PARLIAMENT OF TASMANIA

LEGISLATIVE COUNCIL

REPORT OF DEBATES

Tuesday 22 September 2020

REVISED EDITION

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The President, **Mr Farrell**, took the Chair at 11.00 a.m., acknowledged the Traditional People and read Prayers.

TABLED PAPER

Parliamentary Standing Committee of Public Accounts - Annual Report 2019-20

Mr Dean presented the 2019-20 annual report of the Parliamentary Standing Committee of Public Accounts.

Report received and printed.

SPECIAL INTEREST MATTERS

Education - Huonville Primary School - Launch Into Learning

[11.04 a.m.]

Dr SEIDEL (Huon) - Mr President, thank you for giving me the opportunity to speak about our fantastic public schools here in Tasmania - particularly Huonville Primary School and the Launching into Learning program. It is such a success story for the Huon Valley, and has attracted the attention of our Governor, Her Excellency Professor the Honourable Kate Warner, and her husband, Mr Richard Warner, who visited Huonville Primary School on 11 September this year. The Launching into Learning program started in about 30 Tasmanian primary schools in 2007.

It is one of the educational policies I am most proud of, and I am sure the member for Elwick would agree with that. I am pleased to advise members that Launching into Learning is now available in all Tasmanian public primary and district schools as well as in public child and family centres. Launching into Learning provides children with an early introduction to the school environment. It ensures a smooth transition and provides semi-structured activities that facilitate learning through play - and it is working.

The Launching into Learning longitudinal study has established that regular participation gives children a significant boost in general development, reading and math performance. Those improvements are sustained even after participation in the program ceases. Launching into Learning children are showing improved results through kindergarten, prep, and year 3. These benefits occur irrespective of socio-economic background or Aboriginal status. Saying that, the evidence is clear that students from disadvantaged socio-economic backgrounds are benefitting most.

Accumulating multi-year data emphasises that Launching into Learning programs have consistently delivered improved educational outcomes in every year after they were established. In terms of evaluation and policy success, it does not get any better. In Huonville the program operates from the school's kindergarten complex which was purpose-built in 2013.

The state-of-the-art classrooms are interconnected and the fabulous external play area can directly be accessed from each learning space. There is also an exciting nature-based playground that provides a rich outdoor environment for children's play. The facilities are great, and the teachers are even better.

I commend the principal, Mr Ian Thomas; the outstanding educational support specialist, Margaret Cleaver; Deb Eaves, the Aboriginal educational worker; and the very kind and patient early years educator, Ben Aspey for creating a supportive and engaging learning environment that gives children the best possible start on their educational journey. The COVID-19 lockdown has interrupted the program but term 3 has now seen an increase in attendance from pre-COVID-19 levels.

Seventy-two children from 55 families are now actively involved in Launching into Learning in Huonville. Subsequently, the Huonville Primary School is expecting an increase in kindergarten enrolments for 2021 and will have at least two kindergarten classes, if not three. I am grateful to Her Excellency for visiting the Huonville Primary School; it was a real privilege to share the excitement of Her Excellency's visit with members for Franklin, Jacqui Petrusma and David O'Byrne.

However, I apologise for the two cheeky boys who were more interested in eating chocolate for breakfast than learning. They were my children. The apples obviously do not fall far from the tree.

Mr President, the Launching into Learning program is a great example of what public schools can offer to our communities. When given the opportunity, funding and support, our public schools just shine.

The Huonville Primary School has become a feeder school to the private system, but I really hope that, talking about these successes, families will be encouraged to enrol their children in our local public schools. I could not think of better teachers than the ones I had the privilege of meeting in Huonville. Thank you for inviting me to come along just over a week ago. I promise to be back soon even if it is only to supervise the two distracting, chocolate-munching young learners. Thank you.

Legacy

[11.09 a.m.]

Ms SIEJKA (Pembroke) - Mr President, I pay tribute to the work of Legacy in Tasmania and their annual appeal, Legacy Week.

You will all be aware of the work of Legacy. Legacy is a charity providing services to families suffering after the injury or death of a spouse or parent during or after their defence force service.

Legacy is dedicated to enhancing the lives and opportunities of families through practical programs aimed at protecting individuals' and families' basic needs, advocating for their entitlements, rights and benefits, assisting families through bereavement and helping people thrive despite their adversity and loss.

In Tasmania, we have over 10 000 veterans and their families. Within southern Tasmania, Hobart Legacy encompasses an area from Queenstown through to Oatlands, providing services to just under 900 Legacy beneficiaries, including 20 children.

Hobart Legacy was established in 1923 and has 70 legatees. Launceston Legacy established in 1927 currently has 60 legatees so you can see with a very small group they are achieving quite a lot.

Legacy Week is the national appeal to raise awareness and funds for this work. First held in 1942, this year Legacy Week was held on 30 August to 5 September. The funds raised from Legacy Week help Legacy continue to assist approximately 60 000 beneficiaries across Australia, with 96 per cent of them being elderly widows.

Funds raised also help Legacy to support children's education by contributing towards their school fees, books, uniforms and recreational activities to aid their self-development and confidence.

Volunteers around Tasmania brave the cold weather to man stalls in shopping centres on street corners and other sites. It was heartening to see volunteers were of all ages and backgrounds.

I had the pleasure of being one of many volunteers who were able to support the work of Legacy by selling merchandise during the week. Along with other members, I also donated to the cause through the badges sent to our offices and on the day. It was hard not to because they have a huge range of merchandise now.

Legacy Week is an efficient and well-organised event - not an easy task with so many volunteers, but especially during these times of COVID-19. Some changes were made to Legacy's processes to accommodate COVID-19 and to ensure safety of volunteers and the community. This included contactless delivery, improved sanitisation practices and social distancing.

Legacy Week also gives the community the opportunity to acknowledge our veterans and their contribution to our country. Given the continued support shown during Legacy Week, it is obvious the community places the work of Legacy in high regard.

Congratulations must go to all those involved in Legacy and Legacy Week. Well done to President Rob Grey, and board members Stephen Miller, Kathryn Edwards, Annette Ottway, Leigh Ottway, Robert Noga, Rob Jones, Clive Simpson and Alec Young, as well as those serving on the committee - Kathryn Edwards, David Waddle, Kevin Warner, Annette Ottway and Rod Murphy, all of whom were supported by staff members Kay Bailey and Renee Patterson.

Legacy itself is a voluntary organisation supported by veteran servicemen and women and community volunteers. It also involves members of the Australian Defence Force, and schools, services, businesses in order to make the event successful. I wish Legacy all the best for its future fundraising efforts and for its work in supporting the community - and an early reminder for you all to purchase a Legacy Christmas pudding too.

Launceston - Dancing - Positive Effects on Elderly

[11.14 a.m.]

Ms ARMITAGE (Launceston) - Mr President, today I speak about some of the issues many elderly people in my electorate are experiencing. It is widely accepted that looking after ourselves and keeping healthy means more than just eating well and getting regular exercise. It also means taking care of our mental health, our emotional wellbeing and our sense of belonging. The feedback loop between our physical, mental and emotional health is also well established - and nothing has brought this more to light than the advent of COVID-19.

Over the past month or so I have been hearing from a number of constituents about the so-called dancing ban. Not from the younger, more nightclub-oriented contingent, but from our older ranks. These are people who like to head out to the Australian Italian Club, the over-50s clubs, or the local RSL for a cup of tea, maybe a glass of wine, and dance for one afternoon a week. I have received a number of letters from people for whom this one weekly activity means the absolute world. One of these letters, the author of which I will keep anonymous, said -

> Our social life at our age has a limited span and we are feeling the effects of lack of exercise in the form of depression and isolation. At our age we do not drink, we drive.

Another person in their 80s says that now they just sit around. They feel older than they are and their outlook on life is less happy than it once was. Yet another writer has said that their doctor has said, 'Please do not stop dancing because it is so good for your heart health.'. Others have special physical needs and the movement and music helps them to relax and have an afternoon of enjoyment. Being able to move, have a cup of tea, a sandwich and a good chat with their mates is a necessity and highlight of these people's weeks.

One lady I met at one of these dances is 93. Until COVID-19 she was a regular attendee. She has told me many times how enjoyable it is for a 93-year-old to get up there and dance and feel alive. Of the numerous letters in my possession there is one common thread - the overwhelming concerns about the mental health implications of having a much-loved recreational physical activity stymied. Of course, solutions like having separate food and drinking areas in these venues have been explored, but the rules state that as soon as someone leaves the dancing area to the food and drink area, they cannot return.

For the younger people, at their leavers' dinners, as we have seen in the news, this might not be such a problem. But for older people this is a bit harder when they need more frequent rests. As I mentioned to the Premier when speaking to him, when they are dancing they really need their table and chairs to sit down and they need their glass of water or their cup of tea. It is very difficult for them to meet the current requirements.

Additionally, hosting venues are more or less obliged to sell food and drink for these events, otherwise they would be trading at a loss. They need to pay the staff, music and other costs without any other way to make a bit of money. We cannot expect these venues to run for free. Many people are feeling stuck between a rock and a hard place.

The Government has done a stellar job in suppressing the virus in Tasmania. It is doing everything it can to accommodate as many people as possible. However, I can too easily

foresee the detrimental results this particular issue will have for our older contingent, with the mental, physical and social effects already manifesting, and with many pleading to be allowed to do what they love. I hope that very soon, like the leavers' dinners, a reasonable and common sense solution can be reached.

West Tamar Rotary Club Fundraiser - Taking a Walk in Someone Else's Shoes!

[11.18 a.m.]

Ms PALMER (Rosevears) - Mr President, have you ever walked a mile in someone else's shoes? It is certainly a wonderful saying. The original wording was actually, 'Walk a mile in his moccasins'. It comes from a poem from the 1800s, titled, *Judge Softly*. Judging softly is not something that always comes to us as naturally as perhaps it should. Judging others before we have walked the road they are walking can often lead to a lack of empathy and understanding.

This week there is going to be a shoe sale like never before, where customers will have the chance to purchase shoes that someone else has walked in. The member for McIntyre was very interested in this shoe sale -

Ms Rattray - Where is this going to happen?

Ms PALMER - I will get to it. When you make a purchase, you will not know who has worn the shoes; you will not know where in the world they may have travelled, or indeed, the tears that may have been shed or the joy that may have been felt while someone else was wearing them. This weekend, the West Tamar Rotary community shop in beautiful Beaconsfield will host this not-to-be-missed event, with shoes donated from across the community and beyond now available for purchase. I understand there are shoes that have been worn by politicians, shoes that were once worn by reality TV stars, and shoes that have graced the feet of many in the local community.

The West Tamar Rotary Club is a vibrant and dynamic group. It has been running since 1960, when it was known as the Beaconsfield club, changing to the West Tamar club in 1987. If you do the maths, this year is the club's sixtieth anniversary. What a year to reach such a milestone. As never before, this Rotary club, like many Rotary clubs across our state, has been on the front line when it comes to reaching out to people in our community who are in need. This club supports numerous local groups, including by assisting the Riverside Men's Shed and the Exeter Child Care Centre. It also runs camps for underprivileged children, where members spend time investing in participants' lives, focusing on personal development. This year they undertook the challenge of opening an op shop. This would have been a big enough task at any time, but they opened in the middle of the pandemic. What this meant for the dedicated volunteers was an extremely careful process of receiving goods and then putting those goods, for want of a better word, into isolation to ensure that the COVID-19 virus could not possibly be alive on the surfaces. They did their homework. They knew that paper products, such as books, needed to be kept aside for three days while other items needed to be put aside for six to seven days. It was a huge effort by these volunteers and they did an outstanding job.

The club members' focus on the needs of their community not only spans those close to them, but also has a global focus. They hope to have over 200 pairs of shoes donated by Saturday, and the president, Lex van Dongen, has said the money raised will go to two most

worthwhile charities. The first is one I am sure we are all very familiar with - the Guide Dogs Tasmania, which helps to train guide dogs, therapy and companion dogs. Like so many of our charities right across the state, Guide Dogs Tasmania has been unable to host many of the events that would normally bring in thousands of dollars to help it do what we desperately need it to do, so this contribution is most welcome.

The remainder of the funds will go towards buying shoes for children in Gilgil Orphanage, Kenya. These children would otherwise go without shoes during the coming winter months. When visiting the club's op shop, I saw their deep connection to this orphanage. An entire section of the op shop has handmade crafts for sale to support these children. There are also many stories from the volunteers who have been to Kenya and have seen newborn babies find a home with Gilgil Orphanage after being left on rubbish tips.

I take this opportunity to congratulate the dedicated Rotarians of the West Tamar Club on their 60 years of service to our community and on this much anticipated shoe sale. Mr President and all honourable members, if you feel the need to slip your shoes off today with no desire to put them back on, I have brought a bag with me and I will happily pass those donations on to the West Tamar Rotary Club.

Vice Admiral Ian Donald George MacDougall - Tribute

[11.23 a.m.]

Ms FORREST (Murchison) - Mr President, I wish to pay my respects and acknowledge the passing of Vice Admiral Ian Donald George MacDougall, who passed away at the North West Regional Hospital on 1 July this year aged 82. Ian was a former submariner who rose to high ranks in the Royal Australian Navy and chose to retire to the town of Marrawah in the far north-west of my electorate. This was to be his final resting place.

He was laid to rest beside his wife, former journalist and television presenter, Sonia Humphrey, who died in 2011. It was reported that she laughed when she heard he had already organised burial plots for them in the town's smallest cemetery, soon after they moved there. At the family's request it was a small funeral service which is probably just as well as the narrow road and small graveyard might have struggled to accommodate an event on the scale of a full military funeral.

Vice Admiral Ian MacDougall was born in Sydney on 23 February 1938 and joined the Royal Australian Navy a month before his sixteenth birthday in 1954. He graduated the following year and undertook professional training at the Britannia Royal Naval College in the United Kingdom. Upon graduation he was awarded with the Queen's Telescope for leadership. From the start Ian demonstrated a strong aptitude for leadership and seamanship and his natural abilities led to a series of rapid promotions over the next few years. His postings included some of the Navy's most prestigious ships, such as the HMAS *Vampire II* and the aircraft carrier, HMAS *Melbourne*. In 1963 he volunteered to be part of the first group of Australians to undertake submarine training to support the establishment of the Royal Australian Navy Submarine Service. After three years of arduous training, he was appointed as executive officer to the newly launched HMAS *Oxley*, which was the first of the Oberon class submarines built for the Royal Australian Navy.

After further training in the United Kingdom and in recognition of his unique skills, Ian returned to Australia to command submarine HMAS *Onslow* between 1971 and 1973. Peter Horobin, his second-in-command in 1972, said -

> From the point of view of the submarine force, without his energy and vision and preparedness to make changes, we wouldn't be where we are today.
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> …
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> For the submarine community, Ian was unique in that he always encouraged us to be accountable ...

Mr President, further promotions and responsibilities were awarded to Ian in the following years, too many to list in full. They include in 1982 being appointed as Commander, Australian Submarine Squadron, the first Australian-born naval officer to be so. In 1989, he was appointed Maritime Commander Australia. One of the highlights of his time in the command of the fleet was attendance at Gallipoli during the seventy-fifth anniversary of the Anzac landing in 1915.

In 1991, Ian was promoted to Vice Admiral and served as the Chief of Naval Staff for the next three years. He is the only submariner so far to command the Royal Australian Navy. Among the many reforms he initiated during his leadership was one that Ian was a strong proponent of - women serving at sea, including in submarines. He worked to make the navy a more diverse, equal and tolerant workplace. He believed it was not only the right thing to do, but it would also make the Royal Australian Navy more innovative and resource-efficient.

Vice Admiral MacDougall's 40 years of service to the Royal Australian Navy were further honoured in 1993 when he was appointed as a Companion in the Military Division of the Order of Australia for distinguished service and exceptional performance of duty.

He went on to become the Commissioner of New South Wales Fire Brigades in 1994, a position he retained until 2003. He was awarded the Australian Fire Service Medal. After his retirement over 15 years ago, he and his wife, Sonia, moved to Marrawah where he had a family connection dating back to the 1830s. There they were warmly welcomed by the community. He was proud of his Scottish heritage and Marrawah reminded him of the west coast of Scotland.

According to a friend of his, Bob Dobson -

> He just loved Marrawah. He couldn't live anywhere else.

He volunteered for the Marrawah Fire Brigade for 14 years, and would occasionally enlist Mr Dobson's help in getting surplus uniforms sent down. Mr Dobson said -

> He told me once he got into trouble from the commissioner of the Tasmania Fire Service because Marrawah Brigade had more gear than most brigades in Tasmania - that's what he told me anyway, whether it's true or not.

Having met the man, you would not know whether it was true or not. He also played Santa each year for the children at the Redpa Primary School, always with his own beard and

fireman's boots. Rob, my husband, and I were lucky enough to meet him and share a meal with him with mutual friends in Marrawah a few years ago. He was a truly delightful man and a real character. A great teller of stories.

Vice Admiral MacDougall and Sonia Humphrey were described as a true partnership. Neither was afraid to challenge the status quo. He is now resting safely beside her. He is survived by his two sons, Hamish and Fergus, and stepsons Gideon and Daniel.

Vale, Vice Admiral Ian Donald George MacDougall. We were honoured to have a man such as you choose to spend your latter years in our midst and find your final resting place in such a peaceful place. May you rest in peace.

Members - Hear, hear.

Speak Up! Stay ChatTY - Mitch McPherson

[11.29 a.m.]

Mr WILLIE (Elwick) - Mr President, when people say or hear the term 'mental health', they often think in standard and stereotyped ways. They might think of a telephone counselling service, seeing a medical professional or even being prescribed medication. Reaching out for help may seem simple on face value, but there can be many barriers and people continue to suffer in silence. People are sad and alone. They feel scared and hopeless.

These feelings can become all-consuming and interfere with our lives in profound ways. They can disturb our sleep, make it hard to concentrate; put stress on our relationships; or even make getting out of bed difficult.

Access to services are important, but so is community awareness. Members would be aware of Mitch McPherson and the huge difference he has made raising awareness in the community.

In 2013 Mitch established the registered not-for-profit organisation SPEAK UP! Stay ChatTY. Since that time, he has spoken at over 700 events, including workplaces, sporting clubs and school groups. Every day Mitch works to promote mental health and prevention of suicide by normalising conversations and encouraging people to seek help when they need it.

I first met Mitch during SPEAK UP! Stay ChatTY's infancy when I was teaching at Mount Stuart Primary School. I had never heard Mitch speak, but I invited him to present to my grade 6 students. We all listened to Mitch's raw and confronting personal story detailing the time when Mitch's younger brother Ty took his own life and the harsh reality of a family struggling to carry on in the aftermath.

At the time I was concerned my grade 6 students would be traumatised and I worried about the potential backlash from parents for exposing their children to such a harsh reality. It turned out to be quite the opposite. Parents contacted me expressing gratitude when their child had returned from school that day to remind their own family of Mitch's simple message - nothing is so bad you cannot talk about it.

Other parents expressed how students in the grade were much more conscious of each other's wellbeing and incidents of bullying had stopped. Since then Mitch and I have become friends and I am continually inspired by his outlook and his ability to recount his family's own tragic experience in an effort to help others.

Recently, Mitch and I hosted a well-attended mental health community morning tea in Glenorchy. COVID-19 has been a difficult time for all of us, and I thought I would provide an opportunity for people in the northern suburbs to hear from Mitch. I thought his strength could certainly help bring about some inspiration and, importantly, education in identifying when someone is doing it tough.

After 700 presentations I can honestly say the impact of his story has remained the same. I have been fortunate to hear Mitch tell his story five or six times and it is still a deeply emotional and connecting experience. He speaks plainly and simply, connecting to those who need to hear the messages.

I have received lots of feedback from those who attended the morning tea, including from your good self, Mr President. At the conclusion of the event, one of the attendees said to me, 'I think everyone will leave today and get the word out and encourage our friends and family to speak up if they need help.'. We need to keep reaching out and trying with people to ask if they are going okay.

Many people get themselves into situations for many reasons and are often too ashamed or embarrassed or they feel they have failed and do not ask for help. That is exactly why Mitch started SPEAK UP! Stay ChatTY, and it his vision that it will become a national charity focusing on delivering programs in schools and sporting clubs to increase awareness and remove the stigma surrounding mental health.

Since the establishment of SPEAK UP! Stay ChatTY, Mitch has received many accolades for his work, including Clarence Citizen of the Year in 2014, Tasmanian of the Year Finalist 2014, Southern Cross Young Achiever and Heather and Christopher Chong Community Service Award 2015, Tasmania Pride of Australia Medal for community spirit 2015, Southern Cross Young Achiever, St Luke's Healthier Communities Award 2016, Premiers Young Achiever of the Year Award 2016, Red Herring Surf Communities in Action for Suicide Prevention LIFE Award 2016, 2016 Tasmanian Community Achievement Award Winner for healthier communities, 2017 Tasmanian Young Australian of the Year, and the 2020 National Men's Health Awards Tasmanian People's Choice winner.

Mitch is really proud of his achievements. He will tell you he absolutely loves and is thankful for what he gets to do every day, but, of course, he is quick to highlight he would give it up in a second to have his little brother back.

SPEAK UP! Stay ChatTY is partnered with Relationships Australia, and continues to grow with 10 staff members and a youth reference group working alongside Mitch. In these tough times, I am so thankful for the work they are doing in our communities and I am sure members will join with me to recognise their efforts.

Members - Hear, hear.

Mr PRESIDENT - Honourable members, thank you for your contributions this morning. I note that our new members have taken to special interest like ducks to water and that is good to see. I look forward to many more contributions from our new members.

MOTION

Consideration and Noting - Report of the Integrity Commission No. 4 of 2017 - Fox Free Taskforce and Fox Eradication Program

[11.35 a.m.]

Mr DEAN (Windermere) - Mr President, I move -

> That the report of the Integrity Commission No 4 of 2017, An investigation into allegations of misconduct in the Fox Free Taskforce and Fox Eradication Program be considered and noted.

Mr President, this matter has been on the Notice Paper for some time. I have deliberately left it there to see what may have changed in the landscape and the lessons that might have been learned over the past 16 to 17 years. I believe not much has changed. I bring the matter forward today to also bring some relief to those people who have stood behind me so strongly in disclosing matters over a 16-year period, to try to bring to an end what was, in fact, a rort.

Historically Tasmanians have applied collective skills and government processes to contain and eradicate some serious unwanted organisms that posed great threats to our health and wellbeing. Tasmania has a creditable record in the successful containment and eradication of some serious livestock diseases, like bovine and ovine brucellosis, bovine tuberculosis and hydatid disease.

In their day these eradication programs required a concerted effort from all affected communities, supported by legislation to ensure their successful implementation. But to be successful, any coordinated eradication response requires trust in the public institutions that safeguard our biosecurity values. That trustworthiness, for me, was seriously dented during the 15 years of the fox program. This brings me to the review of the Tasmanian fox program, the Report of the Integrity Commission No. 4 of 2017. It is a copious read, and relies on knowledge of the program genesis and operation over its whole existence.

If you have not read the 272 pages of the report, you may wonder why today, over two years after the report's release, I still feel it essential to speak on this important matter. This matter has been a long time coming forward, but nowhere near as long as the fox charade went on, for 16 years. The cruel part about this whole thing is that those who continue to manipulate the evidence and those who brought in dead fox bodies, referred to as carcasses, and fox parts, including fox faeces, referred to as scats, have never been publicly identified. This is despite the abundance of evidence available to identify these people in many cases.

No lessons were learnt, and nobody was held responsible for a near-$60 million program, built on virtually nothing. One person played a big part in that. It was accepted over and above that of experienced professional police officers who were tasked to investigate the initial allegation of live fox introductions - those detectives who had meticulously investigated a Parks and Wildlife Service referral to their minister about third-hand hearsay information, claiming

that litters of juvenile foxes were smuggled into the state and released at four locations. At the time the sensational allegation was dubbed the 'fox plot'.

This was a position described by Parks and Wildlife Service officer, Mr Nick Mooney, as an act of ecoterrorism committed on Tasmania, a very strong statement. The major problem with that PWS claim is that no fox plot existed. No juvenile foxes were brought into the state and released. There is no real evidence of any description to support the claim. In fact, police in their summing up of the investigation into the claim gave the information as received a rating of 1 out of 10. I was the commanding officer in charge of the investigation at the time, in 2001.

Despite a clear and unambiguous report from the Tasmania Police investigation on fox importation claim, the minister of the day decided to back PWS's unsubstantiated fox plot allegation.

For the fox program to be set up and continue operating as long as it did and without any quality and integrity control at all - no checking, no challenging of information, no investigation of so-called factual evidence by any senior staff within the department, including right to the top of the department - I would ask: could they have tolerated this in private enterprise? No, they could not have afforded to run it with no evidence at all to demonstrate even a minimum of credibility and nothing to demonstrate or measure any return from any of the actions being taken.

Members will recall in this place during some of this time, I would frequently get up and ask: Where could their actions be measured? Are they measuring their actions? What are they getting from it?

Ms Rattray - I can confirm that has happened over the past 16 years.

Mr DEAN - Never was there any measurement of anything that was taken or done. They were always going to win a war on imaginary foxes, because there were no foxes in Tasmania.

Ms Rattray - We did have an inquiry. Will you get to the parliamentary inquiry in your contribution?

Mr DEAN - I will.

Ms Rattray - Thank you.

Mr DEAN - Their early messaging was a universally acknowledged aim - keep Tasmania fox free. That was right - 'Keep Tasmania fox free'. It was a sign we saw around the state. I accepted that; we all accepted that - 'Keep Tasmania fox free'. It should not be surprising to any member that I took a strong interest in this case. I do not apologise at all for the numerous questions I have asked here over the years or at Estimates hearings, or the statements I made here or anywhere else.

As you recall, I initiated a joint parliamentary inquiry into this matter in 2009, and in 2016 I also took a comprehensive complaint. first, to Tasmania Police and then, to the Tasmanian Integrity Commission. I knew very well what was going on. After 35 years as a police officer and 17 to 18 years as a detective, and having served with the New South Wales Homicide Squad and Consorting Squad, I know only too well how to read evidence and

understand how people think and what they do in manipulating and building cases based on little or nothing.

What was disappointing is that I had little support in this place; I more or less did it solo. Tony Fletcher, the former member for Murchison, now sadly not with us, took it on while he was here and was good support to me, or I was good support to him. He too knew what was going on and was able to read the true value of the evidence being used to prop the case up. The value of the evidence amounted to nothing, and I thank Tony. If he were here, it would be great to see him and talk to him about this, but unfortunately that is not to be.

I received a lot of flak from inside this Chamber as well as outside - members who were here when Mr Aird finished up would recall he spent half his final speech lambasting me on the position I took on the fox program.

Ms Rattray - Unusual approach.

Mr DEAN - A very unusual approach. I had to take it. I could not do much about it.

While I am talking about support, I want to put on the record the strong support over about 15 - in fact 20 years; it has gone on even since it has finished - given by Mr Ian Rist, a man who suffered tremendously through this time because he dared to challenge the spurious evidence being used to build this case. Mr Rist was accused of being on dope and/or cannabis by a senior officer in the Invasive Animals Cooperative Research Centre during the parliamentary inquiry into the funding of the fox program.

They attempted to humiliate Ian, but he held his head high. That is not to say it did not take a toll on his life. In fact it has - it caused him immense pain and suffering. I am not quite sure what the short future for Ian is. It is a sad situation. People do not stop to think of that. They do not care. They do not give a damn and it is disappointing.

Will anybody be held to account? It seems not. This reprehensible accusation against a Tasmanian citizen is on the public record and the Invasive Animals Cooperative Research Centre official who made it got away with it. An unfair and personal attack. Who was on dope? I can assure members here today it was not Ian Rist.

I also want to publicly acknowledge the sterling work of Dr David Obendorf, who is present today, and Dr Clive Marks. Both these men are professional, hardworking and astute scientists. Dr David Obendorf, now retired, worked in the Department of Primary Industries, Parks, Water and Environment as a veterinary pathologist while Dr Clive Marks is an acknowledged national expert in fox ecology and detection, who also worked with DPIPWE.

Both David and Clive provided years of work in attempting to bring some common sense to this program at huge financial, physical, personal and emotional cost. Both were invaluable members of my analysis team because of their knowledge and expertise in veterinary science and fox ecology, and because of their knowledge of the workings of the department responsible for the Tasmanian fox programs.

Other organisations working with DPIPWE included at the time - and maybe there were more - the Invasive Animals Cooperative Research Centre and the Institute for Applied Ecology at the University of Canberra.

Doctors Marks and Obendorf were both publicly ridiculed and maligned, but let me say none of the information and evidence they brought forward in scientific publications was found to be incorrect, fabricated or exaggerated. Their professional standings and knowledge, and their research on the evidence of statements were supported by several peer-reviewed publications on the Tasmanian program, using scientific principles and careful analysis of factual material. It was not made up, fabricated, exaggerated or based on guesswork.

They were not being paid for their efforts. They had no reason at all to make anything up. Their motivation was based on an interest in wanting a fair and truthful analysis of the facts and to ensure such expensive biosecurity programs are also rigorously tested for soundness and based on verifiable scientific data.

I cannot say the same for those employees within the fox program or connected to it in some way.

To my knowledge, none of those working with me ever stooped to the low levels of exaggeration or manufacturing evidence, as evidence in the 272-page Integrity Commission report shows occurred, or most likely occurred. Those 15 years impacted considerably on doctors Obendorf and Marks. Their attempts to analyse and explain the deficiencies in the information and data used to justify Tasmania's 15- or 16-year war on foxes was truly a massive feat, both of endurance and dedication.

I could easily have stood aside from this controversial matter. A case was built on nothing, and arguably could be described as Tasmania's most thoroughly investigated case involving ineptness and corruption. I do not know of any other involving $50 million to $60 million and spanning over about 15 years. It is not just my opinion; it is backed up by considerable scientific analysis and careful review. It is contained within the report, the document I have been referring to.

In all conscience I was not able to stand aside from what I saw as criminality occurring, a position I spent 35 years of my life protecting the state and Australia from. I did so to the best of my ability, and, in my opinion, successfully. This one case study has cost me thousands of dollars. It was money, had the department and governments at the time done the most basic common sense work conscientiously, I would not have had to spend. I did it because it had to be done to bring this nonsense ultimately to an end and explain to the people of Tasmania what had been uncovered. Had it not been for David Obendorf, Clive Marks, Ian Rist and myself, it is possible this massive public policy investment in hunting Tasmanian foxes would still be in operation, based on a claim as late as 2012-13 that foxes are now widespread in Tasmania.

I, too, suffered public attacks, maligning and humiliation. I received threats of harm over the issue. I have raised that in this place previously. I was told on more than one instance that 'they' knew where I lived and to watch my back. My normal response was, 'Threaten somebody who cares.'. I responded with some expletives, probably too unparliamentary to repeat here. Did it put me off? Certainly not. Did it make me stronger? Yes, definitely. Did I have those matters investigated? No, I would not waste anybody else's time. If people who stoop to those levels, so be it.

The fraudulent activity uncovered here is particularly troubling and reflects poorly on the lead agency, DPIPWE. That misconduct was patently clear to me as a former senior police officer of this state, yet there was not one individual, one senior person, within the department

or government who was prepared to stand up and call out misrepresentation or misconduct, to go past accepting a litany of astounding and patently impossible proposed scenarios. That is until the current Liberal Government finally pulled the pin. It abolished or disbanded the standalone fox program when it gained office in March 2014.

That decision was taken only months after the paper I previously referred to, based on the distribution of DNA fox-positive scat recoveries, was released. That paper was prepared by a Canberra-based genetics laboratory contracted to test a scat sample sent to it from Tasmania. The publication has a most alarming title, *Foxes are now widespread in Tasmania*. The Liberal Government took the position it did not long after that report was released.

Based on scat test results and their distribution across Tasmania, the authors estimated we had about 300 free-ranging foxes in the state at that time. Please excuse my sarcasm - those Tasmanian foxes must have all been gay or sexless or died out within a very short time because our Tasmanian foxes literally disappeared from public consciousness with a change in government in 2014.

I commend the Liberal Government for being strong enough to take that course of action. I would like to know more about why it was taken and what convinced it to take that action. We might hear about that. Are we now overrun by foxes? Are we seeing them all over the place? Are they killing our chooks, lambs and penguins and all those other things they were previously alleged to have been killing? It was not long ago that foxes were being blamed for our penguin kills. Not any longer.

One of the highly questionable discoveries was the recovery of the dried-up remains of a fox cub on the side of the Bass Highway near the Lillico penguin attraction. It was plain that this discovery was evidence of successful fox breeding in Tasmania.

The main instigator of Tasmania's fox program - the person in the department who had the most to say about it publicly and whose information and position were so influential over and above the frontline investigators, the police, who were asked to test the original claim of wilful introduction of live foxes into Tasmania - was an experienced toxicologist, Mr Nick Mooney. He made a number of bewildering and unsupported statements throughout the program, none more so than these contradictory statements made by him in 2002 -

> The information that authorities have received leaves no doubt that foxes were deliberately brought into Tasmania.

He was referring to the cubs that were brought and were investigated. It was published in the international journal *Nature*, arguably the most highly regarded research science journal in the world. In 2014, 12 years later, ABC journalist Ian Townsend asked Nick Mooney whether he believed that actually happened, that cubs were brought in. Nick Mooney answered -

> I don't know. To me it's a story, it might be a very credible story when told by some people, but I don't have a strong view of it, because I've seen no evidence.

There is a huge contradiction in positions taken. This statement was made despite Nick Mooney, in the previous 14 years, strongly supporting as factual the supposed hard evidence

coming forward. This latter statement was made in 2014 following the fox skins, the allegedly still-warm fox body found at Glen Esk, other dead fox bodies, a skull, various scats turning up and, of course, the infamous chook kill in the Hobart suburb of Old Beach - all evidence that Mr Mooney either supported or gave some credence that we had foxes running about in this state.

At this time of getting both federal and state funding, there was no doubt at all - absolutely none - that there were foxes in Tasmania, supported by the department, and that Tasmania Police was wrong in its assessment of the so-called index event - the biosecurity triggering incident that claimed live foxes were free-ranging in Tasmania in 2001. Yet when even more exhibits of fox origin turned up between then and 2014, Mr Mooney's attitude and position took an enormous turnaround. You ask the question: why?

It should not have surprised anybody that I was savage with what was happening. It should have been obvious to everybody. However, the dramatic change from certainty to indifference highlighted in these two statements triggered no official response from within the department. Yet this bizarre paradox resonated with my team. Am I happy with the Integrity Commission investigation? No, I am not.

I have many concerns with the findings and the fact that the investigating officer relies heavily on referring to the precautionary principle as a way around not making any adverse findings.

In understanding and interpreting the Integrity Commission report, it is important to note what standard of proof is being applied. The final report states that the civil standard has been applied - that is, on balance of probabilities. This standard requires only reasonable satisfaction whereas the criminal law requires satisfaction beyond any reasonable doubt. Stronger proof is required in the criminal arena.

In this 272-page report, the phrase 'precautionary principle' appears about 22 times. A good example is the discovery of a dead fox at Glen Esk, Cleveland in August 2006. This event has been raised in this Chamber many times. The Integrity Commission report refers to this incident at pages 217-21. In relation to this dead fox incident the Integrity Commission Report concludes with -

> There is no conclusive evidence of misrepresentation relating to this fox event.

This finding was made because all the available evidence on this incident was not thoroughly examined by the Integrity Commission investigator or anybody else. I have to ask: why is that? However, even with the evidence the investigator had, I cannot understand how such an innocuous finding could be made. This dead fox was said to be warm. However, post-mortem examinations revealed it was at least 24 hours old and one veterinary pathologist said it was possibly well over 48 hours since death. The department's official narrative about this dead fox and how it came to be discovered on a rural back road changed many times. It was extremely difficult to know which version the department had finally decided on. I still do not think it knows.

Based on the investigation of the whole incident, which version was the most plausible? The first version explained a live animal ran in front of a passing vehicle, was struck and

instantly killed at Glen Esk Road at the site where it was found. Another version from DPIPWE claimed the animal was killed on a property near Epping Forest the previous day and transported to Glen Esk Road and dumped on the roadside where it could be found. This was the version that started to come out once we, my team, started to show errors in what was happening and what was going on with the body. The story started to unfold and change.

I decided to keep on the trail of this fantastic story about the discovery of an allegedly still-warm and floppy dead fox on a Tasmanian roadside. In late 2017 I interviewed a Tasmanian who said he was involved in bringing this particular dead fox carcass into Tasmania from Balliang in Victoria. He gave a detailed account to me and made a full confession. It was a witnessed interview. David Obendorf was present. The circumstances, dates, timing, route taken and other detailed information that had not previously been released publicly was raised in my interview with this informant. This person was involved in the transport of this dead fox exhibit from Victoria, with a second person, whose identity and details were obtained by me through a number of sources.

Of course, it was not for me as a private citizen and an elected parliamentarian to continue such an investigation. However, in hindsight I should have done so because no-one else - including the Integrity Commission investigator - had shown any interest in it. On the evidence available I had little further follow-up investigation such as interviewing the known principal offender. However, it was still possible to obtain conclusive evidence to show misrepresentation of this crucial incident had occurred, based on the information provided by my informant.

The principal offender was well known to law enforcement bodies, including me. Why was the principal offender not interviewed and their travel itinerary checked? It was a simple matter to check the TT-Line details. It would be shown that all of what we were being told was 100 per cent accurate.

In mid-2006, this so-called carcass find was critical to the ongoing existence and funding of the program. This is what the Integrity Commission investigating officer said about the Glen Esk incident in the report at points [1445] and [1446] -

> This evidence was significant. It was located at a critical juncture for funding. It presented as the first carcass that employees were able to locate in an early time frame to that of its death
>
> The evidence contributed to the establishment of the FEP.

In fact, much of the physical evidence the program relied on just happened to be located at critical times for funding or was it just coincidence?

To any ordinary observer with an interest even with the information made public at the time and particularly departmental acknowledgement that death had occurred at least 24 hours previously and possibly much longer, this was a highly suspicious incident that lacked credibility.

In my opinion it was yet another bungled set-up, and a very amateurish attempt at that. Was it properly investigated at all by the Fox Eradication Program - FEP? No, because it was just what was needed to keep the program running. It meant more funding, more staff and

more resources. It satisfied the program masters that they were right and that we had foxes running rampant in the state.

I was roundly criticised at the time for the position I took. In fact, I was publicly ridiculed at the time. Those who listened to ABC radio would be able to attest to that.

The best evidence you can obtain - other than viewing a crime yourself - is an admission from a witness who has not been coerced or bought. The witness gave information that was not known at the time and was verified in some of its detail, and was confessed to me as well as another person.

He was prepared to put his head on the line. He had nothing to gain. He did not ask for money or any favours. He was certainly frightened of prosecution, but needed the truth to come out before he passed away. He was not in good health and he said he had to talk about it.

The Integrity Commission investigator talked to this man, my informant. I understand similar detail emerged to that given to me. To my knowledge no other investigation was done.

The team I was working with tracked the information to Balliang in Victoria and obtained collaborating details from some witnesses at Balliang. We went this far because we could see that nothing was going on.

I thought at this time that a competent, independent follow-up investigation would have occurred. I was wrong. I gave the details of the witnesses to the Glen Esk incident to the IC investigating officer.

Mr Handley, a well-known newspaper journalist in that part of Victoria, became involved in the circumstances that led to recovery of this dead fox in Tasmania and was making progress with the circumstances around the case. Sadly, he and another person were killed in a vehicle crash at this time.

There is no doubt from the independent scientific research that the Glen Esk dead fox was brought across from the Australian mainland by the named and known people. It was a set-up and, as I said, any competent person investigating would have seen through this shortly after the body was detected. It had no food material endemic to Tasmania in its gut. Its testicles had been mauled as a result of dog interference. The witness gave evidence to us that happened when it was tossed in the back of a ute with a dog and the dog mauled it.

Indeed, all these diagnostic and forensic anomalies were brought to the attention of the minister by a veterinary pathologist at the time but nothing happened, unfortunately. I have no intention of going through all the evidence as referred to in this IC report, but I will pick out some of what I see as other glaring examples, where the benefit of doubt, despite overwhelming evidence to the contrary, has been given to the program. This benefit has applied in many cases and fits all cases involved in the discovery of physical evidence.

This analysis on the quality of each piece of physical evidence relied upon by the fox program from its inception was comprehensively reported in a scientific paper, authorised by an independent science panel, published in 2014. Copies of that publication and indeed all the panel's peer-reviewed publications on the fox program are available from my office for those

members interested. That publication references the Interlaken skull (2009), item [1468] of the Integrity Commission's report. To accept this skull was a legitimate discovery of critical new evidence to support the claim that foxes were present in Tasmania would be to believe in fairies. The skull was located by PWS officers from a shed at Railton owned by a person who said he collected bones and skulls. He allegedly found it on a tree stump, but wasn't sure when over a four-month period and couldn't identify the area other than a possible area of 20 hectares near Interlaken in the Central Highlands.

Was this incident investigated? No, and the finding made in this IC report is -

> There is no conclusive evidence of misrepresentation relating to this fox event.

Of course there is not - there is no investigation. Dr Obendorf examined the skull and one of his findings was that the appearance of the skull was not consistent with wild animal skulls having been exposed to the natural elements in the open environment for a long period. There simply was no corroboration to support the claim this substantially intact fox skull had been originally found in the Interlaken area.

How could the person responsible for reporting it to the Fox Eradication Program know it was a fox skull in the first instance and why would that person keep it for a period before reporting it unless they knew of its actual origin? Of course, they knew it was a fox skull and imported from the mainland. A fox skull and dog skull are very similar in appearance and it is not possible, on my advice, for an unskilled person to pick the difference. I will briefly refer to the Old Beach blood event in 2006.

A number of chooks were killed in a pen and the program was convinced a rogue fox was responsible. Subsequent tests showed only dog DNA from tooth puncture wounds to dead chickens was detected. One would have thought that would have been enough, once the dog DNA was found on the chooks, but, still, this one incident produced a week's worth of sensational media in the Hobart newspaper, *The Mercury*, and a lot of other publicity given to that matter.

The FEP's incident report on this chook kill points out blood spotting on a piece of wood framing in the chicken pen and in a sand trap. This followed the setting of a crude barbed wire ring trap that forced entry point to the chicken pen. It was fashioned to catch a hair sample from an intruding predator.

According to their incident report, an animal returned, jabbed itself on the barbed wire inflicting a fairly deep stick injury sufficient, according to their deductions, for blood from a stick injury to drop from this wound onto a piece of wood framing and onto the sand below the trap - all within a split second, instantaneously.

The only forensic sample submitted for testing was a piece of the wood framing with blood on it. I ask members and anybody with any interest in this: what sort of a cut would it take from a barbed wire scratch for that blood to instantaneously, or quickly drop from that wound, through the hairs that a fox has, on to a piece of wood? There was no other evidence. No blood from the barbed wire injury point, no diagnostic fox hair caught in the barbed wire and no fox prints, no confirmatory photographs of a fox, despite at least one camera being

installed in this area for about six months. It transpired the sample tested for fox DNA was likely to have been contaminated with natural fox lure materials used at the site.

This so-called evidence also happened at a time the Fox Free Taskforce was being considered for downscaling and reduction in annual funding. Very convenient. The then director of the Tasmanian Conservation Trust, Craig Woodfield, stated at this time the Fox Free Taskforce suffered from bureaucratic mismanagement - the trust was certainly right with that comment - and inadequate resourcing. Since the program was finally shut down in 2014 and foxes have not taken over, the Conservation Trust has been quiet on this front and has not continued to harass me too much and refer to me as a fox sceptic.

It was a farcical narrative. Nobody in their right mind could accept this type of evidence as having any semblance of credibility. That such flimsy evidence attached to a highly publicised event could in any way be considered fox-related, was, in my opinion, quite ludicrous. The media propaganda was extensive, the collection of DNA evidence claimed to be from a blood spatter was a fanciful and uncorroborated piece of speculation. The DNA fox test result was more plausibly caused by contamination. There was confirmed human interference of the incident site. Whether the action was deliberate is another thing. I am not saying it was deliberate.

The IC investigator made these comments in her findings, and I paraphrase, 'With no further evidence of foxes being located, that assumption should have been re-evaluated and a complete analysis of all facets of the fox event … should have occurred'. Of course it should have, but it did not. This was a reasonable finding, but in my view there is sufficient evidence here, and particularly with dog saliva found on the chooks, to make a much stronger and realistic finding, such as on all considerations this was not a fox-related incident. It was wrong to use it as evidence foxes were present, or according to their thinking, at least one was in the Old Beach area in May 2006.

I have spoken about the baiting programs many times to journalists. The reaction in most cases has been, 'Are you for real?' This strategy used buried 1080 baits in areas they claimed to be fox habitat, and to progressively bait the areas as moving fronts. An area was baited with just a few baits here and there, then they would move to the next area the FEP thought had foxes in it. Areas were then declared clear of foxes. It was unscientific fiction stuff. If there were foxes here, the thinking was they would not be able to cross the invisible boundaries drawn on the FEP fox-baiting maps and enter back into previously baited areas. These bait fronts rolled on from west to east and south to north. It was a bit like a pincer movement we saw in World War II.

It took much hassling from me to get cameras put on some of the baiting sites. Members in this place who were here at the time would remember me hassling and raising the issue time and time again. A few possums, quolls and devils were picked up inspecting these bait stations, maybe other things. There were no foxes or Tasmanian tigers. We had been told some baits had been taken. Not surprisingly, many landowners refused to be involved and give approval for baiting on the land. I argued at the time with the government that if this is so critical and is going to fix the problem of the foxes we have running around, why would you not have legislation that would force all landowners to accept the baiting program? It did not go anywhere.

I am not going to refer to any of the other physical evidence brought forward over the 15-year period - it could go on forever - other than to mention the scats. I will make a brief comment on the Bosworth fox. If I did, it would raise equally ridiculous situations in relation to all pieces of physical evidence. As I have previously said, the earlier carcass find, the Bosworth fox, is an absurd incident and quite ridiculous, and I find it beneath me to say too much about it. Suffice to say, the decomposed fox body failed the required standard for evidence. At the time, I pleaded with the government to permit such critical incidents to be managed comparable to crime scenes because so much was dependent on these finds. A large program well resourced with funding was in place at the time. My position was absolutely rejected.

Dr Marks and his co-authors categorised the credibility of this incident as unfounded with several disqualifying criteria. At the outset, the scat evidence was both outrageous nonsense and comical kid stuff in my view. Sixty-two DNA fox positive scats were located in the Tasmanian landscape. Mind you, in official reports even that total wavered from 56 to 64. How many times did we read the media headlines, 'a great poo hunt' or similar and using various collection methods: scent dogs, carnivore scat pick-ups, targeted surveillance of claimed fox hotspot locations. Fox scats started turning up all over Tasmania. One was even found on Bruny Island and even this find did not raise suspicions with senior management that something was problematic and might be wrong.

Ms Forrest - We thought they were swimming across, remember?

Mr DEAN - That is right, we did. They did not want to know and had no interest in wanting to know what was happening. If they did, they kept to themselves. It was not made public.

Dr Marks and his international team of scientists included the highly regarded molecular scientist Dr Filipe Pereira.

Ms FORREST - Are you sure the pronunciation is right?

Mr DEAN - I am not sure. He is from the University of Porto. They were able to show the 56 scats deemed by mitochondrial DNA analysis to be fox-derived from a statewide survey of over 7500 wild carnivore scats could all be explained by several phenomena.

Test error - that is, the key first stage of test used was not species-specific to fox and cross-reacted with other animal species. Later results published by the Invasive Animals Cooperative Research Centre itself confirmed significant error existed in its two-stage test, meaning the majority of their so called fox-positive scats could be attributed to test error, or DNA contamination. This was a risk in an extremely sensitive test that amplifies mtDNA, especially likely where the staff taking field samples and transporting samples were using equipment and vehicles where contamination by fox DNA could not be discounted.

Next, direct falsification through the submission of actual fox faeces with a provenance that was outside Tasmania. Twenty-six of the 56 test-positive scats were undeniably fox faeces. However, as I will explain, both the department's own review, a Tasmanian zoologist and the international scientific panel's assessment all conducted independently of one another, concluded these samples were falsified recoveries. The international team showed that the

means of their recovery demonstrated that the likelihood they were derived from a free-ranging fox population in Tasmania was statistically impossible.

An interesting one is two suspicious test-positive scats were found about 80 kilometres apart. Both those scats contained a type of foam rubber that matched. In turn, the scientific team working with me was able to identify these foam-containing scats discovered by an officer on the north-west coast, were most likely obtained from a group of captive foxes kept in a fox facility in Victoria, where this type of foam rubber is routinely incorporated when setting soft jaw traps to capture foxes on the mainland. It is routinely eaten by captive foxes and is a well-known hallmark found in scats of foxes placed in pens after catching.

It was confirmed that this captive fox facility provided regular deliveries of fresh fox scats to Tasmania to train detector dogs looking for fox scats in Tasmania. My team uncovered a lot of this.

An FEP program member, Mr Garry Reid, was recorded as having found or having been involved in some way with 26 of the positive scat recoveries in Tasmania. He found or was involved with locating or transporting scats. All of the 14 scats were found to contain higher quality genomic DNA or fox hair. He did well in finding all those scats.

Through internal departmental processes, a preliminary integrity investigation you might call it, revealed anomalies with the scat register that recorded the storage, handling and registration of the true fox scats imported into Tasmania for dog-training purposes. There was some investigation done of this.

It was shown that a falsification of the records had occurred. Over 20 FEP employees, staff members working with Mr Reid, including senior staff who were interviewed by the IC investigator, were suspicious about what might be happening. As usual nothing or little happened to understand this high success rate anomaly or to get to the truth of it. It did not seem to matter a lot.

The IC report refers to the scat issue at length on pages 121-87. There were a lot of pages attributed to this situation. There was clear evidence presented in various documents held by the department and its research affiliates to demonstrate fabrication, mismanagement and unlawful human interference involving the test-positive scats.

The finding on page 152 relative to Garry Reid was -

> It is possible that Mr Reid fabricated or falsified evidence by placing fox scats into the landscape. However, the strength of the available evidence is not sufficient to make a conclusive finding on this issue.

I am not quite sure what more evidence you would need. Mr Reid faced an employment directive, a No. 5 investigation through the department. Although the findings were not made public, I understand Mr Reid resigned his position.

I find it amazing that this particular finding could be made despite the pages of information available in the IC report and others prepared for senior management identifying the activities of Mr Reid.

There is a lot of evidence involved in the report in relation to that matter. I will not go into any of that. With these happenings and evidence and much more the finding was that it was possible Mr Garry Reid fabricated or falsified evidence.

When the Great Poo Hunt field surveys commenced with Commonwealth funding from 2006 onwards the publicity from the department was that this cutting-edge DNA technology would be the most reliable and indisputable means of determining that a population of free-ranging foxes existed in Tasmania.

Unless you properly investigate and analyse a matter of importance, how can you be confident that the forensic and diagnostic evidence supports any biosecurity matter?

With this inquiry it was going to be the better position for all concerned, including the state and federal governments, for there to be no findings of impropriety - although the report gets close to it in places - falsification of evidence and of failures on the part of senior management because of the potential repercussions and embarrassment that could come from such findings. I am not saying that the investigator deliberately did it this way. The investigator in this incidence was under a lot of pressure. She had a lot of work to do, so I commend her in the way in which she went about this. Mr Simon Fearn is a scientist with a biology background and was employed by the FEP. He was tasked with undertaking a forensic analysis of all material evidence collected by the FEP, including the scats. Suffice to say he did his job with due diligence to strict evidentiary standards and without fear or favour.

He found anomalies, irregularities and other strange factors during his examinations. He is employed by the department. He was asked by his managers to revise his first report on the basis his FEP managers deemed he had jumped to conclusions in the preparation of it. This was a point that Simon Fearn disputed.

Simon was a scientist and his report was being questioned by a person or persons with lesser competency in testing and evaluating this physical evidence FEP had relied on for the whole period of the program's operation. Simon was told to report his findings in draft form only and in hard copy form only. Why this was the position, I am not too sure. His reports to FEP management highlighted anomalies in the physical evidence as early as 2009, but yet this program goes on for a further five or six years.

He uncovered errors, incorrect findings, false details, evidence that were highly suspicious and raised many questions and concerns about the truthfulness of the fox program's physical evidence collection. These findings are on display throughout his inquiry reports. Mr Fearn's methodical investigation of the department's diagnostic and forensic evidence was reviewed in several reports he submitted to his senior managers.

At the time his reports were never made public, but perhaps it was because they did not really tell the story the department might have wanted. I cannot be sure of the reasons for it. Public communications - during the IC investigation of my complaint review, because it was never an investigation as the IC saw it, the report stated there was a tendency to view and state information or evidence of fox events at their highest level and that this evidence was sometimes used to present a certainty of view that there were foxes living in Tasmania.

This comes from the report that I am referring to and I quote - and this point is made at [1238] of the report -

> In communications, the Program used phrases such as 'hard evidence', 'physical evidence' or 'evidence of foxes'. No authenticity rating or qualifying standard was applied.

Indeed, that is also a statement I have made in this place many times. This is exactly what I said on numerous occasions in this place and other places over a 15-year period, but I was branded a cynic who did not know what he was talking about. Senior management dismissed it out of hand in the meetings I had with them during Estimates and at other times. This is also said at point [1239] of the report -

> There were issues with the fox events which can be attributed to a range of matters including poor management and case management practices, poor record keeping, cultural issues and hoaxing.

The investigator here also criticises the management team and that goes to the very top of the department.

I quote from point [1240] of the report -

> And a reluctance or perceived need to subsequently correct information. Employees speaking to the media engaged in speculation at times and provided incorrect information that rallied the critics.

I can tell members that it certainly did rally the critics and it certainly rallied me on many occasions. You can go on and on through this report and find equally disturbing comments of cover-ups, poor practices, interference in records and materials, reports being altered and changed to remove embarrassing material and cover-ups of contentious sections. There is no end to it - this goes on and on.

But, at the end, no real substantive findings, no wrongdoings identified and no offending or criminality on the part of anybody. To think it went on for 15 years and at a cost of $50 million to $60 million is beyond my comprehension, both as a former police detective and now a parliamentarian. Then to know nobody has been found to have done anything wrong and held accountable is equally disturbing for me. What lessons have been learned? Any? None I am aware of.

The one lesson that should have been learned is senior officers are paid their high salaries to manage and lead effectively and professionally and need to do so. This program was deficient of effective leadership at all levels. It was as though the fox program was a separate autonomous body, answerable to nobody. I believe it was clear that the program was able to do whatever it wanted. As I have said here on many occasions, power corrupts, and absolute power corrupts absolutely. This is a classic example.

DPIPWE conducted an internal inquiry after I submitted a formal complaint to Tasmania Police. Little is known about that inquiry, other than at least some of the personnel being interviewed either resigned their public service positions or had moved on while the inquiry was underway. It sends a poor message - you commit alleged acts of misconduct, there is

evidence to support corruption in office, and to avoid any action all you need to do is move out of a department or resign from the State Service.

I was dubious when I was told that the matter was going to the department for their own investigation. I considered it to be a waste of time and unlikely to produce much of a result. I note an errata report was done on this investigation, and I thank Dr David Obendorf for his work in this regard. Some errors were fairly minor, but others were more serious. I am not criticising the investigator. They were going through an enormous amount of work. I have boxes of material relating to this matter in my office and the investigating officer would have faced the same amount of work.

It is not surprising that problems were identified with this report. Some of those problems were identified by people who made statements. The errata report has been attached to the document so anyone can access it. I am unsure if that was the best way to manage it.

As far as the public interest is served, this is not an end to the matter. Journalists continue to be interested in the Tasmanian fox saga, and the team of scientists that undertook the independent scientific review has not completed its work. A person in the United Kingdom has been in contact with me on a number of occasions, and I understand is compiling a book about it.

In conclusion, I have spent years of work on this matter. My only regret is now that I should have been stronger in my resolve to bring it to a conclusion right at the beginning, and I regret that. In 2001-02 this was an unflattering affair, and for understandable reasons, the department responsible for it would want it to quietly collapse into obscurity. It is regrettable, but there was no credible evidence to support this program over 15 years. The initial claim, that live foxes had been deliberately introduced, was completely unsupported and the subsequent quality of physical evidence relied upon was unsound. Tasmania has better public policy challenges to take on than 'chasing imaginary foxes', a term used by the minister responsible in 2015.

The funding of $50 million to $60 million should have been expended on feral cats. I have identified this as a real problem for Tasmania many times, as have others. Arguably we would not have the current problem with feral cats had we not had a false expenditure on the fox program over 15 years on an eradication approach specifically targeting foxes. That program at one stage had 60-plus staff so it was a large team.

Perhaps such an allocation would have been better applied to improved programs for endangered birds and animals targeted by feral pests. We have problems in this area and we need to protect endangered species at every opportunity.

Will we ever see another case built on nothing, costing us 15 years of time and $50 million to $60 million? I believe that will not happen - if senior people do the job for which they are handsomely paid; if the real experts are listened to; if real evidence is required and if speculation is treated as such and not regarded as the truth. It will not happen if effective management and leadership is present, and certainly not if all information brought forward is vigorously tested and challenged, as is the case with police investigations. We will continue to receive reports from the public of sightings of foxes and thylacines, perhaps also UFOs.

I consider we will find a Tasmanian tiger before we find a genuine Tasmanian fox. According to DPIPWE, there have been over 3000 suspected fox sightings over the past 16 or so years. Were any of those reports corroborated with trustworthy evidence or the capture, shooting, poisoning or photographing of a fox? The truthful answer is no. I am not saying that people are mischievous in their reporting. People see something, think it might be something else and report it. We have had a number of sightings of thylacines over the past few years as well.

Will foxes enter Tasmania in the future? Maybe, but if our biosecurity activities are tight and working, it will be difficult. It could occur, and therefore we should never let our guard down on keeping them out and monitoring the Tasmanian landscape.

Ms Forrest - That is a really important point.

Mr DEAN - Thank you. Anybody deliberately bringing an invasive or exotic species into this state should be subject to very heavy penalties, and we need to make that clear.

Am I glad this is over? For the time being at least, yes, because it has consumed much of my life for the past 20 or so years. It has cost me financially, emotionally and physically. It has also had an adverse impact on my family.

Again, I thank those magnificent scientists, doctors David Obendorf (retired) and Clive Marks. They suffered a similar cost. I reiterate the evidence and research they provided was never found to be in error. I do not think it was even challenged. If it was, I am not sure it was challenged with any credibility.

I applaud Mr Ian Risk for the integrity and grit he demonstrated throughout this period. He was treated cruelly at times but was always able to hold his head high. I have never maligned or made personal attacks towards anybody through the 15-year period - nor have any of those supporting me, to my knowledge That is something I would not tolerate.

I am not sure anything has been learnt from this, because nobody responsible has ever admitted they were wrong or at fault in any way. I hope many lessons have been learned throughout the process.

I will conclude with a poem from the well-known poet, Sarah Day. Some people here might know Sarah.

Ms Forrest - Must be the week for them. I have a bit of a poem in my contribution later.

Mr Valentine - I know Sarah.

Mr DEAN - Yes.

I have Sarah's authority to recite the poem. That authority was gained a long time ago so I am hoping Sarah is still with me on this. It is titled, *Laying the Bait* -

> Did it come down to money?
> supply and demand,
> a scam that paid the rent

or mortgage for years?
Did it start as a joke
or a board game of strategy,
laying the scats of fur and bone
among the tacit sedge
while others searched
in all the wrong spots.
The system looked like
A snake biting its tail.
For some heady years
we were 'first on the scene'
like fire-addicted firefighters,
the Department conspiring,
importing the turds to train the dogs
who shared the joke of course
and knew the complex rules
of this game. We helped ourselves
and started to believe
out on the old kangaroo plains,
slipping the evidence
beside a loose stone,
we began to feel heroic,
we were the sleuths
in an island drama
in which, behind the scenes,
we also played
the villain's part.
We made headlines
while the wraiths bred,
their amber fox eyes
glancing over shoulders
as they retreated into farmland scrub.

I thank Sarah for giving me the right to recite that poem. I probably did not recite as well as Sarah could have done, but it is on the record and it tells a pretty true story.

Having said that, after 20 years of my involvement in this matter, I am not sure if it will end here. Certainly further things will happen in this area. As I said, it has been closely scrutinised by a number of people for a story and for a book.

Mr PRESIDENT - And probably a miniseries.

Mr DEAN - Yes, maybe a miniseries, Mr President.

I commend the motion to the House.

[12.47 p.m.]

Mr GAFFNEY (Mersey) - Mr President, I thank the member for Windermere for bringing this motion and appreciate his ongoing dedication to the fox issue. It has taken some

time for this issue to be discussed in this place, but it is pleasing to see it will finally be taken off the Notice Paper.

This is certainly an issue that has previously courted significant public controversy. Firstly, with regard to the possible existence of foxes in Tasmania and secondly, in relation to the integrity of the Fox Free Taskforce and the subsequent Fox Eradication Program.

For the sake of simplicity, I shall use the term 'program' when referring to both the task force and the eradication program, given that is how the report references them.

Mr President, I also wish to thank the Parliamentary Research team for its efforts in preparing some of the information I am about to share.

Tasmania has a long history with foxes, with sightings noted long before our time. The Parliamentary Research team informs me there are reports of foxes from as early as 1864. Reports were also made in 1890, 1910 and 1972. What we may call the contemporary fox issue began well before my election to the Legislative Council in 2009, nevertheless, it is still one that is close to home for me.

Having previously lived in London and observed foxes rifling through garbage cans and hearing firsthand of the damage they wreak on animals in the United Kingdom, I can tell you they are definitely not a scavenger or a predator we need in Tasmania. The particular fox which appears to have initially sparked the controversy was reported to have been witnessed exiting a shipping container at the Burnie Wharf in 1998. I note this particular fox was discussed in both Houses soon thereafter.

The following several years saw many alleged sightings and potential existence of foxes was debated further.

Ms Forrest - That fox was captured on CCTV trotting up the beach, once it got off the boat and off the dock.

Mr GAFFNEY - Yes. Credible sightings occurred at Agfest, Longford and Symmons Plains, while a fox paw print was found at Bishopsbourne. Reports of a fox being killed at St Helens were later determined to be a hoax.

With a varying legitimacy of fox sightings, it does not surprise me this issue quickly became a highly controversial one. This culminated in the establishment of the Fox Free Taskforce in 2002.

With a number of reported sightings both before and after the program's conception, it was necessary that something be done to address the problem. This was particularly the case given the fragility of Tasmania's biodiversity and the importance of the agricultural sector to our economy.

In Tasmania we are fortunate to be blessed with beautiful flora and fauna. It is a defining characteristic of our island state. We have a moral obligation to protect this natural beauty. Dr Peter McQuillan from the University of Tasmania has done a considerable amount of work on this topic. Speaking with the *Tasmanian Times* in 2010 Dr McQuillan said the following -

> Biodiversity is the fabric of life upon which we are totally reliant for clean air, water and natural resources.

In the same interview Dr McQuillan also said -

> Given the complexity of natural ecosystems, we don't know what effect the loss of a single species will have. We do know that when the natural environment is in good condition with healthy populations of native species that it is more resilient to threats such as weeds and climate change.

To illustrate how fragile our ecosystems are, I draw members' attention to the fact that 600 species of plants and animals are currently listed as threatened in Tasmania. The Integrity Commission references the 2002 Bloomfield report. Mr Bloomfield provided a useful insight into the fox threat -

> Foxes are the greatest known threat to Tasmania's wildlife in our time and the eradication of foxes from Tasmania will only occur by the application of a thorough, comprehensive and extensive program. The control measures selected must be applied at sufficient distribution and frequency that there can be confidence that all individual foxes will have been treated.

It does not require much imagination to envisage the damage that a sizeable fox population could do on our state. We can look to the feral cat issue to see a current example of the impact of introduced predators. Conservative estimates put Australia's feral cat population at about 4 million. Each feral cat is thought to kill between 50 and 30 animals per day. This is a frightening statistic.

An ABC report from earlier this year detailed the damage that foxes had done on the mainland. In 2017 the estimated cost inflicted on the agricultural sector by foxes was $28 million. The wool and sheep meat industries were and continue to be particularly hard hit.

With regard to native species a 2010 Commonwealth report revealed as follows -

> The fox has played a major role in the decline of ground-nesting birds, small to medium sized mammals such as the greater bilby, and reptiles such as the green turtle.

Imagine the impact that a fox population would have on the hundreds of threatened species I mentioned earlier.

Returning to the ABC article, I note that a relatively recent cull in Boyup Brook, Western Australia netted 701 feral foxes. Last year I travelled to Bendigo. On the way I called into a mate's farm where he and his wife bred show-quality Dorset sheep. It was lambing time and every afternoon he had to move all the sheep into an enclosure with lights, alarms and special fox-proof fences. They had even purchased a Maremma dog to guard the geese, the ducks and fowls. Thousands of dollars' worth of security and precautionary measures to protect livestock from foxes. The Maremma sheep dog hails from Italy; it is quite large, 35 to 45 kilograms, approximately 70 centimetres from the shoulder. It is a very protective dog.

Then there is the time impost forced on the farmers by foxes, as well as management issues regarding the farm, if the couple thought about going on holidays or even staying

overnight away from the farm. You can imagine the impact on Tasmanian sheep graziers if the foxes are established in this state. Many of the flocks free-range the Midlands. It would be a financial nightmare to protect the flock from foxes who kill because they can, not always because they are hungry.

This is a creature that can easily establish a foothold if given a chance. I am glad we do not give it the opportunity to do so in Tasmania. The Tasmanian Parliament has dealt with the fox issue diligently in both Houses. The fox issue has been raised on approximately 143 occasions since 2001. The Parliamentary Research team was kind enough to compile a table detailing the number of times individual members have raised the fox issue. This is, however, a little outdated as the last research was undertaken two years ago, in September 2018, so I have been waiting with bated breath.

The member for Windermere has taken particular interest. I note that the member in 2018 had raised this issue approximately 96 times as either a question with or without notice, an adjournment speech or a special interest matter. Do not worry, member for Windermere, I think I have probably sent 96 emails in the last week regarding the VAD bill so I hear what you are doing.

Ms Forrest - You did not have to even it up.

Mr GAFFNEY - This was 88 more mentions of foxes than the next member on the list, Mr Rockliff. At this point the Parliamentary Research team informed me -

> Mr Dean has also raised the fox issue on other occasions in parliament that are not captured by the table, such as during debates on other topics and during Estimates hearings.

Ms Forrest - Straying off the topic.

Mr GAFFNEY - For example, the member raised the fox issue in his contribution to the debate on the Biosecurity Bill 2019, and this is not reflected in the data provided to me by the Parliamentary Research team.

Since 2001 no member of either Chamber appears to have been as remotely interested in foxes as the member for Windermere.

The minister responsible for the program at the time, David Llewellyn, raised the fox issue only six times. Unfortunately, none of the allegations made by the member for Windermere was substantiated by the Integrity Commission.

I now wish to spend some time discussing the finding of the Integrity Commission report. I intend to briefly quote the executive summary of the report with regard to each allegation -

> Allegation 1: employees of the FFT or FEP fabricated and falsified evidence of foxes living in Tasmania

Summation -

> There is no direct evidence of any employee having fabricated or falsified evidence.

> Allegation 2: employees of the FFT or the FEP, or the Department, knowingly used false information or misrepresented information of the fox events for the purpose of continuation of the Program and securing ongoing funding.

Summation -

> There is no evidence that any employee knowingly relied on false information for the purpose of continuation of the Program or to secure ongoing funding.

> Allegation 3: The (then) Minister for Primary Industries, Water and Environment and Minister for Police and Emergency Management, the honourable David Llewellyn MP, failed to manage his ministerial conflict of interest.

Summation -

> There is no evidence to suggest that Mr Llewellyn had a conflict of interest while holding the dual Cabinet roles of Minister for Primary Industries, Water and Environment and Minister for Police and Emergency Management.

These findings were made on the balance of probabilities. This threshold is significantly lower than the criminal standard of reasonable doubt. Therefore, the likelihood of misconduct within the program was quite low.

My point is twofold. First, foxes have been thoroughly debated in this parliament; and, second, skepticism regarding the handling of the fox issue has been discussed and investigated thoroughly.

I acknowledge the hard work of those who worked in the Fox Free Taskforce and the Fox Eradication Program. I also wish to thank the Integrity Commission for the report and the work done by the member for Windermere.

Acting on the fox issue was prudent and necessary at the time. To do nothing could have been disastrous for this state in the event that foxes were present in Tasmania. It was better to do something even if there were no foxes than to do nothing and then later find out that foxes were here to stay.

Given the findings of the Integrity Commission, I believe this is an issue we can now set aside. I congratulate the member for Windermere for his thoroughness and his unwavering focus on this issue. I support the honourable member's motion.

[12.58 p.m.]

Mr VALENTINE (Hobart) - Mr President, I want to thank the member for Windermere for his sheer tenacity, if nothing else.

I have been here for half the time you have been interested in this fox situation in Tasmania and I have heard you speak many times about it. To say that you are not passionate about it would not be doing you a service. You have been dedicated to try to drill down, as your professional career taught you, to get to the bottom of some of the circumstances surrounding this saga.

The fox saga has been one of those publicly controversial biosecurity issues in Tasmania's history. I do not intend to drill into the Integrity Commission report. I believe from this saga we as a community must learn the importance of building trustworthiness and credibility in our dealings with such matters in the public domain through the application of good science.

The fox circumstance would have had a major impact on the environment as outlined by the member for Mersey. The circumstances of the available evidence demanded further investigation, hence the Integrity Commission's report no. 4 of 2017, titled *An investigation into allegations of misconduct in the Fox Free Taskforce and Fox Eradication Program.*

The science trying to prove the precautionary principle was one thing, but to cause the spending of $50 million or $60 million or $70 million trying to eradicate an animal that could not be proven beyond reasonable doubt to exist in the state was another.

I note Dr David -

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

QUESTIONS

UTAS Stadium - Reconfiguration for Soccer

Ms ARMITAGE question to MINISTER for SPORT and RECREATION, Ms HOWLETT

I thank the minister for providing an answer to my questions about soccer funding and support in Tasmania on 16 September and, with regard to these, ask the following -

Will the minister please advise -

(1) Does the minister understand that right now Tasmania has less than three months to prepare for this window of assessments and announcements, and that the ability to showcase our grounds and facilities for these opportunities is a pressing matter?

(2) To this end, can the minister please indicate the planning time line for UTAS Stadium to rectangular configuration to accommodate soccer games, understanding that in order to adequately bid for World Cup games and provide facilities that will

accommodate the ongoing growth of soccer, this will require a more comprehensive configuration to A League games?

(3) If the minister cannot provide a time line, could the minister please advise what work has been completed to date to prepare for the reconfiguration of UTAS Stadium?

(4) In the minister's answer provided on 16 September, it was indicated the Government 'supports any opportunities to enter the A League or W League'. Can the minister indicate whether this support actually includes proactive steps to pursue these opportunities?

(5) If the answer to the above question is yes, can the minister indicate exactly what steps have been taken to pursue this? If the answer is no, can the minister say why not?

ANSWER

Mr President, I thank the member for Launceston for her question.

(1) to (5)

I congratulate Football Federation Australia for securing the bid to jointly host the FIFA Women's World Cup with the New Zealand football team in 2023. The Tasmanian Government contributed to the joint winning bid and we are very excited at the potential to secure games and potentially, a national team training base camp. For the benefit of members, I will first clarify a couple of points in relevance to governance.

While I am the Minister for Sport and Recreation, this World Cup bid also closely involves the Minister for Events, Sarah Courtney. Second, the venue publicly associated with Tasmania's bid is UTAS Stadium or York Park, a facility owned and managed by the City of Launceston. The Women's World Cup presents an excellent opportunity for Tasmanian fans to enjoy watching world-class football players with the possibility of three group-stage matches at UTAS Stadium, otherwise known as York Park.

The Women's World Cup is a major event on the international sports calendar with the ability to attract global media presence and major broadcast audiences from around the world, bringing great economic benefits to our state. The Tasmanian Government's agreement with FIFA will provide an investment of $1 million, should we secure three group-stage matches and the option of two base camp training venues. Confirmation of final host cities and venues is expected to be announced between December 2020 and June 2021.

In answer to the member's question, I recognise there is a tight preparation time for Tasmania to secure our place in the final venues for the world cup after being shortlisted. As the member points out, the ability to convert UTAS Stadium to a rectangular configuration will help determine whether we secure world cup games.

Improvements to York Park would have potential benefits for other top-flight sports played in a rectangular field format, including A-League or W-League games, rugby and rugby league games, and also AFL football.

I am pleased to advise the member that the Government is in discussions with the Launceston City Council regarding York Park and its important role as part of the FIFA bid. I commend the council and its CEO, Michael Stretton, on their work. I hope we will have more to say about these opportunities in the coming weeks.

UTAS Stadium - Reconfiguration for Soccer

Ms ARMITAGE question to MINISTER for SPORT and RECREATION, Ms HOWLETT

[2.36 p.m.]

Mr President, I thank the minister for the answer, but is the minister able to advise the planning time line? I appreciate they are in consultation with the Launceston City Council, City of Launceston.

ANSWER

Mr President, I thank the member for Launceston for her question.

I cannot confirm a time line at this stage. FIFA will be looking at venues and inspecting them. I understand it will look at venues virtually as well, and an announcement will be made between December 2020 and June 2021.

Ms Armitage - I referred to the time line for York Park to be reconfigured, not a time line for FIFA. Do you have that time line?

Ms HOWLETT - We need to wait until we have confirmation of winning the bid.

Ms Armitage - Unfortunately, you might not win the bid if it is not reconfigured.

Ms HOWLETT - We are aware that it can be and has been configured to be a rectangular stadium in the past.

Education - Student Contact Hours - Discrepancies

Mr WILLIE question to LEADER of the GOVERNMENT in the LEGISLATIVE COUNCIL, Mrs HISCUTT

[2.38 p.m.]

Last week I asked a series of questions about the reduction in instructional loads for primary school teachers. I also asked about discrepancies across primary schools for student contact hours. The Government conceded there are time differences between some schools but did not answer this question. If there are discrepancies across primary schools, what is the time

difference for a day between the longest student contact time and the shortest student contact time?

ANSWER

Mr President, I thank the member for Elwick for his question.

The implementation of the new instructional load, which is outlined in the 2019 Teachers Agreement, has highlighted some variations from school to school regarding classroom learning time. The factors that contribute to this include historical school structures based on local need and context. It has been agreed between the Department of Education and the Australian Education Union that the parties will work together to conduct an audit of implementation early in term 4. It should be noted that there is minimal difference between schools, with the majority having student contact time between 9.00 a.m. and 3.00 p.m.

Some flexibility is important to enable schools to meet the needs of their local community and students. Student transport schedules can be another factor as well.

Workplace Safety - Magistrates Courts

Mr DEAN question to LEADER of the GOVERNMENT in the LEGISLATIVE COUNCIL, Mrs HISCUTT

[2.39 p.m.]

My question relates to workplace safety in the Magistrates Courts throughout Tasmania.

Workplace safety in these courts has been a concern raised with the Department of Justice over an extended period. Little action has been taken to make these environments safe for all required to work within them, including the presiding magistrates and justices of the peace, plus security guards, police officers and witnesses to hearings and others who might be present.

Would the honourable leader please advise -

(1) Relative to the WorkSafe improvement notice issued on 18 February 2020 regarding contraventions of safety issues within the Magistrates Courts, when was the notice received by the Department of Justice?

(2) What date was the notice subsequently cancelled, and by whom?

(3) Why was it cancelled?

(4) Who was involved in the decision to cancel the notice?

(5) Were any stakeholders and affected workers impacted by the notice consulted before the cancellation?

(a) When were they made aware of the cancellation?

(b) If so when? If not, why not?

(6) Considering the longstanding history of the courts being an unsafe workplace and the issuing of the now cancelled notice, what immediate action has the Department of Justice taken to remediate the longstanding and well-known risks to workers?

(7) Why has there not been an action to remediate the deficiencies in the notice and action taken to reissue it?

(8) With regard to the independence of WorkSafe, in the recently advertised position of executive director of WorkSafe, the most senior position in WorkSafe Tasmania, the statement of duties dated July 2020 for this position states -

> Under delegation from the appointed Regulator fulfil the statutory responsibilities of the Regulator under the Work Health and Safety Act 2012, and Competent Authority under Dangerous Substances legislation.

If the executive director of WorkSafe is not the regulator, who is the appointed regulator? What is the name of the regulator and their position in Government?

(9) Why has there been a change in the role and statement of duties of the senior WorkSafe position from chief executive officer to executive director?

(a) What are those changes?

(b) Are there any implications for the independence of the executive director?

ANSWER

Mr President, I thank the member for Windermere for his question.

(1) to (9)

The minister has not itemised each answer, as such, but given an answer and some statements.

An improvement notice was issued in relation to the Magistrates Court and was received by the Department of Justice on 18 February 2020, but was subsequently cancelled on 6 July 2020, under the Work, Health and Safety Act 2012.

The act requires that a notice is issued for each provision being contravened, containing a description on how the provision is being contravened. As the contents of the notice did not meet the requirements of section 192 of the act, the regulator formed the view the notice was not valid and made the decision to cancel the notice. The decision was made as an independent statutory officer. The department was advised of the decision in writing from the regulator on 6 July 2020. The Police Association of Tasmania was advised of the decision in writing from the regulator on 7 July 2020. The regulator is now conducting appropriate investigations and inspections to properly inform the next steps in the process. The

department and the Magistrates Court will work with the regulator to respond to any issues.

Most Magistrates Courts around the state are staffed by contract security officers, assisted from time to time in Burnie and Devonport by Tasmania Prison Service correctional officers, who may deal with people in custody.

The Magistrates Court conducts regular risk assessment of its premises and communicates frequently with the security contractors to enable the best possible security services are provided to the court. Consistent with its role in the community generally, Tasmania Police also provide a very valuable response in the event of a serious incident.

In relation to the position of the acting chief executive, the department undertook a review of the statement of duties for this role to ensure it was both accurate and current before commencing the recruitment process. As part of this review, the title of the role was changed from chief executive to executive director to provide consistency with other senior leadership positions across the department. There has been no change to the independence of this position.

The other changes to the statement of duties are about ensuring the document reflects current requirements and expectations for senior executive positions within the Department of Justice.

Tasmanian Land Conservancy - Land Transfer - Birralee Road

Ms RATTRAY question to LEADER of the GOVERNMENT in the LEGISLATIVE COUNCIL, Mrs HISCUTT

[2.44 p.m.]

(1) Did the Government sign a heads of agreement, memorandum of understanding contract, deed or any written commitment to transfer the land at Brushy Rivulet, Birralee Road, to the Tasmanian Land Conservancy?

(2) What has been the cost to government to progress both sites for the proposed northern correctional facility?

(3) What is the estimated budget the Government expects for the establishment of the proposed northern correctional facility?

ANSWER

Mr President, I thank the member for McIntyre for her questions.

(1) In 2011 the then responsible minister signed a deed proposing the transfer of land at two locations, including one parcel at Birralee Road, Brushy Rivulet to the Tasmanian Land Conservancy. The deed required a number of additional actions to be taken in order for the transfers to occur. These actions were completed for

one parcel of land, which was subsequently transferred, but have never been completed for the land at Birralee Road.

The deed explicitly states that the minister is under no obligation to transfer the land to the Tasmanian Land Conservancy.

(2) To date, excluding departmental salary and overheads, the Department of Justice has spent a total of $286 343.52 on the northern regional prison project

(3) The Government has already committed $270 million to build the northern regional prison as part of the plan to invest more than $350 million in Tasmania's prison infrastructure, modernising existing facilities while also addressing future capacity requirements.

This important project will support more than 1000 jobs and deliver an economic boost of $500 million to the region, according to the independently conducted Social and Economic Impact Study - SEIS - completed earlier this year.

The results of the study also show the development will have the following impacts in present value terms on the northern region of Tasmania -

- an increased economic output of $280 million due to the construction of the prison and a further economic output of $268 million from prison operations;

- a broader economic benefit to the gross regional product of $92 million due to construction of a prison and a further $168 million from prison operations; and

- a total of 739 additional full-time equivalent - FTE - jobs supported during construction and an additional 372 ongoing jobs supported by prison operations, with a further 40 ongoing jobs supported indirectly.

The SEIS shows that the northern regional prison will also generate a range of other important benefits to the north and north-west of Tasmania. These include improved inmate rehabilitation driven by increased connectedness between inmates and their families during incarceration, which will lead to a reduction in crime and an economic benefit of $29.4 million to the north and north-west regions according to the study.

Since the announcement of the new site in June, due diligence investigations have been underway on the site and surrounding area. The findings of these investigations will inform the next stage of the project which will focus on refining the scope of the development, master planning of the site and preparation for rezoning of the land.'

At a time when the state needs jobs more than ever before, the Government is committed to delivering the northern regional prison in an effective and timely manner.

Screen Tasmania - *Wild Things*

Ms RATTRAY question to LEADER of the GOVERNMENT in the LEGISLATIVE COUNCIL, Mrs HISCUTT

Mr President, I thank the Leader for her reply on behalf of the minister. That was definitely a TR question not a DD, so I am not sure where that answer came from.

Following questions asked by the member for Windermere, the *Wild Things* documentary is critical of the Tasmanian forest industry and the makers of the film state that the film will showcase the actions of the Save The Tarkine Bob Brown Foundation protesters.

(1) As an investor in the documentary, has the Government arranged a screening of the film for forest industry participants prior to the public release so the industry can know what claims are being made against it in the film?

(2) If not, when will the Government make a screening available to the forest industry and include members of parliament interested in our state's timber industry?

(3) The *Wild Things* funding website indicates it has partnered with the US-funded The Sunrise Project and Cool Australia to produce a curriculum based on the film to be delivered to Australian classrooms to inspire a new generation of climate action leaders and to encourage activism amongst our students. Does the Government support the use of such material in Tasmanian schools?

ANSWER

Mr President, I thank the member for McIntyre for her questions.

(1) First, the minister would like to provide some background for those who may not be familiar with this particular film or the processes around how funding decisions are made for our screen sector.

Wild Things is a fly-on-the-wall documentary, meaning it is not narrated and does not provide any commentary, positive or negative, with tracks and sound visions of 12 months of environmental protest rallies and activities following the Adani blockade, the schoolchildren organisers of the School Strike 4 Climate action and Tarkine protesters. The funding provided to projects through Screen Tasmania's production investment program, as recommended by the independent expert peer panel, is largely based on economic outcomes and stimulus.

In other words, projects like this one are recommended for funding to leverage investment from outside Tasmania for the benefit of Tasmanian filmmakers, crews, creativities and actors. The funding agreement between Screen Tasmania and the production company that made the *Wild Things*, 360 Degree Films, does not include the ability for the Government to approve the documentary once it is complete. The funding is provided to assist with the making of the film.

To be absolutely clear about the independent expert peer process required under the Cultural and Creative Industries Act 2017, Screen Tasmania's Expert Advisory

Group assesses each project on its technical merits against the program's criteria and provides dispassionate expert advice which is appropriate, fair and impartial at arm's length from political decision-making. In specific responses to the questions raised, neither the Government nor Screen Tasmania has the legal right to distribute or screen the film.

To do so would be a breach of copyright, potentially exposing the Government to legal action. The distributor of the film, Potential Films, is the sole licensee to distribute and exhibit the film. If the member would like to view the *Wild Things* documentary, she would need to contact Potential Films

(2) It is not the Government's right to distribute or screen the film. Such action would be contrary to the contractual intellectual property rights.

(3) The answer to this question has been referred to the Minister for Education and Training for a comment.

North West Regional Hospital - Hydrotherapy Pool

Ms FORREST question to LEADER of the GOVERNMENT in the LEGISLATIVE COUNCIL, Mrs HISCUTT

With regard to the North West Regional Hospital hydrotherapy pool, which was closed on 25 March due to COVID-19 restrictions and remains closed, I note in a newspaper article dated 19 August, a Tasmanian Health Service spokesperson said -

> … services will recommence at the pool once it is determined it is safe for patients and staff.

(1) What is the reasonable delay in the recommencement of services?

(2) What are the annual running costs for the pool?

(3) Is the pool in need of repair and, if so, what are the estimated costs of repairs?

(4) How many patients regularly access the pool on a weekly, monthly and annual basis? That is outside COVID-19 times, obviously.

(5) What alternative clinically suitable treatment is being offered to Tasmanian Health Service patients in the interim?

ANSWER

Mr President, I thank the member for Murchison for her questions.

(1) The Government remains committed to recommissioning the pool as soon as is possible to do so and has ensured that alternative locations have been made available in the region to provide aquatic physiotherapy services. Work to

recommission the pool in a way that is able to meet requirements for the facility's COVID-19 safety plan, incorporating advice from relevant infection control team members, is continuing.

(2) Annual costs are difficult to determine because major costs such as power, water and cleaning are covered within the overall operating costs of the North West Regional Hospital. In 2019-20 costs were significantly impacted by the closure of the pool in the final quarter of the year. Other costs, which include salaries and wages, exceeded $122 000 last year.

(3) No, the department has invested approximately $25 000 in major repairs to the pool in 2019-20. This included resealing the pool, a major upgrade to the plant room and works to remove concrete cancer from the shower and change rooms.

(4) Figures of patients attending the service are not available since the North West Regional Hospital was recommissioned. Patients must have completed a land-based assessment with a physiotherapist prior to admission to the pool in accordance with relevant professional standards. This process takes time and has been guided by the hospital's approval escalation levels. An audit of activity for the six-week period from 11 February 2020 to 25 March 2020 indicates that a total of 10 patients were admitted for aquatic physiotherapy at the North West Regional Hospital. This was a total of 29 attendees during that period.

(5) I am advised that presently two one-hour sessions are booked at Splash in Devonport and the same number of sessions at the Burnie Aquatic Centre. Each can accommodate up to six patients at a time. No limits have been set for these arrangements, but the minister is advised that this appears to be meeting the present level of demand. Patients are not being charged fees for these sessions. Staff are presently negotiating access to additional sites that are close to patients' homes to utilise should future demand warrant such.

Tasmania Prison Service - Overtime

Mr DEAN question to LEADER of the GOVERNMENT in the LEGISLATIVE COUNCIL, Mrs HISCUTT

[2.56. p.m.]

This is a supplementary question.

What is the amount of overtime paid to top earners in 2019-20 within the Prison Service?

It was suggested at the time that this was in confidence and should not be disclosed. As I said, I want only the amount, not the names of the people who received the money.

ANSWER

Mr President, I thank the member for Windermere for his question.

The answer is the five highest amounts of overtime paid to Tasmania Prison Service staff in 2019-20 - I am sure it means financial 2019-20 year - starting from officer 1 down to 5 were officer 1, $75 568; officer 2, $71 721; officer 3, $70 126; officer 4, $69 416; and officer 5, $69 357

MOTION

Consideration and Noting - Report of the Integrity Commission No. 4 of 2017 - Fox Free Taskforce and Fox Eradication Program

Resumed from above.

[2.58 p.m.]

Mr VALENTINE (Hobart) - Mr President, earlier I was speaking about Dr David Obendorf, Honours in Veterinary Science, Bachelor of Animal Science and PhD in Wildlife Disease. He is in the back of the Chamber today, listening to our offerings on this motion.

I have no doubt as to Dr Obendorf's endeavours to analyse the evidence purely from a scientific perspective when it comes to foxes and the circumstance we found ourselves in at the time. I would like to read a little from a paper produced by Dr Obendorf. I will not read a lot of it, but at the end of reading it, I will seek permission to table the document and incorporate it into *Hansard*. I do that because of the effort Dr Obendorf has gone to to test the evidence associated with the presence of foxes in Tasmania. I will read a short component of the abstract and then I will move to the end of the document and read a component from there.

The document is by Dr Obendorf, together with Clive A Marks, Nocturnal Wildlife Research Proprietary Limited, East Malvern, Victoria; Felipe Pereira, Interdisciplinary Centre of Marine and Environmental Research, University of Porto, Rua dos Bragas, Porto, Portugal; Ivo Edwards, from Maydena in Tasmania; and Graham P Hall, School of Environmental and Rural Science, University of New England, Armidale, New South Wales. The abstract commences -

> Despite the absence of direct observation of live foxes in the Tasmanian environment, a recent study concluded that foxes are now widespread on the island and proposed a habitat-specific model incorporating 9 cases of physical evidence presumed to confirm their unique presence. We briefly review the history of fox incursions into Tasmania and then assess the quality of putative physical evidence against a defined evidentiary standard.

There is a lot more to that abstract. If members are interested in the subject of foxes in Tasmania, I suggest they read it. I am not going to draw any conclusions, but I will read another extract from the paper.

> Quantitative listings of opportunistically acquired physical specimens should be avoided as a 'weight of evidence' approach to risk analysis, given that no single example might be reliably associated with the landscape, or even be presumed to be the true habitat of the animal in which they were presented. The quality of such evidence cannot be tested using uncorroborated anonymous, or anecdotal testimony. Before the inclusion of such records in

> habitat-specific models is considered, they must be corroborated with empirical data and/or the predictive value and generalizability of the model should be demonstrated independently. When this has not been achieved, the value of quantitative habitat models should be reassessed because they may overstate risk, misdirect resources and provide a misleading indication of the presence and distribution of an invasive species.

Mr President, I seek leave to table the document for incorporation into *Hansard*.

Leave granted; see Appendix 1 for incorporated document (page 95).

Mr VALENTINE - I thank Dr Obendorf for allowing that document to be tabled. I was referring to the paper, titled 'Opportunistically Acquired Evidence in Unsuitable Data to Model Fox (*Vulpes vulpes*) Distribution in Tasmania'. I believe it was published around 2013 in an international publication, *Wildlife Society Bulletin*.

If we have learned nothing else from the present COVID-19 circumstance, we might all agree it is that the science is so important. As an island state, we need the best possible biosecurity and biodiversity legislation. Recent events over the past six months or so, including fruit fly, blueberry rust, brucellosis - which causes abortions in cattle - pasteurisation to help prevent tuberculosis, and going back to hydatids in the 1950s and 1960s, all teach us the benefit of barrier quarantine, border protection and post-border follow-up. Politicisation of biosecurity is not something we can really afford. We must be able to determine the wheat from the chaff, and science is so important on that front.

We must remain ever vigilant, as a state, to keep the likes of diseases such as foot-and-mouth and mad cow disease at bay. The most important thing we have to protect is our ability to ensure our biodiversity and biosecurity are well protected and maintained.

I will read from the report relating to the Department of Primary Industries, Parks, Water and Environment - DPIPWE - which is at the forefront of protecting Tasmanian from really damaging incursions, such as fox incursion.

On page 271 of the report, DPIPWE states that much of the criticism pertaining to foxes relates to recruitment practices early in the program and does not represent current practice -

> The Department is focused on continuous improvement; since the closure of the FFT and FEP we have implemented a range of improvements to support program delivery and the health and wellbeing of our employees:
> In 2016 the Department established a People and Culture Division to ensure a strategic impact and direct influence on Executive decision-making in relation to a wide range of strategic HR issues including (but not limited to) organisation design, change management, employee development. workplace culture, and performance management.
>
> Undertaken a comprehensive review of Corporate Policies including an Issues Resolution Framework to better support our employees to address matters as they arise.

> Reviewed the leave Management and Workplace Flexibility Policies to better support work/life balance.
>
> Created a Project Management Office within the Department to better plan and implement large or complex projects.
>
> More recently we have engaged an independent consultant, renowned as an international leader in people-management practice to undertake a comprehensive review of our current recruitment practices.
>
> I am confident the changes outlined above have significantly improved the people practices in our Department and that our commitment to continuous improvement including leveraging the lessons learned from this report, will further strengthen our position.
>
> While the Department was open, transparent and compliant with all requests for information and documentation made by the Integrity Commission, we acknowledge the concern raised regarding availability of historical records and information.
>
> A considerable amount of information dating back over 17 years was requested from the Department. Much of that information, particularly from the early years, was in hard copy and poorly archived, and noting that the Agency has had a number of records management processes over that period.
>
> The Department worked with the Investigator to ensure that Commission's requests were prioritised in order to support progress of the investigation. The Department is not aware of any failure to provide documentation as requested.

The document is signed by John Whittington, Secretary.

I read that excerpt from the document to show that departments do learn when we go through circumstances such as the fox program and the eradication task force. One can hope that those learnings will be actively applied and, should we ever find ourselves in a similar circumstance, there will be rigour and good science to support the investigations that need to occur. I draw no conclusion except to say that we should learn from our mistakes as a state government and seek the best of science.

[3.09 p.m.]

Mrs HISCUTT (Montgomery - Leader of the Government in the Legislative Council) - Mr President, after 20 years I hope the member for Windermere can find some closure because I know that it has - I was going to say 'dogged' you, but that is not quite the right word -

Ms Forrest - Outfoxed him.

Mrs HISCUTT - Outfoxed him for many years.

I thank the member for his motion regarding the Integrity Commission report into aspects of the Tasmanian fox program. It is important to note that the Liberal Government ended the Fox Eradication Program in 2014. The Government continues to be vigilant when it comes to the foxes and is doing so as part of the broader integrated biosecurity framework designed to protect Tasmanians from all invasive species and other biosecurity threats. The Tasmanian Government is committed to strengthening Tasmania's biosecurity systems to protect our primary industries, environment, community and tourism sectors. Biosecurity is essential to Tasmanian agricultural productivity, continued market access, our reputation for high-quality primary products and the health of our natural environment.

We face increasing challenges in managing biosecurity because of trade globalisation, internet commerce and the ease of travel - the latter provides new pathways for pests and diseases to enter our state. Tasmania has a rigorous and effective biosecurity system to protect our annual $2.4 billion agrifood production and our $3.4 billion in exports. The Tasmanian Government takes biosecurity seriously and we are backing up our words with real action to protect Tasmanian primary industries and our environment.

The state is moving ahead with fully implementing strong nation-leading biosecurity laws. Tasmania's new landmark Biosecurity Act passed parliament in 2019 and began operating in January this year with DPIPWE progressively implementing a suite of new regulations, administrative systems and resources. The new Biosecurity Act replaces seven repealed acts with a single modern statute that is fit for purpose and which, in a new era of biosecurity legislation, will bring us into line with other jurisdictions.

This represents one of the most significant reforms of Tasmania's primary industry and environmental laws in decades. The Biosecurity Act was the outcome of more than four years of consultation and followed extensive work that resulted in broad support from industry groups. The Government has invested significantly in biosecurity to boost frontline services to meet seasonal demands. The 2019-20 state Budget included over $30 million in funding for Biosecurity Tasmania. Since 2014 the Government has consistently delivered additional funding for biosecurity, doubling the number of detector dog teams protecting our airports, ports and mail centres; investing in new border signage, laboratories and vital equipment; and employing new Biosecurity Tasmania staff. We have delivered vital biosecurity infrastructure, including the Powranna truck wash, and we are investing more to tackle pests and weeds.

With the coronavirus pandemic impacting every Tasmanian, it is more important than ever that our vital industries are supported and we maintain our ongoing businesses of managing issues that impact our agricultural and environmental assets. Tasmania's reputation as a premium producer of agricultural and seafood products and as a leading tourism destination is reliant on a rigorous and effective biosecurity system. Matters relating to invasive species are taken seriously.

Allegations relating to possible fraud within the now disbanded Fox Eradication Program were referred to Tasmania Police and the Integrity Commission. We note that on 6 December 2017 the Integrity Commission handed down its report of an investigation into allegations of misconduct in the Fox Free Taskforce and the Fox Eradication Program. The Integrity Commission found that there is no direct evidence of any employee having fabricated or falsified evidence and there is no evidence that any employee knowingly relied upon on false information for the purposes of continuation of the program or to ensure ongoing funding.

It is also on the public record that Tasmania Police completed a review of the documentation relating to the Fox Eradication Program. I am advised that the department cooperated fully with Tasmania Police during that review, which determined that no criminal offence had been committed.

I thank the member for Windermere for his motion. The Government notes the Integrity Commission's report. As an aside for the member for Montgomery, being on a farm we had the Fox Free Taskforce come out to our place one day. There had been a report of a fox at the corner. I noted that they turned up with trained dogs in the back of their beautiful new four-wheel drive Utes.

Ms Forrest - They found that shirt on the clothesline.

Mrs HISCUTT - I did wonder for many years whether someone had seen my little Smithfield. She was a sandy Smithfield who looked like a fox running backwards and forwards in front of the house. Foxes were on everybody's mind. There is a fox there at Howth - they could not find one. The Government notes your report.

[3.15 p.m.]

Mr DEAN (Windermere) - Mr President, I thank members for their contributions. I never want people to accept what I am saying, but I expect people to look at the evidence and be able to identify what is evidence and what is fabrication.

I note what the member for Mersey said about an investigation. I was never opposed to an investigation into the evidence that was allegedly received in the first place.

The commissioner's instructions to me were that he wanted a thorough and proper investigation carried out by my best detectives, who happened to be the best detectives in this state and probably in the country. He wanted that sort of investigation of that evidence because the damage foxes could do in this state could ruin the state in many respects.

The Commissioner of Police also said expenses would not be spared and that I had the right to do whatever I needed to investigate it properly. That is what happened. We even brought in excavators to dig out alleged fox dens and caged other areas where it was suggested foxes might be living.

The police found no evidence, of course, to identify with foxes. Analysis teams were brought in. It was a thorough investigation. A pen allegedly bulldozed because it contained foxes was thoroughly investigated. It was not a minor investigation.

My problem is that the police were not listened to in that investigation - experts with the background to investigate. The three persons identified with having brought the foxes in were hunted down and interviewed and their alibis tested. It went on and on.

I do not want people to think I was opposed to that happening. I was not and neither were doctors Obendorf and Marks and Mr Rist. We wanted that to happen.

I also need to put on the record that in the program most were very honest, hardworking, good individuals doing the right thing. I am not suggesting that everybody connected with this were bad people. I have never said that - I had relatives involved in this team.

I am glad the member for Hobart tabled that document. It was my intention to do so and I had forgotten to do so. It is a great document. For anybody interested in this, it will be a great document to read.

We do not want foxes here. As I have said - and I agree with the Government's position here - we need very strong biosecurity in this state. We need to protect our borders. If we are going to continue to market and trade on our clean, green, fresh image in this state, we have to ensure everything is in place so we are able to continue and trade on that position.

It is very important we do that. We always need to monitor the state for feral pests coming in. We need to do that and cannot shut off from it. We should always be ready to take the action necessary, if it is even suggested or thought we have these pests in this state.

Ms Forrest - That includes feral cats, surely?

Mr DEAN - It certainly does - it was a strong argument right through this whole process that these pests were out there killing our endangered species and doing all sorts of other things.

I agree with the comment made by the Leader or the member for Hobart that an investigation needs to be based on good scientific evidence and evidence shown to be more likely than not, in particular, to be right. That it needs to be scientifically challenged and tested and so on, and that can be done, but that never happened here at all. There was none of it. To say there was no evidence - I will need to read the comments made by the Government - to suggest there was anything really wrong with the way the program unfolded is really a failure to understand evidence and it is a failure to really look at exactly what did happen, absolutely stark.

But, having said that, Mr President, I am glad to bring this matter to some end and I look forward to moving on. As I said, we will need to continue to monitor for feral pests in this state and I have no problem with that at all. I support that.

Motion agreed to.

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

Second Reading

Resumed from 15 September 2020 (page 140).

[3.22 p.m.]

Mr VALENTINE (Hobart) - Mr President, I had virtually concluded my offering but, over the weekend, as we always have and always do with these sorts of debates, I received copious amounts of emails and representations from people. I wanted to take a moment to finalise my offering by reading from a couple, because it is important to see the other side of what some of the claims may be. I received an email from Dr Roger Bodley. Did other members receive that?

Ms Forrest - He is one of my constituents. He lives up the road from me.

Mr VALENTINE - You have spoken to this?

Ms Forrest - No.

Mr VALENTINE - I am not stealing your thunder?

Ms Forrest - No. I know Roger well.

Mr VALENTINE - Okay. Thank you. He says -

> I am writing to you about the current debate in the Tasmanian Parliament. I have worked intermittently in Tasmania since 1976, initially as a GP and then radiologist, but have not been a member of the AMA so, while I have a major interest in the health of Tasmanians, I have not appeared meaningfully in any statistics that might assert that 'doctors in Tasmania are opposed to the proposed legislation' that has been promulgated by the AMA.
>
> The arguments and discussions have been well formulated and discussed and perhaps may need a few adjustments, but I feel that the public must be disabused of the idea that doctors in Tasmania are opposed to the legislation.
>
> Some may well be, I am sure, but unless everyone has been surveyed, the idea of being able to claim a majority is utterly spurious and a disgraceful departure from the requirement for evidence-based decisions so vaunted by doctors in their usual practice.
>
> I believe that it is the permission to have an assisted death that is critical. There is nothing mandatory implied in the bill. It has to be the option that is to be legalised. I do hope this attempt will be successful.

I also received an email from somebody in the member for Pembroke's electorate. I asked the member whether she was going to use it; she is not, so I do not think it is being repeated. The email came from Ceara Rickard -

> Dear Mr Valentine
>
> I am writing to express my support for the End-of-Life Choices (Voluntary Assisted Dying) Bill, 2020. I am a 35-year-old psychologist and have devoted my career to caring for vulnerable members of our community, and especially to preventing youth suicide. I love bushwalking, photography and painting and playing with my dog, Melli. I am also terminally ill. On 2 January this year I received, quite out of the blue, a devastating diagnosis of metastatic breast cancer. I had been getting numbness and pain in my lower back and left leg, and thought perhaps I'd developed a disc bulge. As it turns out, the culprit was cancer that had silently spread through my bones, as well as my liver, lymph nodes and a lung. My prognosis is terminal, although no one knows how long I'll have. I am hoping for years yet, but it's impossible to tell.

I know you have mentioned in the past that you support voluntary assisted dying legislation in principle. I wanted to thank you for supporting my rights to my body, and reiterate my support for the EOLC Bill in the hopes that you will support this Bill. I am sure you, like everyone in Parliament, have been inundated with contacts about VAD. However, I suspect that most people who have contacted you are not, in fact, terminally ill. I've noticed that quite often, on issues of human rights, the voices of those directly affected are often not the voices most likely to be heard.

Please, nothing about me without me! My views as someone who is dying are more important than those of doctors or religious bodies, or even those of my family or friends. None of them are experts in what it means to be me. No matter how well intentioned they might be, efforts to control my life, my body and my choices are treating me, not like a person, but an object, an abstract concept, 'the dying' or the 'vulnerable'. I am so sick of hearing people talking about protecting 'the vulnerable' and suggesting that they are protecting we 'vulnerable' by denying us choices. They're not, they're just making us more vulnerable by treating us like property, instead of like human beings.

Yes, people who lack capacity need to be protected and I would never support a Bill without protections for people who do not have capacity to make informed choices. But most people do have capacity to make choices about their lives.

I am not suicidal. I love life! But I would be lying if I didn't say the thought hadn't crossed my mind. This is unsurprising to me. I know how common suicide is in people who are terminally ill. People like me are dying far before their time, because they are terrified of not having a choice at the end of their lives, and so some take action before infirmity robs them of the ability to do so.

I feel very sad that those who express caring about suicide don't appear to have realised that allowing VAD will have a powerfully protective effect on those of us who are terminally ill. Sometimes it feels as though we, who are dying, are dehumanised. Why don't our suicides matter? Families of people who access VAD also tend to be less traumatised than people who do not have access to VAD, and much less traumatised than people who are bereaved by suicide. Saddest of all, is the possibility that someone who has been misdiagnosed may end their life, knowing they do not have access to VAD if they are terminally ill.

I don't have much patience for arguments that suggest that giving me access to choices about my body is somehow unfair to my family. My family support my right to bodily autonomy. Mum, a rural RN -

I presume registered nurse -

… is so proud of how hard I am fighting that she regularly shares things I have written with her friends and work colleagues. She supports VAD, and

> I suspect that if I do not have access to VAD, that she would be willing to hasten my end when the time comes if I asked it of her. I won't ask it of her though, because I am not willing to allow her to treated like a criminal, simply caring more about her daughter than the law. Instead, if it comes to it, I'll force her to watch me die horribly so that she isn't forced into losing her career and ending up in jail.
>
> I also have little patience for arguments suggesting that giving me access to choices about my body is unfair to medical professionals. Only doctors who are willing to consider access to VAD are likely to do the training, and they have a choice not to participate too. I find the view of the AMA to be completely unacceptable and much prefer the view of the Australian Psychological Society, which includes allowing we who are dying access to the full range of care options, including 'the fully-informed choice to request assistance to die'.
>
> I have a brother who is a doctor and have the greatest of respect for his profession. However, the view of the AMA to me represents an example of paternalism in the helping professions, and is out of step with both community expectations and the views of many doctors. I have so many more thoughts about VAD, and about the EOLC Bill specifically, both based on my own personal experience and my professional knowledge but I am aware your time is limited and I feel I have probably written too much already for you to get through.

I thought that was particularly pertinent to where we find ourselves today. We also received a letter from Community Legal Centres. I imagine other members may want to quote from that so I am not going to read it in, but basically Community Legal Centres in its summary says -

> We call on the members of the Legislative Council to support the Bill and provide patients who are suffering in relation to a medical condition that is advanced, incurable, and irreversible, with the reassurance that they may end their life at a time of their choosing.

That completes my offering. I am leaning towards this going into Committee and dealing with the amendments. Some important amendments will be before this House and we need to consider them carefully. It is not a light bill. It is a bill that has serious implications for some, but the thing that motivates me in this sense is that it is attempting to regulate an area currently not regulated. There are deaths that happen as a result of people being in circumstances where they are going to die and possibly die in horrible pain. We have heard so often of what doctors do at the end of some people's lives where they up the morphine or remove all sustenance and those sorts of things. It is far better for those sorts of things to happen in a regulated environment than in an unregulated environment to protect doctors and nurses and family members.

[3.33 p.m.]

Ms RATTRAY (McIntyre) - Mr President, I first acknowledge and thank the member for Mersey for his work in bringing this bill before us for debate. As highlighted by previous speakers, the member and his team have been genuinely committed to delivering this bill to the

parliament through the many hours, days, weeks and months of effort which have generated widespread discussion throughout the community, both in our state and outside.

I expect the sheer amount of time taken to field calls and reply to emails has been extensive and again I thank the member and those who have supported him through this journey; together with the preparation involving community consultation and consultation with health professionals and members, and assisting in drafting of the bill. We know from our briefings that this has taken a huge amount of time, with the assistance of the Office of Parliamentary Counsel - Robyn Webb and her team who have been, as always, exceptional in their work. The entire suite of work by all involved has shown dedication and determination.

I also acknowledge Natalie and Jacqui in the back of the Chamber, and acknowledge that they continue to honour the memory and wishes of their mum Diane. Thank you for being here again today. I express my sincere appreciation to all those people from our communities, individuals or organisations, who took time out of their busy lives to make contact and to share their views, whether in person, by phone, by email or, as some members know, by the age-old use of handwritten letters. Every one of those contacts is very much appreciated. The heartfelt stories in many of those contacts was moving.

The contacts continue to arrive, including one from the Community Legal Centres. The member for Hobart just referred to that document. That raises areas in the bill that will be discussed through the Committee stage. It urged members to support the bill. I feel sure that that documentation will be referred to through the Committee stage, because it points out a number of clauses in the bulk of that contribution.

There can be few matters more sensitive and challenging than those which concern the deliberate and knowing ending of another person's life, whether by providing them with the means to take their own life, or by actively taking steps to end it on their request. It is an issue that has concerned me. It is challenging and it is complex. It does not surprise me that there is a significant volume of literature about voluntary assisted dying, euthanasia, assisted suicide or however some jurisdictions wish to describe it, because the way in which we die has great significance to us, as has the way in which we live our life. We are now living more than the once expected three score and ten. I am happy about that.

Mr Valentine - Fisherman's score - 24: always go for the fisherman's score. That is 24. Three 24s plus 10, that makes it 82.

Ms RATTRAY - It is getting better. I will keep asking for advances on that, Mr President.

Until recently people appeared content to leave the decision about their death and dying to the medical fraternity. But over time there has been a wish for many that they, some of you, should be able to make their own decisions around death and dying. In an article entitled, 'Struggle Over the Right to Die', the author points to the experience of many modern-day deaths as a reason for seeking control over one's death, saying -

> … it is not surprising that so many of us fear being rushed into an intensive care ward, placed on life-support equipment, and made to linger in a state of semiexistence against our will.

This particular fear seems to have grown in direct proportion to our physician's ability to perform life-prolonging feats. Now we know that machines designed to prolong life can sometimes do nothing more than prolong the dying process. Many who once considered death too unpalatable to contemplate are beginning to realise that living can be worse than dying.

Has there been a change over time in community attitudes to a person's right to choose to die? I believe that this is ultimately the question we are being asked to answer on behalf of the constituents we represent. In my case, as of 31 July 2020, there are 28 615 constituents in McIntyre and their families, and, of course, those who are not on the electoral roll for whatever reason will be expecting us to represent them.

When researching this bill I, possibly along with many others, thought that euthanasia was a fairly modern debate. Interestingly, history tells me how wrong I was in my thinking. In fact the opinion that euthanasia is morally permissible is arguably traced as far back as the Greek philosopher Socrates, known as the father of philosophy, who lived from 470 BC to 399BC. Socrates' famous student was Plato, who in turn tutored Alexander the Great. All at one time spoke of euthanasia.

That is enough about ancient history, let us move on to modern history. In the 1820s well-known poet John Keats wrote about it in *Ode to a Nightingale*, two lines of which read -

> Now more than ever seems it rich to die,
> To cease upon the midnight with no pain

Over 100 years later in a debate on voluntary euthanasia in the House of Lords in 1936, some members categorised the diverse opinions of the community at the time in three categories. First, there were those who supported the principle of the bill and considered the safeguards provided to be adequate and not irksome. Second, there were those who approved the principle, but were doubtful and critical of the safeguards. Third, there were those who disagreed fundamentally with the principle.

I suggest those three categories have not changed and are the same today, 84 years on. Issues that concerned members of parliament years ago are still issues today.

I want to touch on one issue, the one surrounding pain and suffering. Most people who have spoken to me say that they strongly support voluntary assisted dying because they have either had the experience of witnessing loved ones and friends suffer for significant periods of time or have been told of those who suffered significantly prior to death.

My research tells me that with the advances made in palliative care this, in most cases, should not be the case. I agree with the member for Murchison that if it is the case, we should be inquiring into it.

An article in a recent newspaper in support of what I have said stated that doctors have an ethical duty to care for dying patients so death can occur with comfort and dignity. I think we would all agree with that.

They strive to ensure that a dying patient is as free from pain and suffering as possible and uphold the patient's values and goals of care. Most patients' pain and other causes of

suffering, it would seem, can be alleviated through good care. This includes palliative care that focuses on symptoms relief, prevention of suffering and improvement of quality of life.

The article was saying that in Australia today extreme pain and suffering can, and are, alleviated by proper palliative care. They point out that this care still is not sufficient to ease the dying process for some. We have heard some of those stories. Is that not why we are debating this bill?

It is why I am supporting it with some questions to ensure that the vulnerable are properly looked after. Palliative Care Australia notes that pain is a symptom most feared by people living with a terminal illness. Often it is not a source of worry for those receiving palliative care.

They say that modern pain management means that most patients - and I emphasise the word 'most' - can expect to remain virtually pain-free throughout their illness. On 7 August, Tanya Battel, whose story appears on the Go Gentle Australia website, quoted the words of Mark Jarmon-Howe -

> People with a terminal illness are not choosing to die, they are already dying. Assisted dying offers an individual with a terminal illness and clear prognosis to have some say in the timing and place of their death if they want it … Like all fields of medicine, even the very best palliative care has its limits.

I have read a number of articles noting that in Tasmania today we have excellent palliative care, among the best in the world. However, we are also told that palliative care cannot help approximately 4 per cent of patients. They are the people who are uppermost in my thoughts when considering this bill.

Mr President, I received an email from one of my constituents, saying that the figure of 4 per cent is actually 2 per cent. Four per cent is from my research, but I acknowledge other people feel that 2 per cent of patients are not able to be helped through palliative care. I acknowledge I may not necessarily have the percentage absolutely correct, but that was the research that I was provided with. I acknowledge that many people have done their own research in this area.

Back to the question of pain. Is palliative care in our state meeting the needs of our people and does it have the funding that is required to meet those needs? These are very important questions. Once this debate has concluded, these matters will receive the attention of many members in the parliament and certainly members in our community. The President of the AMA, Dr Helen McArdle, says -

> In Tasmania, we are continually told there are high numbers of patients whose end-of-life care has not been adequate; however, there is no data, to support or refute these statement.

But she says that an inquiry would be able to quantify the problem and ascertain where things went wrong so that may be an inquiry for a later time. An interesting fact is that pain and suffering are not among the top reasons given for those choosing euthanasia - data from Oregon and Victoria indicate it is not in the top four of five reasons.

In Oregon, for example, the top five reasons for choosing euthanasia are: first, being less able to engage in activities that make life enjoyable - quality of life; second, losing autonomy; third, loss of dignity; fourth, burdening family, friends and caregivers; and, fifth, losing control of bodily functions.

A recent Victorian report mirrors those reasons so it would seem that the pain issue which troubles most people - most people whom I have spoken with - is not high on the list of reasons provided by people who choose voluntary assisted dying as a way of ending their trauma. But that also tells me that palliative care for the vast majority is most possibly working. I know that health professionals are divided in their opinions of this bill and they, of course, are on the front line and will be asked to work with the legislation if it is passed.

I have read the article written by Associate Professor Odette Spruijt. It was mentioned by the member for Murchison and I agree with her comments. We know the associate professor and understand her qualifications. The comments on the article from numerous people, including health professionals, were also informative reading.

The AMA mentioned an area of concern. It accepts there are divergent views among doctors but say that doctors should not be involved in interventions that have, as their primary intention, the ending of people's lives. They stress that good end-of-life care should include clarity of people's wishes and good funding for palliative care. The AMA further states that -

> Doctors being clear they only have to offer treatment which is of medical benefit and being supported to give a dying patient enough medication to relieve any distressing symptoms even if this may hasten death, as long as the intention is the relief of symptoms.

That is happening now, and has been talked about by a number of previous speakers, including the member for Hobart.

The Royal Australian College of General Practitioners supports patient-centred decisions and the AMA's call for informed consent and legal surety for doctors. Given that in Tasmania, 80 per cent of general practitioners are active members of the RACGP, that support is compelling. We all received a letter dated 14 September from the RACGP. I have highlighted a couple of areas. The letter goes on to say that the RACGP -

> … supports patient-centred decisions in end-of-life care and respects this may include palliative care and requests for voluntary assisted dying.

The letter also refers to informed consent, and goes on to say -

> … a primary concern for GPs relates to patients being competent to give informed consent.

These areas will be thoroughly explored during the Committee stage of the bill.

The letter also notes that -

> … requests for voluntary assisted dying must be patient initiated, voluntary and free of coercion from family members, health practitioners and others.

The next area listed in this document relates to legal surety, noting that -

> The legislation must include provision to ensure the law does not compel a GP to take positive steps to end a patient's life, whether this is by recommending, administering or providing approval for administration of a medical intervention. Voluntary assisted dying should have adequate provisions to allow doctors with a conscientious objection to refrain from involvement in accordance with their personal beliefs and values. GPs who choose to opt-in and participate in the training should have unambiguous legal protection for all associated services, including the administration of the substance in circumstances where the patient has specifically requested assistance in accordance with relevant state legislation.

This was a timely document for me to receive because I had not made my contribution to the discussion. Those who have issues with the bill, including some legally trained practitioners, have identified some issues they believe may cause problems or at the very least should be properly explained in the mover's summing up of the debate. I am sure the member for Mersey has those issues covered in his second reading summing-up contribution.

I can summarise those issues as follows -

> First, the bill does not require the patient to be in intolerable or unbearable pain and suffering. It only requires a person to be experiencing mental suffering and anticipating future suffering based on their medical conditions, treatment regime or complications.
>
> Second, it poses a threat to the vulnerable, the elderly and those living with a disability.
>
> Third, how can you ensure that requests made under clause 12 are genuinely voluntary, especially for those who have a comorbid mental illness, in particular depression?

They also identify people who may be bullied or coerced, and they point to the reports that have been identified in the Royal Commission into Aged Care Quality and Safety.

I also mention the abuse of the lady who died in sub-zero conditions while living in a shipping container in New Norfolk, Mr President, in your electorate. It was reported at the time that the relatives involved were found to have systematically disengaged her from outside care. They also exploited her financially, certainly a dreadful and sad situation. In 2007, TasCOSS told us that vulnerable people are afraid, trapped and powerless. One elderly person sadly reported in their words -

> He knows he can do with me what he likes because there is no one here to help me. He never spoke to me for seven weeks. He said I had not been a mother, I had been an enemy. Now, I am like this, I am nothing, worth nothing any more.

People are exploited, are intimidated, are abused, and are the victims of theft and fraud. We must ensure people are not in any way harmed by this bill. There is a real need to protect individuals who are vulnerable. I have already said I support the bill in principle. I am worried

about those who are vulnerable and will be asking questions in the Committee stage hopefully to allay my fears and the concerns expressed by others who are not supportive of this legislation.

Correspondence from the RACGP brings me to an email I received following my newsletter survey, in which the writer, who had worked as a nurse in a large hospital, shared the experience of terminally ill patients quietly being terminated, saying there is already euthanasia. Making it legally enforceable by whoever gives us therefore no advantages and presents challenges such as putting populist pressure on doctors. I have concerns around access to GPs and certainly continuity of GPs for many of my constituents living in the rural areas. For instance, St Helens, Scottsdale and Deloraine, three of my larger communities, all have Ochre Health GP services - being able to see a GP is a challenge in itself, let alone seeing the same GP for any length of time, which is even more challenging because the churn of locums through these centres is particularly high.

I had initially requested an amendment to remove the second GP approval, and to make that become a panel of three, to make the final decision around end-of-life choice. I use the Guardianship and Administration Board as the model due to the challenges of access to GPs. My suggestion included having one panel member with a medical background, one with a legal background and a third possibly with a background in ethics. At this stage, I have not progressed that for a couple of reasons. I am certainly interested in other members' thoughts around a panel arrangement in place of the second GP. I would also be keen to know if there is any concern from the medical fraternity in regard to access to GPs.

Given that the member for Mersey has indicated the Committee stage will not commence immediately at the conclusion of the second reading stage, I feel there is time to explore the merits of asking the OPC to draw up an amendment and assess where this proposed arrangement of replacing the second GP with a panel would fit in the bill. Obviously, there would be some work in this. I would not want to ask the OPC to undertake this if there is no support in the House for that. Other members may have very different scenarios and options for access to GPs in their communities. On behalf of my communities I know it is a challenge so it is a concern how we find those GPs in Tasmania who (a) want to undertake a course to be able to undertake this particular work, but (b) where we find GPs to make the assessments.

I would like to talk about the community consultation. I attended four of the end-of-life choices information sessions facilitated by Mr Gaffney - one in Deloraine, one in St Helens, one in Scottsdale and one at Whitemark on Flinders Island. The attendances at all four of these forums were certainly not high in numbers and for those attending, there was much time at the end of the session to discuss the huge amount of information presented. I do not see that as necessarily a negative. There was a great deal of information and the member for Mersey did a terrific job in going around all of those communities and offering up that opportunity for people. We know often people do not necessarily take up those opportunities until after something has proceeded further down the path and then perhaps wish they may have done. I certainly commend him for doing what he did in the way of those forums around Tasmania and I know that COVID-19 came and might have derailed some of them, or did the member get through them?

Mr Gaffney - I got through all the local government ones - 35 local government ones were in February.

Ms RATTRAY - At least a positive before COVID-19 hit and reduced people's ability to interact certainly on a more personal level.

I offered at the end of each of those information sessions to receive any feedback from those forums, which to date has been somewhat limited. I have not had a lot of feedback, but certainly some people who I knew attended the forums provided me with some correspondence in recent times.

My own community consultation included the delivery of 10 000 *McIntyre Memo* newsletters being delivered across the electorate which included a survey with the question - 'Should dying with dignity come before the Legislative Council, would you support legalising assisted euthanasia?' and the options were - 'Yes', 'No', or 'Unsure'. The result was 94 said yes and 16 indicated no.

The member for Montgomery in her contribution talked about the small number of responses she received to her survey in her community, and I agree with her comments - I felt the same with only a total of 110 being returned. I have continued to raise the issue whenever possible since the survey results and comfortably believe there is majority support in my electorate for people to have a choice on this issue.

More recently in a follow-up conversation, it was put to me by one of my constituents who has worked in the area of suicide prevention and he clearly articulated this issue is a choice between two deaths and is in no way in conflict with the importance of suicide prevention and the work done in our communities.

When one ponders the merits of supporting this legislation, I found myself agreeing with my constituent's way of looking at this issue, which is a view that has been expressed to me by many as recently as the weekend. I have an annual golf day at Scamander and took the opportunity at the end when we were having some chats, because they always want to know how busy you are, what you are doing, what is on the agenda and to make sure they are happy to share with you their thoughts around what is of importance in the parliament. Just one person out of about 40 - and I did not speak directly to everyone but there was quite a bit of chatter going on - said, 'I'm not entirely sure that we can protect the vulnerable.'. I talked about that in my contribution and certainly that will be a focus I will have during the Committee stage. There was general majority support, again through the electorate, for people's right to choose.

In closing, I acknowledge people who, over the course of this issue, have been wonderful sounding-boards to me, having assisted me with information and just allowed me to talk through my thoughts at times when information overload became quite overwhelming. I think all members will know that feeling. They will know who they are and so a thank you to those special people.

I will be supporting this bill into the Committee stage, where there will need to be strong and clear demonstration of rigour and appropriate safeguards around the implementation of this sensitive and, for some, life-changing legislation.

[4.06 p.m.]

Ms HOWLETT (Prosser) - Mr President, I add my voice to the debate regarding the End-of-Life Choices (Voluntary Assisted Dying) Bill 2020. First, I congratulate the member for Mersey on his initiative in introducing this bill and thank him for the time he has dedicated

to bringing this issue before the House. To Nat and Jacqui Gray, thank you so much also for the amount of time and effort you have put into this campaign. I had the privilege of knowing your mum for many, many years and I know your mum would be very proud of you.

I have concerns about the need to rush through this bill. As well as the substance of the bill, in particular I have great concern about the potential number of amendments which, while well intended, mainly cause the legislation to be further compromised. I believe while some might argue the euthanasia debate has merit, for me, in the midst of a worldwide pandemic, there are higher priorities we as a parliament should be dealing with.

We should be doing all we can to ensure our health system can cope with the significant increase in demand in the case of a potential second wave. We should be focusing on ensuring our education system can cope should our young be again forced to study from home. Most importantly, we should be ensuring there are jobs and economic growth for all of our community to protect us from what some economists are describing as the most significant economic shock since the Depression of the 1930s.

Instead, we are asked to spend significant time focusing on a bill which, to my mind, effectively seeks to bring life to an early end when out there in the real world, as we fight COVID-19, we are doing everything in our power to protect and extend life.

I might add there are many in my electorate who say to me, 'Yes, I understand the need to look at this issue' but they have also been telling me, 'Now is not the time for this, now is not the time to worry about this'. Now is the time to fight for their jobs, their schools, their health system and, most importantly, fight for their lives and protect us all, particularly the elderly, from the ravages of the COVID-19 pandemic.

Instead, we sit here to debate a bill that is the opposite of what we need to do in our community at the moment. We need to protect life, not find ways to bring it to an early end. The first question I would ask in respect to this legislation: Why the rush? Why do we need to rush it and push it through right now? Surely if we are to consider such legislation, we need to take our time. We need to ensure we have spoken to as many people as possible and have taken their views on board to ensure we have the best possible fit-for-purpose legislation.

This bill was still being amended just prior to tabling and a number of members have flagged amendments already. In considering the merits of this bill and the principle of euthanasia, I have thought deeply about this issue and in coming to a view I have realised there are two very different matters at play.

The first is whether people in certain circumstances should have the right to commit state-sanctioned suicide. While I appreciate the bill politely called 'voluntary assisted dying', this is all about suicide. To highlight this fact the bill itself seeks to define what suicide is and is not for the purpose of this legislation as an attempt to hide the truth behind the issue of euthanasia, that being the practice of intentionally ending a life to relieve pain and suffering. This, I am told by others in the Chamber, is something that the community wants. I am also told most agree that euthanasia laws should be introduced in Tasmania.

While I do not agree we should be considering such laws at this time, I accept that some in the community believe we need appropriate laws to deal with the issue of euthanasia. I also accept that as lawmakers we are required to reflect the view of the community and accept that we must seek to achieve this end.

However, it should be noted this bill is not the product of government. This bill not even the product of another House. It is instead a product of this House, the Legislative Council or as some describe it, including other members here, the House of review. It is not being put by the Government of the day which went to the polls in 2018 seeking a mandate on a raft of issues and was duly elected to office. This is not a bill being put by the Government that has sought a mandate on the issue, but instead it is being put by a member of this House because we are told many in the community want it.

I repeat my comments earlier: the community wants us to be fighting to protect their health system, to support their schools and to make sure there are jobs and economic activity. I note the comments of the member for Murchison in the lead-up to this debate as quoted by the ABC. The member said that -

> While there's been significant community engagement on the principle, there's been basically no community consultation on the content of the bill and the process and [with] medical practitioners.

I agree with these comments. It is clear to me while the member for Mersey has talked extensively to the community about the principles of euthanasia and we have heard much about the need for a pathway in this area, there has been little talk of how we get there. In fact, we are now debating a bill that is likely to be significantly amended in order to bring it into shape.

There is no doubt the member for Murchison will quite rightly move to amend the bill and there will no doubt be significant amendments from Labor. I will be interested in the contribution from our newly elected colleague, the member for Huon, who, no doubt, along with the member for Murchison, will have some real-world insights into this issue.

My concern with all these foreshadowed amendments is we are demonstrating there are many complexities on this issue that have not yet been properly thought through. While most seem to agree with the principle of the bill, there is no such agreement on the substance of the actual legislation. Therein lies the problem. Whilst most people agree in principle, it is hard for anyone to agree on how we get there.

The perhaps fundamental flaw in this legislation is the fact it seeks to enshrine suicide or, as it is put, voluntary assisted dying, as a legal pathway for members of our community. This comes in spite of the many millions upon millions spent each year to protect life and to work on initiatives such as suicide prevention. You only have to read the recent report put together by the Premier's Economic and Social Recovery Advisory Council to see the issues we are dealing with in the Tasmanian community, particularly among our young. It states -

> The demand for mental health services has increased in our community. Providers have reported increased anxiety and mental health issues among children, young people and families in financial distress. People who have not accessed social support services in the past are now seeking help for a range of reasons. Service providers have reported that 67 per cent of those seeking support for psychological distress are new clients

It concludes -

> With anticipated increases in unemployment and underemployment the social impacts are likely to expand across our society and regions, with increases in anxiety and mental health issues

How is it on one hand we can work so hard to protect life, yet on the other hand, and in some circumstances, you can be supported to take your life? I appreciate some may say those circumstances under which you can take your life are pretty extreme, but if you look closely at the wording of this bill, that is not the case. In the interpretation provisions of the bill, clause 5(2)(a) states the following with regard to an incurable or irreversible illness, that -

> … there is no reasonably available treatment that -
>
> (a) is acceptable to the person.

That is not a very high bar. As some of you may know, I suffer from osteoarthritis. It is a very painful condition, and it is incurable, irreversible, and there is limited effective treatment. Does this mean that if I decide there is no reasonably available treatment, I can take my life? To me this is extreme, but it highlights the need to take into account the ease at which this bill, as it stands, could be applied. We have a number of anti-vaxxers in our community, people who, regardless of scientific or medical evidence, will not vaccinate themselves or their children against certain diseases. Does this mean, under this bill, that if an individual decides, for whatever reason, that treatment for a particular incurable or irreversible illness is not to their liking that they can decide to end their life instead?

It strikes me that this is a very low bar indeed. It also highlights another significant flaw in the legislation - for those diagnosed with an advanced incurable, irreversible illness, there is no time limit set as to how long away this may be. Victoria has set the bar with this type of legislation. Individuals are required to be within six to 12 months of death to participate in such a scheme. Like all members, I have received representations from many constituents on this bill. Some have related to me the experience of their loved ones who have outlived their prognosis by many years. These are years they have treasured with their family and friends. In one case sent to me by a constituent, a man with cystic fibrosis was given a life expectancy of only a few years when he was a boy. He has gone on to outlive his prognosis by 40 years so far.

Due to developments in medical research, his symptoms have become progressively better managed. In addition to this, Victoria has an independent board to assess these decisions, not a single commissioner, as is proposed in this legislation. Why not follow the Victorian lead instead of leaving all this in the hands of one person?

It is the vulnerable I am most concerned about in regard to this legislation. Can we say we can protect those less fortunate than us in the community, when we all know people in vulnerable positions are subject to exploitation, particularly the elderly or those who suffer from mental illness? You only have to look at the issue of elder abuse to understand this problem. How can we really protect the vulnerable from this legislation? I cannot see it.

Then there are those who do not want to be a burden. Who in this Chamber has not heard a loved one say they do not want to be a burden or they do not want to be in the way? It is a

common refrain. I can see a situation when somebody decides not to be a burden by using the provisions of this act.

Given this, why we do not have a similar protection here as in Victoria? Under this bill those without the imminent threat of death can access a premature death. Some people are diagnosed with a terminal illness that may not result in their death for many years. It is not an instant death sentence. In fact, many people diagnosed with life-threatening diseases may live for many years to come. Under this bill if you want to terminate your life, you can.

If we go on from there, on my reading the person does not need to have a terminal illness. All that needs to occur is a person is suffering intolerably in relation to a relevant medical condition. Does this mean if someone is suffering long-term illness which cannot be cured they can access this legislation?

Consultation with health professionals must occur as part of the scrutiny of this bill. As the member for Murchison said in her contribution, the role of health professionals is central and critical. She also said, 'I am not confident there has been adequate consultation with the professions in the formation and drafting of the bill'.

I agree there is a wide range of views in the health profession about voluntary assisted dying. If this bill passes both Houses of parliament, what support will be provided to medical professionals who will be impacted by it?

This is the problem I had with this bill: while it is all well and good to say you agree with the principle of euthanasia, when you get to the detail of it, you realise it goes too far and has limited protections for the vulnerable in our community.

This does not pass the test, not in its current form anyway. I am concerned that in our headlong rush to accept the principle of this bill, we are willing to throw out necessary checks and balances that would normally protect those vulnerable members of our community. I do not think this is something we should attempt to solve in parliament during this debate.

If we are serious about this issue, if we really want to deliver a meaningful outcome, we need a proper investigation - one that gets to the bottom of this issue and recommends a tightly prescribed set of procedures, that considers all the highly complex circumstances experienced by those who may contemplate ending their lives and by those medical professionals who they could also call on to assist.

Other states have undertaken detailed expert investigations into this issue well before a parliament has considered a bill. Western Australia appointed an 11-member expert panel headed by barrister Malcolm McCusker to examine legislative requirements before a bill was presented to its parliament.

Queensland has asked its law reform commission, containing expert legal practitioners, to examine closely legislative proposals for voluntary assisted dying before the government considered presenting a bill to its parliament.

Victoria formed an expert panel chaired by former Australian Medical Association president Professor Brian Owler to inform the government and parliament on this very complex legislative matter.

If we are not having an investigation by eminently qualified individuals, it may well find there is no time at which is appropriate for a person to choose to bring their life to an end and if it does, I would agree with that. However, if it did not, I would respect that view because I do not believe, as a politician, I am qualified to determine the most appropriate pathway forward without the benefit of expert advice. This should be done by a group of eminent and qualified individuals who could navigate through this issue and come up with recommendations that deliver the outcomes I believe a majority of members in this House want, but also protect the vulnerable in our community.

An investigation could look at reasons why general practitioners have come out against this bill, describing it as physician-assisted suicide. It could look at the establishment of a panel similar in working to the Guardianship and Administration Board, to administer this type of legislation. An investigation could look at the costs and work out if it is better to, for example, employ an estimated extra 10 palliative care nurses in Tasmania instead of the likely cost to administer this bill.

The investigation could look at a raft of issues and could report on how to ensure there are appropriate protections. This is not something we, as politicians, should do alone. This must involve the considered input of those who are better qualified than us and whose expertise will be called upon to carry out these most serious of actions.

Madam Deputy President, I think I have made my point. I think members understand where I am coming from.

I want to finish with a simple message to all members - let us not make a mistake, let us not get it wrong. If we are going to introduce these reforms into Tasmania, we have a chance to get them right. Just because a member of this House has worked really incredibly hard and discussed his proposal widely does not mean we necessarily have the right legislation in this bill. Just because a majority in this House believe the principle of euthanasia should be supported does not mean we should support the bill blindly and give the people of Tasmania second-class legislation that does not protect the vulnerable.

Let us get this issue investigated properly by expert people independent of us. Let us get those people to work out how we protect the vulnerable. Let us not pass broad legislation because we broadly think it is the right thing to do. The right thing to do is to ensure it is fit for purpose for all Tasmanians and, as it stands, this bill is not fit for purpose. I therefore, will not be voting for this bill in its current form.

[4.28 p.m.]

Dr SEIDEL (Huon) - Madam Deputy President, may I also start by commending the member for Mersey on the outstanding work he has done over the last months? It has been a mammoth effort with a broad-ranging engagement and consultation process throughout our state. The member for Mersey really does deserve credit.

The bill represents substantial work that has been endorsed by many community organisations, including the Tasmanian chapter of Dying with Dignity and the Tasmanian branch of Doctors for Assisted Dying Choice. However, there has also been significant criticism from religious groups and from the Tasmanian branch of the Australian Medical Association which rejects outright the concept of voluntary assisted dying.

This is the fourth attempt in a decade to legislate voluntary assisted dying in Tasmania. Whilst the Tasmanian approach over the years has been try and try again, other states, such as Victoria and Western Australia, have adopted a pragmatic and evidence-based approach forming a consensus between community, religious and medical organisations. Both jurisdictions successfully passed legislation after rigorous parliamentary debate but without prolonged lobbying, bizarre astroturfing and personal attacks.

I firmly believe the time has come to legislate voluntary assisted dying in Tasmania. Honourable members, I know we live in difficult times, I know we live under a declared public health emergency and without disrespect to the Government's agenda, if we can debate cat management at this time, surely we can debate end-of-life choices for patients who suffer from a terminal illness.

Madam Deputy President, my views on voluntary assisted dying have changed over the years. I went to a university that was established in 1409 - over 600 years ago. I took the Hippocratic Oath. Assisted dying was not something I ever wanted to concern myself with under any circumstances during my medical career.

As a young doctor, I sought to find the best medical options and the most advanced treatments. However, over the years I sensed that medical treatment would not always give us all the answers.

I had to realise that at times I was unable to meet the needs of my patients, regardless of being able to access the most advanced medications and health and medical services. This became even more apparent when I trained as a GP and was asked by my patients to look after them at the end of their lives.

Looking after patients at the end of their lives is one of the most rewarding parts of being a GP. We pride ourselves that we are practitioners of first and last resort - that we are looking after our patients from the cradle to the grave. We take this literally - it is our defining professional aspiration.

Not often, but sometimes, the outcomes are not what we are hoping for. Sometimes despite our best efforts, patients do not die a good death. That is despite the best efforts of doctors, and the best efforts of our fantastic nurses in hospitals, hospices and in the community. Madam Deputy President, you would know this as a nurse and being very engaged in the profession.

I recall a patient of mine, a mother of two in her early 30s who came to see me in my practice because she noticed a tiny ulcer in her throat. It had been there for six weeks. She knew it was not right because it was not going away, and she also felt a lump in her neck. The lump was a bit hard. She was not a smoker. It did not look right to me either so I took a biopsy, and it was a highly aggressive cancer.

I trust our great health system. The patient was seen by a specialist in Hobart straightaway, and because we have options, we chose to obtain another opinion from specialists in Melbourne.

Because the cancer had already spread, there was no longer an option to have surgery - the only option was to try radiation and some chemotherapy. That worked - until it

did not. Eight months later, the patient came back to me and asked, 'What are you going to do now?'. Of course, I said, 'Let us try something else.'. There is always something you can try and that is what we did. We call this 'rescue chemotherapy' and with more radiation, it initially worked - and then after six weeks, it did not. Then we did not have any medical options anymore. We discussed what we could do next.

Let us talk about comfort care and let us talk about palliative care. There was not any active treatment for her anymore. She had a very poor prognosis. Our Tasmanian palliative care system is really good. I am very proud of our specialists and our community nurses who are so engaged in palliative care - it is world-class. We tried everything we could to keep her comfortable, but the cancer did not stop growing - it became bigger. Because it was a very difficult location, it put more and more pressure on her throat. She lost her voice very early on, despite trying cortisone and all the other things that were available. She could still swallow, but she could not really talk any more. We communicated in writing. She would write little notes, always with fine pencil on grey paper.

I saw her at least once a day, if not twice a day, before going to work in the morning, and after I finished. She was desperate to stay at home because she had two young children and a husband. She could not talk and she struggled to swallow. We could not control the oedema and swelling, and so she could not really breathe properly any more. It was a tricky situation, particularly at night, when you cannot sleep because you cannot breathe. The cortisone keeps you up at night anyway - it makes you all hyped-up. What are you going to do? It dragged on and on. We tried absolutely everything.

One evening when I went back to her, I received a note which said, 'Please finish it off.' How do you respond to that, when you know that is the question I would have asked my doctor as well had I had been in her situation? I could not really answer. I was trying to find my way around there. This was all about comfort care. She struggled. The clinical team working with her struggled as well. I certainly struggled. I know that she wanted a good death. There was not much I could do for her.

A couple of weeks later I received a phone call to come out urgently because something had happened. I rushed out, but it took me half an hour. The ambulance had already taken her away. She developed bleeding from the cancer site. There was blood all over the house. The first thing I saw was blood-stained towels and pillows. She was rushed off and died on the way to hospital. The kids were at school. How do you deal with that? It was not the death she wanted.

Even after all this time, when I see her husband and her children in my community I still feel guilty. I feel guilty because despite the best, most advanced and comprehensive care, I failed. I failed because she did not have a good death. But I am a health professional, I am not meant to grieve for my patients, and yet I do, and so do many of my colleagues.

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, which ranks first worldwide. Yet, 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 that even with the best end-of-life care, not all suffering can be alleviated. I want to be clear that prolonging death is not the same as extending life.

One of the most profound writings on this matter is from the former Archbishop of Canterbury, Lord Carey. I would like to quote from a letter of his that was released earlier this year because it is important in the context. He says -

Doctors should avoid supporting a status quo that leads to great suffering, says Lord George Carey -

> When I first spoke out in support of assisted dying in 2014 many people were surprised. They had assumed I subscribed to the view that to help shorten life in any way, even at the voluntary request of a dying person, was morally wrong.
>
> I did believe that but, through experience and frank discussions about assisted dying with distinguished palliative care and pain specialists, my views changed. I began to see that while medicine can do remarkable things for most dying people, there is an unfortunate minority who are forced to suffer unimaginable pain and misery, without any expectation of a return to health.
>
> It is, of course, profoundly Christian to do all we can to ensure nobody suffers against their wishes. Some people believe they will find meaning in their own suffering in their final months and weeks of life. I respect that, but it cannot be justified to expect others to share that belief. Correspondingly any proposed assisted dying law must protect the rights of doctors and others with a conscientious objection, so they do not have to participate.
>
> I am puzzled that some people oppose a change in the law that aims to relieve the experience of excruciating pain as well as enable suffering people to end their lives with dignity. Autonomy is a key element in medical care - why do we set it aside for those who refuse to prolong their own painful deaths?
>
> Whether believers or not, most of us recognise the power of faith, the values and traditions of which should never be underestimated. But an unexamined faith, which does not rise to the challenges posed by modern medicine, can create tensions …
>
> Three arguments sit at the heart of any case constructed to oppose change: concern that legislation may have unintended consequences; misunderstanding about how assisted dying works in practice in places like

> the United States and Australia; and an unwillingness to recognise how much harm is inflicted by the UK's existing laws.
>
> I will not repeat the 'for' and 'against' arguments here. Instead, I ask you to consider why more assisted dying laws are being passed around the world, rather than existing ones repealed? Why have religious leaders in jurisdictions such as Oregon told me their societies have not descended into the dystopias once predicted by those who campaigned to block legislation? We should not shy away from these questions.
>
> Nor should we protect ourselves from the reality of what is happening at present in the UK: immense suffering in spite of access to the best care; people travelling to Switzerland to die if they can afford it; others opting for lonely DIY suicides; grieving relatives being charged with murder; and in one case a pioneering doctor feeling he had no option but to starve and dehydrate himself to death.
>
> Some people claim that by legalising assisted dying we would be crossing the Rubicon, yet I consider this a crude attempt to mask the ethical and legal difficulties we have already stumbled into.
>
> Laws do indeed send powerful social messages. I want to send the message that we live in a compassionate society that has the courage to confront complexity, not one that bases its rules on fear or misunderstanding.
>
> I have observed a shift in pace in this debate in recent years. I meet far more people of faith who share my views. In parliament there is growing acceptance that change is needed.
>
> History will no doubt conduct a forensic examination of how the assisted dying debate unfolded. I would not wish to see doctors criticised for being the last group defending a status quo many now recognise is leading to great suffering.

Members, I agree with the view of the former Archbishop of Canterbury. I also believe the morals of others should not prohibit access to voluntary assisted dying for those who seek it.

As parliamentarians we must consider, argue, appraise and amend legislation to ensure appropriate scrutiny, support and regulation. Maintaining the status quo is no longer acceptable to the wider Tasmanian community. It was not acceptable to the people in Victoria and it was not acceptable to the people in Western Australia either. Our aim must be to pass comprehensive and cohesive legislation that provides for rigorous oversight and appropriate conscientious objection. Our aim must be to pass legislation that actually can be implemented. There is no need for yet another inquiry or advisory panel. There just is not.

Everything that can be said on this matter has been said. Expert witnesses have repeated themselves endlessly. Every important consideration has been thoroughly canvassed - provisions on the specific eligibility of patients, demonstrated competencies of medical practitioners, appropriate conscientious objection, avoidance of coercion and

comprehensive regulatory oversight. The Tasmanian public needs to be assured any legislation will only ever serve to permit, not to mandate, assisted dying.

In closing, this is exactly what I am committed to work constructively on - to refine and enhance the legislation over the coming weeks. It is what our communities expect and it is what we, as elected representatives, should deliver.

[4.48 p.m.]

Mr DEAN (Windermere) - Mr President, in speaking last, I will have to repeat much of what people have said, but I will not make a lengthy contribution at all. I listened to the member for Huon - certainly a moving contribution to this bill and a very influencing contribution in actual fact - and I must say my position on this voluntary assisted dying has changed over time.

I recall that a long time ago I was fairly vigorously opposed to it and made my position fairly clear back then. Mr President, my position now is that I want to support the bill and will be looking at just a few points from a police perspective, I suppose, and will be referring to some issues that helped me change my mind about this bill.

I am not sure the member for Huon was talking about a good death. I am not so sure there can be a good death. I am not sure any death is a good death. We can certainly have a pain-free death and a death where the person is not suffering. I do not think any of us want to die. I am not sure that there is a good death. Certainly a pain-free death, a quiet death, a comfortable death, yes -

Ms Lovell - A better death.

Mr DEAN - A better death.

I want to thank the member for Mersey. I am not aware of any other bill in my 17 years in this place that has been so thoroughly presented. There have been many briefings. If any member were to say they were not properly briefed, it would be probably because they were not able to attend the many opportunities the member has presented for us.

Some presenters came back on two or more occasions. There has been plenty of opportunity for members to know what this is all about.

There have been some issues about the length of the bill and what is contained in the bill. That is another issue. It is a personal and emotional matter when talking about loved ones and their end of life. At such a time many of us would not be thinking rationally and our emotions would be impacting our decisions. That would be compounded by the illness and suffering our family members are going through as well. All of those things impact on a member.

None of us could ever know the feelings of a person who is dying. It is a horrible thought - knowing you are departing this world, leaving behind your family. In sickness, feeling terrible and suffering, you would think differently and somewhat selfishly.

At Christmas I was struck down with food poisoning. The husband of the member for Launceston was also struck down with food poisoning from the same place, through the consumption of oysters.

Being sick and vomiting is one thing. Food poisoning is several degrees worse than that. I was lying down in agony and pain and pleading with my wife that she do something to end my suffering. I meant it at the time. It started in my office at work where I carried on to no end. The staff were wondering what was going on. It was just incredible.

If this bill is supported, and it is law, I can see myself going through the position here to elect a peaceful death in the darkest of dark circumstances - loss of quality of living, terminally ill and suffering intense pain.

The legislation must be a right because we do not live in an ideal world and there are many unscrupulous people out there - members of families with an interest only in what they will get after the death of a parent or a family member or another person when they might be a beneficiary from the death of that person. How can we be assured the patient has not been indoctrinated into accepting an end-of-life decision, that it is purely a decision made of their own volition without any persuasion or interference from another person?

We have to be very strong. The legislation has to be strong enough to cover that. Is this legislation tight enough to ensure none of that can happen or it is very unlikely it can happen? You can never guarantee a person will not do the worst thing possible, taking criminal actions or doing things that are not acceptable.

The elderly are suffering abuse now, both at the hands of family members and, sadly, in aged care homes. That evidence has been coming through for a long time. Some of the evidence in the COVID-19 period has been extremely upsetting in relation to our elderly people. Not all aged care homes are abusing or creating environments for this to happen. Unfortunately there is evidence that it is occurring.

Understaffing, little or no proper management, lack of training and oversight of the operations is creating environments for abuse. That is happening and we need to get on top of it.

If this legislation is in place, can we be assured that our most vulnerable in society, our elderly citizens who have made this state and country great, who have worked hard, who have shown us love and respect, will not be coerced, indoctrinated and influenced into making a decision to end life?

I have looked at this bill from the position of a police officer. As a police officer I investigated cases involving the death of sick and frail people, and where allegations were made of interference in that death by a family member in order that they might receive an inheritance much more quickly than otherwise would be available to them. These cases are extremely difficult to investigate when the victim is dead. We are then dependent on a lot of other evidence coming forward. If this legislation is supported, there will be at times allegations made of another party influencing a terminally sick patient to agree to ending their life.

Let me quote a couple of things from the honourable William Cox, former Chief Justice and former Governor of Tasmania. His document would have been provided to all of us. In that submission he talks of Bob Hawke's position -

> Bob Hawke spoke in support of euthanasia on ABC national radio in 2016 but he did not mince his words on safety. You have got to realise the genuine

> concerns some people have that greedy family members may precipitate or attempt to precipitate an early departure so they can get their grubby hands on the estate and it is absolutely essential that the legislation be framed in a way which would virtually make that impossible or very difficult.

That is my position. I want to make sure this legislation is strong and can resist that as best as is possible.

In 1989 I attended the infamous Victoria Police Officers College, known as the Airlie Leadership Development Centre . It was a tough course with many failing to graduate. I was called on to make an impromptu speech on euthanasia. You had about one minute to think of the subject. You were marked on this as a part of your capacity to respond quickly to matters that came up. Why did I get that subject? While I had, at that stage, investigated some cases, there was not a lot I really knew about it, I must say. I immediately thought - some members here would remember the massacre at Tiananmen Square in Beijing at the time -

Ms Forrest - You cannot forget that sort of thing.

Mr DEAN - That was in 1988-89 or thereabouts. I thought of that and I thought it might give me a point to start on. Then I thought of a death at Orford. Some people here might remember - the member for Hobart maybe - that this was a case where an elderly woman with a terminal illness who was in so much pain, absolute agony, that she wanted to end her life. She was assisted in doing so by her husband, who also extremely elderly. This goes back to what the member for Huon talked about - people being charged with murder in some situations. This is a classic example of what happened.

It was an extremely sad case. I am trying to recall all the facts of it. The husband was traumatised - the love was so great between these two people; it was just unimaginable the love that was there, the strength of it, so much so he was in a position where he could not tolerate the suffering his wife was going through. He assisted in ending her life. He was charged by police. I am not sure whether the charge was murder, assisting suicide or what the charge was, but it was a criminal charge. At the time there was a public outcry. I am talking about a long time ago now. However, there was a public outcry about what had happened - to such an extent that the Department of Public Prosecutions at the end withdrew all charges. I am pretty confident that was the situation. I was trying to check it but was unable to do so. I am pretty sure that is exactly what happened - the charges were withdrawn by the DPP in all of the circumstances.

It is a sad situation that people are in a position where they do that because of their love for the person going through the pain and suffering. When I talked on the subject of euthanasia to this group, I commenced it by quipping that euthanasia - youthanasia - was indeed in trouble and that their revolt and loss of life in the Tiananmen Square massacre was a tragic situation. At least that had the attention of all those people sitting around, so I thought it was a reasonable start to my five-minute speech. I then referred to the Orford case and used that as a good example of just what people can feel and what they will do to assist a loved one to gain peace, to remove their suffering. That is what this bill is all about.

The question I ask myself is: should a person in this state of mind, with the strength of love existing between the two, be put in a position of being a criminal? My answer to that

question is no. I have no doubt had this sort of legislation been in place at that time, I would be very surprised had it not have been accepted by the victim in all the circumstances.

Much has been said about palliative care. I agree with the many people, including our previous governor and chief justice, the honourable William Cox, when he said -

> We should aspire to minimizing that suffering by improving the quality of medical, psychological and spiritual care available to and wanted by the patient.'

Improving palliative care and improving the settings within these places is critical. We should provide the financial support to these facilities necessary for them to reach the very high standards we require of them to care for our loved ones, in fact to care for us if the situation arises. We were told in some of the sessions and in other evidence, that in countries where bills such as this have been enacted, palliative care centres have generally been well supported and, in some cases, improvements to the standards of care and the centres have seen other enhancements made to appeal to the patient and to the families. That is what people are saying - that palliative care is critical and we have to ensure all that care is available to anybody who is extremely ill and probably suffering a terminal illness.

The member for Murchison raised a point about understanding what dying is about, what death is. I was not going to go down this path, but I cannot really avoid it. Unfortunately, I have had much experience, commencing as a young person, with my war service background and then through my career as a police officer. I have watched many people die, Mr President. I have watched children die; I have watched people pleading to live knowing they were going to die. I held people in my arms at the time of their last breath.

It is a very difficult situation to be in and to be a part of. I will quickly refer to one example of a case where I saved the life of a seven-year-old girl. When I was an inspector of police in Hobart, a seven-year-old girl required a blood transfusion at the Royal Hobart Hospital. Her parents did not allow doctors to carry out that blood transfusion. I think they said that they would allow and accept a plasma transfusion. I think I have the right word there.

Ms Forrest - It depends often on their religion.

Mr DEAN - Well, that is what it was. This was a religious situation, but the doctors made it clear the girl would die and she only had a short time to live. She had to have a blood transfusion so I was called - I am not sure why the police were called. I was called and asked to make the decision and to remove the parents if I had to, if my decision was that the blood transfusion should occur - and, of course, I agreed to that.

That is in the annals of the Royal Hobart Hospital, and also in in the legal documents about that case, because there were threats to sue me and the police department and all those other things, but I think I helped save that girl's life. She had the transfusion and became a strong, healthy young girl. Watching a person die, if they are sick, aged, or have no quality of life is extremely upsetting; however, watching a person die in gruesome circumstances places death in a different category all of its own. I have experienced these deaths many times - murders, road deaths, suicides and industrial deaths. The member for Hobart and some here would remember this case - the Mount St Canice explosion in Sandy Bay.

I am not sure of the number of people's deaths - six or seven from memory - when a cylinder blew up and a number of people were killed. I was one of the first police on the scene and finished my day there, sadly, collecting human parts and pieces - a very tragic situation. It was a shocking, shocking case.

Mr Valentine - There were eight who died.

Mr DEAN - Yes. I think it was up around that number, but it was a terrible, terrible situation.

I have had family deaths, like all of us. My brother's death recently brought home to me an issue here: his pain was such that doctors and staff continued to administer pain relief in larger doses, making it clear to family it would hasten death. This is where I learned about terminal sedation - a form of euthanasia legally practised.

While this process was going to cause death more quickly, it was not being administered for that purpose, but that is what it does - it just hastens death. So when we talk about good palliative care, terminal sedation has been used for over, I am told, 20 years as a part of good palliative care. It became possible with the invention of the syringe driver, and I have no idea what that is. Perhaps the member for Huon might be able to tell us some more about that -

Ms Forrest - It is a way of delivering IV medication; it is in a syringe rather than a bag.

Mr DEAN - It was doctor language to me. I am no expert about this, but the doctor informing me on these points said this form of treatment brings about death much more quickly than would otherwise occur if left to natural causes.

Ms Forrest - Depending what you put in it.

Mr DEAN - Or only giving the patient sufficient treatment to help with the pain and suffering. In effect it is a form of euthanasia, legal, and is practiced to remove pain.

The doctor in this case assisted in putting together the previous legislation introduced in the other place. This doctor had an involvement in what we know as the failed legislation in the other place.

She, a wonderful person, a great doctor now retired, supports the right of a person to choose at a time of terminal illness and suffering to end life peacefully and without constant suffering.

I am going to mention a case here that really brought home to me the fact I should support this bill.

This happened not that long ago, on Friday, 24 July 2020, and changed my feeling from not absolutely sure to a much stronger position in supporting the bill.

In referring to this event I do not in any way trivialise what this bill is about, the introduction of legislation to provide a choice for people to end life in a terminal health situation where there is no likelihood of recovery. However, the bit I refer to has given me some insight

into what it might be like to be with a person who has made that choice to end life in an extreme situation.

It involves my dog Alfie. In fact, he was more than a dog to us, to me and my wife. He was our close companion, and travelled everywhere with us. He was with us in just about everything we did. In my time off at home, if he was not under my legs, he was close to me. He could almost talk and would wait for me to come home from work with his nose under the gate, and you would see him there every night. He was going on 16 years, had undergone two hamstring replacements and the removal of a cancer several years ago. Thousands of dollars later, the decision had to be made: could we let him suffer? He was blind, deaf and could not stand for any more than a minute or two. He was in obvious pain and had no likelihood of quality life or living.

We spoke with our vet and determined that euthanasia was necessary. The vet explained the process in detail. There would be no pain. Alfie would go to sleep peacefully. His nerves might react with movement. She went into detail to explain to us what the situation would be. The vet came to our home, shaved his leg, inserted a needle and, as she said, he simply moved a bit. Not much, but certainly moved a bit. He rested his head in our hands. My wife's and my hands and looked up at us as if to say, 'Stay with me; do not leave me.'. He was almost talking. The green fluid was injected to the leg and within four to five second at the most, his eyes closed and his little head went limp in our hands. He made no sound, no murmur, no twitching, no nothing. It was peaceful. It was beautiful in a way so that was a good death, if you talk about good death. To see it, it was so peaceful and quite unbelievable. I just could not believe it was so nice.

Neither Anne nor I could really believe it was so peaceful. It was surreal. The vet then went on to explain this fluid is similar to that which can be used in an end-of-life scenario for a human. For someone in pain, suffering no quality of life and with no likelihood of recovery from permanent illness, it is a choice everyone should have. This was the comment made. That has enforced in me that this bill should be supported.

I have some concerns with parts of the bill. Members have referred to some of those parts. I am not going to go into detail, other than to simply raise three issues I have some real concern with. I hope the bill will get to the Committee stage. I will be supporting it to there and hopefully right through.

I have real concern, and I think this is still a part of the bill, with the VAD product being taken home and being placed in a locked box or on a shelf waiting for the right time to be accessed by the patient. The opportunity for abuse in this case is made easy. It is an unnecessary risk to have to take. Family members would need to know where it was. The patient may be bedridden at the time of wanting to take that product to end their life. Other family will need to know of its location and have access to it.

The second issue is with the patient being able to take the product without the need for a doctor to be present. I raised with Dr Nick Carr in his first briefing whether there were any bad experiences with the VAD product that he was aware of. If there were, what course of action was taken to rectify the situation? I think it was Dr Nick Carr?

Ms Forrest - It was Dr Cam McLaren, I think.

Mr DEAN - I apologise to Dr Carr. We heard of that bad experience where the patient had a bowel obstruction and could not keep the product in her system and medical intervention was required. Without that medical experience being present, what would the likely result have been? Could it have been greater pain and suffering? I would say panic and trauma. My interpretation of the legislation is that a medical person does not have to be present. I have some concern.

The member for Prosser referred to the treatment being acceptable to the patient. I accept some treatments make some people very ill and put them in a position where they would not go through it a second time. I have had a family member who went through that and said they would never go through it a second time. I am not sure it is the best way to go here. There could be a perfectly acceptable treatment available that would not cause further pain and suffering and could assist a person to have an extended life.

This bill does not force anything upon anybody, including those doctors who will play an important role in this bill in undertaking the assessment process. If they do not want to participate, there is no obligation for them to do so.

Would it be an offence or a crime to influence in some way a person who has taken the decision to end life? Yes, it will be. That is a good part in this bill. The honourable William Cox makes a point about the chances of detection -

> … this is an enduring problem for euthanasia safeguards. The deterrence value of prison is questionable when the risks of getting caught are likely to be very low, especially if coercion occurs behind closed doors and leaves no physical evidence.

The penalty here is high. I think the bill says five years imprisonment. The chances of getting caught have to be pretty good. Clause 6(d) says the person must be 'acting voluntarily'. Is the doctor is required to ask the person about how voluntary their request to end life is? Yes, they are - clauses 76 and 77 answer that question very well.

Member for Mersey, have any costings been done on the bill? Has there been a regulatory impact assessment done on the bill? Somebody suggested the costs involved would be high.

I will conclude with the comments of Helen McArdle, President of the AMA, in *The Mercury*. While it is clear the AMA does not support the bill, this was its fall-back position. In the last part of the AMA's submission to us, it said -

> While the AMA opposes the introduction of this legislation, we will work with the legislature to make any legislation as safe as possible for doctors and patients if it is adopted.

We had a state survey given in evidence in the briefing session. There was, I think, 87 per cent support. What question was asked to elicit that survey result, or whether or not -

Ms Forrest - There have been lots of different ones.

Mr DEAN - This is the one with 87 per cent support.

Ms Forrest - They have all been about the same. The member for Mersey will be able to inform you of that.

Mr DEAN - The member for Mersey might give me some answers to that. I had a survey go out on my bill. People answering that normally only answer a yes or no to a question. In this case, the question might have been: do you support voluntary assisted dying or not? They do not understand the contents of a bill and all the issues around it. It is pretty easy to answer a yes or no question, but 87 per cent support is huge support. I could not ignore that.

I will support the bill into the Committee stage, and hopefully all the way through.

[5.24 p.m.]

Mr GAFFNEY (Mersey) - Mr President, I take a moment to sincerely thank all members for their second reading contributions on this very important bill. I also appreciate there are many different views represented through the community so I sincerely thank your work and efforts in bringing this debate into the Chamber and informing the people who may be listening or watching about this important issue.

I would like to make a correction to my speech last week. When I said 124 deaths in a 12-month period in Victoria were attributed to the voluntary assisted dying substance, I said there were 42 115 deaths in Victoria that year, which was 3 per cent, but my maths was a bit off - actually 0.29 of 1 per cent of the people who died in Victoria in that 12-month period last year took the substance. I have to put that on the record, and I am sure Hansard will pick that up for me.

Honourable members, I am under no illusion this bill may present as a challenging and difficult piece of legislation on many levels. From the structural framework aspects to the ethical and medico-legal considerations, I fully appreciate the bill has generated considerable community interest and that all members have received a huge number of submissions, requests for meetings and pleas to vote either in support or against the bill.

I understand the pressure members may be feeling and that many members remain conflicted after being presented with a range of opinions, and differing experiences from medical professionals and individuals have been touched on some level by this issue of voluntary assisted dying.

I understand and am grateful for your diligence, your commitment to your research and reviewing the bill and, indeed, for the feedback I have received from members, which has and will serve to strengthen the bill.

I will now take the opportunity to answer the concerns raised by members. I point out that while I may have a varying perspective to other members, this contribution is offered only to provide clarification on certain points where questions were raised or to introduce a differing opinion and information that might be of assistance to members' deliberations on the bill.

With respect to the Leader's additional query after my previous advice on the impact of voluntary assisted dying on insurance, I provide the following quote from Sparke Helmore Lawyers in Victoria -

> The person's underlying illness will inevitably cause the death and for the purpose of insurance, the death should be treated as though he/she died as a result of the illness.

Lynn and Brown Lawyers in Western Australia had the following statement on their website -

> Thankfully, our legislative drafters, perhaps in foreshadowing these issues, have made an unequivocal statement in the Voluntary Assisted Dying Bill 2019 in confirming that 'a person who dies as the result of the administration of a prescribed substance in accordance with this Act does not commit suicide'.
>
> Generally speaking, accessing voluntary assisted dying shouldn't affect life insurance policies or the receipt of the death benefit from a superannuation fund. This is because the person's underlying illness will inevitably cause death and for the purposes of insurance, death ought to be treated as though the person died as a result of the illness. We are yet to be advised as to the practicality of utilising the voluntary assisted dying legislation and whether the death certificate will state the cause of death as the underlying terminal illness or whether it will in fact state euthanasia.

Similarly, clause 137 of the Tasmanian bill explicitly states a person who dies as the result of the administration of voluntary assisted dying substance does not die by suicide.

The member also raised her concern in respect of people suffering from depression being able to access voluntary assisted dying, and while this argument has been repeatedly raised by opponents of the bill, clause 9 (2) outlines that -

> A person is not eligible to access voluntary assisted dying by reason only that the person -
>
> (a) has a mental illness within the meaning of the Mental Health Act of 2013.

This is similar to the legislation in both Victoria and Western Australia. The member also requested information about there being no risk of a person having only audiovisual consultations with a medical practitioner. The bill states in clause 16 (1), that a person who wishes to make a first request must have received from a medical practitioner the relevant facts in relation to accessing voluntary assisted dying. This requirement ensures that the person must meet with a medical practitioner in a face-to-face capacity. They must have that face-to-face meeting.

The Leader spoke of the notion that the terminally ill should consider waiting for a cure rather than accessing voluntary assisted dying while experiencing intolerable suffering from a relevant medical condition. I do not share that view. Even if I did, that opportunity already exists for people. The choice to access to voluntary assisted dying currently does not. Once again, we return to the notion of choice.

The member spoke about not letting an animal suffer and I could not agree more, as we heard from the member for Windermere. However, I need to make this clear in this place: the major difference between euthanising a pet compared with voluntary assisted dying is the matter of consent and meeting eligibility criteria. In the pet situation, the owner makes the often-difficult decision based upon advice from a veterinarian. With respect, the VAD process is completely different in that no-one other than the person themselves, the individual, has any capacity to have any input to the person's decision to request VAD.

Just as a person may not coerce another to access VAD, no person can override a person's decision to access voluntary assisted dying, should they happen to disagree with the choice. The protections and safeguards built into this bill are designed specifically to keep the person at the centre of the process, and to protect them from any outside influence.

I will correct the record on one point that the honourable Leader made when quoting her friend Dutchie, because it is important. While I acknowledge that the member agreed that the statement was sharing Dutchie's thoughts, his comment that children aged 12 are being administered voluntary assisted dying without parental consent in Germany or in any other country is completely inaccurate. Following and during the debate I contacted a number of international and national experts in VAD and received responses from Ellen Wiebe from Vancouver, Silvan Luley from Switzerland, Rob Jonquiere from the Netherlands, Jocelyn Downie from Nova Scotia and Neil Francis from Australia, and I can only find the Netherlands where, at 16-plus, young people can access VAD without parental consent, and any 12-year-old children with parental consent in Belgium. It was confirmed that the statement was not correct. I want to put that on the record. It is an issue we need to be clear on.

While on the topic of young people, I will address a number of members' comments with respect to clause 142, Review of Act. As for the review of chronic pain, the review panel's role is to obtain information and report back to the government. The reviews are just that - they are reviews. In my second reading speech, I explained why I felt it necessary to include these reviews, even though for some they are not politically or ethically comfortable. However, as we see time and again in this place, the detailed empirical evidence that a parliament can glean from an independent review can serve to educate and assist the members of the future to empower their decision-making. Getting the information now, and from an independent review, can only assist members in the future make better decisions about that issue.

A number of members graciously commented on the thorough consultation process undertaken with this bill. I am grateful for their affirmation. I have genuinely tried to ensure that any organisation or individual who might have had the slightest interest in or need to engage with the consultation for the bill was offered the opportunity to engage. I reassure members that I looked to the consultation process as ongoing and an open door, with a range of forums, private briefings, public sessions, and by engaging directly with representative bodies, of which there were many entities representing different specialisations, especially in the medical field.

I have not refused a meeting with anyone who asked, nor have I ignored or discounted opinions or perspectives that differed from my own. Unfortunately, the same cannot be said of organisations that might have provided some insight into the debate, but chose not to. I have to ask if a peak body feels it has not had the chance to engage with me and others on behalf of their members on an issue of such importance, what has stopped them from doing so? My door has always been open. I have been more than happy to schedule briefings and seek constructive

feedback from stakeholders, and I especially welcome the opportunity to engage with any peak body. As I have previously stated, the Tasmanian media have been exceptionally fair, and all forms of media have included statements or comments encouraging individuals and community groups to contact me and consult.

I recognise that AMA Tasmania has always been strongly opposed to the bill and has recently confirmed that position. I had hoped to meet with its leaders to discuss its concerns. However, despite having a meeting arranged with the AMA Tasmania Voluntary Assisted Dying Subcommittee to scrutinise the bill, the invitation was withdrawn four days beforehand with no suggestion of rescheduling. The AMA Tasmania President, Dr Helen McArdle, recently stated -

> The AMA feels the decision to pass legislation such as this is not a decision for the medical profession but for the community and its elected representatives.

This statement is somewhat confusing to me, given that the same article quotes Dr McArdle as saying -

> While the AMA opposes the introduction of this legislation, we will work with the legislatures to make any legislation as safe as possible for doctors and patients if it is adopted.

The reason for my confusion, Mr President, is that on one hand, the AMA makes the assertion that this legislation is not a matter for the medical profession, but then states its opposition to it.

Furthermore, AMA Tasmania agreed to meet with me on one occasion, and briefed members in late August. And yet, despite its opposition to the legislation and the promise to 'work with the legislatures to make any legislation as safe as possible for doctors and patients, if adopted', the AMA has yet to discuss any suggested amendments with me - or any additions or deletions to the bill. Nor has it discussed with me the policy positions I have taken in structuring the bill.

AMA Tasmania has given me no feedback other than to explicitly state that it would not and could not support any form of voluntary assisted dying legislation. Like many members in this place and many people listening across Tasmania, I have held leadership positions. I struggle to understand how any leadership supposedly representing doctors would fail an opportunity to meet with the person largely responsible for the legislation which can impact on their members.

I find that model of leadership exceptionally disingenuous. It is perhaps worth noting that less than 25 per cent of Tasmanian doctors are members of this organisation - just one in four. Many of those are university students. Those who are listening may go back to the 1980s and have a look at the numbers of doctors who were registered as part of the AMA. I am a little tired sometimes because in other situations the AMA does a wonderful job with leadership, as it has throughout COVID-19, for example. I am not denying what it does but, in this situation, it has missed an opportunity. The AMA cannot honestly hope to purport to represent doctors in respect of this matter or any other when its membership figures pale in comparison to other groups such as RACGP Tasmania. Members have mentioned this before.

Interestingly, the RACGP, which represents more than 40 000 members across Australia, has the following position on voluntary assisted dying -

> As with all good medical practice, end-of-life care should be patient-centred. Compassion, dignity, respect and participation in decision-making are important to the delivery of high-quality palliative and end-of-life care.

While not taking a formal position on whether voluntary assisted dying should be legalised, the RACGP recognises that if assisted dying becomes a legal option, some patients will request it, and that such a request requires a respectful and compassionate response. To facilitate a patient-centred approach, there should be open and informed communications between GPs and patients and their families, carers and those people nominated to make treatment decisions where applicable. This should be an ongoing conversation, covering topics including goals of care, advanced care planning, prognosis and symptom control measures. The suffering experienced by dying patients may be great. In addition to pain and disability from the terminal illness, nausea, asthenia and medication side effects are common. Existential suffering as a product of hopelessness, indignity or loss of independence can result in the patient's belief that meaningful life has ended in all but a biological sense.

For some patients, a sense of control over the manner and timing of death can bring comfort. Requests for voluntary assisted dying must be patient-initiated, voluntary and free of coercion from family members, health practitioners and others. While requests for voluntary assisted dying are few in number, people who express these wishes must be supported in a way that allows time for full exploration of their concerns and options.

I felt the position of the RACGP better reflects the way many wonderful doctors have an impact in our community. The member for Murchison made the point in her speech that for professional bodies, and I quote, 'achieving a consensus position is difficult, if not impossible.' Many grassroots members of professional bodies have attended my community forums and approached me afterwards to directly discuss their thoughts for or against. I welcome contributions with views that can differ substantially from a body's policy statements; an experience that does endorse the members' observations, and note that a body has to find a view that can be supported by its governance structures and ongoing policy positions.

I note that Professor Spruijt's opinions were referenced several times in the member's contribution and were also included in a briefing organised by the member. Professor Spruijt has frequently misrepresented her religious affiliations to both the public, and recently in a briefing to the Legislative Council. Whilst I acknowledge the professor's vast qualifications and experience as a palliative care specialist, she has alluded to the fact that she has had little clinical experience of VAD and her opinions should be regarded exactly for what they are, the opinions of a conscientiously objecting doctor.

It seems odd to me that after the member for Murchison spoke of the need to separate religion from this, and we, as members, have continually been asked to ignore the chatter and focus on the evidence, that we would allow the opinions of one doctor to influence our perspective on the impact of this bill. From the 40-odd responses to Professor Spruijt's article, many from fellow doctors, it appears her opinions are not well supported by her peers and the wider public, with Kiki Paul, from Go Gentle stating -

> Go Gentle Australia has always acknowledged that Australia's palliative care is excellent, among the best in the world.

I digress, the second best, according to the member for Huon, behind the UK -

> But perhaps Ms Spruijt is unaware that Palliative Care Australia itself admits it cannot help EVERYONE. By their own reckoning, they are unable to meaningfully help around 4% of their patients.

Ms Forrest - Which is what she said in the article, and she said it in the briefing.

Mr GAFFNEY - 'This translates to hundreds' - thank you, member for Murchison, I am responding to your -

Ms Forrest - Yes, but this is a personal attack, Mr President, on a professional. I think it is a bit -

Mr GAFFNEY - Thank you, I do not think it is, member for Murchison. I would ask the President to ask the member for Murchison to wait until I have finished. Thank you.

Mr PRESIDENT - Please keep the summary to the points raised.

Mr GAFFNEY - If we go back to the member for Murchison's speech, she spent quite some time proposing what the Professor Spruijt said, and I am just responding to that.

Ms Forrest - She is entitled to her opinion, too, Mr President, the same as everybody else we have heard from.

Mr GAFFNEY - As is Kiki Paul from Go Gentle. I did not interrupt the member for Murchison when she was making her address; I would appreciate the same courtesy.

Professor Spruijt then goes on to misrepresent statistics about the reasons people give for choosing VAD in Canada, conveniently forgetting to mention the first and foremost reason - they are dying and want to avoid prolonging their suffering. Associate Professor Spruijt further asserts there is no longer the mental health review, no longer the palliative care pathway, now there is just the simplistic acceptance that the wish to die of a person with a life-threating illness can be taken at face value and acted upon. Kiki Paul from Go Gentle said -

> This is alarmist and inaccurate.
>
> The legislation in VIC (and WA) very clearly states if mental health seems a factor in the decision to ask for VAD, the patient must be referred to a mental health professional. All treatment options are to be discussed – but it has always been a patient's right to refuse certain treatments. While palliative care is excellent, some people, for whom PC can achieve very little (such as when they are in the end stages of MND) may not want to engage.
>
> 'A simplistic acceptance' belies the thorough process, laid out in detail in the legislation, that a patient must undertake to obtain a prescription. It is a process which, on average, takes 3-4 weeks and is certainly not easy. And

neither is the decision to take the medication. A/Prof Spruijt's assertion of 'simplistic acceptance' is also insulting to terminally ill people who know exactly why they want to access an assisted death and would never describe the decision as 'simple'.

Kiki Paul goes on to say -

A/Prof Spruijt worries about the 'devastating effects' of this legislation. Yet neither in Belgium/the Netherlands (which have very different legislation to the Australian model) nor in Oregon, where very similar legislation has been in effect for some 23 years, have these effects been observed.

Palliative Care Australia, in their own report in 2018, admitted that in international jurisdictions where VAD has been enacted, palliative care and hospice services and funding have generally improved. At the same time, the OECD reports that confidence in the medical profession has increased.

Kiki Paul also says -

Last, but not least, A/Prof Spruijt is very concerned about 'the safeguards that will continue to be eroded'. There is no evidence this is the case in jurisdictions where VAD has been legal for many years.

She says -

A/Prof Spruijt is clearly not in favour of VAD laws, and worries about exhaustion, anxiety, discouragement of the physician and how they may influence the patient in their decision making. No doctor is required to participate if these matters are insurmountable obstacles: both access and participation are VOLUNTARY.

A response from GP James Hurley says -

Associate Professor Odette Spruijt's article is of great interest but does it represent the palliative care physician's view or the patient's view? Is it a balanced viewpoint?

Several of her points suggest it is limited to the palliative care physician's view. For example, a call for '… a mandatory palliative care education program' and '… annual demonstration of competencies' - really? Also, 'Palliative care doctors - are taught to be reflective practitioners and to avoid imposing their values on their patients.'

These points lead me to believe that the article presents the viewpoint of a craft group that feels threatened by a new approach to patient care. In other words, a turf war.

Is this perceived threat compounded by the right of doctors to be conscientious object to participating in VAD? She states an apprehension that their '… views as conscientious objectors are not respected'. But is this

> a two way street? Do patients who would request VAD have a right to be heard?
>
> My recent experience as VAD practitioner [not a palliative care physician] surprised me. There are palliative care physicians who do not respect patients' engagement with VAD. Moreover, once a patient has VAD in their possession these palliative care physicians [and geriatricians] remove themselves from caring for the patient should they choose to take VAD. Is this is a step beyond conscientious objection? In this 'turf war' who will lose? More than likely, the patient.

The member for Murchison also mentioned advance care directives. I agree this area should be investigated at some point, but I believe the advance care directives can and should be done independently of the voluntary assisted dying bill. The two ideas are not mutually exclusive, but they do not need to be explored in tandem.

In focusing on the member's point about moral injury, Dr Will Cairns, a palliative care specialist and former president of the Australian and New Zealand Society of Palliative Medicine - ANZSPM - said that it was important to recognise that moral distress affects patients as well as clinicians -

> … it was important to recognise that moral distress affected patients as well as clinicians.
>
> Moral distress is not unique to health workers. Patients might feel moral distress about not being able to take control of their life. They may be distressed about having to live on when they had prepared for their dying and were at peace with it …
>
> And some health workers might feel moral distress by not being able to meet patients' wishes. The source of moral distress depends on your belief system, which is the whole point of conscientious objection.

I bring honourable members' attention to a number of observations made by informed specialists in the field of drafting VAD legislation and its practical application in the community.

First, I note the observations of Marshall Perron, an eminent legislator who I am sure needs no introduction in the context of the importance of his role in our nation's legislative processes. He says -

> Having tracked every bill that has been introduced in Australia over the past 23 years and been active in a number of the campaigns, I have to say your proposals are excellent.
>
> It would be a shame if the ultra conservative regimes in Victoria and [Western Australia] became the default model for the rest of Australia.

You have clearly thought deeply about how to improve on what has been accepted so far and seek to expand eligibility.

I commend you for doing that.

I acknowledge the experience of those in this Chamber - in this case both the member for Murchison and the member for Huon who have medical backgrounds, albeit somewhat more contemporaneous than others. I believe that doctors and nurses have a regard for each other in different specialties. I am pleased that occurs in that profession because whether you are a GP or you are specialising in a different area, they do have regard.

I offer the considered thoughts of Dr Cam McLaren, a medical oncologist at Monash Health in Melbourne, and a principled clinician who I am sure we have all come to know and trust in various briefings and supporting papers he has freely made available to us. I also take this opportunity to thank him and his colleagues for their willingness to offer us the ongoing benefit of their learned knowledge and lived experience of VAD processes as we consider this legislation and the impact thereof. Dr McLaren is one of the clinical moderators of the Victorian Voluntary Assisted Dying Community of Practice, an online forum for VAD-trained doctors in Victoria to share their experiences regarding the provision of VAD assessments.

For people listening who have not had the chance to be in the briefings that members have, Dr McLaren has been involved in over 100 cases of applications for voluntary assisted dying in Victoria. More than 50 of his patients have received voluntary assisted dying medication and over 40 have chosen to take the medication. He has been present in support of the patient and their family at over 30 administrations of VAD medication, including seven occasions where practitioner administration or intravenous was required. He said that he believed in patient choice - fully informed autonomous choice made with a capacity to do so - and in supporting that choice once it is made. The proposed Tasmania end-of-life choices bill addresses several issues that being experienced in the application of the Victorian legislation while maintaining patient safety. In reviewing the bill, he said that he found himself at times to be envious. The bill addresses not only issues that have already been identified in Victoria but it also shows great appreciation for the vast differences between Victoria and Tasmania and one size does not fit all.

While this afternoon I have heard concerns about the structure and the quality and the content of the bill, I assure Tasmanians listening that this bill is thorough, robust and is good law. I will address these comments further when next we sit.

Dr McLaren congratulated us this bill because it -

- who never took out Citizenship or Permanent Residency, who are excluded from accessing VAD.

- Removes what we refer to as the "gag order"; the clause of our legislation that states that we cannot raise the option of VAD with our patients. This disadvantages patients who are not as well-educated or aware of legislative change, or who are non-English speaking background. Tasmanian doctors will be able to offer their patients the full range of end-of-life care options, that are not exclusive to each other - in the course of my assessments, I often advocate for and refer to community palliative care services if symptom control is the

patient's main issue for applying. Victorian VAD doctors don't see VAD in opposition to palliative care, rather complementing it to provide end-of-life care for patients that is in keeping with what they want.

- Removes the requirement for a short prognosis, and instead focuses on the suffering of the individual. It seems cruel that we must tell some of our applicants in the most amount of suffering that unfortunately they haven't suffered enough and must wait as their prognosis is unclear.

The Tasmanian bill -

- Removes the requirement for a Specialist to provide one of the assessments. 28 of the 265 Oncologists and 8-9 of the 224 Neurologists in Victoria have done the training and are registered to provide assessments. For perspective, as of March this year, there were 17 Medical Oncologists and 11 Neurologists in Tasmania - if similar uptake occurs, there may only be 1-2 Specialists in the state willing to provide assessments. Further to this, the benefit of involving a Specialist is in prognostication of the disease and providing treatment options so the patient can make a fully informed decision. Prognostication is an inexact science; often doctors (and therefore patients) don't know that they have 6 months to live until they have 6 weeks to live, and a requirement on prognostication can delay the relief that patients feel when they receive approval; having this, for the patient, often means that they feel as though even if their worst fears regarding their end-oflife experience start coming true, they have a peaceful, lawful option.

The fifth advantage of the Tasmanian bill over the Victorian bill is -

- The explicit allowance for the use of Telehealth in the assessment of patients is also a great step forward in ensuring equitable access across the state. I do believe that these assessments are better done face-to-face, and should be done this way if at all possible, but this allowance will mean that no matter if you live in Hobart, Launceston, or any other corner of the state, your Bill will protect those of you who are suffering from terminal diseases having to travel to see yet another specialist.

The sixth advantage, Dr McLaren said, is -

- The use of an Administering Health Practitioner will support the wellbeing of participating doctors by allowing willing health practitioners, such as community nurses, to attend when the applicant wants to use their VAD medication.

Seven, Dr McLaren agrees that by utilising -

- … a Commissioner instead of a Board - our cases are only reviewed when the Board meets, granted that this is several times a week, but having a Commissioner will allow for faster turnaround times for applications.

Dr McLaren finishes with -

> The proposed Tasmanian End-of-Life Choices (Voluntary Assisted Dying) Bill is a well thought-out Bill that has learned from our experience in Victoria, and been adapted well for the Tasmanian setting. From our experience, legislation is the primary, but not the only, provision of safety in VAD; if it is adopted, the implementation period will be extremely important to ensure that the practitioners are well-educated and prepared to manage patients who choose this end of life option.

The last thing, Mr President, is that I would like to add the observations of Dr Nick Carr, a practising GP with experience of the Victorian VAD process as one of the initial cohort of doctors to offer VAD care. He says -

> My name is Dr Nick Carr. My qualifications are MA MMed MB BChir DCH MRCGP FRACGP.

I am sure Dr Phil would know all those acronyms and say they were aboveboard and decent. He says -

> I have been a partner in a group general practice in St Kilda for over 30 years and am an honorary Clinical Senior Fellow in the Dept of General Practice at The University of Melbourne. I completed Voluntary Assisted Dying (VAD) training in May 2019 and was one of the first doctors in Victoria to provide VAD care. I have been involved in around 16 cases, mostly as coordinating practitioner.
> In

He says -

> In general the VAD process has operated well in Victoria, providing very significant benefits to those who choose to use the legislation, without any known harms occurring. There are some limitations to the Victorian Bill, and in my opinion, the proposed Tasmanian Bill improves on these without any negative effects.
>
> I have read the proposed Tasmanian Bill with great interest and found it clear and easy to understand. There are three particular areas where I believe this proposed Bill has advantages:
>
> 1. *The patient does not have to prove Australian citizenship – being ordinarily resident in Australia for at least 3 years suffices*. We have had delays here in Vic while people have struggled to find the right paperwork to prove citizenship, and also issues where long-term residents never took out Australian citizenship. This different provision in the proposed Tasmanian Bill therefore seems to me a clear and sensible improvement.
>
> 2. *There is no requirement for the patient to have a specified prognosis with their terminal illness.* In Victoria, the need to provide a

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

3. *The assessment can be provided by general practitioners.* In Victoria, one of the doctors involved must be a specialist. This has been a significant barrier, and at times led to unfortunate delays. General practitioners should be able to complete the VAD process, with advice from relevant specialists as needed, as set out in the proposed Tasmanian bill.

Members would have received the extensive letter from Community Legal Centres Tasmania. I will read into *Hansard* a couple of points made by its chair, Ms Jane Hutchison -

Informed decision-making about medical treatment.

Clause 7 of the Bill provides that the Commissioner of Voluntary Assisted Dying is to make available 'information as to what assistance to die the person may receive from a PMP (Primary Medical Practitioner) or an AHP (Administering Health Practitioner)'. The information made available will include all options regarding end of life care including palliative care and treatment. In other words, clause 7 reflects the importance of giving people genuine choice and autonomy in making informed decisions about their medical treatment. Standardised information drafted by the Commissioner of Voluntary Assisted Dying will ensure that everyone is well informed.

In our experience, as lawyers and staff in the legal assistance sector, the socially and financially disadvantaged are often not aware of all options available to them. Clause 7 will protect the rights of all who are otherwise eligible to access voluntary assisted dying by ensuring that they are made aware of their legal rights and the options available to them to reduce their suffering.

Ms Hutchison says -

Dying at a time and place of one's choosing.

Clause 85 of the Bill provides administering health practitioners will be able to supply and assist the person to self-administer the VAD substance or administer the VAD substance. We strongly support the Bill's broad definition on administering health practitioner to include registered nurses.

She goes on to say -

Allowing registered nurses to assist will ensure greater choice for the person as to the time and place of their death. It will also provide greater comfort to

> people that their death will not be rushed and can take place at a time when family and friends can be present.
>
> This is particularly important for persons who live in rural, regional and remote areas of Tasmania where there may not be an accessible practicing medical practitioner, or if there is, they may conscientiously object to involvement in the patient's voluntary assisted dying.

In supporting the concept of registered nurses and/or nurse practitioners in the VAD process, Ms Leanne Boase, President of the Australian College of Nurse Practitioners wrote -

> The Australian College of Nurse Practitioners the ACNP, is the peak body for nurse practitioners in Australia. We strongly advocate for improved access to care for our community regardless of where they reside. Nurse practitioner practice often develops in areas and locations of practice that are under served in our community.
>
> We see nurses as integral within any VAD plans. Nurses strongly advocate for patients and their right to choose and we anticipate good participation rates improving access for Tasmanian people to VAD. We are confident that safeguards under part 15 of the bill would provide protection for registered health professionals to participate.

It goes on to say -

> We support all health professionals undertaking appropriate training prior to being able to participate in any role in voluntary assisted dying and there should be an assessment component of this education to evaluate competence to participate. We recommend and support that nurses should have a minimum of five years' clinical nursing experience to be accepted for training or participation.

I have been extremely grateful to nursing bodies such as ACNP and the ANF Tasmania for agreeing to meet with me and providing feedback on the bill. It is a fact that nurses have the skills, the experience and professional capacity to serve as administering health practitioners should they wish to undertake VAD training.

As members are aware, I was asked to table this legislation by Dying with Dignity Tasmania. While there have been some discussions along the way about the policy direction of the bill, I felt confident that collectively we have tabled a bill that reflects best practice. There has been some conjecture about policy, most frequently with respect to prognosis and whether this should be included at the expense of the terminal and intolerable suffering eligibility. I have listened to both sides of the argument and to be completely frank, the best and most inclusive way, in my opinion, was to make both the prognosis, the self-administration pathway and the AHP pathway, available to eligible persons.

I now quote from Mrs Margaret Sing, former president of Dying with Dignity Tasmania, who succinctly expresses the problems with including prognosis in VAD legislation, and why in overseas jurisdictions this practice is avoided. An excerpt from Mrs Sing's submission to members reads -

THE ISSUE OF PROGNOSES AND WHY THEY SHOULD NOT BE INCLUDED IN THE TASMANIAN BILL

The EOLC (VAD) Bill is more consistent with other safe and more effective legislation by avoiding a major weakness in the Victorian and WA VAD Acts - the requirement for prognoses of months to live – and focussing instead on end of life suffering and the wishes of people to end that and to choose the way to do so. There is no requirement for suffering under US assisted dying laws – the model is primarily for a "right to die" a bit earlier than you would have done. The model for the Canadian, Netherlands, Belgian and Luxembourg laws is different and has a primary focus on assisting people to end intolerable/unbearable end of life suffering. This is close to the model of the EOLC (VAD) Bill. This latter model is consistent with the views expressed by Tasmanians in opinion polls and elsewhere. People are not afraid of dying but of prolonged and unnecessary terrible suffering when there's no chance of recovery, improvement or relief.

Close to 90% of all assisted deaths under VAD legislation elsewhere occur where there are no prognoses of months to live. This is based on data available through annual reports and an estimate of assisted deaths in some US States.

Evidence presented to multiple inquiries and reviews is that prognoses of months to live are notoriously unreliable, difficult to predict with any degree of accuracy especially for some medical conditions, eg motor neurone disease, and are not clinically undesirable. They are also are not relevant to the major reasons people want VAD – to end intolerable suffering that is otherwise unrelievable and to achieve the best end of life in their very difficult circumstances – how, when, where and with whom they want that to be.

…

Oregon and other US VAD legislation requires a 6 months prognosis only because of the US funding system for end of life palliative care (which they call 'hospice'). People with a prognosis of 6 months or less to live can get federally funded assistance so they can afford end of life palliative care. The "6 months" has no medical reliability or validity but is, in effect, the "rationing device" for federal funded assistance.

There is no evidence or reasonable argument that the Oregon (and other US) VAD legislation is safer and/or prevents risks and abuses better than the Canadian and European VAD laws because it has this requirement for a prognosis of 6 months or less to live. In fact, it is one of the factors that results in the Oregon legislation helping very few people compared to more effective legislation. In Oregon, it's taken 22 years for assisted deaths to reach half of one percent of all deaths (2019 report). The Canadian legislation for VAD (which they call MAiD – medical assistance in dying) came into operation in June 2016. The 2019 report on the operation of the legislation found that assisted deaths were 2% of all deaths in that year.

> The architects of the first law in Oregon chose 6 months so that people would not have to choose between affordable palliative care and assisted dying. Attempts to extend the prognosis to 12 months (eg in 2016) have been unsuccessful because they have been opposed by groups equivalent to DwDTas (eg Choices and Compassion) because of the same concern. This situation is not the same as in Tasmania or Australia where there are no artificial time limits on access to palliative care.
>
> The requirement in the Victorian law (also included in the WA VAD law) has been strongly criticised because of how unreliable prognoses are.
> …
> As Dr Helen Cutts, a retired very experienced GP, has said: "I realised early in my career that any attempt to give a prognosis of this was unwise as it is impossible to predict with any certainty the course of any illness. Naturally the patient and family are most anxious and wanting a prognosis (How long have I got ?) at the time of diagnosis, and it is time well spent to give them information and try to answer their questions, but to explain to them that you cannot predict, because you will almost certainly be wrong, but that you will keep them informed as the illness progresses. Eligibility should be based on the severity of the suffering, and that adequate relief by any available means acceptable to the patient has not been able to be achieved."

As members would appreciate it was, in fact, DWD Tasmania's preference that no prognosis be included in the bill. However, my attempts to provide legislation to suit the Tasmanian context and echo the bill's Australian predecessors, while offering measured improvement in access, led to the dual pathway policy. I feel that the bill has captured the very best elements of both the international and the Australian experiences in VAD legislation.

In her contribution the honourable member for Nelson spoke of the relationship between human rights and the capacity to access voluntary assisted dying. She said -

> Canadian provinces established their VAD laws after a decision of the Supreme Court of Canada found that to deny access to voluntary assisted dying was a breach of human rights and was contrary to the Canadian Charter of Human Rights. It is interesting to note that Victoria was the first state in Australia to enact a VAD Act in 2017. It, too, was the first jurisdiction in Australia to have a Charter of Human Rights and Responsibilities Act. In the context of this VAD debate I would like to see a human rights act for Tasmania.

I could not agree more. Perhaps that is a matter for 2021 and beyond.

I believe it can be argued that Tasmania can be, and has been, a leader in making safe and contemporary laws. As an example, with the recent gender amendments the member for Murchison was intimately involved in strengthening the bill in this place with the assistance of OPC, and progressing its passage, with the resultant legislation arguably the best in the world.

I have been informed recently that at an international zoom meeting on law reform, activist Martine Delaney represented Tasmania. When she joined online she could not believe the amount of questions and interest she received while listening to people astounded that

Tasmania could achieve and innovate that law. Mr President, we should see ourselves as leaders.

Well known LGBTIQ advocate, Rodney Croome, recently shared with me that he often felt when working on social issues with representatives from other Australian states, co-legislators, that there was a perception or a feeling that Tasmania had little to offer and there seemed to be an attitude -

Why don't you just follow what we've done.

Or -

We are bigger and we do it better.

I cannot think of any member in this Chamber who would adopt that approach. We might be the House of review in this parliament, but that does not mean that we cannot in some circumstances be the vanguard of legislating.

It is not often that a bill, especially one of this magnitude, is presented in this place without having been debated and quite possibly amended within an inch of its original form downstairs. This is a rare opportunity for members to be at the forefront of developing bespoke legislation that fully meets the expectations and needs of the Tasmanian community.

Mr Croome highlighted that Tasmania's anti-discrimination legislation is the best in the nation, as we have been able to improve and build on legislation from states that preceded us. However, in our discussion it was clear that true innovation and initiative in a whole range of environments - business, commerce, industry, education, science and tourism for instance - can originate from the individual, the small workplace, the more creative and pragmatic thinkers, as it can be with legislation. I believe we have demonstrated, in our efforts to get this legislation to this stage in Tasmania, a willingness to engage with the community, as well as the architects and administrators of legislation in other jurisdictions, to ensure the bill will create an operationally safe and efficient process which best suits the needs of Tasmanians.

I am looking forward to supporting those amendments that will strengthen the bill and/or progressing voluntary assisted dying in this state. The amendments I will be resisting will be those bills I believe take us backwards. I place on the record now I honestly believe any amendments or set of amendments which seeks to strip this bill back to a point where it contains none of the improvements on the WA and Victorian acts, is indeed a backward step.

I would also like to acknowledge the incalculable hours and considered thinking fellow members are applying as we deliberate the action and operation of this legislation before us. I know there has been due consideration of suitable amendments to strengthen the bill, together with the ongoing discussions and briefings we have been engaging in as we all seek a deeper understanding of the strengths, weaknesses and nuances of the legislation from other jurisdictions in relation to this bill now before us.

In this, I would like to reflect on members' desire to frame any enacted legislation to the best it can be in our uniquely Tasmanian context, and one that acknowledges the close personal ties we all have with our constituencies and the electors within them. As such, we all reflect the natural compassion, the genuine community cohesion and natural support network that is

the Tasmania we all know and love. These are factors that have been decisive in the widespread and growing community support for legislation to give VAD in some form as an option in Tasmania.

Within the statewide grassroot support, we have to acknowledge the community expectations, together with a regulatory environment that has been mentioned and medical practice, are constantly evolving and always will do. I would like to think this legislation can best reflect the need to allow for and accommodate suitable adjustments over time. Consequently, I ask my colleagues to reflect on the nature and impact of any possible amendments and suggest that whilst they, within themselves, can see the strength of the bill, they are structured in such a way they could not inadvertently inhibit that future function and application of this legislation.

My primary focus has always been to ensure any person who may wish to access this process has a fair and equitable opportunity to be considered in a fully compassionate process. This is not withstanding the full voluntary nature of the role of any person who might be called upon to participate in the voluntary assisted dying process, for whatever reason. In consideration of these points, could I suggest that we consider in due course and in our private reflection, the intent of possible amendments where the action of it may be better served within the regulations, the regulations that will be naturally drafted and be attached to such bill as is enacted into law. This will allow a process that will allow for timely adjustments to be made without the need for formal amended legislation, either in this place or the other.

In my desire to seek to respond to the questions raised in this place this afternoon, and issues that may be raised with the Government briefings in the next two weeks, I move the debate now stand adjourned.

[6.19 p.m.]

Ms FORREST (Murchison) - Mr President, I wonder why we are doing that and not going to the vote. I thought we were going to go - sorry, I did not see you on your feet, member for McIntyre.

Ms Rattray - I was going to ask exactly the same question.

Ms FORREST - I thought the intention was to finish this process, then talk to the department about aspects of the legislation, should we need to. Obviously, if the bill is not supported into the Committee stage, there is no point calling in the department. Anyway, I thought that was the intention. Personally, unless there is another reasonable explanation, I will be opposing the adjournment.

Ms RATTRAY (McIntyre) - Mr President, I was surprised that the House is not being asked to make a vote on this, as I think we have done enough adjourning. I am interested that we have a vote and ask why we are not doing that this evening.

Mrs HISCUTT (Montgomery - Leader of the Government in the Legislative Council) - Mr President, to clarify the procedure: If the member for Mersey were to withdraw his adjournment and you were to put the vote and the vote was had, could the Leader adjourn the House? Is that the procedure? Can we do that and then the debate would still stand adjourned?

Mr PRESIDENT - Members, I will get some advice on that. It is at the will of the House, so if the House votes not to adjourn, the question will be put and then it will follow the process. I will check whether we need to then go straight into Committee or whether we can leave it. Honourable members, we can either vote to adjourn the debate and then the member for Mersey would get the call to come back to the lectern again or, if we vote not to adjourn, we can stop here and then go into Committee at a later date.

Ms Forrest - After taking a vote?

Mr PRESIDENT - Yes, after taking the vote.

[6.23 p.m.]

Ms LOVELL (Rumney) - Mr President, this is the member for Mersey's bill so I will be guided by how he wishes to proceed with it. Given that all members have now made their second reading contributions and cannot add any more to the debate after any further briefings and given that most people have indicated whether they would or would not support the bill, I would prefer to see it go to a vote now so that we can have that step concluded and then go into Committee at a later date after we have had further briefings.

I do not think anything is to be gained by having further briefings when people cannot come back and make further contributions to their second reading contributions.

Mr VALENTINE (Hobart) - Mr President, I want to get this clear: if we take the vote now in relation to the bill, who moves that it be adjourned to a later time - say, next Tuesday's sitting? Is it the Leader or is it the member for Mersey?

Mr PRESIDENT - It is the member for Mersey because it is the member's bill. It goes on to be brought into the Committee process.

Ms Forrest - It is a separate question.

Mr PRESIDENT - Yes, it is a separate question. It does not stop the bill from proceeding, it just means that rather than the member for Mersey going back to the lectern on a later day, we go then into the Committee stage. We take the vote to either vote it in, yes or no. If it is voted that the second reading be agreed to, the next step is going into the Committee stage.

Mr VALENTINE - Then the member of Mersey would get up and say 'I move that the debate stand adjourned' -

Ms Forrest - No.

Mr VALENTINE - Until such and such a time.

Mr PRESIDENT - No. The member for Mersey would move that the debate be -

Ms Forrest - No, no. He would not get up.

Mr PRESIDENT - Go into the Committee stage, yes.

Ms Forrest - At a later time.

Mr VALENTINE - At a later time.

Mr PRESIDENT - Yes. 'At a future time', I think the term is.

Mr VALENTINE - At a future time.

Mr PRESIDENT - Yes.

Ms Forrest - You have already done it on your second reading speech.

Mr Gaffney - But the questions were asked today or this afternoon.

Mr PRESIDENT - The first question we have to resolve is whether we adjourn the debate now.

Mr VALENTINE - As long as there is no problem with adjourning the Committee procedure until the next Tuesday of sitting, I am happy to have the vote now.

Mr PRESIDENT - The question is that the debate stand adjourned.

Motion negatived.

[6.25 p.m.]

Mr GAFFNEY (Mersey) - Mr President, I apologise to those members who asked questions in their speeches this afternoon. I have not had a chance to give you answers to those questions because I have to research those. That is why I thought I would have been able to come back with answers to those.

I will try to get answers to those people who have asked me questions. I apologise I have not been able to do that at this moment.

Bill read the second time.

ON-DEMAND PASSENGER TRANSPORT SERVICE INDUSTRY (MISCELLANEOUS AMENDMENTS) BILL 2020 (No. 34)

First Reading

Bill received from the House of Assembly and read the first time.

ADJOURNMENT

[6.29 p.m.]

Mrs HISCUTT (Montgomery - Leader of the Government in the Legislative Council) - Mr President, I move -

That the Council at its rising adjourns until 11 a.m. Wednesday, 23 September 2020

Mr President, before I move that the Council adjourns, I remind members of our 9.00 a.m. briefing tomorrow morning on the Corrections Amendment (Electronic Monitoring) Bill and then the briefings on the Cat Management Amendment Bill.

Motion agreed to.

Member for Mersey's Comments - Associate Professor Spruijt

Ms FORREST (Murchison) - Mr President, I wish to make a brief contribution on adjournment. In response to the comments made by the member for Mersey in his summing up of debate on the bill we have just dealt with, I feel that it is important to speak to support Associate Professor Spruijt. In my view, it is a misrepresentation of what she has said and what she has commented on, both to members of the parliament, but also in the article that she wrote. She wrote an article in the *Medical Journal of Australia*, which I referred to in my speech, in response to an article in *The Age* newspaper. When that article was published in the *Medical Journal of Australia*, there were a number of comments on the online version. Some were very supportive of her position, others were quite contrary, which is the nature of the beast in this field, as we have said. We should be very careful about respecting differing opinions here.

I found the member for Mersey's comments quite disrespectful and unnecessary. I read her comments regarding the reasons people in Canada had chosen to use their medical assistance in dying legislation. The member for Mersey said that she misrepresented that information. Subsequent to reading her comments from the MJA, I then went to the MAiD report, which is the Canadian report, and read directly from that, which was basically confirming what she had said in her article.

It is really unfortunate we seem to be pulling apart a person's comments that she has made in good faith, and also, some of the doctors involved in supporting the member for Mersey in his work to get this bill through. I commended him on that, as other members have. But one of those doctors actually suggested to the member for Mersey that Associate Professor Spruijt was a loyal member of the Australian Catholic Medical Association. That is why she said at the beginning of our briefing that she has not been and is not a member of the Australian Catholic Medical Association, let alone a loyal member.

We need to be careful we are not suggesting that opposition to this process, whether it be our legislation, Victorian legislation or Western Australian legislation, is put in the box of religion. It is really important we do not do that. Professor Spruijt was speaking from her vast experience as a palliative care physician. She has worked for many, many years in that area and she was talking about the impact on her unit that she works in, with some doctors who choose to participate and others who, as she does, have a conscientious objection to it. We must respect these views. We must not be wanting to silence those voices that are different from ours potentially. She is entitled to her views.

I am saddened that we see such a personal attack on a highly skilled and experienced medical specialist in palliative care. She absolutely acknowledged she was a conscientious objector in both the article and in her communication with us. She was speaking about her

experience. The member for Mersey said she had had no experience in VAD. She has had experience in the application of VAD in Victoria since she has been working in that area. She has not participated in it because she has chosen not to. It is her right to do that, to conscientiously object, but she has witnessed it being used in the area where she has worked. She has experienced the impact on her personally, some of her colleagues, and some of the nurses on the ward that she worked with.

It is really important we do not attack others with differing opinions, including the AMA. I know the AMA, for all their flaws, does not fully represent the views of their members. There are many members of the AMA who do support voluntary assisted dying. I have spoken to many of them. It is very important we do not attack individuals in this way, and that we respect differing views. I am saddened that we actually went down that path.

Richie Porte - Tour de France Podium Finish

[6.34 p.m.]

Ms HOWLETT (Prosser) - Mr President, I rise this evening on adjournment to congratulate our very own Tasmanian hero, Richie Porte, on his outstanding triumph at the gruelling Tour de France, taking out a podium finish. It is widely known that following a number of injuries and setbacks Richie, at the age of 35, was determined to return for one last crack at what many describe as the world's most prestigious, gruelling cycling race.

In doing so, Richie knew that he would miss the birth of his daughter who arrived in the first week of the race. In fact I heard Richie on ABC this morning saying nothing could beat seeing his daughter's face for the very first time. Richie's history-making ride was the first podium finish for an Australian since Cadel Evans took out the Tour de France in 2011 and notably, the first ever for a Tasmanian.

Richie has had a long and difficult journey, having suffered a number of setbacks over the years. However, these setbacks have only made him more determined to one day succeed - and he has. I commend him for his ongoing dedication and resolve which I am sure has not been easy for him. The sheer hard work and sacrifice that Richie has endured to achieve this goal cannot be underestimated. On taking the win, Richie said -

> To finally crack the podium, that's the picture I want on the wall at home - in Paris on the podium … It's just so incredible to finally do it - it feels like a victory to be honest.
>
> It's been a long journey with the battles I've had and the drama along the way, so I'm just so happy to finally be on the podium in the Tour de France.

Porte is certainly no stranger taking the win, having won some big races over his career. I did not know this about Richie, but while growing up he actually excelled as a triathlete before switching his attention to cycling at the age of 21.

Ms Rattray - Cressy District High School.

Ms HOWLETT - Yes. Following two successful seasons racing at amateur level in Europe, Richie signed as a professional with Team Saxo Bank in 2010. He made an incredible

start to his pro career, notching up his first win in the time trial stage at the Tour de Romandie in April 2010. Richie's win will no doubt encourage Tasmania's young and aspiring athletes even further, with a view that hard work, determination and sacrifice eventually pays off.

I congratulate him and send my very best wishes to Richie, his wife, Gemma, parents, Ian and Penny, his one-time coach and long-time friend, Andrew Christie Johnston, and all of his support crew, family and friends who have helped him and supported him along his journey. Richie, from all of us here in Tasmania, well done on this magnificent achievement. Bask in the glory and, importantly, enjoy some well-deserved time with Gemma, Luca and Eloise.

It is not clear where Richie is heading but wherever and whatever he chooses to do, he can do so with tremendous satisfaction knowing that after many stumbles and falls he has finally achieved the grand tour podium for which he seemed destined. Richie, we look forward to welcoming you home whenever that may be and we are so incredibly proud of you.

Members - Hear, hear.

The Council adjourned at 6.38 p.m.

Appendix 1
Report of the Integrity Commission No. 4 of 2017 -
Fox Free Taskforce and Fox Eradication Program

22 sept 2020
tabled and incorporated into Hansard
Member for Hobart
K. Valentine

Wildlife Society Bulletin; DOI: 10.1002/wsb.448

Original Article

Opportunistically Acquired Evidence is Unsuitable Data to Model Fox (*Vulpes vulpes*) Distribution in Tasmania

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ABSTRACT Despite the absence of direct observation of live foxes in the Tasmanian environment, a recent study concluded that foxes are now widespread on the island and proposed a habitat-specific model incorporating 9 cases of physical evidence presumed to confirm their unique presence. We briefly review the history of fox incursions into Tasmania and then assess the quality of putative physical evidence against a defined evidentiary standard. Overall, 14 of 17 incidents described since 1998 were associated with between 1 and 4 criteria indicative of unreliable data or were not associated with adequately documented physical evidence. Anonymous and anecdotal information was fully or partially relied upon in 10 of 17 cases and of these 5 were widely acknowledged to be hoaxes. We conclude that opportunistically acquired evidence is a poor substitute for data obtained by properly designed and independent wildlife surveys for confirming unique fox incursions and as the basis of ecological models predicting true habitat-specific fox distribution. Species rarity decreases the reliability of wildlife surveys and population models; thus validation of unique incursions in particular requires appropriate rigor in evidentiary standards and data quality. Precautionary management that may be considered in response to uncertain information, or opportunistically collected specimens of doubtful provenance, does not imply that such information should be treated as scientific data. We suggest that an eradication program is justified as a precautionary measure only after rigorous qualitative analysis reveals data capable of rejecting the null hypothesis that the species of interest is absent. © 2014 The Wildlife Society.

KEY WORDS data quality, eradication, fox distribution, invasive species, pest incursion, red fox, Tasmania, wildlife survey.

Island ecosystems are vulnerable to invasive species incursions (Hulme 2009) and those offshore from the Australian mainland are often of high biodiversity value that require addition vigilance and enhanced barrier surveillance (Howald et al. 2007, Raymond et al. 2011). Early detection of invasive species incursions (Kery et al. 2010) is key to the initiation of timely management action (Armstrong and Ball 2005, Darling and Blum 2007) and the overall feasibility of successful eradication (Myers et al. 2000). Worldwide, few biosecurity surveillance systems have been optimized for proactive detection of unique incursions into island ecosystems (Hulme 2009), with most commencing subsequent to an invasive species incursion being unequivocally confirmed (Jarrad et al. 2011). A diversity of surveillance methods are used in order to collect data that aim to define the distribution and abundance of invasive species and to monitor the success of the eradication program (Marsh and Trenham 2008). Rapid initiation of eradication programs immediately subsequent to the detection of alien species (Genovesi 2001) is consistent with the application of the "precautionary principle" (Applegate 2000), which requires a "knowledge condition," or level of proof that a threat exists (Manson 2002), as a trigger for the application of anticipatory measures (Petersen and van der Zwaan 2003). Despite this, comparatively little consideration has been given to what quality of evidence and formal qualitative analysis is required before an incursion can be reliably confirmed. Although assessing the "weight of evidence" to imply that an incursion has occurred is a common form of risk assessment, frequently there is no formal process of data integration, meaning that *ad hoc* "judgements" are made concerning the validity of key data (Weed 2005). Such an approach may lack transparency and have little capacity for the qualification of potential error and uncertainty (Linkov et al. 2009). Importantly, if the absence of an invasive species

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is considered as a null hypothesis, Type I (false positives) as well as Type II (false negatives) errors are 2 of the most significant inferential errors that may affect the quality of data used to affirm the presence or distribution of invasive species (Barrett et al. 2010) and the overall validity of decisions to initiate precautionary eradication attempts. Moreover, the generalizability of habitat-specific ecological models that use these data in an attempt to predict invasive species presence and distribution, as well as directing the allocation of resources for eradication efforts (Sarre et al. 2012), are highly dependent upon the quality of these data (Vaughan and Ormerod 2005).

The European red fox (*Vulpes vulpes*) was established on mainland Australia from multiple intentional introductions after 1845 (Abbott 2011) and currently threatens the conservation status of a range of Australian fauna (Bennett et al. 1989, Dickman 1996, Priddel and Wheeler 1997). In 1998 a single fox was reported to have escaped from a cargo vessel berthed at the Port of Burnie (Tasmania) that originated from the Port of Melbourne (Bryant 2001) that supports an extensive fox population (Marks and Bloomfield 1999). Plaster casts of fox prints and video footage confirmed the presence of this fox, yet because this single incursion occurred outside of the southern hemisphere fox breeding season (Ryan 1976, McIlroy et al. 2001), it did not imply a significant potential for establishment.

In 2001 the Tasmanian National Parks and Wildlife Service reported that 11–19 foxes had been deliberately released into the Tasmanian environment (Dennis 2002, Saunders et al. 2006, Sarre et al. 2007, Marshall 2011). A subsequent Tasmanian Police investigation determined this claim to be entirely anecdotal without supportive physical evidence being produced (Tasmanian Police documents 2002, Supplementary Appendix 1, available online). However, later assessments concluded that sufficient evidence indicated that multiple foxes were present (Emms et al. 2005, Wilkinson 2009) based upon a large number of uncorroborated anecdotal fox sightings together with a series of opportunistically recovered fox carcasses, some of which were quickly determined or suspected to be hoaxes (Saunders et al. 2006). In contrast with the single fox incursion in 1998, only one other instance of putative fox footprints have been located in Tasmania in over a decade and no known video or photographic images exists despite >3,000 anecdotal sightings from members of the public (Anonymous 2012). Furthermore, no foxes have been directly confirmed using common survey techniques such as trapping (Bubela et al. 1998); shot samples (Coman 1988); spotlight surveys (Reynolds and Short 2003, Vine et al. 2009); trail cameras (Kays et al. 2009, Vine et al. 2009); or shown to have taken, or been killed by, a poison fox bait (Marks et al. 2009) or any other control method (Parkes and Anderson 2009).

The targeting of the current fox eradication program (FEP) that began in Tasmania in 2002 (Saunders et al. 2006) using widespread 1080 (fluoroacetic acid) baiting (Parkes and Anderson 2009) was guided by ecological models of fox distribution proposed by Sarre et al. (2012). The model is based upon 2 forms of indirect fox survey data accumulated over more than a decade; 56 mitochondrial DNA (mtDNA) putative fox-positive scats from a pool of 9,940 predator scats collected overall (Berry et al. 2007; Sarre et al. 2007, 2012) and 9 cases of *post mortem* biological specimens and other physical evidence (Sarre et al. 2012). Ecological models that predict the presence or absence of species in various habitats should be aware that data collected must be suited to defining "habitat" used by the species rather than much broader classifications of landscape and vegetation types (Hall et al. 1997). Models should ideally be assessed for their predictive accuracy (Fielding and Bell 1997) by corroborative observations and data independent of the model (Verbyla and Litvaitis 1989). The collection of independent data to test the predictive capacity of a model is the best way to test the model's generalizability (Vaughan and Ormerod 2005) and when such testing has not been achieved, qualitative assessments of the data used in a habitat-specific model appears essential. Accordingly, separate papers are devoted to the existence of Type I error in molecular data used to describe fox distribution in Tasmania based upon the anomalous spatial and temporal distribution and detection patterns of fox mtDNA assigned scats (Marks et al. 2014) and the replication of a species-specific polymerase chain reaction assay found to be associated with false positives (Gonçalves et al. 2014). In this paper, we briefly review the history of fox incursions into Tasmania from the 1840s until the single fox incursion in 1998, and then examine the evidentiary quality of the cases believed to confirm unique fox presence thereafter.

STUDY AREA

The island state of Tasmania (68,401 km^2) is approximately 200 km south of the Australian continental landmass and has been geographically isolated from natural mainland terrestrial fauna for approximately 12,000 years (Gollan 1985) owing to the formation of the geologically recent Bass Strait sea barrier (Davies 1965; Fig. 1). Tasmania remains the largest island refuge for many species threatened by foxes on mainland Australia (Bryant 2001, Saunders et al. 2006). The island has a mountainous center and supports extensive agriculture in the relatively flat grasslands and cleared areas of the Southeast and Midlands. It is extensively forested and dominated by native eucalypt forests (Williams and Potts 1996) and a diverse range of other vegetation communities such as tall and alpine heathlands, large areas of cool temperate rainforests, low-lying lakes, and extensive riparian communities (Jeans 1977).

METHODS

History of Fox Introductions to Tasmanian 1843–1997

We sought references pertaining to the import or sighting of foxes from the 19th century until the year prior to the introduction of a single fox to the Burnie Port in 1998. We then searched scientific, historical, and Australian newspaper databases (Trove: National Library of Australia, Canberra) and microfiche records of the Tasmanian Archives and

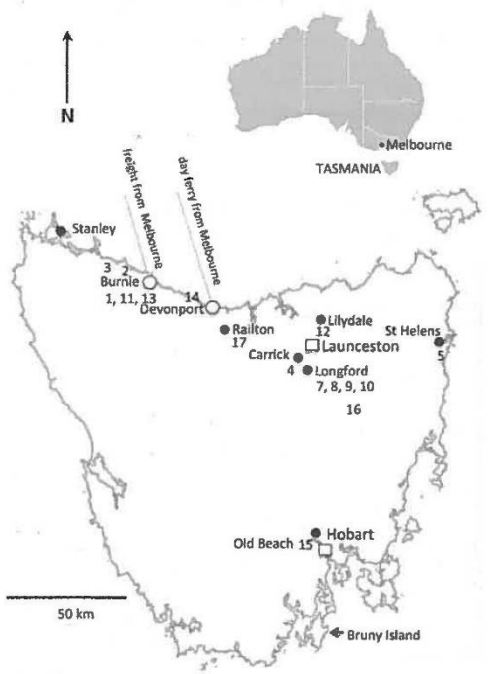

Figure 1. The 68,500-km^2 island state of Tasmania and approximate location of the main fox-associated incidents from 1998 to 2009 (1–17) corresponding to the information in Table 3.

Heritage Office (State Library: Hobart), which included newspaper reports of red fox sightings and claims of physical evidence in the archives of Tasmanian newspaper articles (The Mercury, The Advocate, The Examiner, The Courier, The Colonial Times and The Tasmanian Story).

Quality of Physical Data Indicative of Unique Fox Presence in Tasmania After 1997

We found 17 total reported incidents referred to by the Tasmanian government and Tasmanian Police records between 1998 and 2009 regarding putative evidence of fox incursions and physical evidence believed to be associated with foxes in the Tasmanian landscape since the confirmed incursion of a single fox at the Port of Burnie in 1998. We re-examined each case and assessed their suitability to be considered as valid data confirming unique fox presence against a defined evidentiary standard that rated each instance for credibility by fitting them into 1 of 4 categories and 9 disqualifying criteria (Table 1).

RESULTS

Historical Records of Foxes and Their Introduction to Tasmania 1843–1997

We found 17 fox-associated reports, including 5 reported fox introductions, recorded in Tasmania between 1843 and 1972. In 1846 a reference to the hunting of a fox sourced from Victoria was found along with reports in 1860, 1862, and 1871 of fox importation from the United Kingdom and another report of foxes being released at Stanley in Northwest Tasmania in 1854. In 1882 and 1911 it was reported that a fox was held at Hobart Zoo and in 1912 that one was held in a cage at a Launceston Park. Some claims of large-scale releases of foxes in Tasmania in 1933 were determined to be fallacious and similar claims were repeated in 1949. We found 4 anecdotal reports of one or more putative fox bodies being seen or recovered by shooting or trapping in Tasmania, including the capture and necropsy of a presumed pet fox in Launceston in 1972. Anecdotal accounts of sightings of live or dead foxes by members of the public in the 1980s (Statham and Mooney 1991) had been investigated in the field by Tasmanian government and contract biologists (J. Robinson, Department of Conservation and Environment, personal communication), yet none were corroborated with physical evidence (Table 2).

Table 1. Criteria used to define the credibility rating of physical evidence and fox associated incidents and disqualifying criteria for 17 fox associated incidents recorded between 1998 to 2009 listed in Table 3.

Rating	Evidentiary standard
Credibility rating	
High	At least 2 pieces of corroborating physical evidence from independent sources documented for the same incident with no known prior human interference with the specimen
Medium	A single piece of physical evidence with no known prior human interference with the specimen
Low	A single piece of physical evidence found in circumstances where prior human interference could not be clearly discounted
Unfounded	Physical evidence was found in circumstances where prior human interference was known and/or was associated with one or more disqualifying criteria (a–i).
Disqualifying criteria	
a	Retrospective disclosures that fox-associated activity were, or were highly likely to be, hoaxes
b	Information was provided anonymously and was not independently verifiable
c	Physical evidence that was key to claims had been destroyed, lost, or not documented in a way that permitted independent analysis
d	The informant who presented wildlife exhibits or made claims had been prosecuted for prior wildlife offences
e	Claims were based upon accounts that required unknown or anonymous third party involvement in the movement of the specimen
f	Two or more inconsistent accounts existed for the same incident
g	Laboratory analysis was misreported
h	Estimated time of death in the necropsy report did not support witness claims
i	No physical evidence was presented

Table 2. Events associated with the potential release, sighting, or capture of red foxes in Tasmania from 1843 to 1980s as recorded by the Tasmanian press, historical documents, and other publications.

Year	Location	Summary	Authority
1843	Unknown	A "full grown fox was shot while quail shooting by Mr. McConnell and brought to Hobart Town".	Colonial Times, 2 Jun
1846	Lake Dulverton	Cornwall hounds at Oatlands ran down a "bagged Port Phillipian fox" that was taken in Lake Dulverton.	The Courier, 18 Jul
1854	Stanley	Foxes allegedly released.	Lloyd Robson (1989)
1860	Hobart	One fox brought to Hobart.	The Argus 1860 (Abbott 2011)
1862	Hobart	Two foxes dispatched from Britain.	The Argus 1862 (Abbott 2011)
1864	Oatlands	One fox allegedly released.	Anonymous (2012)
1871	Unknown	John Woodcock Graves (Jnr) is involved with Captain Harmsworth of the "Ethel" in importing "4 fine foxes from England" for hunting.	The Mercury, 23, 26, & 28 Sep
1882	Hobart	One fox held at Hobart Zoo.	Anonymous (2012)
1890	Hobart	Two foxes allegedly released near Hobart.	Anonymous (2012)
1911	Scottsdale	"A fox supposed to have been captured" in a group of 3 young foxes, and 1 successfully transferred to Beaumaris zoo (Hobart); "two others were burnt in a hedge" at Scottsdale.	The Mercury, 6 & 20 Mar
1912	Launceston	A fox imported from Victoria was displayed in a cage at City Park after being brought as cargo on the "Woollami" at Launceston wharf where it escaped and got ashore but was soon re-captured.	Lloyd Robson (1989)
1930	Unknown	The Fauna Board investigated how "two young foxes having been brought to Tasmania ... by a showman from New South Wales ... (and) had been killed."	The Mercury, 12 Feb 1930
1933	Unknown	The Fauna Board and Tasmanian Police investigated a letter claiming that 3 young foxes had been brought from Victoria, under the guise of sheep-dog pups and released in Tasmania. The article reported that "a prominent pastoralist" had since shot a fox. The Board's investigations claimed the story was "entirely untrue."	The Mercury, 19 Jul
1949	Hobart	Media claim that "many years ago...a pair of foxes were illegally introduced into Tasmania."	The Mercury, 27 Aug & 10 Sep
1970	Interlaken	Fox sighting reported from the Interlaken area by shooter.	The Mercury, 3 Aug
1973	Northern Midlands	Anecdotal claim of 3 dead foxes found in the back of a Land Rover.	The Advocate, 22 Aug
1972	Launceston	Fox reported to be captured in a rabbit trap on a dairy property at Riverside; identified by Department of Agriculture, King Meadows (Launceston: Tasmania).	The Examiner, 29 Jul (Statham and Mooney 1991)
1980s	Tasmania	Approx. one unsubstantiated report of a fox sighted in Tasmania each year.	Statham and Mooney (1991)
1990	Tasmania	Unsubstantiated reports of fox sighted in Tasmania.	Bryant (2001)

Table 3. Summary of the main fox-associated incidents in Tasmania from 1998 to 2009 with rating of credibility (C) based on the criteria in Table 1.

					Disqualifying criteria[b]								
No.	Location	Year	Evidence claimed	C[a]	a	b	c	d	e	f	g	h	i
1	Burnie Port area	1998	Escaped live fox from ship	H[c]									
2	Cooee Saleyards	1999	Fresh fox skin with head attached	U	●	●							
3	Wynyard	2001	Photograph of fox	U	●	●							
4	Carrick	2001	Escaped live fox from shipping container	U									●
5	St Helens	2001	Fox shot	U	●	●							
6	Unknown	2001	Multiple fox imports	U		●			●	●			●
7	Longford	2001	Fox shot	U	●	●				●	●		
8	Longford	2001	Cast of fox foot print	L									
9	Symmons Plains	2001	Fox shot	U			●	●		●			
10	Longford–Symmons	2001	DNA genotype match of fox siblings	U							●		
11	Burnie	2002	Fox scat recovery	M									
12	Lilydale	2002	Dead fox recovered	U	●	●							
13	Burnie CBD	2003	Dead fox recovered	U			●					●	
14	Lillico	2006	Dead juv fox recovered	U		●			●				
15	Old Beach	2006	Fox DNA at chicken kill site	U						●			
16	Glen Esk	2006	Dead fox recovered	U		●			●			●	
17	Railton	2009	Fox skull found stored in shed	U		●			●				

[a] H, high; M, medium; L, low; incidents that were unfounded (U) contained one or more disqualifying criteria.

[b] Disqualifying criteria based on (a) Retrospective disclosures that fox-associated activity were, or were highly likely to be, hoaxes; (b) Information was provided anonymously and were not independently verifiable; (c) Physical evidence that was key to claims had been destroyed, lost, or not documented in a way that permitted independent analysis; (d) The informant who presented wildlife exhibits or made claims had been prosecuted for prior wildlife offences; (e) Claims were based upon accounts that required unknown or anonymous third party involvement in the movement of the specimen; (f) Two or more inconsistent accounts existed for the same incident; (g) Laboratory analysis was misreported and did not support the claim; (h) Estimated time of death in the necropsy report did not support witness claims concerning carcass recovery; (i) no physical evidence presented. (For more complete explanation, see Supplementary Appendix 2).

[c] The video footage was not released for examination but was confirmed to contain footage of a fox (M. Kitchell, Director Department of Primary Industries, Parks, Water and Environment, personal communication).

Strength of Physical Evidence to Determine Unique Fox Presence After 1997

Between 1998 and 2012, we found 17 incidents when putative physical evidence was reported; however, key exhibits had been destroyed, lost, or were unavailable for examination in 2 instances. Overall, 14 of 17 incidents were associated with ≥1 disqualifying criteria (range = 1–4 disqualifying criteria). Anonymously provided information was fully or partially relied upon in 10 cases; of these, 5 were widely suspected or acknowledged to be hoaxes by the FEP (Anonymous 2012) and a past review (Saunders et al. 2006; Table 3).

The report of a fox disembarking a ship at the Port of Burnie in 1998 had a high level of credibility because it was associated with the documentation of 3 separate fox plaster print casts (Queen Victoria Museum reference 2011:1:1) containing 5 prints in all (no. 1: Table 3). Another anecdotal report of an incursion involving a live fox reported to have escaped from a shipping container in 2001 was not associated with the presentation of any physical evidence and the original witness of this claimed event was not identified (no. 4: Table 3). Similarly, no physical evidence was documented to support the allegation of multiple fox releases at various sites in Tasmania in the late 1990s. Tasmanian Police documentation (Supplementary Appendix 1) attest to the entirely anecdotal nature of the claims and absence of any physical evidence presented or found (no. 6: Table 3). Two instances of fox-associated evidence deemed to have a medium level of credibility were related to the recovery of a single scat with verified fox hairs found at Burnie in 2002 (no. 11: Table 3) and a plaster cast of a fox print taken at Longford in 2001 (no. 8: Table 3). The latter case was contemporaneous with anonymously provided photographs of hunters with a dead fox taken at the same location (Fig. 2), together with the receipt of a fox skin posted anonymously to a government office. These last 2 incidents were regarded as hoaxes (no. 7: Table 3). Another partially decomposed fox carcass was presented in 2001 and the claimant originally recorded statements attesting to an unfamiliarity with shooting foxes on the Australian mainland. However, this claim was later revised to include an admission of involvement in mainland fox shooting together with a history of wildlife offences in Tasmania (Anonymous 2003, Dean 2011). Claims that the gut contents of this fox contained an endemic Tasmanian rodent could not be independently verified given that the putative exhibit had been discarded or lost and a subsequent independent analysis had detected in its gut only hair from the house mouse (*Mus musculus*) (Queen Victoria Museum F/N 7273 2008:1:8), a common and widespread exotic species in mainland Australia and Tasmania (Strahan 1991; no. 9: Table 3). Three putative road-killed foxes were opportunistically presented; these included the remains of a fox cub anonymously reported from a mainland location (Canberra: Australian Capital Territory) on 23 February 2006 that were originally claimed to have been seen as a road kill in Tasmania on 25 December 2005, resulting in fragments of a fox cub being recovered (Wilkinson 2009; no. 14: Table 3). The estimated time to death of another putative road-killed fox collected close to the Burnie container ferry depot was based upon histology and gross autolytic changes in organs that placed the time of death at 36–48 hours prior to its collection on the main city highway, which did not corroborate its provenance as a road kill at the busy highway location where it was found. Claims attesting to the occurrence of fresh blood at the road-side (Wilkinson 2009) were also inconsistent with necropsy reports that confirmed a much earlier time of death (Animal Health Laboratory, DPIWE, 03/2299; no. 13: Table 3). In the third putative road kill, the estimated time of death also did not accord with the anecdotally reported time of death provided by an anonymous report from a vehicle driver who claimed to have run over and killed the fox during daylight hours (0930 hr). Histological changes in major organs indicated that death could not have occurred that morning as reported, but occurred ≥18 hours prior. Pathological evidence also suggested that the body had been run over by a vehicle *post mortem* (Dr. T. Ross, Veterinary Pathologist, Frankston, unpublished report to Tasmanian Government). This specimen was associated with subsequent claims that it had been moved at least twice between distant roadside locations (Wilkinson 2009; no. 16: Table 3). Lastly, a cleaned fox skull recovered from storage in a building could not be linked with evidence of living foxes or a specific collection site in Tasmania's central highlands (no. 17: Table 3).

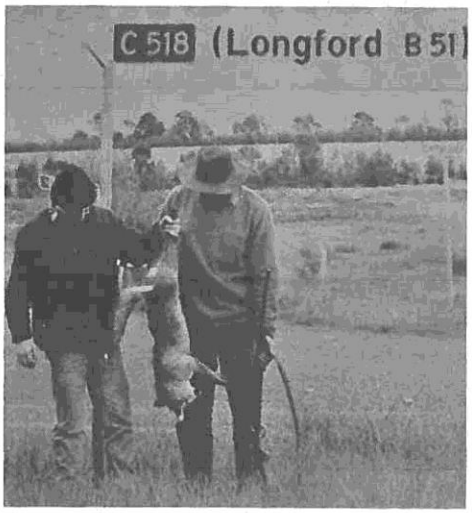

Figure 2. One of the 2 photographs anonymously posted to newspapers in 2001 of 2 unidentified hunters, with their faces obscured by scarves, holding a dead fox beneath a Tasmanian road sign. This event (no. 7: Table 3) was one of a series of hoaxes that received substantial media coverage as evidence of the presence of a fox population in Tasmania. The photograph was taken at the edge of Woodstock Lagoon, the location of the only case of fox footprints documented in Tasmania (no. 8: Table 3) since the 1998 fox incursion at the Port of Burnie (no. 1: Table 3).

DISCUSSION

Historical Records 1843–1997

Although there is a significant body of historical literature describing foxes being released in Tasmania since the mid-1840s, caution is warranted in its interpretation. The term "fox" was used generally in 19th century English (Haber 1962) and a "fox" used by hunting clubs was sometimes a species other than the red fox (Longrigg 1975, Carr 1976). In some accounts during the mid-1800s, dingoes (*Canis lupus dingo*) were referred to as the "Reynard" and hunted for sport (Roland 1970, Rolls 1984) although the extent of this practice is unclear (Abbott 2011). "Fox" is also a name given to a wide range of mammals that are not necessarily members of the Canidae, such as the "flying fox" (Pteropodidae; Strahan 1981, 1991) and fox squirrel (*Sciurus niger;* Moore 1957). Implicit in the Latin species name of the Tasmanian endemic brush-tail possum (*Trichosurus vulpecula*) is the meaning "little fox," given morphological similarities (Strahan 1981). Consequently, it cannot be reliably known if all historical accounts referring to a "fox" being recovered or seen refer to *V. vulpes* or to another species that may have been provided with a European local name, as was the case with other Tasmanian mammals (such as the common wombat [*Vombatus ursinus*], which was once commonly called a "badger" in Tasmania (Green 1974)). However, the group of foxes reported to be shipped from England to Tasmania in 1860, 1862, and 1871 and the "Port Phillipian fox" (a likely reference to Port Phillip Bay in Victoria) in 1846 correspond with the first records of single red fox releases by sporting shooters on mainland Australia in the mid-1840s (Abbott 2011) that were sourced from the United Kingdom (Rolls 1984) as was a common practice for many British colonies (Abbott 2011).

Overall, the validity of anecdotal red fox sightings and the identification of red fox carcasses cannot be reliably established as they depend upon accurate identification and discrimination from other species that cannot be retrospectively tested. One exception is a fox claimed to have been captured in a rabbit trap in Launceston in 1972 because it was examined by a government laboratory (Bryant 2001, Phillips 2008), where a necropsy revealed pet food in its stomach, leading to the conclusion that it was probably an escaped pet (Statham and Mooney 1991). However, the original provenance of the specimen and the credibility of the initial claim that it was captured in Tasmania remain speculative given that the report concerning its capture was not verified (J. Robinson, personal communication).

Do Archival Records Show That a Fox Population Established in Tasmania Prior to 1998?

Before 1998 no fauna surveys or texts on Tasmanian mammals list the red fox as an exotic species in Tasmania (Rounsevell et al. 1991, Strahan 1991, Wilson et al. 1992, Watts and Hird 1994). Prior to the incursion of a fox in 1998, surveys initiated after putative red fox sightings by members of the public in the 1980s failed to detect physical evidence of foxes (Statham and Mooney 1991). Frequently, the Tasmanian devil (*Sarcophilus harrisii*) was believed to be instrumental in preventing fox establishment, or assisted in maintaining a low abundance of fox populations (Wright 2010) through competition and predation on juvenile foxes (Anonymous 2013). The decline of Tasmanian devil populations due to devil facial tumor disease was thus associated with the high potential for the establishment of the fox in Tasmania (McCallum and Jones 2006, Jones et al. 2007). However, given the complex array of factors that may determine the success of biological invasions (Heger and Trepl 2003), in the absence of supportive empirical data or observation this hypothesis remains speculative.

Although many biological invasions are not adequately documented (Rodriguez-Cabal et al. 2012), it appears the majority fail to establish (Williamson 1997); and it has been suggested that only approximately 10% succeed (Williamson et al. 1986, Williamson and Fitter 1996). On mainland Australia from the 1840s onwards, ≥9 releases of foxes for hunting (Abbott 2011) did not appear to establish a population prior to large-scale releases in the 1870s (one close to Melbourne and another near Ballarat (Rolls 1984), the latter of which may not have persisted (Abbott 2011)). Translocated foxes have higher rates of mortality compared with those from a wild population (Andrews et al. 1973), as do other translocated carnivores; this is sometimes due to inadequate husbandry and stress (Jule et al. 2008). Notably, many of the putative fox releases in Tasmania prior to 1997 appear to have been undertaken for the purpose of hunting, most likely after releases of single animals that were pursued by hunters and dog packs (Longrigg 1975, Carr 1976, Rolls 1984), which frequently resulted in the death of the fox (Abbott 2011). Overall, historical records of red fox releases cannot be used to imply or conclude that the establishment of a fox population in Tasmania was inevitable.

Quality of Physical Data After 1997

Although Sarre et al. (2012) did not specify the 9 incidences of physical evidence used in their model, we found 17 total incidents overall between 1998 and 2012 regarding putative evidence of unique fox presence in the Tasmanian environment. Only the 1998 fox incursion was rated as highly credible given the existence of documented physical evidence (prints and video footage). Two other incidents were rated as having either a low or medium level of credibility, but overall, 14 of 17 incidents were associated with at least one criteria indicative of poor data quality or were not associated with the presentation of physical evidence. Some evidence was entirely anecdotal and the source of the claims could not be verified, such as the report of a fox escaping from a shipping container near Carrick and the claim of an intentional large-scale introduction of foxes. Significantly, the Tasmanian FEP relied heavily upon opportunistically acquired evidence presented or reported by members of the public, and none of the cases after 1998 were documented as a result of formal wildlife surveys independent of information or specimens provided by members of the public.

Because species rarity decreases the reliability of any population estimates, greater rigor is required in estimates of small or equivocal populations (McKelvey et al. 2008); requiring high-quality data with a low potential for Type I error. This is especially important when there is a need to define unique incursions or when the presence of a new invasive species remains equivocal over a prolonged period. Wildlife surveys that use "convenience sampling" and *post mortem* specimens taken opportunistically from roads or from third parties are inferior to rigorous probabilistic field surveys because there may be no valid basis for inferences drawn from the distribution of sampled animals and that of the population (Anderson 2001). Empirical survey data of known quality (Engeman 2003) will best provide confidence of fox detection (Kery et al. 2010), as well as permitting rapid and cost-effective eradication efforts (Armstrong and Ball 2005, Darling and Blum 2007). When equivocal physical data or unverifiable anecdotal reports of wildlife species or their sign are used to assess species presence, false positives and the misdirection of conservation resources has previously been documented (McKelvey et al. 2008). False positives were a recognized component of public surveillance data used to define the presence–absence of grey wolves (*Canis lupus*), and misclassifications were expected within such data sets (Miller et al. 2013).

The recovery of the carcass of a recently dead cryptic or rare species of restricted range can nonetheless be a credible indicator that an extant population may exist in some environments (McKelvey et al. 2008); however, the context of such evidence is important. Hoaxing and deception is common in the investigation of speculative cryptic and rare wildlife species (Thomson 1991, Radford 2002, Daegling 2004, Halls et al. 2006, Paxton 2009), and an uncritical precautionary approach that accepts all materials irrespective of their provenance will be incapable of rejecting unreliable data. Importantly, abundant and well-distributed species such as the red fox are frequently harvested and kept as trophies by sporting shooters in much of the Australian mainland (Franklin 1996). Foxes are extremely common in most of Australia and in the mainland state closest to Tasmania (Victoria). For example, 150,822 fox scalps were returned as part of the 2003 Victorian fox bounty trial over a 52-week period by members of the public (Fairbridge and Marks 2005). Archival hunting trophies that have been translocated from locations where they were collected have been reported to confuse biodiversity assessments because of their uncertain origin (Helgen 2007). Hoaxing associated with the attempted eradication of red foxes on the Isle of Man in the United Kingdom also confused efforts to determine their presence and abundance given the translocation of foxes from the mainland some 55 km away (Macdonald and Halliwell 1994, Reynolds and Short 2003), where foxes were also common (Heydon et al. 2000, Webbon et al. 2004); and ongoing hoaxing has been documented recently (J. Reynolds, Game and Wildlife Conservation Trust United Kingdom, personal communication). The existence of transport infrastructure such as car ferries on the Isle of Man (Greig and McQuaid 2005) would conceivably facilitate such practices, as would the ferry services that link Melbourne with Tasmania (Fig. 1). Fox carcasses can be readily translocated from mainland Australia because of the large scale and socially acceptable nature of fox hunting in Australia (Franklin 1996); a former lack of legal and practical impediments for the movement of fox carcasses between Victoria and Tasmania (Saunders et al. 2006); the existence of a daily car ferry from Melbourne (Plowman 2004); and the presence of a large fox population in the urban (Marks and Bloomfield 1999) and rural areas surrounding Melbourne (Marks et al. 2009). At least 5 hoaxes perpetrated in Tasmania using *post mortem* fox specimens strongly suggest that such actions have a clear precedent. Accordingly, the presentation of *post mortem* fox carcasses or other biological materials that are readily accessible from the Australian mainland cannot alone be viewed as evidence of an extant fox population in Tasmania (Sarre et al. 2007, 2012; Parkes and Anderson 2009, 2011) unless the authenticity and provenance of each carcass has been established. This would require a clear corroboration of the claimed time and manner of death with the time and cause of death established via necropsy using pathological and histological assessments (Wobeser 1996).

Although Saunders et al. (2006) contended that the person(s) involved in releasing foxes would have had ample time to destroy physical evidence subsequently, it appears impossible to speculate usefully on what evidence might have once existed. Notably, these authors took what they referred to as a "precautionary" approach concerning anecdotal claims and other equivocal physical evidence because they were pessimistic about their ability to expose "well-planned" hoaxes. Later reviews of the Tasmanian FEP (Parkes and Anderson 2009, Parkes and Anderson 2011) were unequivocal in their conclusions that the same physical evidence supported the presence of a fox population in Tasmania despite the documentation of hoaxing. However, accepting a lower standard of evidence because of precaution pre-empts more rigorous assessments and appropriate standards of wildlife survey data necessary to clarify unique species incursions and distribution that require data of known quality and provenance (Mooney et al. 2005). The use of low-quality data in scientific analysis as part of a precautionary approach contrasts with the normal parsimonious standards of science (Sober 1981, Simon 2001). Precautionary management actions that may be considered in response to opportunistically acquired evidence of uncertain quality should not automatically imply that the same materials or observations are scientific data. The equivocal nature of physical evidence collected in Tasmania after 1998 suggests that such evidence is inappropriate as data used to describe habitat-specific fox distribution, especially because the habitat-specific distribution model that used such cases (Sarre et al. 2012) has yet to be validated by the detection of live foxes.

MANAGEMENT IMPLICATIONS

Management practices and policy decisions concerning invasive species incursions must adopt formal techniques

that account for evidentiary rigor and evidence-based conclusions. *Ad hoc* judgments of evidentiary quality should be replaced by a clear *a priori* evidentiary standard that ensures that putative evidence and data are capable of rejecting the null hypothesis (that an extant species of interest is absent). This principle is especially important if a population has not been unequivocally confirmed by the detection of living specimens and when prior hoaxing and the translocation of *post mortem* specimens from a nearby population where the species of interest is abundant are known to have occurred. Because opportunistically acquired physical evidence alone is inadequate to confirm an invasive species incursion, subsequent field investigations should be based upon properly designed and independent wildlife survey methods seeking empirical data of adequate quality. An eradication program is justified as a precautionary measure only after rigorous qualitative analysis reveals data capable of rejecting the null hypothesis.

Quantitative listings of opportunistically acquired physical specimens should be avoided as a "weight of evidence" approach to risk analysis, given that no single example might be reliably associated with the landscape or even be presumed to be the true habitat of the animal in which they were presented. The quality of such evidence cannot be tested using uncorroborated, anonymous, or anecdotal testimony. Before the inclusion of such records in habitat-specific models is considered, they must be corroborated with empirical data and/or the predictive value and generalizability of the model should be demonstrated independently. When this has not been achieved, the value of quantitative habitat models should be reassessed because they may overstate risk, misdirect resources, and provide a misleading indication of the presence and distribution of an invasive species.

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SUPPORTING INFORMATION

Additional supporting information may be found in the online version of this article at the publisher's web-site.

APPENDIX 1. Tasmanian Police documents concerning the investigation of the alleged conspiracy to import foxes to Tasmania in 2001.

APPENDIX 2. Significant fox-associated incidents in Tasmania since May 1998 involving claimed recovery of physical exhibits with a credibility rating (HIGH, MEDIUM, LOW and UNFOUNDED).