is issued to the person as well. If an AHP administration certificate is issued, the final permission statement is required to be amended to reflect that change. This effectively gives the ability in amendments we will move later for essentially a person being able to change their mind and have the certificate amended so that that can happen.

Amendment agreed to.

Clause 82, as amended, agreed to.

Clauses 83 to 85 agreed to.

Clause 86 -
AHP may supply, &c., VAD substance to person

Ms O'CONNOR - There is a tiny typo in the second amendment. You have 'a' instead of 'the'. There is no typo in the actual amendment itself but in your explanation, to be really clear, you have said, 'subclause 5 paragraph (a) after 'self-administer a VAD substance' and the legislation says 'self-administer the VAD substance'. That is all.

Ms COURTNEY - Okay. I might speak to the three amendments but I will move the first one seeing as we are moving them sequentially. I move:

First amendment

Page 113, clause 86(5) after "self-administer a VAD substance," (first occurring).

Insert "or to self-administer the VAD substance without the AHP being in close proximity to the person or assisting the person to self-administer the VAD substance".

These three amendments have been put to the parliament to address the agency advice. The amendment is to address an omission in the bill. The amendment inserts new subclause (3). The amendments have been made to the provision to clarify that an AHP can issue an AHP administration certificate having regard whether the AHP is satisfied that it is inappropriate to self-administer without the AHP in close proximity to provide supervision or assistance.

This is in addition to the existing considerations of the ability of the patient to self-administer the VAD substance or to digest the substance; any concerns by the patient and the method of administering the substance that is suitable for the patient.

Amendment agreed to.

Clause 86, as amended, further considered -

Ms COURTNEY - Madam Chair, I move the second amendment - this is the one we have amended, Ms O'Connor - as follows:

Page 113, subclause (5), paragraph (a), after "self-administer a VAD substance".

Insert "or to self-administer the VAD substance without the AHP being in close proximity to the person or assisting the person to self-administer the VAD substance,".

Amendment agreed to.

Clause 86, as amended, further considered -

Ms COURTNEY - Madam Chair, I move that the following amendment be agreed to:

Third amendment

Page 113, subclause (5), paragraph (b), after "VAD substance".

Insert "or about self-administering the VAD substance without the AHP being in close proximity to the person or assisting the person to self-administer the VAD substance,".

Amendment agreed to.

Clause 86, as amended, agreed to.

Clause 87 -
Duties of AHP if VAD substance not to be privately self-administered

Ms COURTNEY - Madam Chair, I move the following amendment:

Page 114, after subclause (3).

Insert the following subclause:

(4) After the VAD substance has been administered to the person, the person's AHP must, if the person's AHP has not remained in the same room or place as the room or place in which the person is situated, take reasonable steps (which may include moving into the same room or place as the room or place in which the person is situated) to determine whether the person has died or unexpected complications may have arisen.

This again is in response to the agency comments that were circulated. These amendments have been made to clarify that the AHP must take reasonable steps to determine whether the person who has self-administered a VAD substance has died or has unexpected complications that have arisen.

For the removal of doubt, if the AHP has exited the room while the self-administration has occurred, the amendment clarifies that one such reasonable step they may make, is returning to the room where the person is situated to check whether the person has died or if unexpected complications have arisen.

Amendment agreed to.

Clause 87, as amended, agreed to.

Clauses 88 to 90 agreed to.

Clause 91 -
Private self-administration of VAD substance

Ms COURTNEY - Madam Chair, I move the following amendment:

Page 118, after subclause (4).

Insert the following subclauses:

(5) If a private self-administration certificate was issued in relation to a person and more than 6 months (or, if the person has a neurodegenerative disease, more than 12 months) has expired since the certificate was issued, the person may self-administer a VAD substance supplied to the person's AHP, but only if there is, under section 86, an AHP administration certificate in relation to the person and the self-administration occurs in accordance with the requirements of sections 87 and 88.

(6) The death of a person is, for all purposes, including for the purposes of the *Coroners Act 1995*, not to be taken, by reason only of a contravention by the person of the requirements of

subsection (4) or (5), to be a death that is not under and in accordance with this Act.

Ms O'Connor - Can you talk us through this in some detail? I have some real concerns about this clause.

Ms COURTNEY - These amendments are to account for a situation where a private self-administration certificate expires but still able to self-administer if there is an AHP administration certificate issued under clause 86 provided to the person as well.

In other words, if the person has been issued a private self-administration certificate which has subsequently expired they may still be able to privately self-administer if there is also an AHP administration certificate.

The clarification in subclause (6) is to clarify that if a VAD substance is administered by a person with an expired private self-administration certificate the death is still valid as a VAD death. It is my understanding effectively that if a person is getting close to the expiration of their certificate we did not want a person to feel compelled to go through the whole process because it was about to expire, not to try to have somebody make a step they did not want to. It is to give extra time.

Ms O'Connor - Yes. I thought this was the police one.

Ms O'BYRNE - The intent, as I understand, was always to allow that. This provides the clarification in the act around that.

Ms COURTNEY - Yes, that is my advice.

Amendment agreed to.

Clause 91, as amended, agreed to.

Clause 92 -
Duties of contact person where VAD substance to be, or is, privately self-administered

Ms COURTNEY - Madam Chair, I move:

First amendment

Page 119, subclause (2).

Leave out "must, as soon as practicable, notify the police".

Second amendment

Page 119, after subclause (2).

Insert the following subclause:

(2A) If the contact person in relation to a person complies with subsection (2) in relation to the person, section 19(1) of the *Coroners Act 1995* does not apply in relation to the contact person.

As I heard some comments around the Chamber, this is to address the comments and rectify the concerns that were raised in the agency comments.

The first amendment to clause 92(2) is to move the requirement of the contact person to notify the police of the location of the body. The contact person is only required to notify the AHP of the death and the location of the body, but as soon as reasonably practicable.

The second amendment, the addition of clause 92(2A) has been added to clarify the obligation under section 19 of the Coroners Act does not apply to the contact person in this situation. This change makes it clear that the contact person is not required or obliged to notify the police or a coroner, even in the event that they have reasonable grounds to believe that it was not a VAD death as provided for in section 19 of the Coroners Act, as long as they meet their obligation of notifying the AHP.

However, just because this obligation does not arise does not mean that a contact person could not voluntarily bring any concerns to the Coroner or the police if they did have such concerns.

Ms O'BYRNE - What is in section 91 of the Coroners Act 1995 that would be cumbersome at this point? Is it the compulsion to notify?

Ms COURTNEY - I can confirm that that is the case. This will also flow into clause 93 as well.

Amendments agreed to.

Clause 92, as amended, agreed to.

Clause 93 -
Duties of contact person where VAD substance to be, or is, privately self-administered

Ms COURTNEY - Madam Chair, I move:

First amendment

Page 120, clause 93(1).

Leave out all words after "section 92(2) of the death of the person".

Insert instead ", notify the Commission of the death of the person".

Mr FERGUSON - We have previously been advised that we must only do amendments one at a time so I am contemplating how we could be doing two amendments in one motion. Can we do them individually? I would be more comfortable with that because there are two

different things happening in those two different amendments. That is as it is supposed to be, isn't it?

Ms COURTNEY - We will deal with the first amendment. The amendments, as per clause 92, have been made to rectify the concerns and comments raised in relation to the bill and the interaction with the Coroners Act 1995. With the first amendment I have read into *Hansard*, the amendments have been made to clause 93 to clarify that the requirement is for the AHP to notify the commission of the VAD-related death with all reference to the coroner and Coroners Act removed.

Mr FERGUSON - Ms Courtney, help me to understand more about that because the agency advice on this was very brief. I do not believe that we have ever been given any explanation about the problem with the bill that you are seeking to correct. I appreciate that the agency advice reflected in the earlier clause in relation to the police. In relation to the coroner in the same agency advice, it more or less dealt with clauses 92 and 93 together in the one discussion.

The Legislative Council and the incredible amount of time that was spent on this settled on the coroner needing to be advised, but in this clause, unlike the previous clause, both the coroner and the commission were to be advised. The amendment that is being moved presently will take the coroner fully out of the picture. I do not believe that we have yet had an explanation about why it was previously considered desirable and now with your amendment not considered desirable for that transparency to occur around the death of the person. I would really appreciate that explanation, please.

Ms O'CONNOR - My understanding of why this is being amended is that when you look at the Coroners Act 1995 and the definition of a reportable death, it is a death where the body of a deceased person is in Tasmania, or the death occurred in Tasmania, or the cause of the death occurred in Tasmania, or the death occurred while the person was travelling to/from Tasmania, being a death that appears to have been unexpected, unnatural or violent, or to have resulted directly or indirectly from an accident or injury, or that occurs during a medical procedure, or after a medical procedure where the death may be causally related to that procedure and a medical practitioner would not immediately, before the procedure was undertaken, have reasonably expected the death, or the cause of which is unknown, or of a child under the age of one year which was sudden and unexpected, or of a person who immediately before the death was a person held in care or a person held in custody, or of a person whose identity is unknown and, finally, or that occurs at/or as a result of an accident or injury that occurs at the deceased person's place of work and does not appear to be due to natural causes, or the death of a person who ordinarily resided in Tasmania at the time of the death that occurred at a place outside Tasmania where the cause of death is not certified by a person who under law in force at the place is a medical practitioner.

My understanding, and that is why I am quite comfortable supporting this amendment, is that we are acknowledging here that a death by voluntary assisted dying is not a reportable death for the purposes of the Coroners Act.

Sitting suspended from 7.00 p.m. to 7.27 p.m.

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

In Committee

Resumed from above.

Clause 93 further considered -

Ms Courtney - By interjection, can you just remind me what the question was, so that I can get my mind back into it?

Mr FERGUSON - If it does not cost me another call. For the benefit of the Committee, given that we have just come back from a suspension, to reiterate by interjection, through you, Mr Deputy Chair, which was to ask you for an explanation about why the Legislative Council, and the previous 20 versions of the bill - which we were told were the world's safest legislation for euthanasia - included a provision to inform the coroner in the case of the death of a person who had taken their own life, or who had been administered the VAD substance.

Why now is there a move by Ms Courtney to have those provisions removed? I am simply asking what is the reason for that policy decision.

Ms COURTNEY - I thank the member for his question and his patience while I sought advice on this matter.

The effect of this is to address concerns relating to the jurisdiction of the coroner to investigate or conduct an inquest into VAD, by removing that the death must be reported in accordance with section 19 of the Coroners Act as a reportable death. The change addresses concerns about the application of section 24 of the Coroners Act and the obligation of a coroner to hold an inquest in relation to the listed matter.

As this obligation only applies where the coroner has jurisdiction to investigate a death, the amendment removes the requirement for an inquiry to be held into VAD deaths, as section 1 of the act provides that the coroner only has jurisdiction where the death is, or may be, reportable. The proposed subclause 93(2), which we will get to, will address this by providing that a VAD death is not a reportable death.

The further notes I have received will hopefully explain this, and I am happy to take further advice so the member is comfortable, and the Attorney-General as well. The bill as it is currently drafted requires amendment as identified in the agency advice. There are some legal and operational difficulties associated with the current drafting of clause 93 of the bill and the Coroners Act.

The agency has reviewed the options available, and the amendment is based on further agency advice. That is, the bill as drafted has a critical issue in the clause referring to the power of the Attorney-General or Chief Magistrate under section 24 to require an investigation. This power could be seen as limiting the full range of coronial discretion to investigate a death where the coroner has information to suggest the death was not in accordance with the act. Further, the section 24 power is to require an inquest.

The agency identified the initial suggestion in the agency advice would have adverse consequences if it were provided that a VAD death was reportable the following process would arise even for limited investigations. Every VAD death will be investigated by the coroner, and police will attend the scene of every VAD death, taking statements and substances into their possession for the purpose of advising the coroner. Every VAD death body would be transported to the Royal Hobart Hospital mortuary. The forensic pathologist will advise the coroner whether a full, partial or external autopsy is, in their opinion, required. The coroner's associate or the police will ask senior next of kin whether there is consent or objection to autopsy. The coroner will then determine whether autopsy is required. If no autopsy is required, a certificate to release the body to the funeral home would be granted.

Ms Archer - Is this the procedure that will apply under this amendment?

Ms COURTNEY - No, that was what would have happened in accordance with the original advice if it was provided the death was reportable.

Ms Archer - Thank you.

Ms COURTNEY - This is why I am recommending this amendment to achieve the intent that deaths under the bill are not subject to coronial processes if they are in accordance with the act but the full range of coronial powers arises in the Coroners Act as they do in any death if the coroner believes should be subject to the act. So nothing prevents the coroner from initiating an investigation. I understand that is referred to by my advice in section 21 of the relevant legislation, which allows them to investigate if they think it is reportable. So there is no prevention of investigation but it removes an obligation.

My advice is that this has been done for clarification. In the version of the bill that came to us it was not clear whether it was reportable or whether it was not reportable in the original version of the bill. It inferred that it was reportable because one of the clauses referred to a reference to the Coroners Act but, based on agency advice, my advice is that this is the appropriate mechanism to address the concerns raised. I am happy to take questions and try to seek answers because I want the Attorney-General and the member to be very comfortable with this.

Ms ARCHER - I am standing in my capacity as a member of this place, but I do hold the current role of Attorney-General so I have some concerns in relation to this amendment.

If I had the option in these circumstances of seeking advice directly from my department, I would do so but I cannot. I just want to get that on the record. I would normally be seeking advice directly from my department to satisfy myself of the questions I am about to ask.

I do not know how the coroner can get involved by way of discretion or otherwise to exercise that discretion to still look into these matters by way of investigation. I accept that Ms Courtney says that the intention of this amendment is that nothing prevents an investigation still from occurring but if the coroner is not to be notified of the death because it is not a reportable death then I am wondering how on earth the coroner is going to find out in order to exercise such a discretion.

I imagine we are not going to be dealing with a lot of instances of VAD deaths on any one given day and, therefore, I would feel more comfortable that it was still a reportable death because then the coroner has the option of investigating or otherwise.

I am not saying that the coroner should be compelled to still investigate or hold an inquiry but I am just wondering how we reconcile the fact that the coroner probably will not know of the death unless it is a reportable death. So how will they know?

I was not present in the Chamber, unfortunately. I think it is unfortunate that the police will not be notified. I think that we will probably be back in this place amending that back to having the police at least being advised, because I can see circumstances where the police will need to be advised.

Having said that, I just wanted to get that on the record. In relation to the coroner, I am finding it difficult to reconcile, and I am not trying to make this a difficult process, but I fail to see how the coroner can still investigate if they are not notified.

Ms O'CONNOR - I would like to say a few words on this. If, and I hear the member for Clark's, the Attorney-General's, concern here, but the issue is, in significant part, the definition of reportable death able to cover someone who lawfully, under this act, accessed voluntary assisted dying in order to end their life. So if -

Ms Archer - I am talking about the cases where -

Ms O'CONNOR - That is right, but then there is already an established legal requirement on anyone who is involved with the voluntary assisted dying process, whether it be the PMP or the CMP or AHP or an allied health professional who is captured within this legislation, believe there were circumstances surrounding the death of person that were captured by reportable death, they have a legal requirement to report that death.

I think that is the protection here because, while short of an amendment to the definition of a reportable death in the Coroners Act of 1995, which I think would be required if you wanted to capture people who accessed end-of-life care provisions, under this legislation. Then what we are relying on is the lawful obligation of people who are part of this process, statutory described to understand that, should they see or be made aware of something in relation to a person's death that raises concerns or suspicions and they think it fits within the definition of a reportable death, they have a legal obligation to report that death.

Mr FERGUSON - It is a really interesting discussion and I can see both sides of this, but I think it is - and Ms Courtney, with great respect, you are actually removing a safeguard with your amendment.

Ms O'Connor - No.

Mr FERGUSON - The Legislative Council believes that it is. You have often relied upon their opinion in many other discussions we have had. This amendment removes a safeguard. Notifying the coroner does not mean there will be an investigation. It simply means that a trusted member of the judiciary and his or her office are aware of the death. That is all it means.

Ms O'Connor - Where in the act does it capture that? Where in the Coroners Act?

Mr FERGUSON - A visitor to Tasmania would be a reportable death. A person who has undergone a medical treatment that has gone wrong is a reportable death. A person in custody is a reportable death. I believe a worksite accident would definitely be a reportable death.

I think this is a dangerous, perhaps well-intentioned, but dangerous amendment because it is actually taking out one of the many safeguards we have been told make this the robust and safe legislation it has been promised to be.

It is fascinating to me that again, after all we have borne witness to in the other House and now this is something that has been promised as one of the protections about how if a vulnerable person or if somebody is actually induced into a VAD process - you know I hope that would definitely be reported by people in the medical community or a family member.

Ms Courtney, I fail to see any merit to the very procedural responsibility of the person to notify both the commission and the coroner. The coroner is above politics, is above executive administration. The coroner is a judicial officer - independent, separate from the legislature and the executive. It is the trusted place for determinations to be made.

Look, we have to make a law. If we are making a law that leads to people dying, we need to be assured that not if, but when, one of those events has gone awry, that it is reported. That is not a difficult ask. Mr Gaffney felt it was important, clearly, because he instructed OPC to include it. I fail to see any cases being made at all today that it ought to be removed as a safeguard that is there, because I warrant this House and those who want to protest it as a simple fact that there will be occasions where it goes awry.

It is important to me. I do not want to see the debate spiral out of control with a series of amendments that takes the notification to the coroner out of the normal routine part of each VAD death. I think that would be very regrettable and I do not think anybody here could defend it. Mr Gaffney felt it was important. The Legislative Council felt it was important, those great wise heads, all of them. No case has been made to remove the notification to the coroner.

Dr WOODRUFF - I am mindful that the member is receiving advice. I think it is important to come back to what this amendment does. This only says that a VAD death in accordance with the act is not reportable. That is all it does. If a VAD death that was induced is not in accordance with the act, it is reportable. If there is any suspicion, that is reportable.

Ms Archer - How does the coroner know that, because they are not notified?

Dr WOODRUFF - The coroner does not need to know that, just as the coroner does not need to get involved in all the other circumstances where deaths occur. As is listed under the act, a reportable death means a specific range of deaths. It does not include, for example, any death in a medical facility. It includes a death that occurs during a medical procedure or after a medical procedure, where the death may be causally related to that procedure, and a medical practitioner would not, immediately before the procedure was undertaken, have reasonably expected the death.

Mr Ferguson - As I said.

Dr WOODRUFF - Clearly not a VAD death.

Mr Ferguson - What about the death of a tourist, a child?

Ms O'Connor - A tourist would not be eligible under the act.

Dr WOODRUFF - That is right.

Mr Ferguson - The coroner's notification.

Dr WOODRUFF - You are trying to stretch for circumstances that would fall under the Coroner's Act as being a suspicious death and therefore as being a death that ought to be reportable to the coroner. We are dealing with a completely different situation. The amendment that we have before us is simply making it clear that a VAD death is not a reportable death to the coroner. They do not need to exercise discretion because it does not need to be advised to them in the first place. Be very clear that VAD deaths are not reportable deaths to the coroner in Victoria or Western Australia under their VAD laws.

It is unnecessary and undesirable that our legislation is out of step with those things because according to the Victorian ministerial expert panel report, in the majority of other jurisdictions coronial involvement is not imposed and this had not been an issue for the safe operation of voluntary assisted dying. The panel affirmed that the needs of a person must be central and that mandating coronial involvement would not support the intent of the legislation to provide a compassionate framework to reduce suffering at the end of life. They also recommended that a death by means of voluntary assisted dying in accordance with the legislative requirements not be considered a reportable death for the purposes of a coronial act.

They also said it is important that the coroner investigates improper action and it is intended that the coroner maintains jurisdiction to investigate a suspicious death, as the coroner would be able to do in Tasmania for any death. For a VAD death or any other death in an aged care home, a hospital or anywhere else in Tasmania, the coroner would have the ability to investigate if it was suspicious.

Ms ARCHER - Mr Deputy Chair, we will agree to disagree on that.

Dr Woodruff - Why?

Ms ARCHER - My issue in the first place is removing the right of the coroner. I do not think it should exclusively be the commission that is advised. Fair enough if the commission is advised but I think the coroner should be advised as well. There is no harm whatsoever in notifying the coroner. I have every faith in the independence of the coroner and the separation of powers and apolitical nature of the role for that particular person who is notified to make a determination at that point.

It is no less compassionate in this circumstance because the person who has utilised this legislation to end their life has passed away. The argument Dr Woodruff used about it being compassionate holds no ground when we are dealing with the after-death situation and how these families need to be notified. All I am suggesting is that the coroner should be notified so

they are able to exercise their discretion as to whether or not an inquest or an investigation needs to occur - that is all. It is procedural. I do not think it is best practice to remove it wholly from the coroner's jurisdiction. I think it is a very sensible jurisdiction and I do not think it should just be in the realm of the commission. The commission will not be the investigating body or the body that determines whether or not there is a possibility of a suspicious death or not.

I hope there is not. I think we all in this place would hope for that scenario, but as a safeguard we are better off having the coronial jurisdiction involved and simply submitting that other states have done this does not really cut it with me. I am interested in improving this legislation to the best of our ability to ensure that we have a robust law. Frankly, I do not care what Western Australia or Victoria have done, I care what is going to happen in this state.

Ms O'Connor - You should.

Ms ARCHER - Ms O'Connor says I should but I do not. If we are going to have this law that a few of us do not want to see in this state, at least it can be the most robust law in the country and not just follow suit because another state has done it.

Ms O'CONNOR - Briefly, this is not removing the coroner's jurisdiction. If an issue is raised by any person who is part of the voluntary assisted dying process, then the coroner may have a role because it may fall within the definition of a reportable death.

As the Attorney-General, you should be mindful of what other jurisdictions have done in Australia. We should not necessarily concern ourselves too much with what happens in other jurisdictions, but in Australia, under Australian law, as Attorney-General, you should take an interest in those jurisdictions that are enacting die with dignity legislation in whatever form it is in.

This is not removing the coroner's jurisdiction. Unless you bring in an amendment to the Coroners Act 1995 that captures people who access VAD under reportable death, there is not a jurisdiction here for the coroner to be involved.

Remember, the requirement in this clause, should the amendment pass, is that the death needs to be reported to the commission. If the commission has some concerns about the circumstances of a person's death, then they too can refer the matter to the coroner.

Ms Archer - They are not judicial officers. That is my issue.

Ms O'CONNOR - Okay, I am not a judicial officer. I am not sure that is a relevant point.

Ms Archer - It is for me.

Ms O'CONNOR - No, it is not, because the legal requirements in the Coroners Act place a legal obligation on all of us, do they not?

Ms Archer - No, judicial officers have a much higher duty.

Ms O'CONNOR - Sure, and we can have a discussion about that, given today's situation in Perth. We can talk any time about the obligation of first law officers to uphold the highest standards of conduct.

Ms Archer - Do not use parliamentary privilege to defame someone.

Ms O'CONNOR - I am not defaming anyone. I am, in a very polite way, channelling my rage on behalf of Australian women, and I will leave it at that for now.

The Coroners Act places a legal obligation on every person, should there be a death that raises suspicions, or that does not fall within what we understand a natural death to be, to report it to the coroner.

Mr Ferguson - This is an intervention, and you know it.

Ms Archer - That is my view, and I am not going to change it.

Ms O'CONNOR - That is fine, but this view of yours, Ms Archer -

Ms Archer - Here we go, antiquated and -

Ms O'CONNOR - No, I am not going to say that. By all means put words in my mouth, but your view as Attorney-General is clouded by your philosophical opposition to the policy.

Members interjecting.

Ms O'CONNOR - But it is.

Mr DEPUTY CHAIR - Can we please allow the member who is on her feet to make her contribution?

Ms O'CONNOR - I believe, and every one of us who is in here participating in this debate - because let us face it, some members have checked out - but every one of us here really wants this to be the best that it can be. I am not taking that away from anyone.

Ms Archer - I did not once mention anything philosophical in my argument.

Ms O'CONNOR - The issue here is that the Coroners Act does not provide the jurisdiction for the coroner, because under the definition of a reportable death -

Ms Archer - Where did you get your law degree from?

Mr DEPUTY CHAIR - Ms Archer.

Ms O'CONNOR - That is pretty catty, Ms Archer. I do not have a law degree, but I have been a legislator for 13 years. I have been a journalist. I have worked in politics as an adviser, and I am reasonably sharp. I did not get a law degree, okay, but that does not mean that I cannot read an act. Under the Coroners Act 1995, I cannot see that the coroner has a specific jurisdiction over VAD deaths.

You can throw your weight around here as the Attorney-General who has a law degree. Have you got your seasoned lawyer's hat on?

Ms Archer - No, I was not referring to myself. I was referring to other advice.

Ms O'CONNOR - I am really sick of people in this place telling us they have a law degree so they know better than the rest of us who have been in here for a while.

Ms Archer - I was not referring to myself.

Ms O'CONNOR - I take offence to that, and I am sorry it has devolved in the way that it has, but I will not be insulted just because I do not have a law degree.

Ms Archer - You insulted me.

Ms O'CONNOR - What I will say about this legislation -

Ms Archer - You insulted me.

Mr Ferguson interjected.

Mr DEPUTY CHAIR - Ms Archer, Mr Ferguson.

Ms O'CONNOR - I did not insult you, Ms Archer. I observed that your legal judgment is clouded by your opposition to the policy that underpins this bill.

Ms Archer - You are wrong.

Ms O'CONNOR - It is the truth.

I think it is now on the member for Clark, Ms Archer, the Attorney-General, to explain how she thinks under the Coroners Act there might be jurisdiction for someone who has lawfully - or any medical professional who has lawfully - participated in the voluntary assisted dying process, because I cannot see it, even though I do not have a law degree.

Honestly, the arrogance of people who have a law degree is breathtaking.

Ms Archer - What a glass jaw.

Ms O'Connor - Says you, in this circumstance?

Mr DEPUTY CHAIR - Order, Ms O'Connor. I asked members to be quiet while you made your contribution, and you have now taken your seat. Please allow Ms Courtney the same courtesy that I asked them to give you.

Ms COURTNEY - I can assure all members of the House that with these amendments and the interrelationship with the Coroners Act, there is no intent with these changes to achieve anything except clarity, based on departmental advice.

To the point that we heard before, the current advice that I have received through DPAC from other agencies is that they are comfortable with this amendment. I am going to read some advice I have received, just for clarification:

> The bill, as drafted, requires an amendment. As identified in the agency advice, there are some legal and operational difficulties associated with the current drafting of clause 93 of the bill and the Coroners Act.
>
> The agency has reviewed the options available, and the amendment is based on further agency advice - that is, the bill, as drafted, had a critical issue in the clause referring to the power of the Attorney-General or Chief Magistrate under section 24 to require an investigation.
>
> This power could be seen as limiting the full range of coronial discretion to investigate a death where the coroner had information to suggest the death was not in accordance with the act. Further, the section 24 power is to require an inquest.
>
> As has been stated before, the amendment reflects the West Australian provision, that is, a death in accordance with the bill is not reportable and not notifiable to the coroner; however, any concerns or complaints can result in the coroner investigating the death in the usual way.
>
> The effect of this is that the death, in accordance with the act, is signed off by a medical practitioner under the current Burial and Cremation Regulations as 'not reportable', in the same way as deaths of natural causes.
>
> The funeral home can then take the body directly from the place of death, and arrangements can be made by the family in the usual way.
>
> The coroner would not have a role in any finding on the death, but the VAD Commission would have part of their records.
>
> Any concerns or complaints from the Attorney-General, the Chief Magistrate, the Commission or anyone else about whether the death was in fact in accordance with the bill can still be raised with the coroner.
>
> The coroner can then exercise their discretion, if appropriate, to investigate whether the death was in fact in accordance with the bill or not. If necessary, the investigation can proceed to inquest.

The agency identified that the initial suggestion in the agency advice would have adverse consequences. If it were provided that a VAD death was reportable, the following process would arise, even for limited investigations: every VAD death would be investigated by the coroner and police would attend the scene of every VAD death, taking statements and substances into their possession for the purpose of advising the coroner. Every VAD death body will be transported to the Royal Hobart Hospital mortuary. The forensic pathologist will advise the coroner whether a full, partial or external autopsy is, in their opinion, recommended. The coroner's associate or police will ask senior next of kin whether there is consent or

objection to autopsy. The coroner will then determine whether autopsy is required. If no autopsy is required, a certificate to release the body to the funeral home would be granted.

I therefore recommend these amendments to achieve the intent that deaths under the bill are not subject to the coronial process if they are in accordance with the act, but there is the full range of coronial powers arising under the Coroner's Act, as they do for any death, if a coroner believes the death should be subject to the act.

Members interjecting.

Mr DEPUTY CHAIR - Ms Archer, Ms O'Byrne, Dr Woodruff, please allow Mr Ellis to make his contribution in silence.

Mr ELLIS - I note with Ms Courtney's contribution just now that it sounded that a lot of safeguards would be taken away if the coroner were not involved. It sounds that if the coroner were involved, a lot of safeguards would have to be gone through, and she has just outlined those.

Ms O'Connor - Do you have a law degree?

Mr DEPUTY CHAIR - Ms O'Connor, this is your final warning.

Ms O'CONNOR - Point of order for clarification. I have not had a warning yet and you cannot give someone a final warning if they have not had their first two.

Mr DEPUTY CHAIR - I can. It was your first and final warning.

Ms Archer - You do not have to have three warnings at all before you are thrown out, you can be thrown out first up.

Ms O'Connor - That's right, you used to throw me out all the time with no warnings, I remember. What a great Speaker you were.

Mr DEPUTY CHAIR - Mr Ellis is now the one with the call.

Mr ELLIS - I note that I have not actually made an interjection in this debate, which is unusual for me. It sounds to me like a lot of safeguards are involved in the coroner's process which Ms Courtney has been at pains to explain. If those were to be taken away - I am not sure what the advice was saying, is it a case of it would cost too much to do that? Is it a case of there would be too many people accessing euthanasia for it to be practical? Is it a staffing or resourcing issue?

Personally, I do not think that any of those three issues is strong enough if they open up the prospect of a wrongful death, or a death that is not fully investigated and does not give the community confidence in what happens if people are to take their own life through this process. I think in many ways the debate has been wise to have a bill that came from the Legislative Council as the minimum standard of safeguards. If we begin a process where we start taking them away, we open ourselves up further. We should be getting towards zero wrongful deaths rather than going in the other direction.

I want to make some general points about reporting as well and how significant they are in terms of safeguards. This is from *Current Oncology*, 2011, Pereira, 'Legalising Euthanasia or Assisted Suicide, the Illusion of Safeguards and Control'; in section 2.2 about mandatory reporting, it says:

> Reporting is mandatory in all the jurisdictions, but this requirement is often ignored. In Belgium nearly half of all cases of euthanasia are not reported to the Federal Control and Evaluation Committee. Legal requirements were more frequently not met in unreported cases than in reported cases: a written request for euthanasia was more often absent (88 per cent versus 18 per cent), physicians specialised in palliative care were consulted less (55 per cent versus 98 per cent), and the drugs were more often administered by a nurse (41 per cent versus zero per cent).
>
> Most of the unreported cases (92 per cent), involved acts of euthanasia but were not perceived to be 'euthanasia' by the physician. In the Netherlands, at least 20 per cent of cases of euthanasia go unreported. That number is probably conservative because it represents only cases that can be traced; the actual number may be as high as 40 per cent. Although reporting rates have increased from pre-legalisation in 2001, 20 per cent represents several hundred people annually.

In my view, one wrongful death is too many. If we have a case where there are several hundred in a country the size of the Netherlands because things are not reported as they should be, that is a big gap in our safeguards, and I do not think they should be taken away.

Mr BARNETT - I want to say how uncomfortable I am with this proposed amendment. I concur with the remarks of Mr Ellis and thank him for his contribution, and those of the member for Clark, the Attorney-General, and Mr Ferguson. There are a number of reasons I concur, and I will outline them.

First, the sponsor of the bill has read into *Hansard* some advice. It would be useful to have a copy of that advice. I am seeking consent from the member for Bass to table that advice from the agency, if at all possible. You have indicated and read part thereof into *Hansard* and made reference to section 24 of the Coroner's Act 1995.

With respect to the advice, the way I took that advice on board is that there is a discretion regarding reporting the matter to the coroner. There is no requirement to report the matter to the coroner.

The bill as it is currently written, coming from the Legislative Council, the Gaffney bill, without this amendment, provides a duty to notify the coroner. The way I heard the advice from the member for Bass, the sponsor of the bill, is that there is a discretion. Surely we would want to be confident in the safeguards in and around this bill? I am most uncomfortable.

Ms Archer - It does not require them to investigate, just notify.

Mr BARNETT - There is no requirement to investigate, only a discretion, and it is a matter for the coroner. As the Attorney said earlier, it is an independent legal statutory

appointment, it is independent. We have confidence in the coroner and the Coroner's Act sets it out very clearly.

The other interesting thing about the Coroner's Act is section 36(1), which says -

> If a coroner reasonably believes that it is necessary for the investigation of a death, the coroner may direct the State Forensic Pathologist or an approved pathologist, or a medical practitioner under the direct supervision of the State Forensic Pathologist or an approved pathologist, to perform an autopsy on the body.

The point here is that the coroner has this ability under the Coroner's Act - it is a statutory authority, a legal person - if they believe it is warranted and reasonable to undertake that investigation, but they do not have to. This is the point.

Ms O'Connor - Look at clause 19 of the legislation.

Mr BARNETT - A reportable death means a death where the body of the deceased person is in Tasmania or the death occurred in Tasmania; there is a range of other clauses there.

Ms O'Connor - You've got a law degree, and you've said that.

Mr DEPUTY CHAIR - Order, Ms O'Connor.

Mr BARNETT - A number of other clauses relate to the definition of a reportable death. My concern is that we are removing the requirement to notify the coroner. It is then at the discretion of the coroner what they do. I have outlined at least one provision where they use their discretion as to whether they perform an autopsy or ask for it to occur and they have other powers which are very significant that I am not totally across because I am not totally across the Coroner's Act, but I am at least broadly aware of the role of the coroner.

There is a link with this clause to clause 122, a clause I am most concerned about because if you remove the requirement to notify the coroner, you are notifying the commission. The question then is: what does the commission do? Under clause 122, it is the discretion of the commission to investigate if there was foul play, if there was a complaint, if there was a wrongful death as indicated by Mr Ellis. This is what we do not want; I am sure everyone in this place does not want that to occur. We want to ensure that is avoided at all costs.

Surely, we want this safeguard embedded. That is why I have foreshadowed the amendment in clause 122, to require the commission, if there is a complaint, to investigate. I am putting that on the record because if you remove this notification to the coroner, you are simply leaving it in the hands of the commission. At the moment as the bill is currently written, guess what? It is the discretion for the commission. There is a discretion there, not a requirement. My amendment, as I have indicated, will require the commission to investigate if there is a complaint about a wrongful death, about a concern, about a suspicion.

I am just saying there is a link there in clause 122 and I feel most uncomfortable about removing the duty to notify the coroner. We could speak further but my overarching message in my early remarks yesterday was that we should approach this bill with an abundance of caution to protect the vulnerable Tasmanians, to protect the sick, the elderly, those who cannot

protect themselves. It is our job as legislators to do that. That is a key objective, I hope, for all of us knowing the numbers of this place and likely outcome in terms of passing the bill. We want to make this watertight, risk free. Surely we should approach with an abundance of caution. I have extreme concerns with this particular amendment.

Dr WOODRUFF - I want to make a few points after having listened to the comments and it is important that we lower the temperature in the Chamber, because there is a level of hysteria, I think, that is going on surrounding this. It is an unnecessary and concocted level of emotion which is essentially about nothing.

Mr Ferguson - That is offensive.

Dr WOODRUFF - No, no, I think it is a fundamental misunderstanding of what this amendment does. Mr Gaffney reminded me just then that the original bill was a streamlined bill -

Mr Ferguson - Which original bill?

Dr WOODRUFF - The bill that was tabled in the other place. The argument is and we have heard from the departments, and we have heard from people who understand the way the Coroners Act works, that it is very important to have this amendment in there. This amendment clarifies that a VAD death is a natural death.

Although the members who have spoken may fundamentally disagree with that, that is the principle that this bill rests on: a VAD death is a natural death. Uncomfortable as it may be to you, the point is, it is a natural death. It will be signed off by a medical practitioner; it is not subject to the coronial process according to the Coroners Act. There is no reason to involve the police, there is no reason to advise the coroner.

If there is a suspicion, then according to the Coroners Act, Part 4, section 19, Obligation to report death, subclause (1), a person who has reasonable grounds to believe that a reportable death, other than a reportable death referred to in subsection (4), has not been reported, must report it as soon as possible to a coroner or a police officer. There is a fine of 10 penalty units.

So, when Ms Archer continues to say, how would the coroner know, the coroner would know with a natural death, such as a VAD death, as with any other death in Tasmania. They could be advised. They do not need to be advised unless it is suspicious, in which case, Ms Archer, as you well know, it is the same as any death and the Coroners Act does not require - are you actually saying that every single death in Tasmania should be advised to the coroner? That seems to be what you are saying.

Ms Archer - Literally every death is.

Dr WOODRUFF - No, that is not true. Medical practitioners have the ability - they are empowered under the Coroners Act to sign off and they regularly do. People die a natural death - fortunately for many people - every day. Therefore, we have a Coroners Act which divides the universe into acts which need to be reported, suspicious acts or a particular section of acts of deaths that need to be reported, and those that do not.

This bill is correctly placing a natural death - a voluntary assisted dying death - into the category that does not need to go through the process that Ms Courtney has outlined of police and coroners and all the inquests and everything else which is totally unnecessary.

I want to raise for members who are pushing this point so hard, please think about the unintended consequences of what you are suggesting.

Mr Ferguson - We are not pushing anything. We are querying and scrutinising the safeguards.

Dr WOODRUFF - Mr Ferguson, listen to this. If you are concerned about suspicious deaths, and that is a fair suspicion, to entertain theoretically. If you are concerned about that then be concerned about the unintended consequences of forcing the coroner to investigate every single VAD death.

Mr Ferguson - No, notify. It is wrong.

Dr WOODRUFF - We do not want to swamp a potentially suspicious circumstance by requiring every single VAD natural death to be reported to the coroner so that a truly suspicious VAD death is missed. That is the risk that you are creating by not taking on this sensible legal distinction between a natural death and a suspicious death. I think we have got it clear.

The Attorney-General might like to also consider, let us not go to the depths of talking about finances in this situation, but honestly if you are really saying that every natural VAD death in Tasmania must invoke the Office of the Coroner then you would need to spend a lot more money funding the Office of the Coroner and a lot more money supporting the police who would be required to be called out to these situations.

Ms O'Connor - If it is reported then the coroner is going to have to have a look at it.

Dr WOODRUFF - There is no argument. I am entirely comfortable.

Ms O'Connor - Should we report deaths by advance care directives where people have asked for their treatment to be withdrawn?

Dr WOODRUFF - I am entirely comfortable with the amendment that has been presented.

Mr BARNETT - I am more than happy for Mr Tucker to make a contribution. Earlier in my initial contribution I asked the member for Bass, as sponsor, to table the advice. I was seeking a copy of the advice from the agency.

The member has kindly read at least part of that advice into the *Hansard.* I would like to know where that advice has come from and who it is and if there is any legal advice to back that up. If you could give some level of understanding as to where that advice is from and what level of assurance you can provide the Chamber with respect to the advice. We would like to have further information about that.

Ms COURTNEY - I am not going to table the advice but I can assure the member that I have read it fully and correctly into *Hansard* as per the arrangements with regard to this bill, the advice I have through DPAC from agencies.

Dr Woodruff - I look forward to Mr Barnett tabling all advice he provides from his department in future situations. This is an excellent precedent that he is seeking to achieve.

Ms O'Connor - The principle is the same.

Mr DEPUTY CHAIR - Can we please cease with the interjections, if not for my ruling and respect for the ruling from the Chair, but for the benefit of *Hansard* and the Clerks who are trying to follow what is going on in a very difficult debate.

Ms COURTNEY - I hope that answers your question, Mr Barnett.

Mr Barnett - Not really but thank you.

Mr TUCKER - I thank the member for Bass for explaining her reasons but I tend to agree with the Legislative Council in keeping this in. I think back to my father always saying to me to always have a belt and brace system. I do not think that having this in and notifying the coroner is a big ask. I do not see it as a huge issue. I cannot believe that it has turned into the debate it has this afternoon.

Ms Archer - It is because I raised it, apparently.

Mr TUCKER - Yes. We need to have a bit of commonsense around the room. We have been told that this is one of the safest bills with this. Why would we be trying to water it down when it one of the safest bills?

Dr Woodruff - We're not watering it down, we're strengthening it.

Mr TUCKER - That is the way I see what you are trying to do by not notifying the coroner. I do not see why it is such a big issue to notify the coroner when a death occurs. I am sorry but I cannot understand that. I hear where the member for Bass has explained their reasoning why they did this but this was classified as one of the safest bills put forward. Why would we look at trying to water it down once we have it to this stage? I would have thought we would have been trying to make it stronger and safer.

Ms Archer - That's what I thought the agency would do.

Ms COURTNEY - I want to make it clear that there is nothing within this amendment that prevents anybody from reporting a death to the police or the coroner.

Ms Archer - That's not the issue we have.

Ms COURTNEY - No, but I am responding to some of the comments that were made by others, so I just want to be clear. Indeed, my understanding is that section 19 of the Coroners Act requires that if somebody suspects or thinks a death is a reportable death they have an obligation to report it. So the onus of reporting for anyone in the community - whether it is a friend, a practitioner, a neighbour, a stranger - they already have an obligation through other legislation to report.

I stand by the amendment I have moved based on the advice I have received and I look forward to continue with the bill.

Question - That the amendment be agreed to - put.

AYES 16	NOES 6
Dr Broad (Teller)	Ms Archer
Ms Butler	Mr Barnett
Ms Courtney	Mr Ellis (Teller)
Ms Dow	Mr Ferguson
Mr Gutwein	Mrs Petrusma
Ms Haddad	Mr Tucker
Ms Hickey	
Mr Jaensch	
Mr O'Byrne	
Ms O'Byrne	
Ms O'Connor	
Ms Ogilvie	
Mr Rockliff	
Ms Standen	
Ms White	
Dr Woodruff	

Amendment agreed to.

Clause 93, as amended, further considered -

Ms COURTNEY - Mr Deputy Chair, can I seek clarification? I believe I still need to move the second amendment in that clause. Much of the debate included both these amendments but procedurally we are doing one at a time.

I move the following amendment -

Second amendment

Page 120, subclause (2).

Leave out the subclause.

Insert instead the following subclause:

(2) The death of a person who has been administered or self-administered a VAD substance in accordance with this Act is not a reportable death for the purposes of the *Coroners Act 1995*.

The explanation for that has been explained in the last amendment we debated.

Amendment agreed to.

Clause 93, as amended, agreed to.

Clause 94 -
Interpretation of Part 15

Ms COURTNEY - Madam Chair, I move the following amendment:

Page 122, definition of ***eligible applicant***, paragraph (c), after "satisfied".

Insert ", after having considered the guidelines issued under section B, in so far as they relate to the person,".

These relate to a new clause B, which I can go to, but this is to address -

Ms O'Connor - It is not a new clause B, is it?

Ms COURTNEY - It is an insertion. Sorry, I have a slightly incorrect note here. It relates to new clause B, which is at the end, which we have not yet reached, but we will need to discuss, which is guidelines for determination of persons with special interest. This is pointing to that; we have not reached it yet.

Ms O'Byrne - Can you point us towards where that is, so we can work our way back?

Ms COURTNEY - It is a new one at the end in terms of my amendments. It is on my pile of amendments; it is about the fourth-last page.

Mr Jaensch - Is that a new B to replace the existing B that is in the -

Ms COURTNEY - No, this is a whole new clause, which will follow. It is just nomenclature in terms of how we describe it. This is a whole new clause at the end that we are pointing to, that we have not debated yet.

Once this new clause B, which is at the end, if we all agree to it, that will get its own number; then what I am moving now will automatically have that number.

Ms O'Byrne - Do you want to do it once we have done clause 112? I hate to go back and do things. Otherwise it is going to be sitting there. It is kind of weird?

Ms COURTNEY - These are guidelines that talk to each other. What I am moving is the reference to guidelines, then at the end I have added what those guidelines should be, and how they work effectively.

Ms O'Byrne - But if there is not a section, a new clause B, does this then become self-referentially incoherent?

Ms COURTNEY - It obviously does anticipate they will be agreed to. This is one of those challenges we are having with this bill when we have all these circular references. If the member would prefer, I am happy to defer this, and we can come back to it after we have debated whether we add clause B at the end. Then we can come back in case we do not get clause B up.

Ms O'Byrne - I am not flagging that I have a problem with clause B at this time. I do not think we do, but other members may have a view on it as well.

Ms COURTNEY - I am not sure whether everyone thinks the new clause B is controversial or not. It is not intended to be.

Dr WOODRUFF - For clarification, you are talking about this as being a separate clause, are you?

Ms Courtney - Yes.

Dr WOODRUFF - As you have written it, it is an amendment to paragraph (c). After 'satisfied', it adds those words. Is that still the same?

Ms COURTNEY - I will talk about the intent. Effectively, in the current clause as it stands, in section (c), we are referring to other persons who the commission is satisfied have a special interest, but then special interest itself is unknown. What we are trying to seek in the guidelines is to clarify special interest, because as we know with other different types of legislation, many people might claim to have a special interest, but might not actually have one, and it could cause frustration. What we are trying to do is assist with the determination of how special interest is captured.

Dr WOODRUFF - On page 65, this was flagged as a concern by the UTAS review. They said clause 94 should be amended to more clearly determine who is eligible to apply for a review. Specifically, it must be decided whether family members or health professionals who disagree could apply in order to frustrate the process.

Ms Courtney - I am glad they said that.

Dr WOODRUFF - They give some more details about why it is a concern and it needs to be regulated.

Madam CHAIR - Dr Woodruff, I will give you the call, because it is quite a long interjection. It does make it complicated for *Hansard*.

Ms COURTNEY - I was going to suggest, and if you are comfortable, I will move this amendment, and then we will have the debate at the end around the new clause. If there is any level of discomfort with that clause, then I am happy to postpone this current clause.

Ms O'BYRNE - Madam Chair, if I can add some clarity. If we move this one now and it gets up, and we anticipate that clause B will get up - and obviously the House will make its decision on that - we can actually recommit this clause with the will of the House later on, to tidy it up if necessary. It is not one that gives effect to language, it only enables it to exist. We can always come back and recommit that clause and remove it if the House then does not agree with that clause later on. I am not saying that will be the outcome, but it is a potential outcome.

Dr Woodruff - What we are talking about now is agreeing to add guidelines and information to this clause.

Ms COURTNEY - Yes.

Dr Woodruff - Not the content of those guidelines.

Ms COURTNEY - No, not the content. In that subsection, after 'satisfied', any other person who the commission is satisfied -

> after having considered the guidelines issued under section B, in so far as they relate to the person.

Mr Ellis - Would it make sense to postpone it until after section B is sorted?

Ms COURTNEY - I think there is a level of comfort with the members that we can make progress based on the fact that it has been flagged by agencies and, as Dr Woodruff said, UTAS, that it should be addressed in some way. We are trying to find a way to address this.

Dr Woodruff - We are still going to have a conversation about what the regulations would be?

Ms O'Byrne - Passing this does not mean that it gets up.

Ms COURTNEY - No, it does not. We can recommit if we need to.

Amendment agreed to.

Clause 94, as amended, agreed to.

Clauses 95 to 99 agreed to.

Clause 100 -
Procedure

Ms COURTNEY - Madam Chair, I move the following amendment:

Page 127, after subclause (6).

Insert the following subclauses:

(7) The Commission may give to either or both of the following:

(a) persons present at a hearing in relation to an application;

(b) the parties to proceedings in relation to an application -

directions prohibiting the publication, except in the circumstances specified in the directions, of matters relating to the application or the proceedings.

(8) A person must not contravene or fail to comply with a direction given under subsection (7).

Penalty: Fine not exceeding 100 penalty units.

This gives effect to providing the commission with the power to give restrictions for the publication of information on matters relating to a decision review proceeding. It gives the commission discretion with regard to that. It is a 'may' in subsection (7), it is not an onus, but it does give the power to the commission to restrict publication of that.

Amendment agreed to.

Clause 100, as amended, agreed to.

Clause 101 -
Evidence

Ms COURTNEY - I move:

First amendment

Page 127, subclause (1).

Leave out "there are documents".

Insert instead "there is evidence, or there are documents,".

I will speak to all of these but I need to move them all together. These have been made in response to the agency comment that privileges are commonly said to attach to documents. However, they do not attach to the document itself. They attach to the information contained in the document. Evidence may not be contained in the document. These three amendments have been made to broaden the scope of the commission to seek evidence by having the power to request any evidence for consideration, not just documents.

Amendment agreed to.

Clause 101, as amended, further considered -

Ms COURTNEY - I move:

Second amendment

Page 127, subclause (1), paragraph (a), before "are".

Insert "is or".

Amendment agreed to.

Clause 101, as amended, further considered -

Ms COURTNEY - I move:

Third amendment

Page 127, subclause (1).

Leave out "to lodge a copy of each document with the Commission".

Insert instead "to lodge with the Commission the evidence, or a copy of each document,".

Amendment agreed to.

Clause 101, as amended, agreed to.

Clauses 102 and 103 agreed to.

Clause 104 -
Reasons for decision

Ms COURTNEY - Madam Chair, I move the following amendment:

Page 132, after subclause (2).

Insert the following subclause:

(3) Despite subsections (1) and (2), the Commission may, if the Commission considers it appropriate to do so, do either or both of the following:

(a) prepare written reasons for the determination of the application under section 103(1) that do not enable persons referred to in the transcript to be identified;

(b) ensure that so much, of the written transcript of the part of the proceedings, as is used by the Commission as the Commission's reasons for the determination of the application under section 103(1) does not enable persons referred to in the transcript to be identified.

This is providing effect to respond to the concerns or the matters raised by the agency advice that I know members have already seen. It includes a provision to enable the commission to ensure that a written transcript or statement of reason is prepared to maintain confidentiality and a provision requiring persons involved in the VAD process to keep information confidential where it has been obtained in their course of involvement.

Amendment agreed to.

Clause 104, as amended, agreed to.

Clauses 105 to 111 agreed to.

Clause 112 -
Officers of Commission

Ms COURTNEY - Madam Chair, I move the following amendment:

Page 145, clause 112, after subclause (2).

Insert the following subclause:

(3) A person appointed under this section is subject to the direction of the Commission.

This is in response to the agency concern that it is not clear whether staff so appointed will be subject to the direction of the commission. This provision and this insertion clarifies the fact that officers appointed under this section will be subject to the direction of the commission.

Amendment agreed to.

Clause 112, as amended, agreed to.

Ms COURTNEY - We might leave all the new clauses until the end.

Ms O'Connor - No, sorry. On further examination there is actually no problem with these amendments because whether the telehealth provision has changed, that is a solid clause, it is a good clause.

Ms COURTNEY - Shall I move clause 113 and then speak to it? There was concern that I should be going to new clause A because of where it is in the bill after clause 112.

It seems we have some conflict between our Standing Orders and what we actually usually do in this place with regard to when additional clauses are moved. I have been provided with them in the order that Standing Orders would be; however, convention has them debated in a different way, hence why we have confusion.

Perhaps for ease we will leave all the new clauses until the end. I am at the will of the House. I have conflicting advice between where Standing Orders that say one thing and then we have practices in the House that say another one. At the will of the House, which way do you want to do this?

Ms O'Byrne - We have a clause 113 which originally had some amendments to it. This is a new clause 113? I am not sure why we cannot debate it now. I am confused as to why there is a problem with it.

Madam CHAIR - Ms O'Byrne, are you saying you are fine with debating new clause A now? Is that right?

Ms O'Byrne - I am not sure what the Clerk is advising us in terms of -

Ms COURTNEY - The Clerk is advising me that we have two different ways of doing this: one as per Standing Orders or one as per the way the House has done this in the past. We have convention or we have Standing Orders.

Mr FERGUSON - Can I ask a question and count it as a point of order? It might help all of us to understand. I can see the new clauses you have drafted and the future amendments. I cannot understand why you do not bring those forward in the order of the clauses of the bill.

Ms COURTNEY - I am more than happy to do that.

Mr FERGUSON - That to me makes more sense because we continue to work through in the proper order but it is no trouble for you to reorder your amendments. They have not been moved yet so I think that is the way to do it.

Ms COURTNEY - Okay.

Mr FERGUSON - It also makes more logical sense for amendments.

Ms COURTNEY - That is a contemporary practice of the House. I apologise. I was doing them as per Standing Orders so I will go to new clause A.

Dr Woodruff - To follow clause 112?

New clause A -

New clause A presented by **Ms Courtney** and read the first time as follows:

A. Confidentiality

(1) A person who obtains information of a confidential or personal nature about a person in discharging any responsibilities under this Act as a member of the Commission or an officer appointed under section 112 must not disclose the information except as authorised or required under subsection (2).

(2) The information may be disclosed if -

(a) the disclosure is authorised or required by law or any court; or

(b) the disclosure is made for or in connection with the reporting or lawful investigation of a crime or unlawful act (whether actual or prospective); or

(c) the Commissioner authorises the disclosure; or

(d) the person making the disclosure reasonably believes it to be necessary in connection with the administration of this Act; or

(e) the prescribed circumstances exist in relation to the disclosure.

Penalty: Fine not exceeding 50 penalty units.

Effectively, we added in clause 112. We clarified that a person appointed under the section is subject to the direction of the commission.

This ensures that the powers of the commission provide an obligation for members or staff to keep information confidential. Effectively it is a confidentiality clause to ensure that they have a penalty associated with it.

In terms of the new clause, as in the amendment, there are certain prescribed circumstances where information may be disclosed and this ensures, quite clearly, the confidentiality of the information that is involved with the commission.

Ms O'BYRNE - I am not quite sure why we need to do it. I would have anticipated that a commissioner who has been engaged would be subject to the same requirements that anyone who is engaged would be which is that they are not allowed to disclose information - the State Service Act deals with that.

Ms O'Connor - And the Personal Information and Protection Act.

Ms O'BYRNE - Yes, there is the Personal Information and Protection Act but there is also the requirement of the State Service Act about disclosure of information.

I do not know why you would need to put this in. I am conscious we are putting in a lot of things because we feel we should be putting lots of things in to remove any potential questions forever.

We do not do that in all pieces of legislation because it is actually unnecessary to do so. I am wondering what advice you have that says you have to be specific about confidentiality to the commission when we have other legislation that should effectively cover this kind of issue.

Ms O'CONNOR - My first observation is that this is a very long sentence without a comma. I think in language and law commas are often marginalised and dismissed, but they do help with comprehension.

I would like to understand what types of persons we are talking about here - a person, any person, a medical professional who is a PMP or a CMP or an AHP or an ambulance officer or another allied health professional? What sort of person are we talking about here when we say:

> a person who obtains information of a confidential or personal nature about a person in discharging any responsibilities under this act as a member of the Commission or an officer appointed under section 112 must not disclose the information except as authorised or required under subsection (2).

In the absence of a comma that makes it clear, what we are talking about here in the first use of the word 'person', is a person who is a member of the commission or appointed. That is that person: someone who is on the commission who finds out something about someone who is accessing VAD, or a medical professional. I just want some clarity around what kind of people are we talking about here in the second use of the word 'person'.

Ms COURTNEY - I have an understanding of it but I want to confirm it before I put it in the *Hansard*. My interpretation - and scream at me if I am wrong - is the same as Ms O'Connor had outlined. I apologise for the lack of commas. A person who obtains information is the person who is a member of the commission or an officer appointed who obtains information of a confidential, personal nature about a person discharging any responsibility from this act. They are the people contained in this act, so someone from the commission.

Ms O'Connor - Or a medical practitioner. It does not relate to the person accessing VAD, the suffering person.

Ms COURTNEY - It is about information of a confidential, personal nature about a person in discharging any of the responsibilities within this act.

Ms O'CONNOR - Okay. With the greatest respect to OPC, the grammar in this clause is so ambiguous that depending on where you break the thought, it could be a person who obtains confidential information of a personal nature about a person in the first person's discharging of their obligations under this act. It is really flabby language. It is what we are dealing with but it is unclear to me which person is discharging their responsibilities under this act. It is what it is, but it is flabby. If you are really clear about it, that means that if there is any question in the court, your explanation will provide clarity.

Ms COURTNEY - Flabby?

Mr Ferguson - I think it is clear and I will back up Ms Courtney on that. It is adequately clear for its purpose.

Ms O'Connor - Okay.

Members interjecting.

Madam CHAIR - Order, there is a lot of chatter. For *Hansard*'s sake, if people want to comment, I ask that you get the call because at the moment it is very hard to record.

Ms COURTNEY - To clarify any ambiguity, the first person referred to, a person who obtains information, that is referring to a person who has responsibilities under this act as a member of the commission or an officer appointed. The second reference to a person in that paragraph, a confidential personal nature about a person in discharging, that refers to other persons who are referred to in this bill. It could be medical practitioners or it could be a person trying to access VAD. It offers them a confidentiality protection.

Ms O'Connor - But there is no responsibility for a person accessing VAD to particularly discharge any responsibilities under the act.

Ms COURTNEY - They will be discharging duties throughout at various stages so they will be captured by this.

Ms STANDEN - For instance, if a person accessing VAD was to get personal information on their doctor, would that impose an obligation on the part of the person accessing VAD or would they be exempt?

Ms COURTNEY - I do not quite follow what the question is, sorry.

Ms STANDEN - Are you saying that the first reference to the person is somebody at the commission, so it would exclude the person accessing VAD, the first reference?

Ms COURTNEY - This is an obligation of people who effectively, and I will use my own language here, work for the commission. They have an obligation of keeping confidential information they come across that is confidential or personal of anyone they come across who is involved with this act.

So they have an obligation to be confidential and there is a penalty associated with that to ensure that they do because the information they are dealing with is, understandably, very sensitive. In terms of Ms O'Byrne's concern, because the commission can actually be a range of different types of people, clause 110(5) where it talks about the VAD commission, says:

> (5) A member of the Commission -
>
> (a) may hold the office in conjunction with State Service employment; but
>
> (b) is not appointed to the office of member subject to and in accordance with the State Service Act …

Ms O'Byrne - The State Service Act does not apply but what about the Personal Information Protection Act? I just want to know why we have it there; I think it is messy and I do not know that we need it.

Ms O'Connor - On indulgence, can I ask a question?

Ms O'Byrne - I move that the member be heard.

Ms O'CONNOR - Thanks Madam Chair. The question is that the discharge of the responsibility and the member of the commission. This is the issue. That first mention of person is now we understand, a person who is working for the commission, but then it is about a person, so if we go, 'who obtains information of a confidential or personal nature about a person, in discharging any responsibilities under this act as a member of the commission'.

Just to be clear, and I am struggling with it, what we are saying here relates to the first mention of a person who is a member of the commission in some way or an officer appointed and this is a responsibility that is placed on them in discharging their responsibilities under the act or is it about any person discharging their responsibilities under the act?

Ms COURTNEY - It is the former, so the requirement of confidentiality is for the people at the commission. It does not, that confidentiality -

Ms O'Connor - That is right and I understand that, but the way to have made this sentence clear was, in discharging any responsibilities under this act as a member of the commission or an officer appointed under clause 112, a person who obtains information of a confidential or personal nature about a person, must not disclose the information except as authorised or required under subclause (2).

So, if that is the way we understand it to be read, that is really clear, because that reflects your answer just then.

Ms COURTNEY - I think in a bill such as this, with the scrutiny it has, I want every clause to be as good as it can be. Would the member prefer that we postpone this clause and I come back with an amendment to the amendment that satisfies the member and clarifies this? I am just trying to be helpful.

MS O'CONNOR - The first thing I can say is you have been terrific, and thank you very much. You have been really great. Very happy for you to do that, but I think we might have an amendment that is coming up, based on tightening up the language, so it is really clear who the obligation is placed on. If anyone wants to get up and have a chat for a few minutes, an amendment is imminent.

Ms Courtney - That would be fabulous. I feel somebody might assist with it.

Ms O'CONNOR - I think because we have a pretty good drafter in the office - according to OPC, even they admire his talent - we might just be able to get that up here pretty quickly.

Ms Courtney - That is fine, I am sure we can - I will go and seek some advice.

Ms O'CONNOR - That is a good idea.

Ms COURTNEY - I might respond to Ms O'Byrne, and then we will work out the logistics and the amendment. The advice I have is that the provision we are moving is tighter than the PIP act, as well as having an offence attached to it. That is the advice I have received.

Ms O'Connor, do you want to move your amendment?

Ms O'Connor - I am very happy, by interjection, for you to acknowledge that this is the same wording that we have presented as an amendment, but just more grammatically precise. I am very happy for you to read it in, Ms Courtney.

Ms COURTNEY - Excellent, thank you. I appreciate everyone working together to clarify this clause.

Mr DEPUTY CHAIR - The amendment to the new clause, is that right?

Amendment to proposed new clause A

Ms COURTNEY - I am moving an amendment to my amendment as follows:

Leave out subsection (1).

Insert instead the following subsection:

A person, in discharging any responsibilities under this Act as a member of the Commission or an officer appointed under section 112, who obtains information of a confidential or personal nature about a person, must not disclose the information except as authorised or required under subsection (2).

Amendment to new clause A agreed to.

New clause A, as amended, read a second time and made a part of the bill to follow clause 112.

Clause 113 -
Functions and powers of Commission

Ms COURTNEY - Mr Deputy Chair, I move:

First amendment

Page 145, after clause 113(1)(a).

Insert the following paragraph:

(x) to provide an appropriate level of assistance to persons who wish to access voluntary assisted dying but who are prevented from, or hampered in, accessing the process because of their personal circumstances, which may include their access to medical practitioners who are willing and able to assist them in achieving such access;

I have added this and expanded the function powers of the commission to try to ensure that people who have limited access for a range of reasons - it could be their location; it could be where they live; it could be the fact that they might be from a non-English speaking background or they might have literacy concerns. What this does is provide an onus on the commission to provide assistance at an appropriate level to people to access that.

I am hoping this will strengthen the power of the commission to effectively reach out to provide assistance to people who have circumstances that are an impediment to being able to access that. My intent is to help support that access.

Amendment agreed to.

Clause 113, as amended, further considered -

Ms COURTNEY - I move:

Second amendment

After page 147, clause 113(3).

Leave out "contacts details".

Insert instead, "contact details".

I think that one is self-explanatory.

Amendment agreed to.

Clause 113, as amended, further considered -

Ms COURTNEY - I move:

Third amendment

Page 147, after clause 113(3).

Insert the following subclause.

(3A) A list referred to in subsection (1) is only to contain the names of persons who have advised the Commission that they are willing to have their names included on the list.

Subsection (1) talks about maintenance of lists. It says:

(c) to establish and maintain a list of medical practitioners who are willing to be PMPs …

(d) to establish and maintain a list of registered nurses who are willing to be AHPs; and

This effectively gives people the choice whether they actually want to be on the list. Somebody might be willing to be an AHP, but they do not necessarily want to be on a list that is kept.

The commission will still have a list of all those people who have gone through training, so they still maintain that list, but it is difficult to determine somebody's willingness to be a PMP unless you know the actual circumstances.

Somebody might do the training, become a PMP, and be willing to assist in that and there might be a reason for that - they might have a particular patient they want to do that for, but they might not want to be part of a list of people who are willing to do VAD more broadly.

This tries to clarify that you get to choose whether you are on the list or not, noting the fact that the commission will still have a list of all the people who have completed the training. They have a register of people who have completed the training.

This is the maintenance of a list. Particularly with (e), with regard to the pharmacies, you want to make sure that you are willing to both participate, but willing to be on the list.

I hope that I have explained that well.

Third amendment agreed to.

Clause 113, as amended, agreed to.

Clauses 114 to 116 agreed to.

Ms COURTNEY - I have a new clause, because I have one in the wrong section, the guidelines.

New clause B -

New clause B presented by **Ms Courtney** and read the first time.

New clause B to follow clause 116.

B. Guidelines for determination of persons with special interest

(1) The Commission must prepare and issue guidelines for the purposes of the definition of *eligible applicant* in section 94.

(2) The Commission may -

(a) amend guidelines issued under subsection (1); or

(b) revoke guidelines issued under subsection (1) and issue guidelines under that subsection in their place.

(3) The Commission, before issuing, amending, or revoking and issuing, guidelines under subsection (1) -

(a) must ensure that there is published, in a newspaper published in, and circulating generally within, the State, a notice -

(i) specifying that the Commission is proposing to issue, amend or revoke guidelines; and

(ii) inviting members of the community to make submissions in relation to the proposal by a date specified in the notice; and

(b) consider all submissions made by the date specified in the notice under paragraph (a)(ii).

(4) The Commission must, after issuing, amending, or revoking and issuing, guidelines under subsection (1) -

(a) give notice, in a newspaper published in, and circulating generally in, the State, of the issuing, amending, or revoking, of the guidelines; and

(b) ensure that guidelines issued under subsection (1) are available for viewing by members of the public -

(i) at the office of the Commission; and

(ii) on a website of the Commission.

This relates to the amendment I moved to clause 94 around defining 'eligible applicant' and the way we do that. We are doing that through guidelines. We are not seeking today to define it ourselves. Through this clause we are requiring - 'must' - the commission to prepare the guidelines, including an obligation to make sure there is engagement with the community with respect to those guidelines.

Ms O'BYRNE - I do not have a problem with this clause, but I am just going to highlight that those of us who spend more time watching the other place know that there are often very long debates about what constitutes a newspaper that is generally circulated. I do not know how many hours it took one day, but I am not sure that there is an agreed position in the other place on the definition of a newspaper circulated generally within the state. I will flag that we will all be watching again to see how this clause is dealt with.

New clause B, as amended, read a second time and made a part of the bill to follow clause 116.

New clause C -

New clause C presented by **Ms Courtney** and read the first time.

C. Regional access standards

(1) The Secretary of the Department must issue a standard (the *access standard*) setting out how the State intends to facilitate access to voluntary assisted dying for persons ordinarily resident in the State, including how the State intends to facilitate access by those persons to -

(a) the services of medical practitioners and other persons who perform functions, or exercise powers, under this Act; and

(b) VAD substances for use under this Act; and

(c) information about access to voluntary assisted dying under this Act.

(2) The access standard must specifically set out how the State intends to facilitate access to voluntary assisted dying for residents of the State who reside outside of Hobart and Launceston.

(3) The Secretary of the Department -

(a) may amend or replace the access standard; and

(b) must publish the access standard on the Department's website; and

(c) must include in the annual report, of the Department, under the *State Service Act 2000* for a year, a report in relation to the steps taken by the Department during the year to meet the access standard.

Before I explain this clause, I note Ms White is in the room. With regard to (2) when we talk about residing outside Hobart and Launceston, we discussed that earlier so if we want to move an amendment later that reflects our regionality at the beginning, that is fine. That was drafted when that was still in.

Ms O'Byrne - It would make sense for consistency.

Ms COURTNEY - We will do that, but I will get this one sorted.

I have said quite a few times that it is important with legislation such as this that access is equitable. A number of things may limit somebody's access to that. I want access to be fair for Tasmanians and there might be a range of things that inhibit them from being able to access this. We have talked about regional areas and the lack of GPs. It might be that they are in a location where they cannot get the information, or maybe circumstances such as their literacy or other things mean their rights are somehow limited.

Regionality is important to me. It goes to the core of a lot of things I talk about in this Chamber in all other areas of my policies I have responsibility for. I am consistent on wanting to always ensure that people living in regional Tasmania are not at a disadvantage.

This may be helpful for members to understand the rationale for this. In the UTAS report on page 48, comparative table 4.2, there is a comparison of ensuring equal access to both regional and metropolitan residents. In that one we have different states' access. I was intrigued by the way Western Australia accesses this. This amendment effectively replicates what happens in Western Australia - and what this, as I outlined when I read the amendment in, provides an onus on, in their case the CEO but in our case the secretary, to issue an access standard setting that explains how we intend to facilitate access.

I do not want VAD to be accessible only to somebody who lives in a city and is of means and education, because that is not fair. Anyone who accesses VAD still has to comply with every other threshold in this legislation. A person who wishes to access VAD still must go through the processes, the checks and balances and the thresholds. What this is intended to do is to ensure that a Tasmanian does not miss out on access to VAD and suffers because of their circumstance is not able to access it.

Ms O'CONNOR - I strongly support the intent of this proposed new clause C. But the contradiction that you will have in the legislation is that it is all quite nice to say this but if you do not allow for audiovisual communication, if the bill requires at every step of the way where there is a significant decision or determination to be made that it be made in person, the intent

of this new clause C and its application will be ineffectual. If you live on King Island you are not going to have equitable access to the provisions under this legislation. That applies for many people who live in regional and rural Tasmania.

We have parked the telehealth provisions but, with the greatest of respect, Ms Courtney, and I believe you, if your goal is to ensure people are not excluded from being able to access this bill or the provisions of this legislation because of where they live, I strongly urge you to reconsider the move to delete the audiovisual provisions within this legislation. I do not think you can have one that is this new clause C without the other which accepts the reality that not all of these consultations and decisions will be able to be had in person.

Ms O'BYRNE - I will touch on that in a moment. First of all, you will be drafting some language around the living outside of Hobart and Launceston phrase, you have said?

Ms Courtney - I will check with the Clerk what we agreed in the earlier amendment and make sure it is reflected to be the same as the definition.

Ms O'BYRNE - I do want to touch on the point that Ms O'Connor made because when I read this, and another member read this, it appeared to us that this was what you are putting in to deal with the flawed decision making that may occur around not being able to access telehealth. This was a way of creating some kind of commitment to people but because they could not access telehealth you were still committed to providing some kind of service.

Whilst we will debate that at some length tomorrow it is really clear that the intent of that original legislation was not to deny people access to telehealth. The world has moved on from the original Philip Nitschke response to chat rooms but also there are a whole host of other implications if you decide to go down that pathway.

The other point that I wanted to make - and Ms O'Connor used the words before - I am not sure if it was inconsistency of this against other provisions or the contrast, I am not sure which language, but I look forward after hearing your commitment to the provision of services being available everywhere that are legal health services that you will also apply the same kind of commitment to the inability of women in regional communities to access terminations. If you, as you say, find this very important, are committed to it in all other areas of your portfolios, I look forward to that amendment being moved to the existing legislation or at least a demonstration of your commitment to that.

Ms COURTNEY - I thank honourable members for their contributions. For clarity this was never intended as an interaction with the amendments that I have proposed to telehealth. This was drafted by me when I was aware that other amendments were potentially being proposed that would limit some Tasmanians to access VAD in the places where they live if their organisation made a decision around that. This was not around the telehealth provision.

With regards to provision, she did not speak a word - it does not specify in here the details of the provision, but it does provide an obligation on the secretary to set out this standard and to publish this standard and to demonstrate adherence to this standard.

I can assure members it was not a way to get around the telehealth. It was a strengthening, in my opinion, for people in regional access areas, noting, as Ms O'Connor said, we will have the debate on telehealth. That will end how it ends but, either way, there will be circumstances

where we still need to ensure that there is equitable access. I think that this strengthens the bill, notwithstanding whatever happens with the telehealth.

Dr WOODRUFF - I have a question, a very small question. It might be because it is late and I am not reading this very well. But I note that this new clause C is within Part 17, voluntary assisted dying commission, and every other part of this commission is in relation to the functions and powers and officers and delegations, et cetera, of the commission. This is about the secretary of the department and what the secretary of the department must do, and how the state intends to facilitate what she said, and the secretary of the department.

I do not see how it relates to the commission or what it obligates the commission to do, or how it intersects with the work of the commission, and whether there needs to be something in here that does make that direction or connection.

The last comment before I sit down is that I hear what you are saying about this not having any subterranean connection to telehealth, but it is pretty clear from reading this what has been proposed. They are important and excellent additions. Functionally this could not work if we did not have the sorts of telecommunications technology that we have all been utilising substantially in the last year to enable us to function as a community, and to give people access to health advice and support. We would not have got through the COVID-19 period in Tasmania without enabling telecommunication technology. It is very important.

Leading on to tomorrow's discussion for you, as the member, to really understand that not a single thing that you, as Health minister, have done over the last year could have happened if we had not been able to communicate through telecommunications technology. We cannot be removing that and having any bill essentially pass this House on anything actually that is worth its salt.

Ms O'BYRNE - Can you detail exactly how the standard will be implemented without telehealth? What will you actually do to ensure access on Flinders Island, on King Island, or Ouse? How will you? It is well and good, it is all great to say that you will have the access standard, but given how that has not been able to be delivered in other health settings, can you detail exactly how the access standard would be implemented without the ability to use telehealth?

Ms COURTNEY - Thank you, Ms O'Byrne. With regard to that, as per in subsection (3)(c), 'must include in the annual report, of the Department … a report in relation to the steps taken by the Department during the year to meet the access standard'.

The access standard is not defined here; that needs to be defined by the secretary. However, the clear intent effectively, from my perspective, is an outreach-type service. As I said when I put this clause in, it was not put in to somehow suggest that this access standard would be able to be met simply by picking up the phone. This was about places where there was no access to the special expertise that is needed to ensure access for people. Ultimately, the access standard will be published by the secretary.

Ms O'Byrne - By interjection, you are suggesting that this would mean that the secretary of the department could compel people to go to regional communities to provide the service, or is it just a set of words that say, we want you to do this and you have to report against it but there is no outcome if you do not, there is no punishment if you do not and I have got no

mechanism that I would expect you to meet. Unless you are saying that the secretary can compel people to go out the regional communities and provide the service, how do you meet it?

Ms COURTNEY - The secretary will stand up the access standards as she sees fit and then from that will determine the mechanisms by which they could be met. I cannot pre-empt how the secretary would do that, but I am sure she would do it on advice.

Ms O'Byrne - If you have moved this clause you must have advice as to how it would be enacted. Unless it is just a bit of rhetoric, you must have advice saying this is how it could work otherwise - and we already know that you want get rid of the telehealth components. There is no other mechanism to deliver it, that we can see. You must have a mechanism to give effectiveness, otherwise, it is rhetoric in legislation which means nothing.

Ms COURTNEY - I take offence to Ms O'Byrne's suggestion this is rhetoric. I have said standing here that I did not move this in relation to anything to do with telehealth; we have set that aside. What I am trying to do is create equitable access. Ultimately, that will be for the secretary. She will stand up an access standard and she will demonstrate how it is delivered. I am not going to stand here and dictate to the secretary the operational nature of the department. She has the ability to do that and she will be able to do that based on advice.

Ms O'Byrne - You are asking the parliament to approve a clause that you have no capacity to deliver on, and you can't detail how it can be delivered on. That is a significant flaw in this clause. I am all for equitable access. I wish you provided it in other areas, such as terminations.

My concern is this is only a statement. This is actually not an actionable piece of work if your only answer is 'I expect the secretary to fix this'. That is not how we dealt with everything else in the legislation.

Ms COURTNEY - As I opened with, this new clause mirrors effectively the clause that was stood up in the Western Australian legislation with regard to that mechanism. As the member knows, I am taking this through as the member for Bass, not as the Minister for Health.

Ms O'Byrne - You are not the shapeshifter, you are actually still the Minister for Health and you do know how Health works.

Mr DEPUTY CHAIR - Order, Ms O'Byrne.

Ms COURTNEY - Yes, I am taking this through as a private member and therefore the usual provisions of access to advice and policy advice from the Department of Health are not available to me.

Ms O'Byrne - So you cannot guarantee -

Mr DEPUTY CHAIR - Order, Ms O'Byrne, allow Ms Courtney to continue.

Ms COURTNEY - What I am doing is moving an amendment that mirrors the Western Australian amendment. I have stood here and I have said yesterday and today, when I referred

to this clause that I would be moving, the clear intent of it. This is about increasing access and I hope that other members support it.

With regard to Dr Woodruff's question, a very good point. When I originally drafted this, I had envisaged that this power would rest with the commission. On further reflection, looking at Western Australian legislation, I thought it better to be with the secretary of the department. I appreciate you highlighting that.

If members will give me a moment, I will seek some advice about the location as well as the regionality component so that it mirrors the other clause that Ms White amended earlier on.

What I might do is get the low hanging fruit first so I move an amendment to my amendment to encompass the matters raised by Ms White yesterday.

Ms COURTNEY - Mr Deputy Chairman, I move:

Amendment to proposed new clause C

In proposed subclause (2)

Leave out the words after "reside" and

Replace with "in regional areas".

So, the purpose of this amendment is because yesterday, I moved an amendment - this is back on page 11 of the bill. I will read page 11 of the bill:

> A person who is a regional resident is entitled to the same level of access to voluntary assisted dying as a person who lives in a metropolitan area.

I moved an amendment around the definition. I withdrew that based on feedback. What I am trying to do with this clause is ensure that the language is the same language that is reflected at the beginning, seeing that my amendment did not get up. I need to write that down.

Mr Jaensch - Did you discuss why you did not say Tasmanians need to have equity of access to this wherever they live, rather than giving us brands of being regional and not?

Ms COURTNEY - The intent with that amendment and as per table 4.2 in the UTAS report on page 48, when it is ensuring the equitable access for both regional and metropolitan areas, that was the genesis of this amendment. It was not in any way to belittle if you were in a metropolitan area. It is to ensure there is a mechanism for that to happen.

While I agree with the intent of the member whose bill this is, in putting that there at the beginning, I wanted effectively an active mechanism for that to be achieved. I have to write that down.

Mr Jaensch - Thank you.

Ms COURTNEY - For clarity, my amendment is -

Proposed new clause C, subclause (2):

Leave out all the words after 'reside', and

Insert instead the words "in a regional area".

Amendment to proposed new clause C agreed to.

Proposed new clause C, as amended, further considered -

Ms COURTNEY - I have a further amendment to that clause, based on the eagle eyes of Dr Woodruff.

My proposed amendment is:

Leave out "to follow clause 116".

Insert instead "to follow clause 137 in Part 20".

By way of explanation, that will make it -

Dr Woodruff - I want to know what Part 20 is.

Ms COURTNEY - That will make it the first clause under 20, Miscellaneous.

Dr Woodruff - Okay. That sounds like a better place.

Ms COURTNEY - I need to write this one down too.

Dr Woodruff - That would be the first one?

Ms COURTNEY - Yes. That is the intent.

Dr Woodruff - And consequentially the other things will change?

Ms COURTNEY - They will shift down. Thank you so much, I appreciate that.

Ms O'Byrne - Is there a clause 137 in Part 20?

Ms COURTNEY - Yes, because I had to do it after clause 137, but I do not want it to be in protection for liability. It is the new clause 138. It is the way to put it.

Amendment to new clause C agreed to.

New clause C, as amended, read a second time and made a part of the bill to follow clause 137.

Ms COURTNEY - Before I move to report progress, by way of clarification, there are a number of amendments that we will talk about tomorrow. I would like to flag, based on Ms O'Connor's now withdrawn amendments to telehealth and audiovisual -

Ms O'Connor - For now, because now there is another space we could park them in the bill if we needed to.

Ms COURTNEY - I will be moving further amendments to my amendments, having considered your proposed amendments now withdrawn. I will circulate those. I expect to circulate them tonight, but considering I have been on my feet all day, I want to make sure that they are correct before I circulate them. I do not want to circulate them and then have to amend them again.

Clause 117 read -

Progress reported; Committee to sit again.

ADJOURNMENT

JobKeeper - Cessation

[10.19 p.m.]

Ms WHITE (Lyons - Leader of the Opposition) - Mr Deputy Speaker, tonight I raise the circumstances of a woman who has been in contact with me, who wishes to remain anonymous, but wants her story shared because she feels she has no voice and that she is powerless in her current situation. She wants members of this parliament to be aware of what her life is like, and in particular what JobKeeper has meant for her.

JobKeeper ends at the end of this month. It will mean, at this rate, that close to 13 000 Tasmanians who are reliant on it will have that wage subsidy cut. We have expressed concern about that. The Premier supports the federal government's move to cut JobKeeper. The reason we have expressed concern is that we know thousands of Tasmanians still depend upon it.

I will now read from a letter that has been drafted by my constituent. It will be anonymous to protect her identity, but these are here words:

> I was made redundant this time last year due to COVID in the tourism/hospitality sectors. Whilst I survived on a very small payout, I had to turn to JobKeeper in July 2020 as I also operated as a sole trader to bump up my income. I haven't had any work since then. My turnover in 2020 on comparison to 2019 was down 100 per cent. My turnover year to date from 2020 is also down 100 per cent. I have lost everything. No income at all and only living on JobKeeper.
>
> In November 2020, my husband of 21 years separated from myself and my daughters. I have been on JobSeeker since late December 2020. This, in addition to JobKeeper, has literally saved my life. I will have to sell our family home soon due to the separation, with divorce being imminent. I can't afford to keep my home, although the mortgage is cheaper than rent right now, but the house must be sold. It belongs to the bank and we won't get much out of it after settlement.

> I reached a very low depressive state and severe anxiety, together with social phobia and stress from the separation. I am excluded from obligations to look for full-time work due to my mental health issues, and have been provided with a three-month certificate, with the very likely chance this will be extended out to 12 months. I have lost everything; my husband, my family home, my security and any hope of a reasonably modest lifestyle for myself and my daughters.
>
> The minimal increase of JobSeeker is going to make a difference of being able to provide a weekly one-way bus ticket for my daughter to get to school rather than her trying to rely on lifts with friends of a school morning. That is all it will do for us with the proposed increase of JobSeeker. JobKeeper and its removal will cripple me financially. This is going to put us in a dire financial and emotional situation, and one that I cannot for the life of me imagine how we will cope as a small family of three.
>
> My sole trader business was a part-time side hustle, one that I would be physically and mentally able to continue to do, still have the same capacity if the work was there, but it isn't, so this is as critical and low as we could possibly get as a family. I am so scared and fear for what happens after March. Rentals are sky high and although not overly picky where we live, it is important we are close to Hobart, where my daughter goes to school. We have no direction, no sense of security, and we are so fearful for what lies ahead.
>
> I have always lived an honest life. I have always worked hard. I don't drink. I don't smoke. I don't do drugs. I don't have a police record. I certainly do not gamble, and I live a very modest life. I know this information won't make its way too high up the political ladder, but I needed to voice my situation.

Mr Deputy Speaker, it has made its way to the parliament, and I thought it was important for her voice to be heard in this place, because this is an example of somebody who has had their life turned upside down because of COVID-19. She has been reliant on the JobKeeper wage subsidy, and when that ends she does not know how she is going to continue to put a roof over her children's heads, and she is absolutely terrified for the future.

This is the reason we do not support the federal government's cut to the wage subsidy, and why I cannot understand the Premier's support for the government's cut to the wage subsidy in March. So many families in Tasmania are still struggling, and there will be so many heartbreaking stories that we are yet to hear, which will slowly become evident when 28 March rolls around.

Deloraine House

[10.24 p.m.]

Ms BUTLER (Lyons) - Mr Deputy Speaker, I recently visited Deloraine House, where I was delighted to catch up with the dedicated team of volunteers and community workers managed by the steadfast Debbie Smith. I was interested to understand how Deloraine House had continued to run through the COVID-19 isolation period on such a skeleton team, while

delivering quality community-based support for the people of Deloraine and the surrounding areas.

During the height of the COVID-19 crisis, Deloraine House continued to stay open, and also took on an extended area. With the forced closure of Devonport, East Devonport and Burnie houses, Deloraine House was the only house available to support the immediate area. Given that the northern Midlands does not have a community house, Deloraine also provided support for that area as well.

Deloraine House volunteers and staff saw a significant increase in requests for assistance for emergency relief from the community due to an increase in the number of people presenting as homeless, with caravan parks closing and also a large number of visa workers who found themselves stranded in the area without employment when industry and businesses were forced to close.

A demand for warm clothing saw Deloraine House introduce a pop-up op shop where community members, homeless people and visa workers could access warm clothing and bedding for the cost of a gold coin donation. The sheer amount of community donation towards that drive was incredible. The people of Deloraine are renowned for being generous people. Money raised from the op shop was donated to the Golden Opportunity Shop to assist them through the time they were closed, when they still had to meet their usual overhead costs.

With the only laundrette and caravan park in the area closed, the team at Deloraine House recognised there was nowhere in the community for displaced people to have showers or do their laundry. Having identified this need, the team at Deloraine House called upon local tradespeople to install a shower and laundry facility in Deloraine House itself. This task was completed over an incredibly short two-week period, all within COVID-safe rules.

Of particular assistance here was the Deloraine Lions Ladies Committee and their generous donation, which enabled the committee to purchase a washing machine and also a dryer. Other groups also donated towards the construction of the shower for people to be able to clean themselves, which is important for self-respect and dignity, and also to be able to launder their clothes - Joshua Kareke from Skulpt Construction, Clinton Cameron from CDR Plumbing, and Mark McCall from Mark McCall Electrical, who all gave their time to make this happen.

Freezer meals were also introduced when the Meals on Wheels program finished.

Deloraine House has done an incredible job. They are still providing amazing services to their community, but they were an absolute bastion of hope, not just to Deloraine, but to the surrounding area during the COVID-19 period. We congratulate them and thank them very much for everything they did.

Diabetes Australia - Tasmania PolliePedal 2021

[10.28 p.m.]

Mr BARNETT (Lyons - Minister for Primary Industries and Water) - Mr Deputy Speaker, I am very pleased to speak on the adjournment tonight. I pay tribute to Diabetes Australia and all those involved in the Diabetes Australia Tasmania PolliePedal 2021. It was

an absolutely fantastic ripsnorter event, and in my view the best ever. A little like the Olympics, they keep getting better, and this was definitely the best ever.

I am proud to be a Diabetes Australia ambassador and proud to report on and pay tribute to Diabetes Tasmania tonight, just briefly, and to all those PolliePedallers who joined last weekend for the PolliePedal 2021. It is all about raising awareness and funding for diabetes. I am pleased to say this sixteenth year of Diabetes Tasmania PolliePedal has broken the fundraising record, with over $78 000 raised during that three-day bike ride. It had a record number of riders as well, with 30 bike riders. I can see some nods from across the Chamber, and I thank you for that.

We kicked off in St Helens this year and rode down the beautiful east coast, through Scamander. John Tucker was there at the launch; wonderful to receive your support. He was standing next to the bike, not actually on the bike. Special tribute to Ivan Dean, 75 years old next month, an outstanding effort and wonderful role model for all of us. Also, a special tribute to Senator Wendy Askew, who sponsored a number of the riders and has family members with type 1 diabetes involved.

So, a record of more than $78 000 this year, and over the 16 years, $818 000 has been raised for people with diabetes in Tasmania and their families. It is amazing.

Over 3000 Tasmanians have type 1 diabetes, like myself, with many of them children, and more than 35 000 Tasmanians have type 2, or gestational, diabetes. Anyone can have it - your mother, your aunty, your cousin, the person down the road, even your child. It certainly touches all of us. It is a condition where the body cannot make insulin, or struggles to respond to insulin as it should. It is a leading cause of preventable blindness and lower limb amputation, and the single most common cause of kidney failure.

Thanks to the hard work of Diabetes Tasmania, there is a lot of help and support out there, and you can actually live a healthy, active lifestyle with the right support and care. A special acknowledgement to Caroline Wells, CEO, who does a fantastic job, and for personal reasons could not be there this year. She is a dear friend. Since 2006, when we launched it together, I have been writing and participating, helping lead the PolliePedal with Caroline Wells, and likewise to Angie Headlam and the team. They have done a fantastic job with all that fundraising.

It was certainly leg-burning at St Marys Pass, but we got up there, we did it and it was a fantastic effort. The school visits were clearly a highlight at St Helens and St Marys District School, then down Elephant Pass to Bicheno, Swansea, Triabunna and Orford, and down through to Richmond, with a few hills - Break-Me-Neck and Bust-Me-Gall - and some lumpy spots along the road, which was pretty tough.

Six of us did the Launceston to St Helens ride the day before as an optional extra. I did that, bar about 40-odd kilometres, with Greg, Jarrod, Steve, Alistair and Nicky, who also has type 1 diabetes and is a health professional from the north-west coast. She is amazing. She did all that ride, and it was windy and wet as well.

The sunny east coast has outstanding scenic country roads, seaside towns and wonderful community spirit. People stopped me in the street at a bakery and said, 'You are on the bike

ride for diabetes, here is some money', and I passed it over the Diabetes Tasmania. Just wonderful generosity.

I acknowledge the sponsors - in particular Ascensia Diabetes Care, gold sponsor; Neville Smith Forest Products, bronze and dinner sponsor; Launceston Toyota, bronze sponsor; Digital Ink, accommodation sponsor; MAIB, accommodation sponsor; Cattle Hill Wind Farm, accommodation sponsor; Norske Skog Boyer, jersey sponsor; and Pfizer Australia, clothing sponsor - but there were many other supporters too, to get all that funding in.

I certainly encourage Tasmanians to give generously to Diabetes Tasmania, if you have not already. If you have, thank you. I appreciate the wonderful support and advocacy they do for people with diabetes in Tasmania. It was a wonderful PolliePedal, the best ever.

Public Housing - Disability Support

[10.33 p.m.]

Ms STANDEN (Franklin) - Mr Deputy Speaker, it has been a long day in parliament, but it began with question time, where we raised a number of really heartbreaking stories of housing stress and homelessness.

Following that, within the matter of public importance, I was able to outline the heartbreaking situation of Rachel McCallum and her son Ethan Chatters, which has been reported within the media.

The key issue about this case is that they tried, seven years ago, to raise this issue of Ethan's complex neurodegenerative disease. They knew at that time that this day would come, seven years later, when this child has grown to the stage where he is in a wheelchair and unable to access parts of his home. He is living in less than the dignified circumstance we would like for our children and for ourselves.

One in three families on the housing register live with a disability. I simply say: we must do better in terms of providing support to our families right across the community, particularly those most in need.

Seven years - the state Government has known that this day would come and it has come now. I am extremely disappointed in the media release from the Minister for Housing and the Minister for Building and Construction today. The release says that in relation to all the cases raised by the Opposition in parliament today, Housing Connect is working with the individuals and will continue to offer them a range of supports and assistance.

I have talked with Rachel McCallum a couple of times now, and she is incredibly angry. The responses provided to her - through the minister - are totally inadequate. She knows - as does the state Government and the Minister for Housing - that modifications to the existing property cannot be undertaken. She cannot understand it. I cannot understand it. Why has this family not been transferred long ago to accommodation suitable to their needs? It is simply a disgraceful situation.

I also take this opportunity to elaborate on Jake White's situation. Jake is absolutely desperate for housing - not only for himself, but also for his four-year-old child. He has

nominated 43 suburbs on his application for housing, and he has been homeless for years. He sleeps at his father's place four days a week, so he can access and provide support to his son, for whom he lives. He sleeps in his car for the remainder of the time. His sole focus and determination has been to find secure housing before his son started kindergarten. Mr Deputy Speaker, he was in tears when talking with me, but he is beyond that point. He feels extremely angry, confused and let down by a system that has been absolutely unfair, in his eyes. It has failed to provide him with a safety net to keep his family together and to give him the chance to rebuild his life.

I met with Jake in January this year, and I wrote to the Minister for Housing. The minister knows the situation, because he replied to letters from my colleagues, David O'Byrne and Rebecca White, in November 2020, February 2020, December 2019 and May 2019. On five different occasions, three MPs in this House have advocated on behalf of this family. For four years, this minister has known this day would come - that the four-year-old child would start in kindergarten, and still Jake is living in his car more than half the time. That is completely unacceptable. He has been waiting for housing for over 200 weeks - more than three times the average wait time for priority housing applicants.

I wrote to the Minister for Housing, asking him to explain how his housing system has failed Mr White, and to review his case urgently. I am still waiting for a response. This minister has the gall to put out a media release, saying that he knows Housing Connect is in touch with these families and is providing support.

Mr Deputy Speaker, Mr Jake White and Ms Rachel McCallum feel that there is no support. They are doing their very best, contacting Housing Connect at least fortnightly. They are simply having doors closed in their faces. That is what it amounts to. They have had no assistance. It is completely unacceptable. I urge minister to wake up, find the compassion to reach out to these families and provide housing solutions and a dignified life.

Ambulance Response Times
Patient Travel Assistant Scheme - King Island

[10.38 p.m.]

Ms DOW (Braddon) - Mr Deputy Speaker, I rise tonight to tell Lois's story. Lois fell over in Percy Street - 120 metres from the fire and ambulance station in Dodgin Street, Wynyard. The ambulance was called at 4 p.m., when Lois was found by a neighbour. The neighbour contacted her family at about 4.30 p.m.. A family member went directly to the hospital to wait for her arrival by ambulance at around 5 p.m., only to find that Lois had not yet been brought into the hospital. The family member then drove to Wynyard, and found Lois still waiting on the ground, in the gutter, for the ambulance. She could not be moved, due to her pain. The ambulance had been called two more times by the same neighbour, who was told there was a severe backlog and no time frame for response.

The family member called again, around 6.30, and was told they were extremely busy and unfortunately they were unable to give a time frame for an ambulance to attend. The family member walked up to the station where an ambulance was just coming out, and spoke to the driver who had just commenced his shift. The family member explained what had happened and how Lois was, and how long she had been waiting only 120 metres down the road. The ambulance officer came down and assessed her, but was unable to move her as he was on his

own. He needed to call for back-up. Two paramedics came, in two different vehicles, to help. Both had knocked off for two hours, but there were no others available.

Lois was finally settled into the ambulance at 7.30, three-and-a-half hours after her fall. Lois was then ramped in the ambulance bay as the emergency department was full. Lois was finally taken in around 11.30 - seven-and-a-half hours after her fall - meaning the already under-the-pump paramedics were again down another driver, as one had to stay with Lois until she was taken into accident and emergency.

What happened to Lois is not a reflection on our dedicated paramedics across Tasmania. In the words of Lois' family, they are under the pump and doing the best that they can. But someone is going to die soon, and it will be brushed under the carpet to cover up failings, whilst the paramedics bear the brunt.

Stories like Lois's are becoming all too common across Tasmania. It is sickening, that an elderly member of our community - an 82-year-old woman with a fractured pelvis - was left in the gutter, in pain, for three-and-a-half hours. It is absolutely disgraceful.

I raise this tonight to bring Lois' story to the attention of the Government and the Minister for Health. This extremely traumatic experience, on top of cuts and changes to travel allowances for paramedics across regional Tasmania, as reported in today's media, are all impacting on the ability of our hardworking paramedics to do their jobs. The level of service across our community is being diminished. Lois, and all Tasmanians, deserve better. I call on the Government to address this situation..

I extend my best wishes to Lois for her recovery from this traumatic experience and her fall.

In addition, King Islanders have raised concerns with me about recent changes to the Patient Travel Assistant Scheme on King Island. PTAS is a key priority service for islanders to access essential medical treatment not available on King Island. There seems to have been a communication breakdown between the Government, the department that administers this program and King Islanders.

I recently received an email from a constituent, who outlined a number of these changes. The constituent reports these changes have occurred since the end of 2019, when there was change in PTAS administration staffing. In that time there seems to have been a breakdown in communication with the islanders.

Lack of access to dental assistance is one example. A dentist visits King Island only every few months. I am advised that a month ago, a dentist asked for a special X-ray, relating to possible horizontal bone loss for a patient with septic rheumatoid arthritis. This X-ray cannot be done on King Island. The response was that PTAS was neither available nor needed. The patient still has not been able to access the X-ray.

In addition, PTAS is only paying for patients to travel to Wynyard - regardless of whether those King Islanders are receiving treatment in Launceston or Hobart. This will mean added stress and financial pressure on residents if they are accessing services outside Launceston or Hobart, such as chemotherapy services from the Holman Clinic in Launceston.

Members of the community have reached out to the office of the Minister for Health and requested that there be a meeting of King Islanders - either through Zoom or face-to-face - about some of these changes and their concerns. To date, there has not been a commitment to that meeting.

I put on the record my support for better communication with the residents of King Island about these changes. If there has been a breakdown in communication and these changes are not as reported, some ongoing dialogue and explanation is needed, as well as an understanding of the impact of any proposed changes for King Islanders and how that will impact on the level of health service they are able to access.

Turners Beach - 7 Day Makeover
Turners Beach - Albert Street Gang

[10.45 p.m.]

Dr BROAD (Braddon) - Mr Deputy Speaker, I rise to talk about a real opportunity for the residents of Turners Beach to make positive changes to their community because the 7 Day Makeover is coming to Turners Beach.

I was first exposed to the 7 Day Makeover when I was still a councillor with Central Coast Council. The idea is that in seven days, the community decides on developing an area, making changes to make it a brighter and more liveable place. Mini projects are created and over the seven days, things such as decks are built or other changes are made that make the town a more liveable place.

This 7 Day Makeover has worked well in Penguin. The 7 Day Makeover there has made a huge difference to the town, which is partly why every time you go to Penguin now the place is pumping.

David from the 7 Day Makeover says it is a simple theory. The way to make a town more vibrant is by getting more people to visit. Another way to do it is by getting the locals to stay longer in the CBD or in areas where you want to encourage people.

It is that simple an idea - the best way to get a community buzzing is by creating spaces that people want to be in, where they can meet and talk. Creating those spaces makes the community come together. That means there are more people in town all the time and the place is thriving. That is what has happened in Penguin.

The creativity in Penguin has been astounding. I encourage everybody to go to Penguin and have a look. They have turned all the bollards into little penguins. There is the big penguin at Penguin, which is a big tourist attraction, with people getting their photos taken with the big penguin. They have now created little bollards that look like penguins. There are other changes such as lounging areas, decks and a little book exchange library. There are people there all the time. You get a good vibe when you go to Penguin nowadays because of what the 7 Day Makeover has done. Since then, the community of Penguin has done other projects to also create those changes.

Now it is the opportunity for Turners Beach. I was at a meeting on 23 February to talk about the process, which will start on Saturday, 20 March. The community will get together

and walk around the area of Turners Beach, and then they will talk about some of their ideas to make these changes. That is the idea-generation phase.

On Sunday we will be project planning. Little teams will be put together. It is then only five days when these changes can be made. Sometimes things do not get quite finished, but the idea is to get most of it done in those days, Monday to Friday.

On Saturday there is a launch party. This brings the community together. When the community builds something together, people who have never met before will be able to say, 'Look, that is what we did together.'. They will always have that in common. It is another way to bring a community together.

This is all starting on 20 March. I encourage everybody in Turners Beach who wants to see positive changes in the community to get involved and sign up via Facebook or the Central Coast Council website. It is going to be a good thing.

Another great thing in Turners Beach is the Albert Street Gang. The Albert Street Gang has been made famous by a report on the ABC. You can see it on iView. The Albert Street Gang is a group, mainly of women, which goes surfing every Sunday at Turners Beach. They are so encouraging and awesome.

My kids decided they would not mind giving surfing a go. We went to Turners Beach to be part of the Albert Street Gang. It does not matter if you do not have wetsuits or boards because they have stuff there you can use and they will teach you. Turners Beach is a great beach to learn surfing because you can stand in waves up to your chest, jump on a board and catch a wave. What has been good for me is that I can put the kids on a board and push them into a wave so they can catch a wave and try to stand up.

I have been having a go myself and really enjoying it. I never would have thought I would enjoy surfing, but I have. That is because of the Albert Street Gang. They are so welcoming and enthusiastic. I really look forward to every Sunday morning trying to get out and have a surf with the Albert Street Gang, as do the kids and my wife.

To Nat, Em and Potts, you are fantastic. I have been riding a surfboard they call Chris, a custom-made surfboard named after Chris Hemsworth because it is big, blonde and dependable. The surfboard Chris has certainly made it a lot easier for me to learn how to stand up, which I have been doing.

The Albert Street Gang, made famous by the ABC, is the heart and soul of the Turners Beach community. It has been awesome for the kids and everybody. It has grown so much that last weekend 50 people were surfing on a Sunday morning. If anybody is interested in surfing, I encourage them to get along to the Albert Street Gang on Sunday morning. Have a go, it is easy, they have all the gear. Who knows? You might even like surfing.

The House adjourned at 10.51 p.m.