PARLIAMENT OF TASMANIA

HOUSE OF ASSEMBLY

REPORT OF DEBATES

Thursday 3 December 2020
(resumed Friday 4 December 2020)

REVISED EDITION

Friday 4 December 2020

The House resumed at 9 a.m.

The Speaker, **Ms Hickey**, resumed the Chair.

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

Second Reading

Resumed from 3 December (page 110)

[9.01 a.m.]

Mr JAENSCH - Madam Speaker, I rise to speak in support of this bill and to provide my reasons for doing so.

First, I thank the people who have given me the opportunity to be here doing this today. To the honourable Mike Gaffney, member for Mersey, and all who informed and supported him as he developed, explained, evolved and toured this bill in what I know has been a very difficult year for him and for his family, thank you, Mike.

To Premier Peter Gutwein, for the opportunity for a free vote in the tradition of our Liberal Party, and the special arrangements he has proposed to give all members, and the bill itself, the benefit of departmental advice and independent review should it pass this second reading stage in this House.

To my colleague and friend, Sarah Courtney, member for Bass, for taking carriage of the bill in this House. To all my parliamentary colleagues for the thoughtful and respectful contributions we have heard so far. Thank you all.

Most of all, though, I thank the people in my electorate of Braddon who elected me to represent their interests, and who have shared with me their experiences and opinions on this important issue. This is what our representative democracy is all about, and why I am proud to be here doing this job. It is my responsibility to all the people I represent who have been in my mind as I have formed my views on this issue and this bill, not just those who I agree with.

They are a diverse lot. Our people have widely differing and sometimes surprising beliefs, experiences and opinions. On this issue, more than most, I have been struck by how many people have surprised me with their views, both what they are, and their boldness in declaring them. I have been ashamed of myself for at times having dared to assume what other people think, or what their life experience has been. Some of the most heartfelt messages of support for voluntary assisted dying have come to me from older, church-going Liberal Party members who have taken me aside and shared their story. These views have come across the socioeconomic, political and faith spectrums. This is not political. This is a deeply personal thing, and I thank everybody who has made the effort to make their views known to me so that I can represent them.

I have arrived at the position that the only way to accommodate this diversity of deeply personal views in law is to give everybody the greatest possible chance to exercise their own choice, and not to make it for them. That is why I am voting in support of this bill today, and why I am proud to be part of a party that reflects the full spectrum of views held in the communities we represent, and puts freedom of conscience and individual choice above politics.

When it is impossible to find compromise, the best approach is to offer choice. Choice and freedom. Our natural state is to be free. Our laws should only exist to protect those freedoms and those amongst us who cannot exercise them for themselves, or who are vulnerable to the actions and choices of others.

This year there has been intense interest across our state in our community, across the world, in the issue of restrictions of movement as we have tackled a pandemic. One of the questions my constituents have most frequently raised with me is about the choices and decisions made about closing and opening our borders, and restricting our movements, as if opening and closing borders was a matter of policy only. It is not. It is not a simple matter of government policy. Our constitution provides for the free movement of our people across borders. We can only limit free movement if there is a specific reason to do so, including in this case a public health emergency. The State Controller has frequently reminded us over this last year that it is illegal for him to deprive people of their liberty; their freedom to move across our borders, without specific reasons.

There is a theme there that applies to this bill, too. Our bill should not be about allowing people to access a death of their choosing, but providing a safe way for them to do so, and protections for those who cannot freely exercise their choice freely.

For most of the people who have spoken, written or sent petitions to me on this issue, their issue has been a fairly simple message about whether we have voluntary assisted dying legislation or not in Tasmania. Most of the people who have spoken to me are not engaged in much further detail than that. They know what they mean, and they trust that we in their parliament and their government and bureaucracy will sort out the details and get it right, as we do on most issues they elect us to deal with on their behalf that they do not comment on. It is good for us to be reminded of that trust.

That is the reason I did not support the last bill on voluntary assisted dying brought to this place. Some people accused me of opposing it on political grounds, not on conscience, but they are wrong. I supported the intent of that bill, but my mind went to the responsibilities of the people we represent here. The public discussion on that bill had very much focused on that simple notion of providing voluntary assisted dying pathways for people who were dying. That was what most people engaged with in that discussion at that time. However, the bill that we had before us went to other matters as well, which I did not think had been given sufficient airing, and entered into far more complex - ethically and technically - difficult areas of determining intolerable suffering. There was a risk people that would see that we, in this place, had in some ways taken liberties with their trust by bringing forward legislation that included things they did not understand and had not been involved in discussing.

This bill is different. It has had a different journey. I believe there are fewer risks of surprises in this bill for people in our community. It has been described as being a conservative bill, constructed from known paths and components of other legislation; that it has been methodically and exhaustively toured and consulted and, in general, broadly well received and supported in principle across our community.

It has also been introduced through an unusual pathway - a private member's bill through the Legislative Council, instead of a government bill through the House of Assembly. For a bill with life and death at its heart, that is a very unusual pathway. From its genesis, it has not had the benefit of the full scrutiny, assistance, and rigour of having access to all the departments of our government, or the expertise and the resources at our disposal to have that input.

That is why I am particularly grateful that the Premier has proposed - and I believe this parliament has accepted - the opportunity to split this debate. We will have the opportunity to air our views on the principle of the bill, followed by a separate Committee stage on the detail of its operation. Between those processes, we will have the benefit of review, comment and advice from government departments and independent advice from a panel assembled by the University of Tasmania. All of that advice is being provided to us, as those who are voting on the bill in this place, to help us make sure that the final form of the bill is right and fit for purpose, and it can work.

One of the things that we need to test is its pure functionality. I am conscious that the bill, as it is now stands, does not have one author. It has been extensively modified by many different people, through many amendments in its journey so far, and it likely will be changed further. One of the most important things over the coming months will be the opportunity to see if the resulting bill is a coherent, safe and legally implementable piece of legislation, that sits alongside the other laws we already have to work well in the interests of all Tasmanians.

I do not see that as a criticism of the bill as it stands. It is a product of the process through which it has come to us. I believe we have created a process that can give our community confidence - if it is the will of the parliament for this bill to proceed - that their parliament and their government will do all we can to ensure the resulting legislation is effective, does what it says on the packet, and will be safe to operate.

I will briefly speak on a couple of matters of particular interest to me, as we proceed to the next stage.

My home region - the north-west of Tasmania, Braddon - has one of the world's highest populations of families affected by Huntington's Disease. This is an inherited, degenerative neurological condition affecting the brain and central nervous system that results in a progressive loss of mental and physical capacities. Huntington's Disease progressively strips away the affected individual's ability to walk, talk, eat, think and reason. Death ensues from complications arising from the disease. Typical symptom onset occurs between the ages of 30 and 50 years - the prime of life, where people expect to advance in their chosen career, raise a family or travel. Huntington's Disease progresses at a gradual and relentless rate.

The average duration of the disease is 15 to 20 years from the onset of symptoms, although this can vary between individuals. Individuals affected by Huntington's do not die as a direct result of the disease, but from medical complications arising from the body's weakened condition - in particular choking, infections or heart failure.

Every child of a Huntington's Disease parent has a 50-50 risk of developing the disease. I thank and recognise Pam Cummings and the remarkable members and volunteers I have met through Huntington's Disease Tasmania, for sharing their stories with me.

The most heartbreaking thing for me about Huntington's, is that I have met people who are nursing the third member of their immediate family through the same progression of the disease, to the same inevitable and traumatic death. Each one knows what that death will be like for them. I do not suggest that all Huntington's cases or families would access voluntary assisted dying if it was available to them, but I strongly support the specific recognition of neurodegenerative conditions in the bill. I thank Mr Gaffney, member for Mersey for that recognition, and for the provision of a prognostic time frame for these cases that recognises the progressive nature of such diseases.

I understand this presents many challenges in determining prognoses and the capacity to provide informed consent at different stages. I will be seeking to ensure, during the Committee stages of the debate, that the time frames we finalise are informed by the experiences of Huntington's families in my region, and people who suffer other neurodegenerative diseases.

On another matter, I strongly support the establishment of a commissioner, or a commission, to oversee the implementation of this legislation and its operation in the longer term. I believe it needs to be more than a registrar. I consider we need to build the capacity to learn, review, monitor and benchmark our progress in this critical area of end-of-life care, and to make connections across government with other relevant areas of policy and law.

I believe consideration should be given to the role of a commission in the structures required for the registration in the future of advance care directives and other end-of-life matters. They will deal with similar legal and ethical matters of informed consent, and a person's ability to have their wishes carried out by others. Ultimately, I hope consideration is given to voluntary assisted dying as an option of last resort in a continuum of end-of-life care treatment options, not a separate pathway from the mainstream.

In the public debate and in the conversations I have had with people from my community, I have encountered the issue of faith as a guide to people's beliefs and opinions on this matter; but not in the way that I had expected. Again, as I said at the outset, people have continued to surprise me with the diversity of their views. It has confirmed for me, how risky it is to assume anything about anyone's views on a matter like this based on what you know of them, their faith, their position in society, their status and their history. Suffice to say, I have had as many contacts from people of faith in support of voluntary assisted dying as against it.

My focus has been to ensure the various beliefs are protected and respected throughout, including the ability to conscientiously object. Nobody should have any compulsion to act in variance from their personal truths and beliefs - faith-based or otherwise. That will continue to be my focus throughout the remainder of this process.

In a similar vein, this debate has brought me to remember a book that was on the shelf in the house where I grew up. It was published in the 1960s. Apparently, it talked about the great advances in anaesthetics and surgery across the 19th century. It was called *The Triumph of Surgery*. I never read it, but I remember the cover. It had a paper cover with an illustration that has stayed with me since I was a little boy. It is a beautiful, dramatic illustration of a tall, strong-looking man in a surgeon's gown with a young woman naked and her head bowed, her arms around his neck, and Death, in the form of a skeleton, clawing at her body trying to drag her down. It was a picture of the surgeon versus death, and a naked woman - strong imagery for a young boy. But there was discord; there is something wrong with that picture. It is all about the contest between the surgeon and death, not the life they are fighting over. The young woman is limp and naked, and anonymous and passive in this battle between science and death.

This image has come into my mind when I have read and heard some of the representations we have had through this debate from some people in the medical professions, especially those who assert or imply that their principal duty is to preserve life, and that the participation in any form of voluntary assisted dying is an abrogation of that duty or an admission of failure. It is not about them.

My family and I owe our lives to the skills and dedication of surgeons and other health professionals who have saved lives in recent years. We have been lucky, and we are deeply grateful.

As I have learned from people I have heard from in this debate, there is pain that cannot be relieved and there are conditions that cannot be treated. We need to be open to further progressing the science of doing end of life well, through investing more in better and more sophisticated palliative care, and through recognising that procuring freedom from suffering through voluntary assisted dying is part of that continuum too.

On a final note, throughout the discussion on voluntary assisted dying I have often thought about the words of a very famous poem written by Dylan Thomas in 1947, just after World War II. Everybody here would be aware of it. It only has six verses, which repeat at the beginning and the end of each the words -

> Do not go gentle into that good night,
> Rage, rage against the dying of the light.

It is a poem about the fight for life, the same as the picture of the surgeon and death. It is an impassioned plea to hold the spark, to not give up. It sounds better than it reads, particularly when it is read by someone like Richard Burton or Michael Caine. You should listen to it. Look it up. It is beautifully written.

I love the words in it, but I have more and more questioned the sentiment. This was written by a young man in his 30s, as his father was dying. His life was still ahead of him and he did not want to lose his dad. For him, it was all about holding onto life and he wrote about it in the most beautiful, powerful way. But what did his dad want? Like the young woman in the picture on the front of that book, *The Triumph of Surgery*, what about her life? What is her story?

Our love of life, our determination, our faith makes us strive and helps us survive against extraordinary odds. It has driven us to find ways to repair bodies, cure disease, and alleviate or endure suffering. That is a great conquest and triumph of our species and it must continue. But death is inevitable for all of us and most of us hope for it to be swift and painless and peaceful when it comes. But for those who are dying, and for whom surgery and medicine cannot help, who are close to death and who do not have the strength to rage anymore, who are afraid, and who have lived well and struggled and prevailed but no longer have control over their own one life, surely it is time for all our clever science and law-making and humanity to give them a way to go gentle too.

[9.25. a.m.]
Ms STANDEN (Franklin) - Madam Speaker, I believe in informed choice and respect for personal autonomy, the basic human right of choice and control, where possible, when it comes to our bodies.

I believe Tasmanians deserve choice. I acknowledge this is not a choice about something trivial. This is a choice when an individual has a terminal illness, or is suffering intolerable pain. This is a choice after an individual has done their research and has sought professional advice. They feel they have lived their life with all the courage and fortitude they can muster. This is a choice when the pain and suffering is just too much. It is a choice to reduce their suffering by ending their life peacefully, legally, with dignity, preferably surrounded by the people they love. It is a choice that Tasmanians deserve.

I support the passage of legislation that introduces a safe, legal framework for voluntary assisted dying. I believe this bill is strong, compassionate legislation with safeguards to protect the most vulnerable. It is well researched and has been widely consulted. I believe the time has come to pass this legislation.

It is nearly three years since this House debated the voluntary assisted dying bill of 2016 on 24 May 2017. I recall listening carefully and hopefully to that debate and attending the remarkable supporters' rally on the steps of Parliament House that day and hearing the passionate and moving contributions. This is the fourth time such legislation has been considered in this place in just over a decade. Progressive social reform can take time and it relies on the coalescence of leadership, circumstance and mobilisation for change.

I acknowledge and commend the honourable Mike Gaffney MLC, member for Mersey, for his dedicated work, passion and commitment in the development of this end-of-life choices bill. Building on his interest in this area, I know he has travelled widely and researched deeply, seeking the input of experts across the globe. His efforts are particularly commendable given the COVID-19 pandemic, which did not deter him from seeking so many views of others. With the support of his hardworking assistant, Bonnie, I thank the member for holding forums - and I attended a few - for his advocacy in the media, for briefing members, and for his extensive consultation around the state. All these things have informed this private member's bill we are debating today.

I acknowledge the work of my predecessor in the electorate of Franklin, Lara Giddings, for laying the groundwork on voluntary assisted dying. Her efforts with fellow members of this place, Nick McKim and Cassy O'Connor, and all who have supported past legislation leading to this point, deserve our thanks. They started a conversation that has laid the foundation for the bill before us.

I also acknowledge with thanks the work of Dying with Dignity Tasmania, and in particular, Margaret Sing, who I have known for a long time. I have always respected and admired her extraordinary passion, persistence and determination to see voluntary assisted dying legislation passed in Tasmania.

I am mindful of the importance of widening that conversation to the entire community. I believe that the founders of Your Choice Tasmania, Jacqui and Natalie Gray, who are here in the Speaker's Reserve today, have been instrumental in creating the momentum for change and I greatly admire their drive, dedication and determination. With amazing courage and conviction they told their deeply personal story of losing their 57-year-old mum, Di, in September 2019. How proud their mum would be of her daughters and all the supporters they have encouraged and supported to come forward with their stories. In turn, how proud their children, including that beautiful daughter, Tilly Diane, born just weeks ago, will be of her mum, aunt and grandmother and the part they have played at this historic juncture. Jac and Nat, thank you for fulfilling your promise to your mum and the important part you have played in putting a human face to this community conversation.

Together, Mike and other politicians, Dying with Dignity and other advocates including Jacqui and Nat, have provided the leadership and created the mobilisation for change.

In my inaugural speech on 22 May 2018 I spoke of my core values - equality, diversity, respect and compassion.

In that speech I talked about my intention to make a contribution to the lives of all Tasmanians and especially the people of Franklin and those most vulnerable and marginalised to give them a voice and to make a difference. I promised to offer those who seek my help compassion and understanding without judgment of situation or circumstance, and determination to make a positive difference. I said I intended to listen well and to have the good judgment and wisdom to weigh that advice carefully with care, anchored by my values and armed with a determination to act accordingly.

In my inaugural speech I also put on record my commitment to passing safe, responsible voluntary assisted dying legislation in Tasmania -

> It is because of my compassion for people that I am also a strong supporter of safe voluntary assisted dying laws. It is time for Tasmanians suffering intolerable pain to be given the right to end their own life surrounded by the people they love.

I put on the record my support to continue this work.

As I stand in this place today, I am extremely mindful of all those undertakings. Together with my values, they have underpinned my approach to this bill and the many exchanges I have had with my constituents. No matter the outcome of this legislation, I know I will forever remember with a sense of humility and gratitude that I have been able to contribute to this debate.

Madam Speaker, voluntary assisted dying is an intensely personal matter. I acknowledge and thank the many people who have taken the time to contact me to share their views, concerns and stories. Whether or not I share their viewpoint, I have tried to read them all because it is important, I believe, to be challenged and to reflect on my own views. I have read countless stories that have been deeply personal, moving and, at times, confronting. As well as participating in briefings on both sides of the debate, I have met with a number of people to hear their stories.

My Franklin colleagues have already mentioned the story of Ceara Rickard, a 35-year-old psychologist living in Rose Bay. I enjoyed meeting Ceara and saw in her some aspects of my former younger self - a passionate allied health professional, especially in the area of youth mental health. Ceara is realistic about her terminal illness because she has determined to focus on living, and she says -

> So far, my poor health has taken many things from me that many members of our community take for granted. This includes my career as a clinician in youth mental health, my financial stability, my mobility, my energy, any choice I may have made about having children and any hope for a long life.
>
> Despite my poor health and the many losses I have experienced as a result, I live a good life. Knowing that I am dying, I am determined to embrace living with open arms.
>
> Knowing that I will not be here for as long as I had hoped means that I try to make every moment count.
>
> My cancer cannot take from me my hope for other things other than a long life. Cancer has not taken my passion for making the world a better place. It has not taken from me my ability to contribute to my community or to have a voice.
>
> Thank you for fighting for my right to my own body. My poor health has taken away so many choices away from me and I'm glad that you're fighting for me to have a final choice to leave this beautiful world on my own terms when the end comes.

Madam Speaker, just last week I happened to meet Heather. She dropped into my office to leave a letter which I want to read from today. It will not take long. It says simply -

> We implore you from the depths of our hearts to vote for this vote. It means so much to us and to all those people who dread an agonising and lingering death in their last days on earth.
>
> Your sincerely

It is signed by Heather and Malcolm, her husband.

I asked her if she would like to have a chat with me. She was nervous and emotional, unsure whether I would support this legislation and whether the bill has any chance of passing this House. Her eyes were tired, exhausted even. I choked back my own emotion as she told me that her elderly husband had taken hours to write that short letter, his body losing control as Parkinson's disease takes hold. She was so grateful for my small act of listening and compassion. I know how much this legislation means to Heather and Malcolm and their loved ones.

This is from my former colleague, Siobhan Gaskell, a fierce and active member of Dying with Dignity Tasmania - it is about her wonderful mum. It is titled '90 years of a wonderful life and three unwanted years' -

> My mother died in January 2019 aged 93. My mother was a devout Catholic of sound mind and had wanted to die for the last three years of her life. She told this repeatedly to everyone. All medical professionals she engaged with, family and friends. She went to bed each and every night. and she prayed that she would not wake the next day.
>
> My mother at 90 was so far away from the woman that smiled and laughed, was energetic, engaging and loved her life. Why did she want to die? Quite simply her body was falling apart and every single day was an immense struggle.
>
> Her eyes were failing her and she could no longer see with clarity. Her teeth were breaking and eating with partial dentures was painful and tasteless. Her legs were steadily weakening and she could only walk with a walker. She fell a number of times. She was extremely frustrated at being helpless.
>
> She was confined within her home and not able to walk in her beloved garden. Her joy in life was simply non-existent. Each and every day was a struggle. She asked daily to die and wanted the torture of life to finish.
>
> When it finally came time to die by refusing treatment, she was put on palliative care. This she did at home with her children providing the main support. Whilst the initial two-and-a-half days were wonderful for my mother as she said goodbye, the remaining two days were prolonged and brought an ugly end to an amazing life, and did no-one any good except knowing that she got to die at home.
>
> To not give people the choice when their body is failing them in old age and it is their wish to die is cruel, to say the least.
>
> Why when my mother wanted to die, could she not have that choice? Hers was a cruel end that was to no-one's benefit, especially not hers.
>
> Like my mother, I want the choice when my time comes. Whilst this legislation, as I understand, would still not give people like my mother her choice due to an old and failing body, it is a first step to the change that an increasing number of people seek and more still.
>
> It forces no-one to choose this path. I urge all who can vote on this legislation to vote for individual choice knowing the safeguards are there and it compels no one.

Thankfully, I do not have much personal experience of death and dying of close family friends, but I clearly recall as a young person the death of our dear family friend, a doctor, who had a number of debilitating strokes and ultimately chose to take his life through starvation and dehydration. This experience, together with the painful deaths of my great-grandmother and grandmother, was part of why my mother, a nurse, feels so strongly about this issue. These experiences and the difficult conversations around them informed my early views on this topic, and I thank my parents for instilling in me their compassion and dedication to do what I can to improve the health system.

I have lost friends and colleagues through terrible terminal illness and I had professional experience of working in oncology and with other patients in my previous work as health professional.

To those who would confuse suicide and voluntary assisted dying, I quote Dr Cameron McLaren from his article titled 'An Update on VAD: (Almost) A Year in Review', published on 16 June 2020 -

> Suicide is a choice between life and death, whereas VAD is a choice between two deaths.

People seeking assistance from voluntary assisted dying legislation are dying. This legislation simply offers choice and protection of loved ones.

Sadly, without such legislation, the only acceptable alternative for many people - given no option other than to live with pain and suffering every day of their lives - is to take their own lives in often horrible and tragic circumstances. Lonely, desperate, violent deaths - worse still, failed suicide - leading to even more suffering, and exposing family members or loved ones to heartbreaking legal ramifications. Here I want to read into *Hansard* a letter from Bill Godfrey -

> I am writing in the hope that you will see fit to pass the Voluntary Assisted Dying bill as it comes to you without further amendment. The debate in the Legislative Council was very thorough and made use of the wealth of knowledge gained from debates in other jurisdictions in Australia and elsewhere and a bill for which they voted unanimously was admirable.
>
> You may remember the death of my mother in December 2002 on her fourth suicide attempt, and the subsequent prosecution and conviction of my brother for assisting her suicide (he and I had agreed that one of us would be in the room when she decided to try again in order to tell her to stop with minimum damage if it became evident that the attempt would fail).
>
> You will understand that the fact that it has taken 18 years to arrive on the brink of passing suitable assisted dying legislation has remained a continuing issue of serious concern to my family. Those of us who have lived with caring for loved ones through these horrors in a situation where no-one is able to help or offer relief for them (my mother was not alone in being allergic to all forms of opiate) remain deeply affected for the rest of our lives.
>
> During this period, experience in other jurisdictions has proved that none of the loudly argued dangers of such legislation have eventuated.

Madam Speaker, the evidence is very clear that some people are taking desperate action, including violent suicides, when they have serious and great suffering. Harrowing evidence about such suicides has been provided by state coroners to the Victoria, Western Australia and Queensland parliamentary inquiries into end-of-life options, including that they constitute approximately 10 per cent of all suicides. I believe an important outcome of the VAD review board review of operations in Victoria was the impact of this legislation on reducing the rate of suicide. Equally, I am conscious that only a small proportion of people who register for VAD in other jurisdictions will ultimately access it. However, the peace of mind and sense of control it gives to those with terminal illness is very important.

I am clear that enabling a choice to access voluntary assisted dying is not to the exclusion of other options, including palliative care. Here I specifically and explicitly acknowledge the professionalism and dedication of palliative care experts who offer extraordinary care and compassion to those who seek their help.

I want to quote from my colleague, Dr Bastian Seidel MLC, member for Huon, from his extraordinary second reading contribution in the other place. He said -

> Nationally, one in 20 terminally ill patients suffer, despite having access to the best palliative allied health and spiritual care. The consequences are diabolical. We have heard about this. We have heard that in Queensland more than 150 terminally ill patients commit suicide every year. In Western Australia, one in seven suicides involves a patient with a terminal illness.
>
> These statistics should be a wake-up call. Despite our best efforts and substantial investment in palliative care we are clearly failing too many terminally ill patients who continue to suffer unbearably. The Australian palliative care system ranks second-best in the world already, just behind the palliative care system in the United Kingdom.
>
> Even in the United Kingdom, there is bipartisan support to legislate assisted dying and to set up an inquiry into the law. It is happening now. The case for legislating voluntary assisted dying has clearly been made. There is conclusive evidence and even with the best end-of-life care, not all suffering can be alleviated.

He ends by saying -

> I want to be clear that prolonging death is not the same as extending life.

Madam Speaker, in summary, this bill has been well consulted, inclusive of all Tasmanians and has had national and international exposure and assistance. The bill is sound. It is pleasing to see some innovations to suit Tasmanian needs, but it builds on legislation and experience elsewhere. At the same time, I believe that given our dispersed population it will be important to ensure there is, so far as is possible, equitable access for people to access VAD. This may require further consideration of workforce shortages and the implications for patients living in remote areas, whether that is through workforce developments or technological innovations.

The provision to enable the establishment of a voluntary assisted dying commission is welcome, together with a provision to review the act. This bill has been debated thoroughly in the upper House. It is compassionate and has more than enough safeguards built into it.

I support the right to make a conscious choice to end intolerable pain and suffering through voluntary assisted dying. I am conscious of our responsibility in this place to make this legislation the best it can be. I look forward to this bill moving forward to the Committee stage. Here I state, with the greatest respect to the university review panel, I do not believe that the review outcomes will alter anyone's final position in this place.

I must admit, the cynic in me recognises the delay tactics. We have seen it before in the marriage equality debate and the pain and division in the community that caused. That pain is still a raw nerve for me. However, the optimist in me sees the opportunity to shift and challenge thinking to bring people along in this debate. I hope the review outcomes may inform or indeed discount potential amendments. As I said, timing and circumstance are important and contribute to building the case for change. That said, I do not want to see amendments that represent a fatal flaw to implementing this legislation and to people accessing the option of voluntary assisted dying, should it pass both Houses.

All that can be said about VAD has been said. Expert opinions have been aired. Every consideration has been covered. I believe this legislation includes the appropriate eligibility criteria, it deals with conscientious objection, avoidance of coercion, and regulatory oversight. I am committed to ensuring there are strong protections for the most vulnerable in this bill, perhaps particularly against elder abuse, and to ensure conscientious objection of medical practitioners. Surveys have consistently shown that around 85 per cent of Australians support the legislation of voluntary assisted dying to allow for better choice at the end of life, and the record-breaking petition on this matter tabled this year certainly indicates very strong support for this legislation amongst Tasmanians.

I recognise there is a range of views on this topic. All should be respected. I have heard from doctors and nurses and people of faith. I want to add this contribution from Professor Saxby Pridmore AM, professor in Psychiatry, and David Clark, who has a background in theology. They write -

> We write in support of the voluntary assisted dying (VAD) bill. As you are likely aware, VAD has been available in Switzerland since 1918, in the Netherlands since the 1980s, Oregon USA since 1994, in Columbia since 1997 and in Belgium since 2002. In none of these regions has there been the slightest problem. Talk about slippery slopes has come to nothing. Instead, many people have been able to avoid agony and degradation and experience a good death.
>
> VAD has been operating in Victoria for a year and there have been no significant problems. The Victorians are currently helping the Western Australians to gear up and this help is valuable and appreciated. If the bill is passed in Tasmania we can anticipate similar help.
>
> A Roy Morgan 2017 study found 87 per cent of the Australian population support VAD. A more recent survey of the people of Queensland by the Royal Australian and New Zealand College of Psychiatrists found 73 per cent were in favour.
>
> Some people of faith reject VAD. However, not all.

They end with a quote from Archbishop Desmond Tutu, from *The Washington Post*, 2016 -

> In refusing dying people the right to die with dignity we fail to demonstrate the compassion that lies at the heart of Christian values.

I want to add two more quotes, first from Anglican Archbishop Emeritus Desmond Tutu, who said -

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

Likewise, retired Episcopalian Bishop Reverend John Shelby Spong has written -

> My deepest desire is to always choose death with dignity over a life that has either become hopelessly painful and dysfunctional or empty and devoid of all meaning. That is the only way I know that would allow me to honour the God in whose image I was created.

Madam Speaker, in conclusion, as I have said, progressive social reform, particularly reform as sensitive as voluntary assisted dying, can take time and relies on the coalescence of leadership, circumstance and mobilisation for change. When it comes to complex social reform I am reminded of marriage equality. Since the 2004 amendment to the Marriage Act 1961 which inserted the current definition of marriage, no less than 23 bills dealing with marriage equality or the recognition of overseas same-sex marriages were introduced into the federal parliament. I well remember the passage of legislation in both Houses with cross-party support on 7 December 2017 that finally achieved that milestone that means so much to me, my family, the LGBTIQ+ community and all our supporters. As a consequence of this legislation, my long-term life partner and I have a choice and recognition of legal marriage. The passage of that law has given me and others indescribable dignity, comfort and affirmation that every human life has equal value.

In the same way, I hope that the passage of voluntary assisted dying legislation in Tasmania will provide hope and comfort to those facing or experiencing intolerable pain and suffering, to them and their loved ones.

I believe the time has come, Madam Speaker, to legislate for a safe legal framework for voluntary assisted dying. It is what the majority of my constituents and the people of Tasmania want and expect.

I thank again Mike Gaffney, and all those involved of bringing us to this point, and I commend the Bill to the House.

[9.50 a.m.]

Mr SHELTON (Lyons) - Madam Speaker, I rise to make a short contribution to this bill, to add a few points. We know that there are two sides to the debate. From a principle point of view, all of my life I went with the right to choose. An individual should have the right to choose. However, as a legislator, what I need to be conscious of, and make sure of, is that, from a community point of view, whatever I am voting for is the right thing for the community, and there are not any gaps in the legislation. From that point of view, Mike Gaffney, thank you very much for the briefing, and for the work you have put into this bill.

I also thank the Premier for the opportunities that he made for the bill to be revised, for the process that we are going through to be looked at. From a legislative and legislator point of view, I want to make sure there are not any unforeseen circumstances. I will talk about those in a moment.

I appreciate that most people in the community, when asked the question whether you want a choice in certain scenarios, that 80 per cent of the people say yes. My family and I live in a rural aspect, and most country people would say that. However, over my teaching career and work life, it came to me from an elderly persons' point of view. That is fine.

What I am exploring in my mind is, what are the unintended consequences for the younger people in our society? I have given it a great deal of thought, from an elder spokesperson type of thing. These decisions for me are not that far away. If, given the scenarios that most people look at - frail body, failing body, a medical diagnosis that says you are terminal, and in unbearable pain - I think most people would say, yes, give me the choice. However, what unintended consequences are in there for the younger generation? I worry about what it means.

This is a fundamental shift in the thought processes of how society looks at death and where we go in the future. Will it mean a big change, or will society just accept it, and it is just something else that goes on?

I worry about our youth suicide rate. That is way too high at the moment.

If, in a family - and I would hope most family units go through this process - the legislation is passed and is out there, that there is a coming together of the family, and that the families are supported, that there are a number of people around and everybody is accepting of the decision, and you move through that as a family unit, and it is all good and people come together.

I do worry about the generations, and what a 10- or 12-year-old person will think about that as they move through their life. In many cases, as you go through your teenage years, your relationship with your mother and father gets a bit waned and a bit tense at times, and your grandparents are the relationship that is really strong and binding. If a grandmother was in this scenario and chose to end her own life through voluntary assisted dying, what effect will that have on the thought processes of the young mind as they grow and their teenage years come on board? Will they actually accept what has happened, the consequences of the grandmother choosing a path - will that affect the young person? I do not know, and I do worry about that.

When it comes around to the choices that are made and the diagnosis, I want to tell a couple of stories that I have witnessed over my life. I went to school with two mates, and in those early days just after leaving school, one of them was diagnosed with what was thought was a form of cancer. They went to the doctor - the mother and father there with them - went through the diagnosis and, yes, you have cancer. Admittedly this was 40 years ago now. The diagnosis coming from that was there is nothing much we can do, this is what is going to happen, you will be terminal, and you need to make sure that everything is right at 17.

The parents were not happy with that, of course, and got a second diagnosis. And as this bill suggests, you need to see a second doctor. The second doctor said the same thing. It was a very difficult time for the family, where you have diagnoses, but the family was not happy with that. They came to Hobart and went to a third doctor, who said there is something we can do for you - we could try this. It was the age of medical advances, 40 years ago, with chemotherapy and radiation and so forth. So he went through that process, and he married. He was cleared of that. He is now the same age as I am - about to turn 62, with a grandchild and everything else.

The point is that the diagnosis is not always accurate, and if people go off that - and I would hope that through this whole process, if it comes in from the medical profession, and any work that is done in this area, that it is all about hope and it is all about there is a chance that, at the end of the day, people can survive the medical conditions they get in the future.

The other story comes from our same class. This other guy, a motor mechanic, went to high school with me. We gained apprenticeships at the same time, and we went through TAFE at the same time. He was diagnosed with cancer, and has battled it for the last 20 to 30 years. I suggest that he has had three or four times where the doctor at the Holman Clinic - with whom he is on first-name terms, as well as all the other doctors through the processes - has said, this is it, you cannot get through it again. But he has had bone marrow transplants, he has blood transfusions, and he has never given up the fight. He has seen his children grow up and so forth.

Not give up, is the point I am trying to make. I hope, again, that the processes encourage anyone who is looking at this to keep pushing on. That is different. These guys were younger. They pushed on and they went through it. It is different from the argument for the older generation when they have been deemed terminally ill and again I see it as different from the teenage years as well.

The last issue I wish to talk about, and I spoke to Mike about this and I am not arguing that it should be changed, I want to highlight a process that happens and the scenario could be this - a young person who is diagnosed with cancer at say 16. With their parents they go through a significant amount of work and effort into trying to overcome the affliction through radiation, chemo and whatever. Under the bill, the moment the young adult turns 18, separate to their parents and unbeknownst to them the young person could go off and go through this process in a couple of weeks and not inform their parents. That is their right; they are over 18. Their parents only become aware of this after that person's passing.

In my view, there should be something in there that says that a next of kin should be aware that the person is going through this, not to try to override a young adult's decision but to be part of it, and add to the conversation, if they can, through that process, even if it is just supporting that young person through the process. I hope that a young person would not push their parents or their guardians away and go through this on their own. I hope there would be some support for that young person, but they could choose not to want that and they could do it on their own.

From a grandparent's point of view and a parent's point of view, if a child was going through that I suspect they would have to be somewhat down in the dumps about their medical condition and the battle they have been going through for the last few years. Whether that would come up if there was a psychological evaluation I do not know, but I expect and hope that the medical profession that is around this when a younger person is choosing this path, there is more emphasis put on the opportunities the future might bring their way.

I see the different age groups as having different arguments through the process. The bill covers everybody but different age groups have different arguments and are seeing it from a different perspective.

On that point of the young adult at 18: we send off our 18-year-olds to fight wars, to shoot people, and they have every other right, but it is a big step, a big decision, when it comes to taking one's own life and moving through that process.

I do not know if everybody has been briefed on the T21 smoking issue, but the people who are pushing to raise the limits for the smoking age are pushing the issue that the young mind will not develop enough until it is 25, to be able to make up its own mind and stay away from smoking and the effects of smoking. On one hand we are saying the young mind is not strong enough, or does not have the ability, or is not mature enough to make a decision about smoking yet, at 18, they can make a decision about ending their own life. There is a bit of a conflict in the arguments around that.

I am not arguing that that should be different. I just feel there should be some advisory process in this for young adults from the age of 18 through to 25 and that their next of kin, their parents or guardians, should be aware of the process the young adult is going through.

I have voted against the legislation before but, as I said, I have always agreed with the principle of choice. As a legislator I would like it to be perfect before it is introduced. We know it is not possible for it be perfect because all legislation at some time is amended, modified and enhanced. It needs to be as good as it can be.

I appreciate the effort that Mike Gaffney has gone through to get this as good as he and the upper House could. I will very be interested to see what comes back from the university. In that aspect, even though I can vote for this legislation at the second reading stage, I absolutely reserve my right, which is always the case anyway, if I am not satisfied at the end of the process to vote against the bill on the third reading.

Those are some of my thoughts. Over my life I have seen this happen and we have all had situations of our parents, uncles, aunties and the elderly passing away. Palliative care is great, and my dear old mum is in that situation at the moment. We have all seen situations where and had discussions with people with other diseases and so on that our laws and regulations and legislation limit their opportunities, so there is this debate in the community. I have been interested to listen to the whole debate and different people's view.

I would love to be in the situation where I have a solid view on this one way or the other because you can get up and argue this point or you can argue that side. I am someone who is totally in the middle; I do not have any reason to reject it except that I want to see the best legislation that can be put in front of the Tasmanian people.

[10.07 a.m.]
Ms HOUSTON - Madam Speaker, I believe this is the most important legislation that has come before this House in my time here. It has been drafted with dedication, well consulted

and has also been carefully and thoughtfully amended by those in the other place to produce the bill that is before us.

The vast majority of people who have contacted me are in favour of this bill and a person's right to choose. Although it is apparent, from some of the correspondence I have received on the bill, that there is still some confusion and misunderstanding about its content and intention.

For the benefit of those people I draw their attention to the objectives and principles of the act which are clearly set out in the bill. It is to provide to persons who are eligible to access voluntary assisted dying an efficient and effective process to enable them to exercise their choice to reduce their suffering by ending their lives legally; to ensure that the process provided for the exercise of that choice protects and prevents persons from having their lives ended unwittingly or unwillingly; and to provide legal protection for registered health practitioners who choose to assist, and who choose not to assist, such persons to exercise their choice to end their lives in accordance with that process.

Like other members of this House I have received a lot of correspondence about voluntary assisted dying. Much of it has been personal stories of prolonged and often agonising deaths of loved ones. Some have been from those opposed to the legislation telling of wonderful palliative care and peaceful deaths, but these have been much fewer. There are also those who are simply ideologically opposed to voluntary assisted dying, and that is their right.

I have read all the correspondence; I have found myself pouring over hundreds of emails and letters in an attempt to deeply understand all perspectives. I have worked through the correspondence, identified key arguments used by those both for and against voluntary assisted dying, and went on to identify themes in all the correspondence on the issue. This allowed me to identify the reasoning, rhetoric and logic utilised by those both for and against VAD.

Recurring themes for those in favour of VAD emerged: personal experience of witnessing or experiencing intolerable pain and suffering; lack of quality of life; desire for a dignified death; and respect for the human rights of the individual. Personal choice and compassion was a universal underlying theme. There were countless stories of illness, pain and suffering and heartfelt accounts from those who had witnessed prolonged agonising days, weeks, months or years of loved ones slowly and painfully dying.

Likewise, there were key themes that emerged in the correspondence from those who are opposed to voluntary assisted dying. These were the beliefs that voluntary assisted dying is an immoral practice, likened to suicide and murder; that it violates the value of life; undermines the principles of modern medicine; forces the participation of unwilling partners; and is against the public interest in that it could be abused; and puts vulnerable people at risk.

To all those who have communicated with me on this issue, I say I have listed to your stories and read your correspondence. I have carefully considered your input, and I have particularly appreciated those personal stories that have formed a large part of that correspondence.

I find it disturbing that voluntary assisted dying has been likened to suicide. Suicide is a choice between life and death, whereas voluntary assisted dying is a choice between two deaths - a prolonged, agonising death, or a dignified death.

Palliative care works for many people, and it is a valuable medical intervention that eases suffering at the end of life. However, it does not work for everyone and, for those people, voluntary assisted dying should be an option. On the issues of the potential abuse of voluntary assisted dying, I have to say that I believe this bill has sufficient eligibility criteria and safeguards in place to ensure the concerns raised have been adequately addressed.

Ultimately, this bill seeks to legalise voluntary assisted dying under very limited circumstances, and only within the parameters set out by the state and closely monitored by the state. For example, the bill states that for the purpose of this act the person is eligible to access voluntary assisted dying if the person is 18 years of age, meets a residency requirement, has decision-making capacity, is acting voluntarily, is suffering intolerably, and has a relevant medical condition.

To address some other concerns that were raised with me, for the purposes of this act the person is not eligible to access voluntary assisted dying by reason only that the person has a mental illness or a disability. Additionally, those opposed to voluntary assisted dying are not compelled to participate. A person must request access to voluntary assisted dying from an approved medical practitioner and meet residency eligibility requirements. Medical practitioners are not required to participate. A medical practitioner can simply refuse to accept a request for voluntary assisted dying, and does not need to explain why. There are offences listed in the bill for those who make false statements, behave dishonestly or attempt to coerce.

Voluntary assisted dying is exactly that - voluntary. It is a choice; another option for those facing a slow, painful death from a terminal illness where palliative care cannot meet their needs. I wholeheartedly believe people have the right to make decisions about their own lives. They certainly have the right to choose their own course of treatment in illness, and when faced with a terminal illness and intolerable suffering, they should have the right to choose how and when their lives end.

I have experience of much-loved friends and family members who have suffered horribly at the end of life. I have seen them endure days and weeks of intolerable suffering, that no amount of medication could relieve. I grew up in an extended family. My grandmother and her brother- my great uncle - lived with us. He was like a grandfather to us. He taught me to shoot, to set a snare, to skin a rabbit, and to use a knife. He loved being outdoors. He walked off into the bush and was sometimes gone for days. He would take his fishing rod and come back with a bag of fish. When I asked him where he had been he would say 'Up the mountain'. I watched helplessly as this strong, fit man in his early 60s withered before my eyes as cancer ravaged his body, weakened his bones, bleached the colour from his skin and left him grey and crumpled. He was a shadow of his former self, fighting for every painful breath, and slowly drowning as his organs failed and his lungs filled with fluid.

I remember visiting him in the hospital and asking him if there was anything he needed. He spoke between breaths and said, 'Take me to the mountain'. Later as the end approached he came home for a day to say his goodbyes. I remember sitting next to him, and taking his hand and he whispered in a voice with what words he had left, 'Leave me on the mountain'. I remember thinking it was the middle of winter and he would freeze to death on that mountain; and I remember realising later that that is exactly what he was asking for. He would certainly have preferred to end his life on his own terms, not confined to a hospital bed away from everything and everyone he loved.

Like others here, I have listened to stakeholders; I have read the research; and I have put a lot of time in understanding the details of this bill. I have watched it evolve over time into a sound piece of legislation. I thank Mr Gaffney, member for Mersey, and all those who have contributed to it, and lobbied for it, for all their work.

In the end, this debate on voluntary assisted dying is not only about the primary issue of minimising the suffering of those with a terminal illness, or supporting the wishes of those who would choose to die with dignity. Those things are important and within our power here. We should also be asking ourselves the broader ethical question - why? Why would we deny them? Why would we deny anyone the right to make the ultimate decision about their life and their death?

I support this bill because it is the compassionate thing to do. It is the ethical thing to do. I commend this bill to the House.

[10.18 a.m.]
Mr ELLIS (Braddon) - Mr Deputy Speaker, death is one of the few common experiences of life. None of us get out alive. To those who have shared their stories, either as their own death approaches or they reflect on the deaths of loved ones, know that you will be in my heart always. It has been the great honour of my life. We honour, respect and care for those in favour and as well as those who are opposed. I believe everyone involved in this discussion is motivated by love and goodwill. I admire your dignity in life, in dying, in death. You were valued.

I have long had a nagging sense that euthanasia would test, to its very limits, our ability to manage and make laws to end human life. I have read this bill in full and noted the dozens of versions it has gone through.

I am concerned that we must also protect the lives of those least able to protect themselves. Having lain awake last night thinking about the proceedings of yesterday, I cannot help in my heart of hearts but be overwhelmed by the sense that our parliament sits on the cusp of a terrible oversight which will endanger the lives of those we should be taking extra special care to protect.

Today I want to lift up their voices. I will speak today of those most affected by euthanasia, principally two groups, a small number of people for whom in 2020 the medical system currently has difficulty managing their pain. I will also speak of the very large number of people for whom the medical system has long been unable to guarantee safe quality care, older Australians, First Australians, people living with disability.

If you take nothing from my speech and if you listen no further, then hear this. Hear the words of writer, comedian and disability advocate, Stella Young: 'Before we can talk about death with dignity, we need to ensure that all people, regardless of age or disability, can live with dignity. We're not there yet.'.

I come to this discussion as the youngest person in this place, having been four years old when Oregon legalised euthanasia and 11 when the Netherlands did the same. I was five when it was legalised in the Northern Territory and seven when it was repealed. In many ways to me it seems that the discussion is one of another time. It has not kept pace with the world as it has evolved around us since those early days.

In particular, three areas stand out. First, as a society we have come to understand how widespread elder and disability abuse is in our community, and the number of people who suffer coercion, physical assault and profound neglect by family members and the medical system, even in care. Second, we have witnessed the cascading crisis of youth mental illness across our society, particularly amongst indigenous kids, with horrific instances of youth suicide as a result of depression, anxiety and sickness and children lost in this society, which is freer than ever yet at the same time seems to be diminished in its capacity to offer purpose, meaning and hope to the next generation. Third, there seems to be too little acknowledgement that decades of medical advancement and palliative care have removed difficult-to-manage pain from all but a handful of terminally ill people and more progress is on its way.

The discussion seems to presume that many people suffer painful deaths in care in 2020, that all elderly people and people with disability are loved and respected, and that young people are universally filled with purpose and hope for the future. Recent years have proven that none of these things are true and all are at the core of the unintended consequences of euthanasia. We have never been so close to the high-flung dream that all human life, no matter your race, colour, creed, age, disability or background, would be valued as an end in itself at all times. Medical science has never been closer to a situation where nearly none who are sick will die in pain, and yet if euthanasia were to pass here we would turn our backs on these worthy goals. At the moment we are now closest to our right.

In my heart I believe this is a step in the wrong direction and a nod to times long past where euthanasia of the sick, the old, the indigenous, or those with disability was far more than the norm not the exception. Australia has so far been unable to create a system that cares which is free from abuse. If that is the case, I cannot see how we can yet create a system that kills which is free from abuse. Indeed, even one wrongful death must prevent us from making such laws, whether they are the child in Belgium, the elderly dementia patient in the Netherlands, the woman living with disability in Switzerland, the indigenous man in Canada or the elder abuse victim in the state of Oregon - and perhaps soon too a Tasmanian from any of these walks of life.

The experience of the ongoing Australian Royal Commission into Aged Care Quality and Safety and the aptly named Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability have already been bruising. The aged care royal commission is further advanced and one which I know well. It has exposed horrific stories of abuse of thousands of older Australians who deserve better. Indeed, the commission's interim report was titled, simply and heartbreakingly, *Neglect*.

Until I can put my hand on my heart and say we have done all we can possibly do to provide high-quality care for all people, including those in the far-flung, out-of-the-way places like the places I have lived and the places I represent, I believe that we must not provide people who are sick the false choice between insufficient care and early death. With two royal commissions into abuse into aged care and disability, with a persistent lack of palliative care beds, hospice care and in-home care, we have more than enough evidence before us to realise that we are not ready as a society to cross this threshold.

With the clarity of a man's final act on this Earth, aged care royal commissioner Richard Tracey, who passed away from cancer in October 2019, wrote in his interim report that month:

> The Australian community generally accepts that older people have earned the chance to enjoy their later years, after many decades of contribution and hard work. Yet the language of public discourse is not respectful towards older people. Rather, it is about burden, encumbrance, obligation and whether taxpayers can afford to pay for the dependence as older people.
>
> As a nation, Australia has drifted into an ageist mindset that undervalues older people and limits their possibilities. Sadly, this failure to properly value and engage with older people as equal partners in our future has extended to our apparent indifference towards aged care services. Left out of sight and out of mind, these important services are floundering. They are fragmented, unsupported and underfunded. With some admirable exceptions, they are poorly managed. All too often, they are unsafe and seemingly uncaring. This must change.
>
> …
>
> Left isolated and powerless in this hidden-from-view system are older people and their families. 'This is not a life.' 'This is not my home.' 'Don't let this happen to anyone else.' 'Left in her own faeces, and still no one came.' 'Mum doesn't feel safe.'
>
> This cruel and harmful system must be changed. We owe it to our parents, our grandparents, our partners, our friends. We owe it to strangers. We owe it to future generations. Older people deserve so much more.
>
> We have found that the aged care system fails to meet the needs of our older, often very vulnerable, citizens. It does not deliver uniformly safe and quality care for older people. It is unkind and uncaring towards them. In too many instances, it simply neglects them.

Mr Deputy Speaker, we must be clear-eyed about our society and the systems we have established. I cannot use my vote to cause one wrongful death.

Craig Wallace from disability advocacy group Lives Worth Living, and no truer name could be found, said in 2017 -

> We know that people with disabilities are more likely to be physically, sexually, emotionally and otherwise abused and coerced on a range of issues.

That is likely to be the case with euthanasia. Know that there are people with disability who choose life every time, often against the wishes and advice of their doctors. In 2019, disability advocate Samantha Connor spoke about an experience she had protesting the euthanasia film *Me Before You* -

> Because I am completely hilarious, I had this giant tin that said *Send Me to a Swiss Suicide Clinic*, and I rattled the tin after we had finished our tiny protest, in jest, thinking I was being funny.

> There were about 15 of us, all disabled people, and the woman who I rattled it at put in the tin and said, 'I support you'.
>
> And so we thought this was initially wonderful, we could rattle the tin for some time and then go to the pub.
>
> We took our tin and we rattled it and over the course of the next hour, the smiles faded from our faces, because no single person said no.
>
> There were people who said if they were in a wheelchair, they would also want to die. And nobody said, 'Why do you want to die?' Nobody said, 'Are you okay?'
>
> It was such an awful moment for our group of people, and it was the thing that solidified for me that we actually can't put in place safely in this country assisted suicide legislation.

Disability advocate, Liz Carr, said in 2017 -

> Some of the worst coercion is choosing it yourself, because you feel you've got no option.

These experiences are reflected in the words of former prime minister Paul Keating, who said in 2017 -

> The advocates support a bill to authorise termination of life in the name of compassion, while at the same time claiming they can guarantee protection of the vulnerable, the depressed and the poor. No law and no process can achieve that objective.

This is the point. If there are doctors prepared to bend the rules now, there will be doctors prepared to bend the rules under the new system. They were all talking about euthanasia laws that are far more limited than this one.

Indeed, we must know in our hearts that people who are dying or living with disability are often depressed, anxious or unwell.

Mr Deputy Speaker, I grew up in a place that has the highest child suicide rate in the world. If the Kimberley were a country, it would have more deaths by suicide than any place in the world, and nine out of 10 of those deaths are people who are Aboriginal. Seven times more people kill themselves in the Kimberley than in the rest of Australia. More than a dozen children, as young as 10, have hanged themselves in the last few years. Many have suffered physical, sexual and substance abuse from an early age. Many Indigenous suicides have chronic disease and disability at their hearts. Many were lucky just to make it out of the womb.

I had the honour and privilege to watch Kimberley Yawuru man, Australia's father of reconciliation and Labor Senator, Pat Dodson, speak to the Senate in 2018 on the proposal to facilitate euthanasia in the Northern Territory. He said on that occasion -

> Where First Nations people are already over represented at every stage of our health system, it is irresponsible to vote in favour of another avenue to death. Paving the way for euthanasia and assisted suicide leaves First Nations people even more vulnerable, when our focus should be on working collectively to create laws that help prolong life and restore their right to enjoy a healthy life.

As a member for Braddon I have had the great honour to represent more than 7000 Aboriginal people, or 7.5 per cent of our population, nearly three times the national average. While their voices are varied and their experience of life different, there are common threads: life expectancy of 15 years less than the average, high chronic disease and disability, more suicides than any group in our population. Suicide follows people around, as does kidney failure, diabetes, heart disease, foetal alcohol syndrome, and abuse. These are also common experiences of non-Indigenous people in north-west Tasmania.

Euthanasia has been opposed time and again in places with large Indigenous populations by Indigenous leaders, including the Northern Territory court cases against their short-lived euthanasia laws. The reason is because euthanasia extends to the state the power of a death when, for decades, the state has already had suffocating power over Indigenous lives. Euthanasia is widely criticised as a clear barrier to healthcare for Indigenous people here, and where it has been tried overseas, particularly in Canada.

Madam Speaker, may we have the strength to say that we want them to live, despite their suffering and their will to end their own lives; not because they are young or old, but because they are human. Not because they are able-bodied, or living with disability. Not because they are white or they are black, but because they are infinitely, miraculously, desperately loved. Let this be our approach to all people; the lonely, the scared, the skinny and the sick. You are loved, you are miraculously, desperately loved, and we do not want you to go a moment too soon.

Modern medical ethics has strongly supported the choice of people in refusing or receiving care at the end of their life, but strongly rejects the involvement of the state in bringing about the death of that person. The paradox physicians have identified has been that people have requested medical interventions, but then also requested assistance to end their life. Choice can be delivered by the new legal and medical intervention of the advance care directive. It acknowledges that people have a right to choose their end-of-life care, and that life-saving medical interventions can be withdrawn, while at the same time pain management can continue. The difference is that it does not allow the state, doctors, to make the decision about death; it allows the person to make their choice about the end of their life.

I know from my mum's experience, a remote area nurse and a midwife, that she spent her lifetime living up to the Hippocratic Oath. She saved and revived premmie babies barely 20 weeks old, little more than skinned rabbits. She saved children with foetal alcohol syndrome, abandoned by parents, and resuscitated the sick and dying. She will do whatever it takes to keep people alive while they want it - that is, until the moment when they say, stop now, sister, that is enough. Perhaps to those who have never been a healer, it is a distinction that is hard to understand but to those incredible people who are with us there every step, from cradle to the grave, it is everything, and I believe them.

There is majority public support in Tasmania for both the death penalty and euthanasia. There is also majority opposition by the people who understand these procedures most - lawyers and doctors. Why is this? It is because they are the ones with the clearest sense of their own fallibility, and that of their colleagues. They are the ones who know the limits of human capacity. One of those limits is the taking of life by the order of the state: that the death penalty must be opposed for 100 guilty people, because there is a chance that one innocent man is wrongfully put to death.

In much the same way for the deaths they cause to overcome difficult-to-manage pain, doctors know that there will be elderly abuse victims, people living with disability, Indigenous people, and perhaps one day a child, who will suffer wrongful death. There will be suffering on either side of the decision that we make in this place on this bill.

The choice we have as law-makers is between shortening the suffering of the 2 per cent to 4 per cent of the population in 2020 who die with difficult-to-manage pain, and the lives lost wrongfully enabled by the stroke of our pen, who did not even have an adequate voice in the safety and quality of the care they received, let alone the death that came too soon.

Life and its many mysteries is a precious gift, no matter what time we have been given. At this time in my life, I think of the baby born with only days to live, or with a profound disability. At another time hence, I will think of the precious moments remaining in the lives of my parents, my darling Margot, or my own. In life's cycle, we come into this world dependent on others for the care that makes life possible. As we leave it, it is often much the same.

In our culture, we have worked hard for centuries to overcome the belief that there are those among us who are a burden. Most profoundly of all, it has been overturning the belief that dependent children are a burden, though tragically there are still many countries around the world where the girl child, or the disabled child, is put to death because she is viewed simply as a drain on the family's resources. Every baby girl who passes away due to a cultural view of her as a burden is an unimaginable horror.

We should not be a society that opens the door to the deaths of the least of us, and which says that those lives, of the girl child, of the people with Down syndrome, or foetal alcohol syndrome, the mentally ill of the elderly are not worth living.

To all those at the end of life caring for another or even just considering what it might be like when your time comes, know that I have held you in my heart in these deliberations; know that I have read and heard your difficult road. I will write to you soon. I say to us all: let us find the strength of character, the strength of culture to reach out a hand to people dependent on care. In the dying moments of a parent, let us not forget that we, not them, must be strong now.

I have had moments in my life as a young man, when I have considered ending it all. I was lucky to be much loved. I have seen my own father at the end of his tether with the 'black dog', and was fortunate enough to realise then that it was my time to become the one who was strong for him, and that it could make all the difference. To let them know that they are loved and they are valued; that there is hope of brighter days ahead; and that in life, whatever its form - indeed, despite its form - there is dignity. Jordan Peterson has written -

> It is necessary to be strong in the face of death because death is intrinsic to life. Be the person at your father's funeral that everyone in their grief and their misery can rely on. There is a worthy and noble ambition: strength in the face of adversity.

I have seen the failures of law makers around the world and advised water tight solutions to life's new challenges. The regulations of how we build buildings, the circumstances that we put criminals to death, our reasons for going to war. I have received cases of failed medical diagnoses either in how long someone has to live or even if they are sick at all. This legislation cannot pass if it will result in a wrongful death because the final review of a wrongful death will not be by parliamentary committee or by community forums. It will be by the Coroner.

Fr Justin Huang put it clearly -

> Because life, even when there's pain, is better than no life at all. It's still precious, still a gift. Why? Because the human person is made for love, and love can actually grow stronger in relationships when we're suffering.

In closing I return to the words of Stella Young who, in response to the defeat of a Tasmanian government's previous attempt to legalise euthanasia, was highlighted by Labor Senator Deborah O'Neill in the euthanasia debate of 2018 -

> I am accustomed to assuring people that my life is worth living. I am short statured, a wheelchair user, I frequently have bone fractures. People make all sorts of assumptions about the quality of my life and my levels of independence. They are almost always wrong. I have lost count of the number of times I have heard, 'I just do not think I could live like you', or 'I would not have the courage in your situation', or my favourite one to overhear, and I have overheard it more than once, 'you would just bloody top yourself, wouldn't you'.
>
> Also social attitudes towards disabled people come from a medical profession that takes a deficit view of disability. This is my major concern with legalising assisted death that it will give doctors more control over our lives. As a disabled person who has a lot to do with the medical profession I can tell you that this is a space in which I have experienced some of the worst disability prejudice and discrimination. Doctors might now about our biology but it does not mean that they know about our lives.

To all those who have watched and listened - you have my word and my bond, as a person new to this place, that I will fight tirelessly for the modern palliative care every Tasmanian deserves. I will fight for the quality, safe, empowering care that enables all people - older people, Aboriginal people, people living with disability - to choose life, a life of dignity, care and respect. Perhaps one day we will be able to put hand on heart and say that this has truly been achieved. I pray that it does soon, but it is not this day. I will oppose this bill for them.

[10.44 a.m.]

Ms DOW - In my role as a local MP, I spend a lot of time on the road and his gives me a lot of time to think. I have spent a lot of time thinking about the End-of-Life Choices (Voluntary Assisted Dying) Bill 2020.

Thinking about life and death has also been prompted by the very powerful Your Choice Tasmania campaign across the state. The emotive billboards, corflutes and flashing signs have been very effective in initiating an important - and at times difficult - community conversation about end of life care, the power of choice and the introduction of voluntary assisted dying legislation in Tasmania.

I have been drawn to the beautiful image of Nat, Jac and their mum, Diane, and the raw emotion of this image. This campaign has built the momentum for change across our beautiful island state and our communities.

I will not shy away from the fact that this is a very difficult community conversation that stirs emotions and leads to fierce values-based debate. However, this debate is an important part of living in a democratic society and highlights the importance of respecting the values and beliefs of others.

The conclusion I have come to is that the introduction of voluntary assisted dying legislation in Tasmania is not about my individual values. The most important consideration for me as a law maker in this place, when it comes to this bill, is who this proposed law is for and how it will work to help them at the end of their life.

This bill is for terminally ill Tasmanians - Tasmanians faced with the end of their life, who are experiencing intractable pain and suffering. Tasmanians who are going to die. It is about their families and their loved ones. This bill is about choice, and fundamentally about human rights.

It does not mandate voluntary assisted dying. It creates a choice for terminally ill Tasmanians. It does not, and should not, exclude individuals and their families being supported through quality palliative care services right across Tasmania. It should not lead to a decrease in palliative care funding in Tasmania.

I support this bill. If this bill is successfully passed through this parliament, and if I am diagnosed with a life limiting illness such as aggressive cancer, or a debilitating and cruel neurodegenerative disease, I will have the right to request access to voluntary assisted dying. This would be my choice, based on my values and quality of life; my choice to make at this time in my life. This legislation is about individual choice.

As I began to prepare my speech for today's discussion, I reflected again on what an enormous privilege it is to have been elected to the Tasmanian parliament. It is a privilege to have had the opportunity to respectfully debate this legislation, which has an important role in enabling and protecting human rights and introducing laws which empower individuals particularly, in this instance, at one of the most vulnerable times in their life.

As I said in my inaugural speech in this place just on three years ago, this is a responsibility that I do not take lightly. I thank the people of Braddon for this immense privilege.

It is my great privilege to speak on the End-of-Life Choices (Voluntary Assisted Dying) Bill 2020. This will be my first opportunity to participate in this debate, having not been elected to parliament for previous debates on voluntary assisted dying in this place.

I understand the bill before us has received a number of amendments in the upper House, and has undergone rigorous, respectful debate, leading to the inclusion of additional safeguards. I understand this bill has perhaps undergone greater scrutiny than those bills that have come to this place before it. I understand also that further scrutiny of this bill is intended in the lower House and through an independent review.

I thank and sincerely congratulate my colleague from Braddon, Mr Gaffney MLC, for his incredible work on developing this bill. His extensive consultation right across our state from the cities to the regions was simply outstanding.

I extend my thanks to Ms Courtney, MP, for carrying passage of this bill through the lower House to enable this debate to occur, and for us to have the opportunity to speak, share our positions and vote on this bill.

I thank the upper House for the respectful way in which they debated this bill and addressed each other's concerns. I note this is the fourth attempt to legislate voluntary assisted dying in Tasmania, and I understand there are many passionate voluntary assisted dying advocates right across Tasmania. Many of them have been involved in advocating for the introduction of VAD for a very long time.

I acknowledge and thank Jac and Nat for your choice, for your strong advocacy and commitment to your late mum, Diane, Dying with Dignity Tasmania, Norma Jamieson from my own electorate, and Ceara Rickard, who I met with last Sunday who shared with me her personal story of life-limiting illness which I listened to intently and heard her impassioned plea for the introduction of voluntary assisted dying in Tasmania.

I thank each and every one of my parliamentary colleagues for their impassioned contributions on this bill, and I respect their positions. I also thank each and every Tasmanian who contacted me about this proposed legislation and what it would mean for them or a member of their family, and the difference access to voluntary assisted dying would have made to their loved one's last days.

Many of you who have contacted me are supportive of this legislation. I acknowledge and respect that many of you are not. I want to apologise in advance if I have not acknowledged your correspondence, but please be assured I have read your correspondence and listened to and considered all that you have tried to convey to me. I want you to understand that I respect all the differing views that have been presented to me on this incredibly emotive and value-driven debate.

This bill is enabling legislation that will ultimately, if it has the support of this parliament, offer our fellow Tasmanians living with a life-limiting illness an additional choice when it comes to the decisions they make about their end-of-life care, a choice to be free of intractable pain and suffering, a choice to die with dignity and peace at a time of their choosing.

The introduction of this legislation does not mean that all Tasmanians must exercise this choice. It also does not mean that all Tasmanians, no matter where they live, should not have access to the best palliative care possible. Palliative care and voluntary assisted dying are not mutually exclusive and it would be wrong to suggest otherwise.

It would be remiss of me not to mention that one of the concerns raised with me by palliative care doctors is that funding for palliative care will decrease if VAD is introduced in Tasmania. I encourage the Government to reassure Tasmanian communities and palliative care practitioners that this is simply not the case.

Many in this House will be aware that in a former life I was a palliative care nurse. I became a palliative care nurse to help others at one of the most vulnerable and difficult times in their lives. It was the most rewarding work I have ever done, and very difficult and incredibly hard at times. Palliative care is holistic patient- and family-centred care. In my experience, palliative care is complex, involving complicated disease processes. It is clinically challenging and dedicated to providing the care, information and support patients and their families require when they are faced with life-limiting illness. It aims to provide comfort, manage symptom control, provide options and promote autonomy in end-of-life decision-making.

I put on the record my thanks to our dedicated palliative care practitioners across the state, but also to our healthcare workforce who do an amazing job each and every day providing access to palliative care across Tasmania in a variety of settings. I believe that as a society we do not talk about death enough. We should not be afraid of dying. Death is a part of living your life. There is no denying it is hard and it hurts, but I strongly believe in the importance of communicating your wishes at the end of your life and being very well informed about the care options that are available to you.

This current community debate on VAD has encouraged the community to discuss their views not only on VAD but on end-of-life wishes, has highlighted the importance of palliative care, the importance of autonomy at the end of life and also the importance of protecting the most vulnerable in our community. This is an important community conversation for us to have and I thank those who have been instrumental in elevating this important conversation in our community.

I am passionate about palliative care and there is a need for greater investment in palliative care services right across our state. Palliative care is not just end-of-life care for the final hours or minutes of your life. Ideally, palliative care should commence when you are diagnosed with a life-limiting illness to inform treatment, care options and allow you to plan with your medical practitioner, care providers and family. I must say that the majority of patients I nursed over the years were well supported by the palliative care they received.

In the past, when I have been asked about the need for the introduction of VAD legislation, my response was always that I had only ever known a small number of patients with intractable neuropathic pain from mesothelioma, metastatic melanoma, ovarian cancer, intractable bone pain, or cruel and prolonged neurodegenerative diseases, who may have made the choice to request to access VAD. I remember their names and faces, and their courage has had a profound impact on my life; young people with strong hearts and extensive disease who fought an incredible battle.

I have recognised, though, as I have considered my position on this bill that whether or not they would have benefited from accessing VAD was their choice to make, not mine. I cannot speak on their behalf or make an assumption because, unfortunately and sadly, their battles are over and they did not have the opportunity to make that choice.

As a palliative care nurse and a member of a multidisciplinary team providing care to patients, I always did my best to relieve the suffering of my patients. I did my best to relieve their intractable pain or their emotional suffering and distress when they knew they were dying and were grieving about leaving their young families behind. The ultimate goal of palliative care is to provide a dignified and compassionate death and a good quality of life. Unfortunately though, and many palliative care practitioners have acknowledged this, myself included, despite your best efforts you cannot always provide a dignified death for those in your care, and this can be heartbreaking at times.

Right throughout our life we exercise our right to choose, but unfairly, we do not choose when and if we are diagnosed with a life-limiting illness, including terminal cancer or a debilitating neurodegenerative disease. These diseases deprive us of our life, a life so many of us still want to keep living. This has been expressed to us time and time again in the correspondence we have received.

Many have relayed to me their concerns related to this bill and what they describe as assisted suicide and I found this suggestion, as others have, very confronting. To address this I refer to the words from Go Gentle Australia, which makes a clear distinction and should allay concerns and fears about assisted suicide.

> Voluntary assisted dying is not a choice between life and death. It is the choice of a terminally ill person about the timing and manner of their death, which is imminent and inevitable, and the suffering that must be endured.

Others, I believe, have put this point well in their contributions when they have stated that voluntary assisted dying is a choice between two deaths.

The principles as outlined in this bill are really important and I want to take some time to read through those principles and objectives. They are critical to the intent of the legislation and the Tasmanian people who it will provide choice to.

> (1) The objectives of this Act are -
>
> (a) to provide, to persons who are eligible to access voluntary assisted dying, an efficient and effective process to enable them to exercise their choice to reduce their suffering by ending their lives legally; and
>
> (b) to ensure that the process provided the exercise of that choice protects and prevents persons from having their lives ended unwittingly or unwillingly; and
>
> (c) to provide legal protection for registered health practitioners who choose to assist, or who choose not to assist, such persons to exercise their choice to end their lives in accordance with that process.

(2) A person exercising a power or performing a function under this Act must have regard to the following principles:

(a) every human life has equal value;

(b) a person's autonomy including autonomy in respect of end-of-life choices should be respected.

(c) a person has the right to be supported in making informed decisions about the person's medical treatment, and should be given, in a manner the person understands, information about medical treatment options, including comfort and palliative care and treatment;

(d) a person approaching the end of life should be provided with high quality care and treatment, including palliative care and treatment, to minimise the person's suffering and maximise the person's quality of life;

(e) a therapeutic relationship between a person and the person's registered health practitioner should, wherever possible, be supported and maintained;

(f) a person should be encouraged to openly discuss death and dying, and the person's preference and values regarding their care, treatment and end of life should be encouraged and promoted;

(g) a person should be supported in conversations with the person's registered health practitioner, family and carers and community about treatment and care preferences;

(h) a person is entitled to genuine choices about the person's care, treatment and end of life, irrespective of where the person lives in Tasmania and having regard to the person's culture and language;

(i) 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 region;

(j) there is a need to protect persons who may be subject to abuse or coercion;

(k) all persons, including registered health practitioners, have the right to be shown respect for their culture, religion, beliefs, values and personal characteristics.

Madam Speaker, there are many inspiring and emotional stories and tributes in this Tasmanian perspective compiled by Mr Gaffney, and it makes for insightful reading. There are stories of behalf of community members who I know, and knew, from Braddon - people who have suffered and did not have a choice, such as Ed King and Kurt Dicker, may they rest in peace.

I complete my contribution today, by encouraging my colleagues in this place in their consideration of this bill to remember who we are making this law for - terminally ill Tasmanians. I agree that this legislation must be robust, and I welcome the amendments made in the upper House which have strengthened this bill. We must also protect our most vulnerable and our healthcare practitioners in this legal framework.

I will now read from the submission of Ceara Rickard to the whole of the consultation process that occurred around this important legislation. It highlights very well what we should be thinking about in this place as we make a decision on this legislation. As many have said, Ceara Rickard is a 35-year old Tasmanian woman who was recently diagnosed with metastatic breast cancer, and she says -

> I understand that life and death are difficult and emotive topics for all of us.
>
> No one wants people to die before their time, least of all me.
>
> I have in fact spent much of my career working very hard to keep people alive …

She is a psychologist -

> … however, ultimately, when I am dying there will come a point when death is inevitable.
>
> There comes a time when my pain is not able to be controlled. I may want to be able to say goodbye to my family, friends, loved ones and the world while I still can, while I am still me.
>
> My cancer may spread to my brain and not only steal from me my life but my very self long before my heart stops.
>
> This is why I support the end of life choices bill.
>
> I've been watching the discussion play out in the media and I see quite a variety of views. I have read opinion pieces from politicians, doctors and health professionals and whilst I understand that end of life is something every person thinks about it is not the voices of politicians or doctors that should be loudest in the debate.
>
> For a politician, end of life choices may feel like a distant, looming concern. For a doctor it may be a matter of professional ethics but for me this bill is about my life, my voice and the voices of those who are dying are by far the most important voices for you to listen to.

She goes on to say that -

> Either your own personal beliefs about life and death mean that you do not agree with someone seeking assistance to die.
>
> Please remember that you're voting choices should not be about you. Your voting should be about me and others like me.
>
> I understand that it is a difficult thing to contemplate allowing people to die when you value and treasure life. I know that you may feel responsible for my death if you allow me a choice. You will not be responsible. My cancer is what will take my life from me, not you or the doctors who I would need to make repeat requests to, or the psychologists or psychiatrists I may need to be able to convince that I have capacity to make the decision if there is ever any question of my capacity.
>
> If the End-of-Life Choices Voluntary Assisted Dying Bill passes I do not know if I will seek assistance to die or not but ultimately that is irrelevant. I do not believe anyone should have the right to take my choice away.

Madam Speaker, I entered this place to make a difference to the lives of others and to improve the quality of life of all Tasmanians.

I support this legislation. I support the choice it will provide to terminally ill Tasmanians. I commend it to my colleagues, and I commend it to the House.

[11.04 a.m.]
Mr FERGUSON (Bass - Minister for Transport and Infrastructure) - Madam Speaker, I commend the tenor of this debate and the content and the perspectives that people have very honestly shared with this House. I wish to add to the debate and bring as much meaning as I am able to in the time that is available, and sharing from a personal perspective; importantly, sharing on behalf of the perspective of the people I represent in my electorate of Bass. I feel very privileged and indeed honoured, that I am one of the 25 people of this House who were elected to make decisions about what we believe is best and right and proper. I note that as is the case with every piece of legislation we debate, there are nearly always - if not always - competing priorities at play that need to be balanced up.

I have formed the view after careful consideration, and looking at the provisions of this particular bill, that it is not a good thing for the people of our state. Despite what it attempts to offer, it is bad law for our older people. It is bad law for our young people. This bill is an affront to our attempts to prevent suicide in Tasmania.

I am very familiar with this subject; more familiar with this subject than I would wish. Having been a school teacher in Tasmanian high schools, I am familiar with the subject of youth suicide. For family reasons I am familiar with this subject, and it has been something that I have been committed to throughout my life - and I know members of this House listening to me will share that journey as well.

We are all reaching for the best way to know how we can reduce the incidence of suicide in our state and in our country. It is a real problem for our state of Tasmania. It is a real issue for our entire nation. It is an issue for every jurisdiction, everywhere in the world. I fundamentally believe that any life lost to suicide is one too many. I have always said that.

I am not representing the Government when I speak right now, but it is government policy that every life lost to suicide is one too many. It is embedded in Tasmania's suicide prevention strategies. It is an embedded narrative in our work with young people, and empowering a sense of belief that there is always hope for a better future no matter how dark a time a person may be going through.

When I was a school teacher in 1997, I went to a professional development session conducted then by the Wesley Mission in Tasmania. I forget the name of the foundation but it was empowering teachers, social workers and school psychologists to know how to support people who are going through difficult times. It was a very powerful time in my life, as still a very young person and as a fairly new teacher. What made the greatest impression on me, apart from the statistics and the things that you can do to help, was this statement that 'people who are considering suicide actually do not want to die, they want the pain to stop'.

If we can realise that and grapple with that concept, our interventions can be so much more powerful because we recognise that the person wants the pain to stop. They do not actually want to end their life. They want the pain to stop. If we can assist them with help, real help, if we can assist them with hope, real hope, then the pain can be addressed in a way that is existentially purposeful for them.

I sincerely thank every Tasmanian, in particular from my community, who has contacted me on this vital issue. This question gets everybody talking, and I do not think that there would be many Tasmanians who do not have an opinion on it.

I acknowledge the many politicians and lobbyists who have variously put forward their points of view, including those who have unsuccessfully put forward private members bills in the past. The debates have always been respectful, but at times perhaps adversarial in points of view that do need to be made. I respect that.

I had a good look at yesterday's *Hansard* last night, and I picked up a lot of storytelling, emotion, personal views, personal opinions, and experiences. There was some poetry. I had this great sense that all around this Chamber, my colleagues in this House - Liberal, Labor, Green, Independent - we are all reaching for some way to provide a better future for the people in our charge. And here is the point: these people are in our charge.

We have very often heard stories about Tasmanians who have been through unfair, unjust and painful experiences. When you look at those stories, of course you just to want to do something better. This is our obligation, unchanged by whether this bill passes or not. It remains our objective to deliver time-, regional- and person-relevant specific palliative care to support people so that these stories can be avoided.

I will come to Mr Gaffney's documented collection of stories, 'Voluntary Assisted Dying - Tasmanian Perspectives', if time permits. One of the perspectives of a nurse who was able to tell her story in this collection made a very clear point - that the stories of some which have been shared were not good medical practice and were not appropriate medical outcomes. That suffering should not have occurred. Was it a failure of the law? This nurse says, 'It was a failure of treatment.'.

Are we putting the cart before the horse? What problem are we actually trying to solve here? I have been through all my emails. I have read extensively. I have listened to those with the loud voices. We know who they are. I have spent time with people who are marginalised, and those others who have tried, with very limited success, to give the people on the margins of our community some sort of voice in the media and in opinion pieces.

I recognise that the campaign for this legislation has been quite successful insofar as public opinion, it could be said at a superficial level, is in favour of it.

I put forward the view, with great respect, that most people have no concept of the operation of this proposed bill. None. Most people have no concept of how this bill would operate in practice, nor the attempted so-called safeguards and guarantee provisions that have been drafted. I doubt few people have read the bill; they are trusting us as politicians, as their 25 here, who, as I say, are making decisions in their charge.

I believe that is manifest in the debate, because, again - and I say this with great respect - few, if any, of the contributions in this debate so far have gone anywhere near talking about how the proposed bill will operate, and that is most unusual. Nearly always a second reading speech will deal with the detail of the bill. It will discuss how it would work; it will articulate how a Tasmanian could expect it to work for them, and assurances on how certain concerns are being mitigated and risk-managed.

There have been no descriptions of how the act, if it were passed, would operate. Again, as I say, precious little, if any, discussion during the debate so far has been about how people can be prevented from dying early and inappropriate deaths - not captured with the case studies that are so often made as the arguments for these reforms.

I note in the matter of process that this bill has gone in reverse order. It was introduced in the Legislative Council, ordinarily the House of review, which usually reviews legislation that arises from policy made in this House. Having reversed the order, it now falls to this House not just to consider the bill in principle, but in material fact actually to become the House of review in relation to this matter.

There has been a specific absence of the bill development process that would pass as public consultation, if this were a government bill. Sessions happened, yes, but we do not know what submissions were received because they haven't been released. We have not seen drafting instructions. We have not seen the policy decisions that were the basis for that drafting.

Some members have asked to see those submissions and receive explanations for the variations in the 21 versions of this bill, but those requests have been denied.

Question and answer sessions for members of the Legislative Council have been recorded and placed on the parliament's intranet, but members of the public cannot access them, and there is a warning message at the bottom of those intranet pages that they should not be shared or disseminated.

I am pleased that, as we approach this issue again in this House, the Premier has acted to ensure this bill achieves the scrutiny and informed expert examination it absolutely needs, and which, in my opinion, is overdue.

I welcome the role the university will play and the panel will bring to this process so that members here can unpick the detail of this legislation, its operation and the so-called safeguards so that debate on it in the new year can be more informed.

I also acknowledge with gratitude that the Liberal Party I belong to has a genuine conscience vote on this matter, which has never had to be the subject of repeated questions of journalists to check again and to check again whether our members have a genuine conscience vote. It has always had that when it comes to matters of life and death, and I am very grateful for that.

I am grateful for the fact that in this debate a great deal of respect has been shown to different perspectives, and I would like to bring some of my own: I am a family man; I am from a big family. I think Ms Houston and I may argue over who has the biggest family, but, for that reason, as I approach this question, now for the third time, I suspect I have more brothers, sisters-in-law, nephews and nieces than most others at least in this place. Like every other member here - and I am grateful for the respect you show as you listen to me - we all love our families. We love them dearly; we want the best for them.

When we make this law, a number of people have written to me, asking me to think about how I would want my end of life to be governed. What choices would I want to be able to have so that the decisions I make today as a 46-year-old are not decisions that relate only to someone still in the prime of life, generally healthy and not looking at end-of-life issues personally and to put myself instead in the shoes of somebody who has walked that journey, who has suffered or died an unacceptably painful or intolerable end-of-life period, or a carer who has walked that journey with them?

When I think about that, I think of myself, but, more importantly, I think of my family. I think about what I would want for my beautiful 95-year-old nanna. I think about what I would want for my parents, because we are not avoiding this issue - it is personal. The decision I make as I exercise my conscience vote is not about Michael Ferguson. It is not about his constituency in Bass: it is about my family and it is about all of the constituency in Bass, including the people who want me to vote for this bill and those who are deeply troubled by it.

I have had the special honour of being with two family members when they died. For those who have experienced that, it is really quite difficult to put into words what it means but above all, whether it was a good death or not a good death, it has always been a great honour to think you can be with a person as they depart this life.

I want to say thank you to Mr Gaffney specifically for this book, because while many of the emails and letters Mr Gaffney published, I have also received - I believe all of us have received a number of them - I actually believe that this captures in quite some significant way the human experience of life and death; the family experience and the trauma people find themselves in when they are reaching for something better.

I was particularly moved by one particular story that I will not relate, just to say as I looked through the pages that I found particularly a person I thought I could absolutely relate with. I have such respect for people who have been ill and have been diagnosed with terminal illness, who are asking themselves the very hardest of questions. For us, assuming everyone in this Chamber is not experiencing any kind of serious diagnosis right now, it is just an honour to hear their stories, and I honour their lives.

I want to honour the lives of people who have passed, who are the subject of advocacy for those who want change. I never want them to think that when perhaps those of us who will not vote for this legislation, I want them to know that we do really honour your mum, your dad, we really do. We do not want to set ourselves in opposition to your desires. We would like you to appreciate, with the kind of respect that we are each trying to offer, that we are also reaching for something better for you.

A significant argument central to the case for change has been about personal choice, made by informed adults who are diagnosed with a serious terminal illness, and who are experiencing or want to avoid intolerable pain and suffering. I have to say I think that that is an appropriate argument to be making. I have heard it on quite a number of occasions from members of this chamber.

I have also noticed that those arguing that point of view have not been able to also introduce the other competing values that have to be considered by responsible law-makers, because we are not making laws for those individual circumstances. We are making a law that will be binding on half a million people. Like upholding life. Like ensuring there are weaknesses in any process when you seek to weaken laws around the taking of one life by a human of another and, of course, in the process of assisting in the suicide of another person.

This bill is attempting, as I say reaching, to solve the real problems of mental suffering and physical pain, but it is trying to do it with a law. There is no law that can end suffering. There is no law that can take away pain. There is an acknowledgment, I believe, in the pages of this bill that there is some pain and some suffering that will not be eligible. We cannot address it. We cannot find a way. These problems would not be solved - in my view they would be exacerbated - while those with only small voices in this debate will be overlooked and sidelined again.

An honest assessment of where this leads is confronting. The foundation of law in Western civilisation is the prohibition of intentional killing. In the earnest, sincere, but I believe misdirected attempt to end all suffering, that foundation is being undermined and eroded. If that occurs, we are left with no foundation and no coherent basis to continue to believe in the fundamental dignity of human life. Against the basic human instinct, for example, for legal capital punishment which, by the way, as Mr Ellis so remarkably outlined earlier today, is at least as popular in the opinion polls as so-called voluntary assisted dying.

This will potentially be replaced with subjective law, and instead become the subject of future private members' bills to increase eligibility, which will inevitably occur in the name of antidiscrimination. It will occur long after the sense of feeling good about having done this change to the law in the minds of politicians.

As people who have immense power over the way that people in Tasmania live their lives, we have huge responsibility to not blithely go in - as the saying goes, fools rush in. The laws that we make on the basis of the selection of the case studies, including those with sad and tragic outcomes, are in fact binding not on the select few, but on the whole population. Laws of this parliament are supposed to be about protecting those who have no voice.

As a Liberal, we have a set of beliefs, which I think also help. Our platform is called We Believe. One of them was mentioned yesterday, but not the complementary We Believe. We believe in social justice, in encouraging the strong and protecting the weak, in widening opportunities for education, in the preservation of family life, in good homes owned by the people who live in them. You will not be surprised to hear me say I extract the greatest value from our We Believe in social justice is really not about the strong at all; it is about protecting the weak. I have often referred to them as the people with small voices, and this is where we must bring it to a strong argument when you consider the central argument about personal choice.

I am a Christian. I would not say I am a very good one, but I find it interesting that faith and religion has been brought into this debate repeatedly, but usually not by those people who call themselves Christians, like myself. In fact, as I have now debated this issue three times in this Chamber. I looked at my record and I rarely, if ever, made reference to my own personal faith. I do not think I need to, because I am quite naturally disposed to arguing this bill and these attempts to change the law on mercy killing and physician-assisted suicide, around the ethical principles that my world view is as a person, of who I am, including as a person of faith.

My own position is rarely, if ever, expressed in terms of my Christian faith. I have not needed to argue my well-articulated position on this matter from a faith argument, or using religious arguments, but it is interesting that this occasionally is said. I was concerned when Mr Gaffney publicly stated to, I believe, the National Secular Lobby of Australia, and I quote -

> All groups and individuals have a right to voice their opinion on any issue; however, no religious group should feel as though they should be able to influence policy-making in Australia.

Why has Mr Gaffney singled out the Christian church in Australia, and yet so much has been made by Mr Gaffney, and others, in support of this bill by bringing in groups who call themselves, for example, Christians in Support of VAD, and other select individuals who have been brought into this debate who are public Christians, and who have a different opinion to myself? They are quoted, and yet earlier we were told that no religious group should feel as though they should be able to influence policy-making.

That is just wrong. Any group should be able to influence policy-making in Australia. What else? This is very normal in this country. Unions and community organisations, political parties, sporting clubs, service organisations, lobby groups that spring up for any number of issues - they are all involved in influencing and mobilising public opinion, and ultimately public policy. I mention this as a double standard that is applied at times, and I find that quite odd and actually not defensible.

Madam Speaker, in the time that I have remaining, I want to bring in a few other contributions from people who have though this very carefully.

I was greatly moved by the recent opinion piece by Professor Ray Lowenthal, AO, and Associate Professor Marion Harris, published in the *Mercury*. I know Professor Lowenthal and his great work in the Holman Clinic. He is a very respected oncologist in this state who has had a lot more experience, I suspect, than nearly all of us, except perhaps Ms Dow, who I understand from her nursing background - but even with a great palliative care background, no-one could beat Ray Lowenthal. Well, he and Associate Professor Marion Harris say -

> In life principles matter. Autonomy is an important principle. But even more important than autonomy is the principle that all human life deserves respect and protection.
>
> So while VAD means voluntary assisted dying, making it sound like a kind act, this is a euphemism that obscures its truth. The American Medical Association maintains that the term physician assisted suicide and euthanasia is the most accurate term for this practice. In this, doctors assist patients to suicide by prescribing lethal substances (physician assisted suicide) or directly administering them (euthanasia).
>
> Australian data shows that physical symptoms such as pain are rarely severe at the end of life despite frequent media reports to the contrary. If specialist palliative care services are available and the patient agrees to use them severe physical symptoms are rare. Only doctors skilled in palliation should be managing complex cases. Stories of past or recent bad deaths are because expert care was unavailable or was rejected.

They go on to say that -

> PAS/E (physician assisted suicide/euthanasia) requests are mainly driven by phycological and social suffering. People have lost their sense of self. They can't do activities that give life meaning and they feel a burden. If concerns are addressed then often some sense of dignity can be restored. Most oncologists in long careers have seldom if ever received requests for PAS/E.
>
> Assisting a patient to suicide is never an appropriate solution to any human problem. It's wrong to validate the person's concern that their life is hopeless. PAS/E's proponents are motivated by compassion but are misguided. Some demand choice and control. Often this is due to exposure to past perceive bad deaths. These concerns are baseless in 2020.
>
> PAS/E is not just about the individual and his autonomy. Doctors, governments and society are all involved. The common good needs to be considered and the vulnerable need protection.
>
> It is impossible to create a system that permits suicide for some but that with 'robust' safeguards can guarantee the protection of the vulnerable. PAS/E of course also sends the wrong message to people contemplating suicide and undermines suicide prevention efforts.
>
> …
>
> Coronial data about suicides of those physically ill have been misrepresented. There is no evidence that most of these wanted PAS/E. Most of these have had undiagnosed and untreated depression with suicidality and its associated high mortality. Most of these did not want

> PAS/E and many would not have qualified for it. Legal PAS/E won't prevent these deaths.
>
> So PAS/E is not needed and can't be safely provided. Our lower house politicians need to step forward and safe the day. In recent years 50 physician assisted suicide/euthanasia bills Australia-wide have been rejected and this bill needs to be the 51st.

As I conclude, I want to again say thank you to Ms Courtney for having the courage of her convictions to move this bill. I do not agree with my friend and colleague on this matter but I deeply respect the way she has conducted herself and I appreciate the sense of mutual respect that we share publicly and privately on this matter.

I am not able to support this bill, not because on this occasion I have agonised over this particular bill. I think the bill is deeply flawed. I have pages I could turn to that raise huge concerns around eligibility and the ability of the potential commission to be able to overturn the usual eligibility rules. I have major concerns about a person with a chronic illness which left untreated with conventional treatment could be easily classified as life-ending within six month, diseases like diabetes and cystic fibrosis apart from the usual like cancer, the big C.

I have major concerns around the very flexible way in which people who should be able to live a healthy supported life can potentially fall into the seductive trap we are laying for ourselves while trying altruistically to provide a better future for people who suffer intolerable pain.

I accept as a politician that while I will not be supporting this particular bill, we have a common duty to do far better with palliative care in this state. I have to say that we are guilty of this. We have failed to take account of inquiries of this parliament dating back I think to 2008 that were calling for advance care directives to be legislated in Tasmania and no government has done it yet.

I acknowledge my good friend the Attorney-General is preparing that bill and I look forward it finally coming forward. If you will permit me, Madam Speaker, I again thank those who have spoken and I look forward to further contributions as well.

Time expired.

[11.34 a.m.]

Ms BUTLER - Madam Speaker, I rise today to provide my contribution to the End-of-Life Choices (Voluntary Assisted Dying) Bill 2020. This is one of the most important bills we will ever debate in this house. I referred to voluntary assisted dying in my maiden speech and I have undertaken my commitment that I would consult widely with the people of Lyons and the electorate which I serve to listen, read and learn of the people's perspective in relation to voluntary assisted dying.

I am honoured and humbled to be part of the progression of this vitally important and achingly humane bill. It is the fourth attempt and I believe that the tireless work of so many over numerous years has finally come to fruition. I also thank the hundreds of people who have contacted me to share their beliefs, stories, life experiences, some painfully raw, most hopeful for a better path. I am confident that the bill contains the safeguards required to ensure persons who are eligible to access voluntary assisted dying an efficient and effective process to enable them to exercise their choice to reduce their suffering by ending their lives.

I thank the member for Mersey, Mike Gaffney, for his incredible voracity, compassion and integrity. This bill is the product of fortitude, proficient process, reasoning and open communication. The member for Mersey has remained logical and respectful throughout this journey in such a thoughtful, sensitive and meticulous fashion. Thank you.

To Jacqui and Nat Gray, I listened to you on the ABC and actually cried when you shared your mum's story. Your tenacity, love and kindness to advocate on behalf of all families going through what you did is to be commended. You are good people.

I also thank Sarah Lovell MLC and Bastien Seidel MLC together with other members of the upper House for their tireless efforts to get this bill right. I am positive about the future and I have faith that this bill will provide relief and options for all of us as we face the inevitability of life's circle.

It is my humble opinion that the End-of-Life Choices (Voluntary Assisted Dying) Bill 2020 is safe and effective. The bill respects autonomy and demonstrates compassion for terminally ill patients who are suffering and want to die. This is certainly not assisted suicide.

I consider there is a community consensus which supports voluntary assisted dying as an option. Support for VAD law reform reached a majority, at least by the 1970s. In the 1980s it was a significant majority. By the 1990s support had increased into the mid to high 70 per cent. Since 2000 support has been 80 per cent or higher.

I believe the community asks from us as elected members to ensure that the protections in this bill are robust. This bill is about providing an option, a choice for people who do not want to die an agonising death unnecessarily, an option for a gentler exit, an autonomous decision about how an individual chooses to end their time on Earth.

I respect that there are people in our community who do not support this bill and I believe that the bill guards our community from fear. It is good legislation. I have had representations and conversations that do not support the bill and I thank them for contacting me and most of all for giving me their time. The main theme of concern raised is whether the safeguards in the bill are robust enough to protect vulnerable people from exploitation and whether the bill will create opportunity for others to cause mischief against vulnerable people, and whether people who might improve or have miraculous recoveries from terminal illness could have their lives ended prematurely.

It is important that we remain logical and compassionate. Voluntary assisted dying is a respectful last-resort option for people with intolerable suffering with no hope of relief or improvement. The fear campaigns against the bill are, in my opinion, baseless. Both the Victorian and WA parliamentary inquiries found that there is no evidence for the arguments of opponents of voluntary assisted dying such as coercion, the slippery slope or elder abuse.

There is a lot of fear associated with this bill. We fear death. We fear loss. That is human. What this bill provides is a humane option. This bill is not about suicide. This argument is a misrepresentation by people providing a moral judgment upon others. As a person of faith I find the argument ill-conceived, with a lack of understanding of what suicide actually is.

I am often drawn to the Twin Towers footage of September 11, when I am considering right to life legislation; when we watched in horror as people fell from the sky. At first, I remember watching the floating images and thinking they were birds, or maybe debris - and then I realised it was people. I realised those people were facing impending death. They had made an empowered decision to either take matters into their own hands or die an excruciating death. Those people chose; it was their choice. We do not consider those people to have committed suicide.

We do not consider the fighter pilots of World War I to be people who committed suicide. They carried loaded pistols in their cockpits. They did not have parachutes, and faced with a grisly option once the plane caught fire, to either face an excruciating death or a quick a death - they used their pistols. We do not call this suicide; these people were war heroes.

Evidence from bereavement experts in the Netherlands, found the ability to say goodbye was recognised as helping relatives and friends cope with the death of a loved one. Over a seven-year period, the researchers sent questionnaires to 189 bereaved family members and close friends of terminally ill cancer patients who died by euthanasia, and 316 bereaved family members and close friends of comparable cancer patients who died a natural death. They asked them about symptoms of grief, post-traumatic stress and depression. The family and friends of the patients who died by euthanasia had less traumatic symptoms than the group whose relatives died through natural causes. The researchers said this is likely to be because in addition to saying goodbye, they could be more prepared for their loved one's death and more able to talk openly about what was going to happen and how they would feel.

Providing Tasmanians with the possibility of saying goodbye, an opportunity to say everything they want to say, is very important for relatives and also for the people who are dying.

This point was raised with me by Helen. She visited me to share the story of her mother who, after suffering from a terminal and very painful rare condition which palliative care could not help, took her own life - alone. Helen was forced to sit in an adjoining room listening to her mother's last breaths for 13 minutes. To protect her daughter and her husband, Helen's mum recorded her last moments and left instructions to call the police once she had passed. The family home was turned into a crime scene. This is not the fault of police. This is the desperate action people are being forced to take when there is not a dignified, peaceful option for people with incurable, terminal illness. Helen's mum did not have a peaceful end, but it was still a better end than what she faced. Helen could not hold her mum's hand as she passed, and instead of grieving for her beloved mother, Helen faced questioning.

We can provide better options for Tasmanians in these terrible predicaments. That is why I am positive about this bill. I believe this bill has proper safeguards to provide for a more humane, gentle and less secretive approach.

I received a message from one of my dearest friends recently who, as a young woman, lost both parents to incurable terminal illnesses. She said -

> Today is mum's birthday. I keep thinking how thrilled she and dad would be if Tasmanian people can achieve voluntary assisted dying, allowing people like them to die with dignity, not to have to hide anything about how they treat their illness, and not to have to make the choice to die in secret or alone. To save others from the agony of watching someone they love be tormented by a protracted, inevitable ending: such important stuff you are doing.

I accept the humanity of the principle behind this bill, and I support the legal framework to allow individuals to voluntarily choose a time for their dignified peaceful death in defined circumstances. I believe that this bill empowers people living with terminal illness with a choice of how they wish to face death. Dr Christopher Edwards stated in materials that he provided to us -

> As a medical practitioner, I understand the difficulties in committing this concept to legislation, but I feel we should at least agree on the principle of personal choice in this matter.
>
> I know I am up against significant opposition from other members of my profession, but this is largely facing the fact that either legislation will only interfere with what is already happening in an informal manner. A belief that good palliative care solves the problem, or a simple belief that doctors should never assist in ending life.

I believe that VAD has the potential to save and prolong lives, more than ending them prematurely. I am aware of cases overseas with the knowledge of the option of an assisted death was there, individuals put off a planned suicide, when they were still physically able. They were reassured by the fact that they would receive help at a time of their choosing.

Madam Speaker, this bill puts forward a robust model, which protects the vulnerable and empowers individuals with the ability to choose how they wish to die. This bill is about meeting the needs of terminally ill patients, with incurable medical conditions, who do not find answers in palliative care. I do not consider this bill undermines the specialist interdisciplinary clinical practice of palliative care and delivery of palliative care. I consider that palliative care needs to be properly funded and remain as an option for terminally ill patients. We know, that on average, palliative care cannot assist an estimated 4 percent of people. It cannot provide relief and dignity for all.

I will read the words of a medical professional who shared their story with me, and they wrote -

> I have worked as a registered nurse with the THS and as a paramedic for Ambulance Tasmania for 15 years. I have not practised in dedicated palliative care, but have palliated patients to the best of my ability in a variety of settings and pursued professional education to maximise my knowledge to apply in the settings where I do work.
>
> I can give many examples which are graphic and heartbreaking of the suffering endured by our fellow Tasmanians. Excellent palliative care is available here and supported.

> The unfortunate reality is that the field of medicine can only go so far in relieving distressing symptoms at times. I have had dozens of patients voice to me, when they were in the early stages of terminal illness, when still medically competent, with legal capacity, that they would prefer to die on their own terms and without the indignity of physical suffering, watching their family's anguish at their impending passing, and their fear of dying at their physical worst.
>
> They have accepted their end but rued the way in which they will have to die.

We also know that medical sedation, or continuous deep sedation, or sedation for intractable distress of a dying patient, is the palliative practice of relieving distress in a terminally ill person in the last hours, or days of a dying person's life.

I was fortunate to share some time with Ceara Rickard, a 35-year-old psychologist, rehabilitation counsellor and artist. I watched her video and then I organised to have a chat with her. Madam Speaker, these are her words -

> I have spent much of my career engaged in working with some of the most vulnerable young people in Tasmania, and I have spent countless hours working very hard to prevent youth suicide and help young people to decide who they want to be and ultimately to thrive.
>
> I am reaching out to you because I am dying, and I have metastatic breast cancer, a terminal illness, and I support the Bill.
>
> It is not helpful for me, for you, as politicians to dictate to me what my choices can be with my life. It is controlling and horrific that cancer is taking my life away, and the idea that any of you, feeling that you have the right to my death, is horrifying to me.
>
> I don't see you as kind, when you talk about wanting to protect me because you don't protect me by ignoring my wishes. That is how you abuse me.

I will share another statement provided to me by a Tasmanian, a local Tasmanian, for the record. She states -

> My husband, Greg, died on 13 January 2020, from prostate cancer here in Hobart. He had been in hospital, immobile from 13 December 2019. He had his full facilities until his death which occurred suddenly.
>
> He was a man who lived to drive, to travel, to garden, and to do volunteer work, and he became stuck in a failed body.
>
> On the day of Greg's funeral, my brother in law died of prostate cancer, and he was in uncontrollable pain for weeks before his death. He lost consciousness and my sister, his wife of 62 years, sat alone in the palliative care room with him for 14 days, as he became just skin and bone.

Both men knew that medical teams had done all they could to prolong their lives, and both men wanted to face death bravely. Both men wanted their wives to be spared the pain of witnessing a loved one suffering for no outcome.

Humanity and kindness must be what drives our hearts, and I believe there is an appropriate safeguard in this bill to also drive our heads.

I am honoured to be part of this very important process, which will provide so much facility to assist with the torment faced by so many. The aim is for a good life and a good death, and I commend this bill to the House.

[11.50 a.m.]

Mrs PETRUSMA (Franklin) - I am grateful for the opportunity to be able to contribute to this debate.

I want to thank all those who have taken the time to contact me about this bill, both for and against, in my electorate of Franklin and for their willingness to share their deepest and very personal reasons and experiences as to why they do not, or do, support this bill. Apart from many personal contacts with constituents, I have also read every letter and every email sent to me. To all I have spoken to, and to all who have contacted me, I say a big thank you. I assure you all that I have considered your comments in depth, and thought long and hard about them.

To everyone who is suffering with terminal illness or have lost a loved one, I express my deepest sympathies and condolences. I thank you all for sharing your very personal stories with me.

This bill, as it has been the last two times, is one of the most challenging bills all of us in this parliament will ever face, as all of us here are compassionate and care deeply and none of us want to see people dying a horrific death. However, this bill raises one of the most important momentous and significant ethical questions of our time, one which will directly or indirectly impact us all: should it be legal for people who are terminally ill to either receive assistance in ending their own life, or to have their life ended on their request?

I acknowledge all the work undertaken by the honourable Mike Gaffney, MLC, and the members of the Legislative Council. In particular, I acknowledge the contribution of the honourable Ruth Forrest, MLC. As a registered nurse, like me, I am grateful for Ms Forrest's critical analysis of both the bill and the process. She made a very important and substantive contribution to the debate and to the amendments. I likewise share many of the same concerns that she raised.

From working in health for 26 years, and as a member of parliament, I have spent a lot of time speaking to many health professionals about palliative care and euthanasia, as well as reading and reflecting on this issue. Thirty years ago, I witnessed a shocking death of a patient that profoundly and forever changed my life, and it still haunts and grieves me to this day. From that traumatic experience, I was determined to never again have a patient or resident of mine suffer the same death. Since that time, I have looked after countless people receiving palliative care, and fought for my patient's rights. I have fought for a good and peaceful death for them, whether it was with their family, their GPs or specialists, to make sure that my residents and my patients received the best palliative care and died with dignity.

I also became a passionate advocate for the need to ensure that we continue to research, use and promote world's best-practice palliative care, but I fear the need for this will be negated if we legalise assisted suicide.

I and many other health professionals, many of them my closest friends, such as the present and past president of the AMA, palliative care specialists, medical oncologists, physicians, anaesthetists, GPs, registered nurses, all have grave concerns for both the general premise of this type of legislation, but also with the bill itself, which we believe is deeply flawed.

With regard to terminology, Professor Marion Harris and Professor Ray Lowenthal, AO - a medical oncologist who I first met in 1998 and hold in very high regard - stated in their op ed in the *Mercury* on Tuesday -

> … while VAD means voluntary assisted dying, making it sound like a kind act, this is a euphemism that obscures its truth. The American Medical Association maintains that the term physician assisted suicide and euthanasia is the more accurate term for this practice. In this, doctors assist patients to suicide by prescribing lethal substances (physician assisted suicide) or directly administering them (euthanasia).

They also state -

> In life principles matter. Autonomy is an important principle. But even more important than autonomy is the principle that all human life deserves respect and protection.

There is also, for me and other health professionals, another fundamental principle of healthcare that must never be broached, and that is the principle of 'Do no harm'.

To violate this fundamental principle, to have medical professionals assisting with or actively taking the life of one of their patients, will have an inherently adverse effect on the quality and ethos of our health system in Tasmania.

As the AMA, on 30 November, stated in a letter to all members of this House -

> A key role of the medical practitioner is to protect patients from harm. Even if a case were to be made for legalisation of euthanasia, the ultimate safeguard for the interests of vulnerable patients must remain an embargo on the active involvement of registered medical practitioners in the promotion of euthanasia and the prescription and administration of euthanasia pharmaceuticals.
>
> The currently proposed legislation lacks this safeguard and consequently poses a completely unacceptable risk to the elderly, the depressed and to the vulnerable who may come to feel that they are a burden to family and community.
>
> Our focus as doctors must remain on the provision of optimal medical care for our patients while they are alive, not in the coordination of their deaths.

> With access to high-quality palliative care services in 2020, assisted suicide is not a medical intervention doctors require for medically managing their patients.

As well, despite the proposed protections in this bill, the passing of this bill will nonetheless still make it virtually impossible for members of the health profession who do not wish to actively participate in euthanasia to distance themselves.

As Ms Forrest outlined -

> Almost all health professionals deal with and provide care to dying and terminally ill patients, so while medical professionals may have the right to object to the principle of this bill, they cannot totally avoid its consequences should it become law.

Like Ms Forrest, I have spoken to doctors in Victoria on their experiences since euthanasia became legal, and they told me that it is impossible for them to not be impacted.

Palliative care specialist Associate Professor Odette Spruijt and I had a very lengthy conversation, and as she said in the *Australian Medical Journal* -

> As a palliative care specialist with over 25 years of practice, mostly in Victoria, I have found the institution of the Victorian law to have a devastating effect on my practice of palliative medicine. I have witnessed the devastating impact of this law in the cohesion of teams, on the relationship within clinical units, and as a cause of deep moral distress among many of my medical colleagues, for whom this law, and its accompanying narrative, is anathema to the very core of our sense of what it is to be a doctor.

So, the question medical professionals are asking us is, How do we as legislators 100 per cent protect them, so that they can be 100 per cent uninvolved in euthanasia? And the answer is, we cannot. Therefore, as the AMA has highlighted -

> High-quality palliative care needs to be, and should rightly be, the focus of end-of-life care.

However, one of the main arguments offered for this bill is that there is a small percentage of patients with terminal illness who die in intolerable pain, who cannot be adequately helped through palliative care, and that therefore we need the option of physician-assisted suicide and euthanasia - or PAS/E - for these people.

As Professors Lowenthal and Harris state -

> Australian data shows that physical symptoms such as pain are rarely severe at the end of life despite frequent media reports to the contrary. If specialist palliative care services are available and the patient agrees to use them severe physical symptoms are rare. Only doctors skilled in palliation should be managing complex cases. Stories of past or recent bad deaths are because expert care was unavailable or was rejected.

> PAS/E (physician-assisted suicide/euthanasia) requests are mainly driven by psychological and social suffering. People have lost their sense of self. They can't do activities that give life meaning and they feel a burden. If concerns are addressed then often some sense of dignity can be restored. Most oncologists in long careers have seldom, if ever, received requests for PAS/E.

I agree, apart from that one distressing incident 30 years ago. Since then, because of the end-of-life measures put in place, because of fighting for my patients' rights, I never had a patient ask me for PAS/E - but on far too many occasions I had requests from family members to end the life of a vulnerable resident.

I encourage people reading this speech to look at my previous speeches in this House where I go into further details on those occasions, that I do not have the time to do it again today.

The AMA also stated that -

> The case for physician-assisted suicide has not been convincingly made in Tasmania.
>
> There are no statistics or other reliable data to support the need for this proposed legislation.
>
> The motivation for this bill appears to be mainly driven by emotive and distressing accounts of previous bad deaths.
>
> Sound public policy should not be formulated on the basis of emotive and distressing testimonials, but rather by sober, rational and dispassionate analysis of the best available evidence.

As Professors Lowenthal and Harris made clear, coronial data about suicides of those physically ill have been misrepresented. There is no evidence that most of these people wanted PAS/E. Most of those had undiagnosed and untreated depression with suicidality and its associated high mortality, and many would not have qualified for it.

Legal PAS/E will not prevent these deaths. Australia is now seen as having one of the best palliative care systems in the world, and we have established a quality measurement system that helps with continuous improvement. The Australian Palliative Care Outcome Collaboration (PCOC) is a world leading national program which measures and benchmarks patient outcomes and has been running for a decade. Its publication in the *British Medical Journal of Supportive and Palliative Care 2020* reports that in 2015-2016 only 2.5 per cent of patients reported distress from pain in the one to two days pre death.

PCOC data also shows there is progressively better symptom management each and every year, in controlling patient distress and symptoms at the end of life. This body of evidence and reliable data therefore indicates palliative care is continuing to get better and better on a nationwide basis. However, we have heard many accounts recently that this is not the case. Many doctors are asking whether all these horrific deaths we are hearing about have been reported to the Tasmanian Health Complaints Commissioner for urgent review.

If such shocking deaths are occurring today in Tasmania, the AMA, palliative care specialists, oncologists, and other health professionals want to know about them. They want to see these cases thoroughly investigated so that better practices and training can be put in place before we go to the final solution as proposed by this bill.

I have had extensive personal experience of loved ones dying from cancer and terminal illness - my father in 2003, my mother-in-law in 2007, my grandparents, close friends and other family members. Also, I am one of the few members in this parliament with extensive experience nursing and caring for many people in their final days. It distresses and grieves me deeply that in the nearly 11 years since I have been elected people are apparently now suffering such horrific deaths in Tasmania.

Palliative care should not have deteriorated to the extent that people are alleging. If this is the case I, like Ms Forrest, think it is an indictment on our health system and an indictment on the training health professionals are receiving in palliative care. It means our health system and medical training needs a drastic overhaul on end-of-life care. Therefore, I support the AMA's call for this issue to be looked at thoroughly in the welcomed upcoming inquiry. As the AMA stated -

> The inquiry should include an investigation into precisely how many deaths are associated with intolerable suffering or inadequate symptom control. Root cause analysis should be undertaken on every reported case to determine whether these poor outcomes were due to failure of delivery of best available care or whether the symptoms truly were beyond the control of current palliative techniques.

Recent high profile cases would ideally be subject to the same analysis. The magnitude of the reported problem must be clearly defined. The question also needs to be asked: is there any evidence from other jurisdictions that unbearable suffering and pain is the primary reason why we need this bill?

In the US state of Oregon, where PAS has been legal since 1998, data shows the principal reasons for PAS are -

1. Loss of autonomy

2. Decrease in ability to participate in activities that make life enjoyable

3. Loss of dignity

4. Being a burden on their family

5. Loss of control of bodily functions

and coming in at

6. Inadequate pain control or concern about it.

In Canada, where euthanasia has been legal since 2015, the principal reasons released in July 2020 are -

1. The loss of ability to engage in meaningful life activities
2. Loss of ability to perform activities of daily living
3. Inadequate control of symptoms other than pain or concern about it
4. Inadequate control of pain or concern about it

and closely followed by -

5. Loss of dignity.

Victoria's Voluntary Assisted Dying Review Board's report of operations, released in August indicated that the main reasons are -

1. Loss of autonomy
2. Being less able to engage in activities that make life enjoyable
3. Losing control of body functions and
4. Loss of dignity

Therefore, this evidence from around the world and in Australia strongly indicates that painful deaths are not the number one primary driver for PAS/E. Instead concerns about autonomy, quality of life and choice seem to be the real reasons.

However, questions about choice should also include the question: does everyone diagnosed with a terminal illness have an equal choice? Do our dependent and vulnerable, elderly, or people with disability or terminal illness have the same level of autonomy as you or me? Do people who have limited access to treatment or palliative care due to financial constraints or the tyranny of distance, have the same parameters of choice as a person of wealth or a person who lives in Hobart of Launceston?

Furthermore, in the name of choice, we cannot in good conscience abandon our responsibilities as elected officials to protect Tasmania's vulnerable. As Professor Lowenthal and Professor Harris state, assisting a patient to suicide is never an appropriate solution to any human problem. It is wrong to validate the persons concern that their life is hopeless. PAS/E proponents are motivated by compassion, but are misguided. Some demand choice and control. Often this is due to exposure to past perceived bad deaths. These concerns are baseless in 2020. PAS/E is not only about the individual and their autonomy. Doctors, governments and society are all involved. The common good needs to be considered. The vulnerable need protection.

As Associate Professor Spruijt said in the *Australian Medical Journal* - it is not enough to talk about patient choices if autonomy means only me. Autonomy is also relative, we are relational beings, we depend on each other and what we do affects each other.

I agree that we all depend on each other; and what each of us does, affects each other. As a past minister for human services and disability services I am very concerned for those Tasmanians who depend on us. The elderly, the sick, the depressed, those living with disability are vulnerable. They may feel pressured to not be a burden and to therefore have their lives prematurely terminated. I also gravely fear that this legislation will open the door to elder abuse. I investigated far too many cases of elder abuse when I worked for the Department of Health and Ageing in the Office of Aged Care Quality and Compliance. Those cases will forever be with me too.

One of the key findings of the 1998 Tasmanian House of Assembly inquiry into euthanasia was that 'the committee found that the legalisation of voluntary euthanasia would pose a serious threat to the more vulnerable members of society and that the obligation of the state to protect all of its members equally outweighs the individual's freedom to choose voluntary euthanasia'. This principle is why, during COVID-19, governments around the world - including here in Tasmania - have curtailed personal autonomy through various lockdowns and travel restrictions, to protect the lives of those who depend on us and are our most vulnerable. The same principle also needs to apply with respect to our consideration of this bill.

Former prime minister, Paul Keating, also believes no law or process can achieve a situation which allows those with a terminal illness or terminal diagnosis to end their life at the same time as to fully protect the vulnerable. As he said in 2017 in respect to the Victorian bill, 'once you terminate life the threshold is crossed. This stands for everything a truly civil society should stand against - principles matter - and in this case the principle concerns our view of human life itself'. This issue is indeed a threshold issue, as Mr Keating has said. Not only is the evidence lacking that PAS/E is required to address the issue of pain in terminally ill patients, but PAS/E poses a very real threat to our most vulnerable. Once this most basic principle respect for human life is violated, anything becomes possible.

I acknowledge there are some safeguards in this bill however, as Professor Lowenthal and Professor Harris state: it is impossible to create a system that permits suicide for some but that with robust safeguards can guarantee the protection of the vulnerable. PAS/E, of course, also sends the wrong message to people contemplating suicide and undermines suicide prevention efforts. The main safeguard is the assessment by two doctors whose assessments are never independently checked. Those who are sympathetic to PAS/E can widely interpreted eligibility criteria especially over time. If capital punishment is rejected after court cases where innocent people can die, how much more fraught is this; how many errors might occur?

Our current experience with euthanasia highlights what becomes possible once this threshold is crossed. Canada legalised euthanasia four years ago, with a requirement that adults need to be competent with subjectively determined, intolerable suffering due to a medical condition, where death had to be reasonably foreseeable. A recent publication in the world medical journal by three Canadian palliative care experts, Herx, Cottle and Scott, outlines how things have progressed. Currently, the Canadian parliament is on the cusp of removing the 'reasonably foreseeable' requirement, meaning that those with years to live will be eligible if this new bill is passed. This legal change is being strongly opposed by groups representing people with disability and mental illness as they fear that their lives will now be even more vulnerable in this new legal framework. In this regard, they say the slope has proved to be every bit as slippery as the critics had warned.

It is noted by these three authors that over time in Canada there have also been less restrictive interpretations of eligibility criteria and that individuals have been euthanised for arthritis, dementia and frailty, with euthanasia deaths now serving as a growing source of organ and tissue donations in Canada. The practice is also normalising, as demonstrated by educational materials being developed by GP networks that describe how to make children comfortable with the practice. The information states - 'If the adults … normalize MAID then the kids will as well.' It is also suggested to show children the equipment, the tray with the things on it, that will, 'help your loved one to die.'.

The Canadian experience shows that as a society becomes accustomed to doctors legally and intentionally ending people's lives, such actions become accepted and normalised. This has happened also in the Netherlands and Belgium. PAS/E - physician assisted suicide and euthanasia - can also become a first choice for a way to die and not as a last resort. Over time, even if legislation is not changed, laws are interpreted differently and expansion of eligibility criteria and erosion of safeguards occurs. This is apparent in the Netherlands and Belgium where euthanasia of children and for mental illness now occurs. This was not forseen 20 years ago when euthanasia first began.

One of the major differences between this bill and the previous bill includes the introduction of a prognosis requirement. Those who seek PAS/E must now be assessed to have less than six months to live, and in the case of neurodegenerative cases, less than 12 months. Many who previously voted against the previous legislation did so because these bills lacked this 'terminal' prognosis requirement. This therefore is a significant change which has been made so as to garner more widespread support. However, the introduction of this prognosis requirement should give those considering supporting this bill a strong reason to rethink their support.

As campaigners for PAS/E have also made clear, a prognosis for them too is an absolutely fraught area. Even upstairs, members strongly argued against the amendment to add a prognosis requirement to the bill because the fact is there is no scientific way to determine exactly how long a person with a terminal illness has to live. How many of us in this House know family or friends who were given a short-term prognosis only to vastly outlive this prognosis? What about those who were given a totally wrong prognosis and went on to enjoy many more years they were told they would not have with their loved ones? Professors Lowenthal and Harris stated, 'Some without PAS/E might have gone on to live for many months or years. Great harms can be done if someone is euthanased before their time.'

It really concerns health professionals and me that establishing whether a person has a relevant medical condition is not an objective judgment, especially as a number of well-known people have outlived their original prognosis. For example, media personality Clive James was diagnosed with leukemia, kidney failure and lung disease in 2010 and was not given long to live. In 2016 he started taking an experimental drug that gave him an extra lease of life. He used his extra time to read extensively, to write poetry and books and to reflect. He said -

> One of the reasons I am grateful for this extra time is that I have been able to think about my real life, my track record, and bring to it some sort of conclusion and be grateful that I am a better man than before I got sick.

Clive James passed away November 2019, almost 10 years after his terminal diagnosis.

American palaeontologist, Dr Stephen Jay Gould, was diagnosed with abdominal mesothelioma at the age of 40, likely due to asbestos, and faced a median survival of eight months. He went on to have surgery and experimental chemotherapy. Two years later he had recovered. He wrote a seminal article titled, 'The Median isn't the Message', which highlighted that a prognosis is a statistical construct and is usually expressed as a median based on historical statistical data for the underlying condition. Hence, a prognosis is essentially a time period in which 50 per cent of the people who have the condition may die, but what gave him hope is that 50 per cent of people actually outlive this prognosis and that the survival curve is skewed to the right, or in other words, it has a long tail. People can live 10, 20 or 30 years longer than their prognosis. Stephen died 20 years after his initial terminal diagnosis.

These two personal stories are just two of many I could have talked about and show the risks in using a prognosis test for access to PAS/E. Moreover, data from jurisdictions where PAS/E is legal that use a six-month prognosis also shows that a significant percentage of people outlive their initial prognosis. For example, in Oregon a person is eligible for PAS/E if they have a prognosis of six months or less. Each year a statistical report records the longest time to death based on the time from the first request to the time of death. Over the last two decades this number has varied from 329 to 1503 days, a bit over four years. In five of the years since 2000, this figure was two years or greater.

The US state of Washington's annual data also records the number of people who have lived longer than 25 weeks since their first request. This figure has varied each year between 5 per cent and 17 per cent of the total amount of people who die, with a total of 167, or 11.5 per cent of people. since 2009 dying longer than six months from their first request, with one dying almost three years since their first request.

As the Australian Commission on Safety and Quality in Health Care's National Consensus Statement: Essential elements for safe and high-quality end-of-life care, notes -

> Predicting prognosis and the timing of dying can be difficult. For some patients, it may be difficult to distinguish clinical deterioration that is reversible from deterioration that is irreversible and part of the normal dying process. In such cases, it may be appropriate to consider a trial of treatment for a defined period to assess reversibility of a patient’s deterioration.

Therefore prognoses are not accurate and the risk is that, if we pass this bill, in a significant number of cases people may make an irrevocable decision based on a fallible prognosis that will cut their life unnecessarily short by many years.

I totally understand why many believe that PAS/E is a choice between two types of deaths. However, as the data show people diagnosed with a terminal illness today may in fact live a lot longer. In fact they may live longer than any of us in this Chamber. There is no guarantee that Tasmanians will die from their underlying condition within six months, as shown in the case of Dr Stephen Gould. So many medical professionals are very concerned about how can we allow a person's death certificate to declare that their underlying condition caused their death when in fact their death may have instead been hastened.

Due to these concerns and many more, I will be voting against this bill. I am voting in regard to the wishes of my constituents in Franklin as I can indicate that those who have contacted me in support of this bill represented 31.8 per cent, but those who contacted me against this bill were 68.2 per cent of all phone calls, emails, letters and personal contacts I had with constituents.

While this is the fourth time that Tasmania has considered PAS/E, it is important to note that Tasmania is not unique in having concerns in regard to euthanasia or even rejecting this kind of legislation. In fact, around 50 other VAD bills have not been passed in Australia because of the dangers they pose to our most vulnerable. Despite all the best and compassionate intentions of those who will be voting for this bill, I believe I have a duty to protect the most vulnerable in our community about whom I have grave concerns. From being in health for 26 years, I also share the concerns of myriad other health professionals I am also representing here today.

I commend Mr Gaffney again for all his work on this bill. I commend the member for Bass, Sarah Courtney, for bringing this bill into the House. I also thank the Premier for the inquiry and look forward to seeing the final report.

[12.18 p.m.]
Mr TUCKER (Lyons) - Madam Speaker, one thing I thought about when listening to this debate is a comment my late father made to me when I became a councillor on Break O'Day Council. He told me that when I make a decision on an issue, make the decision on the facts in front of you and not how popular it is. People abuse you down the street, but a couple of years down the track those same people will tap you on the back and say, 'I now understand why you did what you did.'. These are words of wisdom I have carried with me through my political career.

A request for voluntary euthanasia is a request to be killed by another. It is not a private matter. Aspects of the common good affected by the legislation of euthanasia include equal protection under the law and the ethos of the practice of medicine and factors affecting an individual's sense of security at times when they are particularly vulnerable.

The bill that stands before us concerns an issue of a most serious matter indeed. Should this parliament allow individuals to be assisted in taking their own life, or have a person end their life under particular circumstances - specifically, if they have been diagnosed with a terminal illness and given a prognosis of less than six months to live, or 12 months in the case of a neurodegenerative condition?

My mother had a cancer diagnosis and was given six months to live but she survived for another six years. You need to experience death to begin to understand this issue.

There can be no higher priority for this parliament and our society than the protection of human life. It is perhaps our primary and most serious responsibility. Indeed, this Government and more broadly this parliament, has worked tirelessly over the past year to protect the lives of Tasmanians from COVID-19. We have sacrificed much as a society to protect the most vulnerable in our community. We have closed the borders, we have gone into lockdown and still even with no active cases of COVID-19 in Tasmania for several months, we have many restrictions in place - all to protect each one of us. We have been asked to look out for and to support each other's mental wellbeing. I thank the Premier for protecting our most vulnerable through these times.

It is, therefore, somewhat perplexing that at the same time we are giving up so much to protect vulnerable lives we are be faced with a bill which, in my opinion, puts vulnerable lives at risk; but I will come back to this later.

It is important to speak plainly and clearly about this bill, and what this bill seeks to do. The term, 'voluntary assisted dying', is ambiguous and could be applied to mean a number of different things. Let us be clear: this bill seeks to provide legal access to assistance, for individuals experiencing particular medical conditions, to end their own life, or to request another person to end their life for them.

The critical concerns that I have both with the principles behind the bill and the bill itself are as follows. The primary reason given for advancing this legislation by its proponents is the belief that people with a terminal diagnosis have been, and will continue to, die badly in intolerable pain unless euthanasia is legalised. It is claimed that while palliative care can eliminate intolerable pain in the vast majority of cases, there is a very small percentage of cases where this is not possible and so it is argued we need euthanasia.

None of us want anyone in Tasmania, indeed any person in the world, to die in intolerable pain. All of us here in the House would seek to act compassionately for all those diagnosed with a terminal illness, and their families. No one side of this debate has a monopoly on compassion. However, having spoken with palliative care experts, I can correct this claim advanced by those in the euthanasia lobby. Let me be clear: proper palliative care administered by palliative care experts can, even with the most difficult cases, manage what has become intolerable pain. What is critical is that while not all pain can be eliminated, it can be managed to a point where the person can be made comfortable. This means that no-one in Tasmania should be dying badly in intolerable pain. If they are in intolerable pain then I am told by these experts that something is amiss with their treatment.

This is a critical point because if we can prevent Tasmanians dying badly in intolerable pain through proper palliative care, then the central argument for euthanasia is completely refuted. This clarification would also radically change the public's support for euthanasia. You see, the support for euthanasia in the community primarily relates to fear - fear of dying badly in intolerable pain.

What do we need to do, given that we know, that no Tasmanian should be dying badly? We need to urgently establish a way of both examining claims of bad deaths, but also establish an office whose purpose would be to prevent these bad deaths happening in the future.

We need a commissioner for end-of-life care, who will be available to address situations where patients, or their loved ones, believe they are not receiving adequate pain relief, and take immediate action. No-one should be left in intolerable pain. This is completely unacceptable.

I cannot go back in time and address the cases that have been raised in the parliament, or the media. What I can do is commit myself to doing what I can to ensure that from this point on, no-one is being left in intolerable pain in Tasmania. If someone is suffering, whether they have a terminal illness or not, the answer is not to help them end their life. Rather, the answer is to address the pain issue and reduce and manage the pain. Let me be absolutely clear: the practices of euthanasia do not alleviate pain. They end life. They are not a form of medicine or health care. They are, in fact, the opposite of what medicine stands for.

It is also easier and cheaper to kill a patient than to provide good palliative care. Once society legalises euthanasia as a form of treatment, it will quickly begin to ask why it should foot the bill for expensive medical care that will in any case fail to save the life of a terminally ill patient. Why bother paying for expensive palliative care and support, when euthanasia is so cheap?

It can also be argued that if we allow the easy option of voluntary euthanasia, researchers will not make the effort they otherwise would to improve palliative care, both by relieving pain and by reducing or eliminating the side effects.

It has been suggested by some in the Legislative Council that another reason for legalising euthanasia is that it is already happening in our hospitals and aged care facilities. Therefore, we need to legalise it in order to better regulate it. There are problems with this argument. Simply because individuals might be disobeying the law is not in itself a good argument for changing the law, to make what they are doing legal, so it can be regulated.

Even more importantly, there is considerable misunderstanding about the difference between assisting someone to have a peaceful death, and deliberately intervening in the dying process to end a person's life.

Palliative sedation is a measure of last resort to provide the relief of suffering to a minority of patients - up to 4 per cent at the end of their life - who are not responsive to usual treatments. What can appear to loved ones as hastening death, are actually very prudent and appropriate measures of care for those in the final stages of life.

As parliamentarians, this legislation, indeed all legislation, requires us to focus on evidence-based research, and public policy focused on the common good of our community and its citizens. Public policy requires us to think and act for the common good of the community and all its citizens. It is not easy for a person to face death. It is not easy to be a family member, or a friend, watching, or accompanying a loved one who is dying. It is not easy for medical personnel to tell a person that their illness has progressed to the stage that death is imminent. It is not easy for a doctor to inform a person that test results indicate they have a terminal illness.

My fellow MPs, this is definitely a conscience vote. In debating the bill, in so many ways we are like the judges, whose decision in significant historic trials would mean that a person's life was to end when the judicial sentence was delivered. It is not easy for MPs whose opinion may be different from the view of the general public when asked the question, 'Would you want the option of an assisted death if you had an illness, disease, or medical condition, that cannot be relieved in a manner you consider tolerable?

The majority of the public also support the death penalty for horrendous crimes. Parliament's response to the public clamouring is that parliamentarians have a considered different view. One wrongful death under this legislation will be one too many. Just as courts require evidence, facts and detailed reasoning for their decisions, so must those principles guide our deliberations and the many votes expected on this bill.

Emotion cannot be the basis for this profound legislation which crosses the thresholds of centuries of medical practice which protects patients from intentionally being killed by a doctor's or doctors' decisions. There is ample evidence from overseas jurisdictions that have legislated for euthanasia that not just one but many wrongful deaths have occurred. I reiterate, one wrongful death is one too many and evidence tells us that will be inevitable unless we vote down this bill.

Our role is not simply to go along with what the majority either in Tasmanian or in our electorate. If this was the case we would just have a policy by majority vote, with each issue decided by an online poll. No, we are elected to work for the common good for our electorates and indeed the whole Tasmanian community. We are elected to apply our reason, intellect and experience to complex issues in order to do not what is the most popular but what is right. I cannot support legislation that would do such significant harm to our society.

I appreciate that for some of my colleagues in the Liberal Party, and a number of my parliamentary colleagues, this is also a matter of choice or autonomy, at least for those who are suffering with a terminal diagnosis. It has been said that if you do not like it you do not have to make use of the legislation but do not stop others from having this option. This again is a simplistic and indeed a dangerous argument. My actions as an individual have consequences for others and my community. They do not just impact myself. With all legislation we must consider the unintended consequences and possible misuses. It is never simply a matter of individual choice.

One of the critical concerns I have with any proposed legislation of this type is the message it sends to those struggling with mental illness and depression, experiencing suicidal ideas. Legislating to allow individuals to end their lives is a threshold issue. Once you permit this for one particular group in society it is not unreasonable for others to ask, 'Why not me? Why is my suffering not considered as significant as their suffering?' We are told that suffering is a subjective thing, so how are we to judge that the suffering of someone with depression and mental illness is not as severe and intolerable as those with terminal illness?

I will not go into the details of various studies and papers regarding whether legislation of euthanasia has or has not resulted in an increase in suicide. This is too difficult to prove either way in any definitive manner. What I can say is that, in passing this kind of legislation, the parliament will be sending a message that it is okay, at least for some, to take or have others take their lives, and this is completely the wrong message.

I note that for many in the Legislative Council, and indeed for many House of Assembly members, a critical change had to be made to the bill before they would support it. This was the inclusion of the prognosis requirement, put simply, that a person had to be suffering from terminal illness and have a prognosis of less than six months, or for a neurodegenerative condition less than 12 months, to access the bill. A number of members were not willing to support the bill without this in the Legislative Council. I believe a number of members of this House would not support the bill if this amendment had not been passed.

The trouble, however, is that the requirement is essentially meaningless as those from the lobbying groups have themselves expressed there is no objective scientific way of predicting just how long someone has to live. We all know of individuals who are given a prognosis of a particular time period which proved wrong. This is a very critical problem for this bill and indeed any bill of this kind. There is no way we can predict with certainty when a person is going to die from a terminal illness, apart from perhaps the final stage of the illness where the dying process has commenced.

Passing this bill would certainly result in wrongful deaths. It may result in those taking this option of euthanasia when they had potential years of life left in which a cure for the condition could be discovered. It would mean precious time with family and other loved ones would be lost, seeing children and grandchildren born and married. The problem is that euthanasia is not a solution to pain as such, but it ends life. It is final; there is no coming back.

I do not have a medical background but my wife, Marie, was a nurse for a number of years. I have a sister who is an anaesthetist and another sister who was a critical care nurse for a long time. It is interesting to note that 106 of the 109 peak medical associations have said no to doctor-assisted euthanasia. Among them are the Australian Medical Association, the World Medical Association, Palliative Care Nurses Australia Incorporated, Victorian geriatricians, 100 Victorian oncologists, Australian palliative care professionals, the Australian and New Zealand Society for Geriatric Medicine, the Royal Australian and New Zealand College of Psychologists, the Hospice Palliative Care Network and Young Doctors Against Assisted Suicide.

These medical associations overwhelmingly see the legalisation of euthanasia as posing very significant harm to the patients they treat, the practice of medicine and, more broadly, society. Do we know better than hundreds of thousands of worldwide and local medical experts? They too have heard stories and treated patients who have survived suicide attempts. They know the horror of depression and the demoralisation of people with life-limiting illnesses. They all say to us, 'do not pass this bill'.

Is the role of Tasmanian parliamentarians when faced with the challenge that some Tasmanians feel they have intolerable pain to respond with, 'Here is the means to have euthanasia', or is our role to find out and address these claims that have been made and ensure that no Tasmanian dies badly in intolerable pain? For me it is the latter.

Before this bill proceeds any further, let us examine what claims have been made that individuals are dying badly and address why this is happening.

To finish up I would like to turn to a very few specific issues with the bill. I will draw on the expert review of the bill undertaken by Paul Santamaria QC. This was a very sober reading indeed. I can only barely touch the surface in this sort of contribution and the problems Mr Santamaria outlines, so I strongly commend this review to all members. He writes that he has great concerns about the lack of protections of the vulnerable and elder abuse in particular if this bill was to pass. Mr Santamaria has asserted that the bill manifestly fails to protect the general autonomy of vulnerable members of the community in matters of healthcare and ageing and does not 'effectively protect those members from the risk of involuntary and unnatural death.'

An example of this is the capacity issue. The bill also presumes that capacity to make such a decision exists unless there is a reason to believe otherwise. This is incomparable with the gravity and irrevocability of a decision. Where euthanasia is concerned the burden of proof should be reversed. All requests should be referred to a specialist assessment of capacity.

We already know that as we age we increasingly can feel a burden to our loved ones, that we are holding them back from doing other more productive and important things with their time. How do we protect against this? Is it even possible to protect people from feelings of worthlessness or being a burden? What about psychological abuse? How can this or indeed any bill address this issue to give categorical assurance that this parliament is not sending a demoralised person to an early death?

Further, what safeguards are there to prevent greedy relatives from pressuring and coercing their loved ones into making this decision? Elder abuse is real and exists in our Tasmanian community. From time to time we hear about particularly shocking cases in the media but it is a very significant problem for those advocating the bill. I would submit it is almost impossible to prevent relatives placing undue pressure on loved ones. It is one of the darker sides of human nature which we find in great literary works through history.

As Mr Santamaria also makes clear, elder abuse is commonly very hard to detect and can easily slip past the safeguards established within most VAD frameworks. This is because such abuse may be subtle, result from the dependence of vulnerable patients upon their families and carers, and is difficult to measure.

The bill makes no provision for detecting impairment of judgment due to depression or demoralisation through mandatory assessment. There is no requirement for an independent psychological assessment of the person seeking to take up euthanasia. As Mr Santamaria notes, the bill expressly disavows the need for a medical practitioner to carry out any such testing. Yet we know that when people receive a terminal diagnosis they undergo psychological distress and enter a period of trying to process the news they have just received. They are prone to forms of depression relating to the diagnosis and therefore should receive some form of appropriate counselling. A wish to die can often be an expression of depression, pain or fear of poor symptom control rather than a sincere desire to be killed.

Another critical problem both for this bill but also more generally is the so-called safeguard that requires individuals to be either experiencing intolerable physical or mental pain, or experiencing such pain from the anticipation of future suffering, yet what objective standard can be used to assess whether someone meets this requirement? When one looks into the question, we discover that there is no such standard; there is only the subjective judgment of the person. This is deeply troubling. Without any objective way of verifying the level of suffering, this is open to abuse and lacks an absolutely critical safeguard.

Advance directives or living wills are decisions made by patients about what medical treatment they would like in the future if at some point they cannot make decisions for themselves. Advance directives ordinarily record decisions about refusing life-sustaining treatments but they can also contain the patient's preferences and desires about a whole range of treatment matters. Some patients may fear that, when they lose decision-making capacity, their goals and values in relation to their end-of-life care will be unknown or even disregarded by their families or their healthcare team since the patient can no longer actively participate in their own healthcare decisions. As such, this fear may lead some patients to consider undergoing euthanasia before they lose decision-making capacity.

Once legalised, death becomes an acceptable treatment for an ever increasing list of treatable and non-terminal conditions such as depression, or for those whose quality of life is judged by others to be too poor, or make caring for them worthwhile. If a person's suffering is deemed unacceptable by a person or by others, why does it matter whether or not this suffering is due to a terminal illness? If unacceptable suffering is sufficient, as euthanasia advocates appear to imply, there is a broad premise for an ever-widening range of individuals to be killed, provided they satisfy this highly subjective criteria.

Indeed, the argument which calls for the caring state to euthanase those unfortunate persons usually incapable of articulating a choice such as the chronically ill, the elderly and the mentally handicapped is given further momentum.

Euthanasia is essentially about giving doctors the right to kill their patients, as the decision over whether to terminate or preserve a patient's life will rest with the medical profession. Such a drastic move severely reduces patient autonomy and gives doctors the power of life and death over those in their care, challenging their oath to preserve life.

Legalised euthanasia places immense pressure on those who are ill and especially those who feel they have become a burden to society and their loved ones. In an age of spiralling health costs and complex care needs it is all too easy for some patients to feel that they are simply too much of an economic and emotional drain on their families and the best way out is to end their life.

Legislation over time affects hospital practice and societal expectations, ultimately resulting in undue pressure on patients to not overburden family, medical staff and resources. The subtle or not so subtle forms of persuasion ultimately diminish a person's freedom and personal choice.

I will not be supporting this bill today but I thank all those who have spoken before me. I also thank my colleague, Ms Courtney, for bringing this bill on, Mike Gaffney for his work on this bill, and also the Premier for the conscience vote here today in the Chamber. Finally, I thank all the people who have contacted me on both sides of this argument.

[12.46 p.m.]
Ms COURTNEY (Bass) - Madam Speaker, I welcome the contributions from members around the Chamber for what has been an overwhelmingly thoughtful, considered and very respectful debate. It has demonstrated to each other and to our community what we value about being part of a democracy. It has demonstrated the obvious passion and compassion we have for our fellow Tasmanians.

It has also demonstrated the thoughtful and divergent journeys each of us have had with respect to forming our views on this important topic Members have spoken about suffering, pain, grief and sorrow. They have also spoken of hope, forgiveness, compassion and love. I thank each of the members for sharing their deeply personal stories and explaining their perspectives. It has been a unique insight into the diversity and passion we all have in this place.

I accept that there is a range of views in this Chamber and across our community. This is not a bad thing. Indeed, a contest of ideas and having to articulate, defend and explain your rationale is helpful and always ensures better outcomes. We are accountable to our community for the decisions we make in this place.

Madam Speaker, I am not intending to respond and summarise to each individual member's contribution nor argue nor refute the opinions of others that I perhaps disagree with. However, there is something I would like to put on the record in response to Ms Dow's contribution with regard to palliative care. I can reassure her and this House that my taking through of this legislation in absolutely no way diminishes my commitment or the Government's commitment to palliative care in Tasmania. Indeed, if through this debate and the process we are undergoing with the university and departments and the stages perhaps to follow this debate, there are suggestions to strengthen palliative care, I welcome that. This is not an either/or; this is about strengthening all aspects of end-of-life care and choices.

Some members have outlined aspects that they would like strengthened or more clearly articulated and the committee stage will allow for this happen. Some members have argued that this bill should not proceed due to the complexity of the interactions with other laws as well as the unintended consequences on other legislation. It has also been argued that there are definitions that are ambiguous and vague.

I accept that there are significant ramifications of this bill and a substantial amount of work for government departments to implement and that it will not be without budget implications.

I also accept that there may be further improvements that could potentially be made. However, I am confident that, with the intellect and the experience around this chamber, we will ensure, by working together through the Committee stage, that none of these challenges are insurmountable.

We should not shy away from legislating voluntary assisted dying because it is tricky. I lack neither work ethic nor determination, and every year that passes by further strengthens my resolve that life is way too short to simply be a bystander. I am a woman of conviction and integrity. I have never stepped back from doing what I believe is right because a pathway is uncertain, difficult, lonely, or there may be personal or career ramifications.

The Committee stage of this bill is an incredibly important one. It is easy to stand here and talk about what we think. It is much harder to contemplate all the potential ramifications of each decision, each clause, each definition, each time frame and each word.

To those around the Chamber who have raised concerns or flagged areas that require attention - and especially to those members who will vote against this legislation - I humbly ask you to help me ensure our parliament is able to enact the best version of this legislation possible.

Madam Speaker, I want it to be legal for an individual to have choice - the choice to access voluntary assisted dying, as well as the choice to say no.

I support the intent of this bill, because the primary question contained is a question for the individual. It is not a question for government. The role of parliament is to put in legislation that protects our most vulnerable and ensures that the standards and protocols legislated reflect community expectations. It is not our role to make legislation that removes choice. Indeed, it is enshrined in Liberal Party beliefs, which I stated earlier. We believe in the inalienable rights and freedoms of all people, and we work towards a lean government that minimises interreference in our daily lives.

My friend and colleague, Michael Ferguson, also talked about Liberal Party beliefs, and while we have reached different conclusions with regard to what it means for this legislation, it clearly demonstrates to me the strength of the Liberal Party, and the strength of the fact that we can bring to this place different opinions and are afforded a conscience vote on important issues like this, and I am thankful for the Premier for allowing that to happen.

When I take my seat shortly, we will be participating in a historic vote. Although I am not going to pre-empt the outcome, I can count, and I am uplifted by what can be achieved at the very end of a year like no other - a year that has tested all of us; a year that has defined me; a year that has made me proud to be a Tasmanian.

Madam Speaker, I commend this bill to the House.

Madam SPEAKER - Honourable members, as the minister said, this is a truly historic moment in the life of this parliament. Our parliament follows the Westminster system, comprising a series of procedures, protocols and practices. I have no intention of being in breach of this system, which restricts the Speaker to only being able to use a casting vote on a division when the House is divided. However, in addition to procedures, protocols and practices, we have precedence.

I therefore advise the House that the Liberal member for Clark, Sue Hickey, has advised me that, had she been allowed to vote as a duly elected representative of her electorate, she would have passionately supported this bill, as she has been a long believer in the right to die with dignity. She is very grateful to Mike Gaffney, MLC, for the incredible effort he has put into this bill, in a time of personal difficulty for him and his family. She also believes that Mrs Gray would be very proud of her daughters for their tireless commitment to her last wishes.

She also wishes to thank the Premier for a genuine conscience vote.

As Speaker, however, I wish to congratulate the House on the exemplary and dignified way they have handled the passage of this history-making and very sensitive issue. Good laws, I believe, are made when all of the parliamentary members are able to truly contribute - in this case, without the usual hostility, but rather with tremendous respect for conflicting views, and for this I say to all of you, thank you.

Question - That the bill be read the second time.

The House divided -

AYES 17

Dr Broad
Ms Butler
Ms Courtney
Ms Dow (Teller)
Mr Gutwein
Ms Haddad
Ms Houston
Mr Jaensch
Mr O'Byrne
Ms O'Byrne
Ms O'Connor
Mr Rockliff
Mr Shelton
Ms Standen
Mr Street

NOES 7

Ms Archer
Mr Barnett
Mr Ellis (Teller)
Mr Ferguson
Ms Ogilvie
Mrs Petrusma
Mr Tucker

Ms White
Dr Woodruff

Motion agreed to; Bill read the second time

Debate adjourned.

ADJOURNMENT

[1.02 p.m.]
Mr FERGUSON (Bass - Leader of Government Business) - Madam Speaker, I move -

That the House do now adjourn.

Christmas Greetings

[1.03 p.m.]
Mr GUTWEIN (Bass - Premier) - Madam Speaker, I will not reflect on that last debate, other than to echo Ms Courtney's comments that it was conducted with courtesy, respect and understanding by all of the speakers who contributed.

I can honestly say that it is not with any great sense of sadness that we say goodbye to the parliamentary year after the kind of year it has been. It has certainly been a challenging year for everyone, and in every way. 2020 has changed and impacted our lives in ways that we could never have imagined.

I place firmly on the record the extraordinary way that this place worked. When Tasmania was in significant difficulties earlier this year, this House demonstrated the reason why we are all here. That reason, very simply, is to represent Tasmanians to the best of our ability and to ensure that we do the very best for our communities. I must admit, earlier on this year I have never been prouder to be a member of parliament representing my community than when this House came together to make decisions about the threat of the virus as we faced it then, and importantly, in terms of the measures we put in place to protect and support our community. I say, thank you to all members for that.

Members - Hear, hear.

Mr GUTWEIN - Interestingly, as we brought the pandemic under control, we were able to bring parliament back. I make the point today that even though it was a very difficult first part of the year and the parliament was suspended, we did manage to sit 42 days this year - only a very slight reduction on the usual 45 days.

Parliament is also on track to have passed nearly 50 bills into law this year, which is slightly down on the usual 50 to 60 - but, in the circumstances we faced, it is a good outcome. Importantly, those 50 bills included four separate COVID-19 emergency bills.

We have also had a couple of Friday sittings this year. We even had one sitting day where we had two question times on the one sitting day, over two calendar days, which is very rare.

None of this would have been possible without the support of the staff of this place: the staff who support us, and make each sitting possible, and have, themselves risen to the occasion in this very strange and difficult year. I thank each and everyone of them.

I will attempt to name most of them, and if I do miss one, I am sorry for that: the Clerk, Mr Donnelly, the Deputy Clerk, Ms Ross, Sergeant-at-Arms, Ms Hesford, and ably supported by Cathy and Colleen. I thank our Clerk of Papers, Ms Morrison. Thank you to our Parliamentary Education Team, Kimbra and John, and Parliamentary Officers, Charles, Scott and Adrian. Our parliamentary attendants and assistants, Kristy, who by the way is a West Coast Eagles supporter, so good on you; Fiona and Rosie as well. They are all wonderful, helpful, friendly and supportive to us all.

To our contracted parliamentary security team, who I won't name as they change, thank you for the work that you do in difficult circumstances at the front entrance.

To the Parliamentary Dining Room, Mandie and Jacqui; and Simon and John, our two chefs and their team. To the Bistro: Jo - absolutely fantastic work you have done down there with Christine, Jade and Renee this year.

Thank you to our Library staff: Marijana, with Sue, Deb, Helen, Sarah, Krystal and Luke, and our great research team of Bryan, Cassandra, Catriona, Jayne and Kate.

Our Hansard team do a wonderful job. To Helen and crew, thank you.

Also, to our Parliamentary IT and broadcast team led by Peter Hancox, with Ben, Jason, Brett, Chris, James, Adon, James, Kate and Angus.

To our cleaning and maintenance team, you have been sensational this year. They have worked very hard in a COVID-19 environment. So, to Jason, Brendan, Gaye, and to Shane - he is a Hawthorn supporter but we will let him off that.

I thank the ministerial drivers - Rex, Hedley, Chris, Scott, Greg, Cameron, Garry, Rick, Paul, Ray, Phil, Stephen; and my own driver, Shane, who unfortunately is a Carlton man.

A special thank you to all our ministerial staff and electorate staff, and my own personal team as well. I especially mention Andrew Finch, who joined me when I became Premier. He worked for me for a period of time as Treasurer and returned to the department. He joined me on that first day, and has worked side by side with me every hour of the day that I have worked; in fact, on some days more, right through a very difficult period. I want to thank him for his very sage advice, but importantly his efforts in managing a team through what has been the most extraordinary year.

To my office - I am not sure whether this happened under the previous premier, and I will note him in a moment - it has been a busy year. At last count we had received more than 45 000 letters and emails through my office alone. The staff who have worked there have been exceptional. Most of them will again be working this weekend to keep on top of the amount of correspondence that we receive. I thank them. I won't name them individually, but they know who they are. They have gone above and beyond the normal business of a political year.

I know most in this House will be looking forward to having a bit more time over Christmas with their loved ones. I know I am, although I think my wife is dreading having me home for a couple of weeks over Christmas. It will be the first time this year that I have actually had any extended period at home. I especially want to put on the public record - to Mandy and the kids, thank you for being so understanding.

I also acknowledge that this year will be the first time, since 2002, that Mr Will Hodgman has not been in the Chamber at this time. I thank him for his service, and wish him well.

I also acknowledge Joan Rylah, as a member who is now not with us; and I welcome Nic Street and Felix Ellis to the team this year as well.

To all Tasmanians and every member of the House, including you, Madam Speaker, I wish you all a very relaxing and safe Christmas period.

I am going to say this: do not forget the rules. Keep appropriate social distancing; wash your hands and cover your coughs and sneezes; stay home if you are unwell; and abide by all the restrictions. Please do not hesitate to get a test even if you have the mildest of symptoms.

Madam Speaker, I sincerely hope that by next Christmas I will not be saying that ever again.

Members - Hear, hear.

Christmas Greetings

[1.10 p.m.]

Ms WHITE (Lyons - Leader of the Opposition) - Madam Speaker, it is strange to do this on a Friday in the middle of the day. Usually we do this in the evening and there are very few people in the gallery to watch. It is nice to be able to have more people here to hear what we have to say and hear the Premier's remarks.

I echo quite a lot of what you said, Premier, and thank you for this year. It has been quite an extraordinary one for all of us. We have certainly understood what a privilege it is to be a member of this place and for us to be able to represent our communities and lead them through what has been an incredibly challenging year. For us to have debates like the one we have already had today, the privilege of being an MP is certainly not lost on me.

I wish I had the confidence and the ability to sing you all Christmas songs like the MP in Western Australia, David Templeton, does every year. I do not think I will subject you to that!

After the year we have had I sincerely wish everybody a fantastic break and I hope you get time to spend time with your family and the people you love, and do the things you love and have a very safe and happy Christmas.

Madam Speaker, it would be remiss of me not to mention my colleagues. I am very fortunate to work with a great bunch of people. My parliamentary team is incredible and has worked incredibly hard this year, as has our staff. I acknowledge, in particular, our chief of staff, Michael Stedman, and the rest of my team. I will name them because I am so proud of the work they have done this year. It has been a very busy and challenging year but we have built a very good team and have an extraordinary work ethic across the team. I am proud of them all. To Amina, Bronwyn, Chris, Daniel, Danielle, Gordon, Grahame, Jane, Karelle, Kate, Marcus, Melissa, Pam and Sam, thank you very much. We could not do this without you.

I personally thank Paul, who drives me all around the state and puts up with me, and I also recognise my electorate officers, the marvellous Penny Goodland and Kate Brooks who do an extraordinary job, and the volunteers who work in my office, Rosemary, Jo and Jodie.

Madam Speaker, it is tradition for us to recognise all the parliamentary staff and the Premier has done a good job of that. I have a list of names as well and I was checking mine to make sure I did not miss anybody either. I do not think you missed anyone, Premier.

I also echo the thanks that was shared by the Premier to the parliamentary staff. What a year it has been - incredibly disruptive - and we have been fortunate to be able to come to work and to feel safe in our place of work, and know that we have the support to do what we need to represent our community.

I thank very much the Clerk of the House, Shane Donnelly; the Deputy Clark, Laura; Clerk Assistant, Steph; and Colleen and Cathy who work to support the team; parliamentary assistants - Fiona, Rosie, Kristy and Jennifer who work at the front desk; Clerk of Papers, Alison, who is not in her usual spot but I am sure she is listening; parliamentary officers - Scott, Charles, Kate, Mark, Craig and Leigh. We have amazing computer and electronic services staff in Peter Hancox and his team who have magic skills. I thank them very much for their help. To the Finance Manager, Adrian Munnings, who makes sure we all get paid and all the staff in here get paid, thank you. Thanks to the education officers, Kimbra and John, who do an extraordinary job making sure that Tasmanians in schools across our state can better understand what we do in this place. A very special thank you to our utility officers, particularly in a year of COVID-19, Gaye, Shane, Gay and Carol, and I also mention our contract COVID-19 utility officers who we see around the building - Alison, Angela, Prat, Kelsang, Mira and Serita - thank you. That is one of the changes that we have seen this year but their work is so important in a time of COVID-19.

I thank the catering team and Mandie Donnelly and her group down there - Jacqui, John and Simon, the chefs, and of course Jo and her amazing team at the bistro with Christine, Jade, Renee and Sarah. I also recognise Brendan, the facilities manager, who runs around and fixes all the things that go wrong in this building. He is a busy man.

I recognise Parliamentary Services, Legislature-General, Jason, Anna and Mandy. The Library staff, Marijana, Deb, Sue, Sarah, Helen, Luke and Krystal. To the Hansard staff, thank you very, very much to Helen, Helene, James, Jenny, Roey and Andie and the transcription and editing staff for the work they do. To Research Services, Bryan, Catriona, Kate, Jayne, Cassandra; and the security staff as well - Ian, the supervisor out there, Nathan, Ben, Syed, David, Damien, Kyriakos, Tamanna, Halideep and Kelly - thank you very much. I hope I have not missed anyone.

To finish, Madam Speaker, I would like to thank you as well for your work this year and I thank everyone in this place. It has been an extraordinary year. I felt very proud at the start of this year, Premier, of the way this parliament was able to work together. I can remember how terrified we felt at the prospect of what might happen in our state and the steps we took together were instrumental in keeping Tasmanians safe. I am very proud of the way this parliament worked. I thank everyone for their efforts this year and wish you all a very merry Christmas.

Christmas Greetings

[1.71 p.m.]
Ms O'CONNOR (Clark - Leader of the Greens) - Madam Speaker, what a moving and lovely end to the parliamentary year and what a harrowing year 2020 has been. Members will remember in ancient history of January this year when the east coast of Australia was on fire and we did not think it could possibly get any worse in some ways, and then the pandemic hit and changed everything. It changed our lives and it is still having a massive effect on this island.

I thank every member of this place for working together during this time. I particularly thank the Premier. It has been quite confronting developing this new-found respect for you, Mr Gutwein.

Members laughing.

Ms O'CONNOR - I admire your strength and I am thankful, like so many Tasmanians, for your leadership during an incredibly difficult time and acknowledge that some of the decisions that ultimately rested with you were very difficult. As it turns out, they were the right decisions. So, thank you, Premier, and thank you to our Health minister and also to everyone in Public Health and Tasmania Police, who were so much a part of a genuinely Tasmanian response to keep people safe. I echo what the Premier and Leader of the Opposition have said about this capacity we have when times are hard to work together and stick together for the Tasmanian people.

There were some highlights in this year. I briefly touch on the joy that people all over the world felt when Donald Trump was vanquished and how millions of people across the globe slept a little easier after the US election. For those of us - and I am sure every person in this place is counted amongst this collective - who want real climate action, the election of Joe Biden and Kamala Harris has given the planet a fighting chance. That is terrific.

I thank every member who spoke on the voluntary assisted dying bill. It was a beautiful debate, whatever anyone brought; all the perspectives to this debate. Some of the speeches given were excellent and everyone who spoke on this bill should be proud of the heart and the thought they have put into the debate. We have done something very significant today. Although the bill in its entirety has not yet passed through the vote of this House, we will bring real peace of mind to Tasmanians. That is terrific.

The list of so many people to thank: I start with the ever-patient, long-suffering, not-very-good-at-a-poker-face Clerk, Shane Donnelly, and his great team - Laura, Stephanie and Todd, who I understand has recently left us; wonderful Ali, the Clerk of Papers, who is not only a colleague of mine, but also a friend going back nearly a quarter of a century since I was a young journalist here; and also Scott, Charles, Cathy, Colleen, Kristy, Rosie, Fiona and now Jennifer at the front desk. You look after us so well, thanks so much. I really do not know how you do it, how you listen to us all day long and how noisy it gets in here sometimes while you are standing patiently outside. I am deeply thankful to the parliamentary staff.

Adrian Munnings - really appreciate every fortnight particularly - but thanks, Adrian. The Legislature-General staff - Jason, Anna, Mandy, Brendan the fixer, Shane Watterson, Gaye, and Gay, and Andrea; in the Education Office, which has been transformative in this parliament's engagement with the next generation of voters and parliamentarians, Kimbra and John; in the Parliamentary Library, Deb, Helen, Luke, Sarah, Sue, Marijana and Krystal. In the Research Services, Bryan, Cassandra, Catriona, Jayne and Kate.

Computer Services and the broadcasting team - really huge thank you. Peter, Brett, Chris, Ben, James, Jason, Adon, Kate and Angus, I really appreciate the way, when we ring up with an IT problem, someone is in the office within the next five minutes and it is usually fixed within 10. It is fantastic.

For sustaining us in the dining room and the bistro, Mandie, Jacqui, Andrea, John, Simon, Jo, Christine, Jade, Renee, Sarah and Tanya.

The people who had one of the most difficult jobs in this place, who work each day to make sense of what tumbles out of our mouths, the Hansard staff - Helen, Helene, James - and thank you to Pat Blood, who, as we know, has retired but put in so many years of dedicated service - Roey, whose face I love looking up there and seeing, Deb, Margot, Jo, Karen, Kaye, Margaret, Wendy, Ann-Marie, Deborah, Stella, Melinda, and Glenda, who is also a very dear friend of mine, Susanne and Gaye; one of my great mates - Kate, and her fellow subeditors, Michael, Loretta, Christine, Helen, Jenny, Andie, Margot, Damien and Katri.

Those who keep us safe in their smiling way each morning - Ian, Syed, Ben, David, Kyriakos, Nathan, Halideep, Kelly, Damien and Tamanna.

My team, my dear parliamentary colleagues and friends. We are each other's wingwomen - Rosalie Woodruff, and our dangerous senior adviser, Alice Giblin; our extraordinary parliamentary and policy adviser, Thomas Whitton; Steve Wright, our very clever and dedicated electorates adviser; Rosalie's tenacious and big-hearted assistant, Will Greer; and my own wonderful assistant, who is like a mum to me so often these days, Jo Bull; and Millie Knott who has come to us this year, and who is efficient and has a fantastic Green heart and amazing work ethic. And our volunteers, Callie and Bridget.

Madam Speaker, I thank everyone in this place. It might not always seem like it, but I am actually quite fond of everyone in this place, in one way or another. I appreciate the diversity of perspectives and character. We do not agree with each other quite a bit of the time, but every one of us is here because we care, because we are committed to this island and its people. I do regard you as part of my big, munted political family. I genuinely look forward to seeing all your faces when we get back next year.

Shortly, although we have GBEs next week, this parliament will go back into our wonderful communities. We will go back to our families, who give so much. I say to everyone: go well, take care, have a safe holiday, and enjoy this beautiful island we are blessed to share.

Christmas Greetings

[1.26 p.m.]

Ms OGILVIE (Clark) - Madam Speaker, I thank everyone for making me feel so welcome when I arrived back in this place. It is nice to have a different relationship with everyone, which is very positive and has grown in warmth and understanding.

I want to be a big person in this speech and recognise Cassy's longstanding advocacy for what she has partly achieved today. I believe the speeches and the debate were respectful. We must continue that, so let us all continue that in a very measured way, because there is still some way to go.

I thank everybody, all the staff - particularly the heroes of this year, the cleaners. They could not have done a better job.

I would also like, in a very democratic way, to thank our journalists, without whom there is no democracy - so, thank you very much.

Premier, outstanding job this year, but, unfortunately, we have another couple of years to go, so let us get through Christmas and see what happens next. Thank you very much for your leadership, and also everybody on the Liberal team. What a surprise for me to know you all. You are all actually quite nice. That was something of a revelation and lovely, and you are nice to know. I have been on the other side, so I am trying to be quite honest. I understand why you guys are so passionate about the causes that you are passionate about. I cannot always share the fundamentals with you, but we have learned to get along with each other in this new scenario.

I will always work for the benefit of Tasmania in the best way possible.

Madam Speaker, great job this year. It has not been an easy year. Well done, you.

Thank you to all the staff, cleaners, attendants, the Clerks, the Bistro staff, the Library staff and facilities staff. I have learned with the IT staff that the first thing you do before you pick up the phone is check that it is plugged in and turn it on and off. Once you have done that, then you can pick up the phone, so they will not laugh at you.

Our security staff are incredible. The Hansard team, and Roey - it is lovely to see you up there all the time.

I am really impressed with the way the education function of the parliament has grown from the bottom up, and would like to see some more energy go into that. I know our schools love to see that happening.

Brendan in maintenance, what a hero. Whenever you ring him, he knows where everything is and what is going on with everything.

It has been a long, hard and tough year, but we could not have swum through it better as a group of people, and if you had to pick a leadership team for the state, it would be these people in this place today.

This is a once-in-a-lifetime generational thing that we have done, and we have delivered Tasmania safely through a global pandemic. It has been incredible, and it is quite humbling that it was this group of people who did that. I put on the record that I appreciate, recognise and acknowledge the work that every single person in this place has done.

I am not a party, so I do not have a big list of people to thank, but I put on the record again Simon Boughey. You all know him. He is a good fellow. He does a great job and he has shepherded us through the start-up phase, and also our positioning on policies. Kathryn Newett, who I know you guys know and love as well - amazing intellect - and also volunteer, the redoubtable Harry, in my office. He is a force of nature.

Thank you all. I hope you will have a very merry Christmas. I hope there is dancing and singing and vertical drinking. Thank you very much.

Christmas Greetings

Madam SPEAKER - Honourable members, it has been a tough year, and the people of Tasmania should be grateful to each and every one of you for all you have done, and for all your support networks that help to do the job.

To my own staff, to everyone, thank you. I hope you have a wonderful and safe Christmas and we all come back.

I will put you on notice: I have now witnessed that you can debate respectfully, and no-one needed to be thrown out, so we have a higher bar next year.

Premier, you do get the gold star for leadership. I know you have had the wonderful support of everyone here in this room, but you have really shown us what true leadership has been in what has been the crisis of the decade. Thank you.

On that, I wish you all a merry, merry Christmas. See you soon. There is a lot of love in this room.

The House adjourned at 1.31 p.m.