HOUSE OF ASSEMBLY

Tuesday 3 March 2009

The SPEAKER (Hon. J.J. Snelling) took the chair at 11:00 and read prayers.

SITTINGS AND BUSINESS

The Hon. K.O. FOLEY (Port Adelaide—Deputy Premier, Treasurer, Minister for Industry and Trade, Minister for Federal/State Relations) (11:01): I move:

That the sitting of the house be suspended until the ringing of the bells.

Motion carried.

[Sitting suspended from 11:01 to 11.51]

REPRODUCTIVE TECHNOLOGY (CLINICAL PRACTICES) (MISCELLANEOUS) AMENDMENT BILL

Adjourned debate on second reading.

(Continued from 26 November 2008. Page 1119.)

Ms CHAPMAN (Bragg—Deputy Leader of the Opposition) (11:52): I rise to indicate that a number of opposition members will speak on this bill. The Liberal Party has determined that this will be a bill upon which we will not have a party position. That is sometimes known in other parties as a conscience vote. We in the Liberal Party, of course, have a conscious vote on every bill; the question is whether, in addition to that, we have a party position. We are one of the few parties that actually gives members permission to dissent and, of course, to record that. So, we have a rule that members of the party may vote in any way they wish; all they have to do is give notice to the party of their intent and have it recorded if there is to be a party position.

As I have said, we have decided that there will not be a party position on this bill. For my part, I indicate that I will be supporting the bill. I think there are a number of aspects that need the attention of the government. If we had had a little more time for the discussion of some of these aspects, and the consultation process, I may have been alerted to some deficiencies in the bill a little earlier. Information that came to hand late last week did not give me time to consider the preparation of amendments. I will comment on some aspects of the bill that I think are important for the government to address to make it contemporary and make it operate effectively.

Notice has also been given to me of the government's intention to move an amendment to clause 7—to delete 'woman' and substitute 'person'. I indicate that, whilst I will refer to that a bit later, I will be supporting that amendment.

I will start by bringing to the attention of the house one of the principal reasons that we are here debating this bill. For me, there is another important reason which persuades me to seek the hasty progress of this bill, that is, the opportunity to legalise the harvesting of sperm and to assist reproductive technology to enable a widow to use that sperm to have children after the death of her husband—what is otherwise now known in this chamber as the Sheree Blake case. The opportunity for Ms Blake to utilise her deceased husband's sperm for the purposes of creating life in the form of an embryo and giving birth to a child is an opportunity that we want to give her.

It is very sad that the government should have opposed the bill that I introduced last year to facilitate this very thing happening. The result of rejecting that measure—on the basis that it wanted to undertake a more comprehensive review of the Reproductive Technology (Clinical Practices) Act 1988—has a direct impact on Ms Blake. If that bill had passed last year, she would have had the opportunity to have a baby this year (2009), and that would be something that would be given to her as a choice.

I introduced the bill on 26 November, and it was subsequently rejected. Even if this bill goes through in the next few weeks, with the counselling obligations under the national guidelines involving Ms Blake's accessibility to the genetic material, the reality is that it will be near impossible for her to actually qualify and have an opportunity to have a baby this year. She is sentenced to a waiting period that will prevent her from having a baby before 2010. Why? Because the government wanted the glory of being able to come to her rescue and provide this amendment. It

could have passed our bill and dealt with all these other important issues here and now, without subjecting Ms Blake to that unreasonable and unfair delay.

The primary reason we are here now is to deal with what is described by the government in its second reading explanation as a sort of modernising and providing a new structure for the registration of the practice of assisted reproductive technology. There is a fleeting reference in the minister's second reading explanation as to why we are dealing with this measure, bearing in mind that the current act is non-compliant with national competition principles. Whilst the minister refers to that, he gives no explanation as to what has actually happened, and I wish to do so because this is an important matter.

At the 2001 COAG meeting an agreement was reached that would remedy the current impasse, involving an assessment that the current regime is inconsistent with national competition policy. The government came to office in 2002, and it has done nothing to deal with this issue for some 7½ years until the introduction of this legislation. That is shameful, especially because the government has the privilege of continuing to attend the Council of Australian Governments (COAG) meetings. It has been on the agenda and it has been required to be acted on, yet the government has not done anything about it until the introduction of this bill on 26 November 2008. I think that is shameful for a number of reasons.

First, I corresponded with the Australian Competition and Consumer Commission in October last year when I was considering the Reproductive Technology (Clinical Practices) Act 1988 and whether it was compliant. I wrote to the ACCC requesting that it consider the issue of the conditions of licence. Section 13(2) of the act provides for the—

Mr VENNING: I have a point of order, sir. There is far too much noise.

The SPEAKER: I do not think the noise level is unacceptably high. The deputy leader seems to be managing admirably. The Deputy Leader of the Opposition.

Ms CHAPMAN: Thank you, Mr Speaker; and I am pleased to have you present in this debate because this is an important matter. When I wrote to the Australian Competition and Consumer Commission about what appeared to be, on the face of it, a breach of competition policy, I find that I am right, but we had to go through a somewhat arduous process to get to this point. I want to explain the circumstances to the house.

I wrote to the Australian Competition and Consumer Commission, pointing out that the licence which had been provided must go (at that time in 1988) to the University of Adelaide, Queen Elizabeth Hospital, Flinders University, Flinders Medical Centre and Repromed Pty Ltd. It then imposed licensing requirements in that no artificial fertilisation procedure could be carried out except with that licence—and that is well known in the act. The minister, who had carriage of any granting of future licences, was prohibited from granting a further licence except in certain circumstances. Section 13(2)(a) provided:

> The commission must not grant a licence unless it is satisfied—
>
> (a) that the licence is necessary to fulfil a genuine and substantial social need that cannot be adequately met by existing licensees.

I raised this issue with the ACCC, and my question was whether it was in breach of national competition policy. I received a letter dated 23 October 2008—which, incidentally, pre-dates the introduction of the bill before the house—from Mr Brian Cassidy, Chief Executive Officer of the ACCC. The letter states:

> I note your concern that since the introduction of the RTCP Act in 1988, no new licences for the use of reproductive technology have been issued.

It then refers to other matters I have raised in my letter. His letter continues:

> As you would likely be aware, the ACCC is responsible for the enforcement of the Trade Practices Act 1974. Section 2B of the act provides for the application of the act to state and territory governments insofar as they carry on a business. However, section 2C of the act provides guidance as to what activities do not amount to carrying on a business, including
>
> (b) granting, refusing to grant, revoking, suspending or varying licences (whether or not they are subject to the conditions).
>
> For this reason, your concerns are unlikely to raise issues under the act and therefore not a matter that the ACCC is able to pursue further.

However, he goes on to say that it may be in breach of the National Competition Policy, but the National Competition Council had been set up as a policy advisory body to oversee the implementation, and he referred me on to that body. It was generous of him to provide that to me, I felt. In due course I forwarded the material on to the National Competition Council, and on 7 November I received a letter from the National Competition Council, which states:

> Unfortunately the NCC's role with respect to National Competition Policy ended in 2007. Our role is now limited to advising on issues relating to access to monopoly infrastructure. To the extent that the issue you raise is one that might be addressed through application of National Competition Policy (NCP) the most appropriate body to deal with your inquiry is the COAG Reform Council. That council was established by the Council of Australian Governments to assist it in regard to the National Reform Agenda, including continuation of NCP reforms. I am sorry to have to redirect your [etc.]...

And, again, I get sent off to the COAG Reform Council; and, remember, COAG is the Council of Australian Governments, a participating member of which is this government. I sent it on, having said, 'Here is this council,' and I then get a letter from the Council of Australian Governments. Obviously, our government knows about this because it has been under some agreement terms to implement this since the COAG agreement of 2001, and it has done nothing about it. Here is what the Council of Australian Governments Reform Council had to say in its letter to me dated 22 December 2008. This letter is forwarded by Mary Ann O'Loughlin, Executive Councillor and Head of Secretariat, who states:

> The CRC does not presently have within its remit any program of systematic review of specific legislation that is similar to the 1995 National Competition Policy process.

She goes on to say:

> COAG has not referred this plan to the CRC for monitoring at this stage but it may do so in the future. Should such a referral be made, your concerns regarding the Reproductive Technology (Clinical Practices) Act 1988 (SA) will be an input for the CRC Secretariat's consideration.

And, wait for it—the letter goes on to say:

> In South Australia, the responsibility for the commitments in the COAG Regulatory Reform Plan lies with both the cabinet office within the Department of the Premier and Cabinet and the Competitiveness Council, which has a secretariat in the Department of Trade and Economic Development. I have forwarded a copy of your correspondence to both organisations for their consideration.

Well, talk about Caesar reviewing Caesar! It would probably come as no surprise to the house that, in the last three months, I have not had any response from either of those agencies—the Department of the Premier and Cabinet or the Competitiveness Council, which is somewhere within the Department of Trade and Economic Development. I say to the house that here we have an agreement between governments to carry out the legislative reform that is necessary to ensure that there are no breaches of National Competition Policy, and, even though it is a participating member of COAG, nothing has happened by this government year after year.

Then, when we get to the correspondence to find out who is responsible for this, the ACCC says, 'It's not us. We're not responsible.' We then go to the National Competition Policy, which says, 'Well, we've had our authority taken away. It's nothing to do with us anymore.' We go off then, of course, to the COAG Reform Council, which is supposed to have this job to do all these things, and it says, 'Look, we're not responsible, because these people back in government haven't referred it to us yet.' Well, I do not blame that council directly, I simply say, 'Talk about a merry-go-round of people,' all of whom say they are not responsible, and the finger points directly back to the Premier and the Minister for Trade who have direct responsibility for making sure these things happen.

So, I find it scandalous that the government should come into the house and introduce a bill, which is meritorious in itself but which has been overdue for the whole lifetime of this government, and try to dress it up, as it is now doing, on the basis that we need to modernise the bill. What a furphy, what a red herring, when it comes to the real reason this has to be dealt with. It is typical of this government with its spin to come in and say, 'We have to modernise this.'

It has had annual reports from the SA council (which is about to be abolished in this bill), which tables reports every year in this house and another place, telling the government over and again the things that need to be reformed, remedied, added to and fixed. In particular, I refer to this issue in relation to competition. In the meantime, for another seven years we have had a duopoly continue in this state, which has been the exclusive domain of two providers.

I make absolutely no reflection on either of the two licensed providers in this state; in fact, they have made an extraordinary contribution to research and to the joy of many people in this state who have had the opportunity of treatment, which has resulted in their having a child. I would never take that away from them. They have done a great job. They have done a lot of other things in their remit within their licence, but that has been a magnificent contribution.

I have said before that this original act came into being in 1998. I had had young children by that stage and I had many friends who were having difficulty having children. As controversial as this legislation was back in the 1980s—it took years to pass—it was welcomed, and personally I felt that it was a step forward. The two current licensees have made an outstanding contribution to this state and continue to do so. The company trading as Repromed is in my electorate, and I am proud of that. I often say that the people in Bragg are either in residence, in retail or in Repromed, it is such a significant player in business, health and community involvement and it has an extensive workforce in my electorate and I will continue to support its being with us. So, the government has been dragging the chain.

Let me address the issues that have been specifically covered in this bill. The government says—and I agree—that the amendments will update the 1998 act. IVF was a controversial new area of biomedical science back in the 1980s, and members in the parliament at the time did not have to comply with a party position on the legislation. Ultimately it passed, and it now needs to be reviewed and upgraded, and this bill primarily does that.

Apart from its being legislation that is non-compliant with national competition principles, a number of other things have happened in the past 21 years that make this legislation quite outdated. One is that now parts of this act are inconsistent with national standards and guidelines. Other events that have occurred relate to the advance of other amendments in other jurisdictions, which mean that we are extremely limited in South Australia as to what circumstances have to prevail for one to be eligible for assisted reproductive technology, so we often have what is called reproductive tourism, that is, people going interstate to be able to access what may be perceived as a broader or more lenient definition to be eligible for assisted reproductive technology.

No clearer example would be the one of Ms Blake, who could have elected to travel interstate to have the procedure, but it would have meant months and months of living interstate and also the costs and stress of being alone after making a very significant decision on her part. Why should she have to if, in fact, the provisions of our own laws in South Australia could easily be remedied to facilitate her having that, and it should rightly occur?

Other limitations include the inability to accommodate new treatments. The 1988 legislation was created at a time when the opportunity for in-vitro fertilisation and other techniques were very much more embryonic, pardon the pun. Certainly it was a new science, and we have many more technologies now which are frustrated in being able to be applied as a result of their not being accommodated in the current definitions.

Then, of course, there are legal barriers to donor registration schemes. All these things, quite rightly, have been reviewed, and that review has been quite extensive. I should say that South Australia, Victoria, Western Australia and New South Wales have newer legislation regulating assisted reproductive treatment (ART), and other jurisdictions are not impeded by limiting old legislation, because they are already regulated by the National Accreditation and Licensing Scheme and the NHMRC ethical guidelines.

The South Australian council annual report—that is, the body which is like a watchdog over all of this and which reports to this parliament annually—reveals that a number of these changes have been recommended for many years. Some other recommendations which have been taken up but not necessarily covered in this legislation, or recommended, but which are issues that have come onto the plate of the SA council raise questions such as whether donors should be able to direct their gametes on the basis of race, sex, marital status, religion and so on without contravening the anti-discrimination act.

For those who might think that this is something that should be allowed, the SA council has reported to this parliament that it recommends against this occurring. This would be a situation where someone would say, 'I will only donate my sperm or egg for the purposes of reproductive material that is used for someone who is of a particular race, is Catholic, or only in a situation where the couple is married.' These are the sorts of things which the council recommended would not be appropriate.

If people are—and I say this genuinely—good enough to donate material which they know can be used in the production of embryos down the track and they make that donation, I commend them for doing that, because some of that genetic material is very important in giving people the opportunity to have children or to be able to secure the conception and the creation of an embryo. They are given the opportunity to be able to bring that life together (as such) to ensure that they may have a child.

I say that may well be an appropriate recommendation from the SA council. In any event, it does not show up in this bill. It has also looked at the use of ART to produce saviour siblings and fertility preservation. That is the question of preserving gametes for a healthy individual to have their children later in life. This is an issue they have discussed, and they raise it as a question. This bill does not specifically provide for people to be able to do that, that is, for someone at 18 years to think, 'I want to have a fun life. I want to preserve my eggs to be able to create embryos in 30 or 40 years' time. I don't want to be tied down with children now, so I'm going to travel the world and when I'm 50 I'll come back and have a family.'

This is what we call lifestyle babies, when people do not want the inconvenience of interrupting their lives with child rearing while they are taking up other pursuits in life. Certainly, that is not recommended in this bill; but I note when we come to one of the pieces of legislation which expands the basis upon which you may have access to ART (in relation to infectious disease)—and the minister has covered this in his second reading contribution—it does specifically state that it is not intended for people to be able to harvest this material and have babies later in life. Moreover, it specifically rejects that notion.

Another area that was looked at was the question of regulating non-commercial, medically-indicated gestational surrogacy, including whether surrogacy, parentage and donation conception should be recorded on birth certificates. This is another area which challenges a number of people, and it has been the subject of other bills in another place. The Hon. John Dawkins touched on this type of issue and raised it with the Social Development Committee of parliament when it considered this. They are challenging areas. I understand that there is some anticipated surrogacy legislation to come from the government, and we are yet to see that.

This is another issue which the SA council, in its service to South Australia over the last 21 years, has had on its agenda, and it has considered these hard issues and made recommendations—which have, sadly, largely been ignored. I thank the council for the service it has given. In saying that, I particularly wish to record my appreciation of the efforts of those who have been members of the council over that 21 years. It probably would be unfair if I were to simply refer to those who are currently retiring, and it is fair to say that those people who have given their time—for relatively little remuneration, I might say—have been well regarded. Many of them have been seniors in the field being considered, that is, the bioscientific area, and been directly involved in reproductive technology as part of their professional and working lives.

There have also been a number of others—paediatric forensic physicians, lawyers, former politicians (Martyn Evans springs to mind), researchers and consumer representatives—who have not been directly involved in the industry. Not surprisingly, we have often seen people who have been nominated by heads of churches because of the ethical aspects that are often taken to the barrier when it comes to decisions or recommendations that they make to us here in the parliament when we consider any new legislation.

Let me refer to the aspects of the bill as they have been outlined in the order they appear in the bill. One is the renaming of the act: for obvious reasons, we now need to differentiate between assisted reproductive technology and previous reproductive technology, so I totally support the renaming. There is the updating of the terms, such as artificial fertilisation procedures changing to ART, and that is of course to make it consistent with the other jurisdictions and for the reasons I have already espoused. There is the best interests of the child clause, which has been around for a long time and is not unique to this legislation. The bill proposes that that be retained and, the government says, strengthened and extended, but I am not sure whether it is strengthened. If anything, I think it waters down 'the best interests of the child', because if other people are added into it, by implication, the primary focus is not given to the child any more. However, I think that, for the reasons that have been espoused, that is reasonable.

The bill also proposes to take into account the welfare of the woman undergoing the treatment. For obvious reasons, the government has foreshadowed an amendment (which I fully support) that 'woman' be changed to 'person' because, clearly, there are procedures now available to men which may be to enhance their fertility or to be able to undertake a procedure that is within

this legislation. I believe that, in that circumstance, it is reasonable that the 'person' undergoing the treatment rather than the 'woman' undergoing the treatment is more appropriate, and I certainly will support that amendment.

With respect to compliance with the national regulatory scheme, what has happened over the past 21 years is that there has been a slow but important and considered development of the NHMRC (the national body responsible for this) ethical guidelines, which in many ways supersedes a number of aspects of the current legislation. The guidelines cover everything from unacceptable and prohibited practices to the use and storage of gametes and embryos, posthumous use, donor conception, surrogacy, record keeping and the like. A huge tranche of guidelines has now been developed and evolved, as I said, in what I believe to be a considered and timely manner, which has now superseded the need for a number of the state-based regulations.

Where there is an overlap, whichever jurisdiction takes responsibility for it—and I do not have any view that it necessarily has to be the national body, but because the national body in this area has developed national guidelines that now apply we do not want to have a situation in South Australia where inconsistency causes any kind of dilemma for the applicants of this service.

I have referred in some detail to the removal of the anti-competition licensing conditions, and I do not think that needs any elaboration. I will look forward to welcoming in South Australia, because we have extraordinary expertise in this area, others who may qualify and who will have the opportunity to open their laboratories and clinical services in this important area. I think it is a significant area, which in the future will become more and more important, and we ought to be able to offer this service to people coming to Australia from overseas, just as they currently do, to have leading edge surgical treatment—for example, craniofacial surgery.

I wish to refer to the overall process of replacing state licensing with state registration—so, instead of licensing organisations that have permission under certain conditions to operate the services to use the procedures to carry out this area of work, moving that to the people within it having the registration process. For example, instead of Repromed having a licence, the professional people within it, subject to their being a fit and proper person, will be eligible to be registered. They will have to hold certain qualifications: they will have to be accredited and have a certain licence themselves, in the sense of academic capacity. Once they are registered, they individually take that responsibility.

I now raise an issue that the minister may wish to look at during the course of this debate. It has been brought to my attention that a technical amendment will be required because schedule 1 of the bill indicates that in transition current persons can continue. That, we presume, makes provision for people employed at Repromed, for example, to be able to continue as part of a transition clause. The fact is that only clinics currently have licences, and there are no persons currently who have licences and who, therefore, could continue. If it meant that those who are currently employed (using Repromed as the example) should automatically be registered in some way, then I would support that. However, it just seems to me that the wording is such that this aspect will need some amendment.

I now come to the dissolution of the SA Council on Reproductive Technology. Having thanked the council for the work that it has done over 21 years, the government is saying that it is no longer needed. It has set up the national structures to establish the codes of ethical clinical practice and research, etc., and the council really no longer has a direct purpose in this area. Its function should continue only as a health advisory council and, therefore, the government has proposed in this bill to dissolve the SA council and, in due course, by ministerial appointment, to establish a health advisory council. As the name indicates, it will have an advisory role principally to the minister and government.

I think it is important that that role continues. Personally, I still think that it is a matter which is significantly controversial and it will continue to be pushed up to the barriers of controversy with future treatments and technologies that come before us. More particularly, it will involve the right or opportunity for people to have access to them. In terms of ethics and the challenges that people will have on morality and access to certain procedures, I do not think that this issue will go away. Personally, I think that they are a valuable group of people who could consider issues as they arise, and it will be important for them to have the capacity to report to parliament.

Under the government's proposal, one can only assume (and hope) that if a controversial issue arises the people concerned will be sent the relevant material and asked to provide a report back to the minister, and that the minister will have the option of providing that information to the

parliament if he or she sees fit. With the disbanding of the SA council I record my hope that current and future ministers will ensure that the value of having such a diverse and experienced council—assuming that people of the same calibre will be reinstated in this health advisory council—will be recognised, that this body will still be a first port of call when it comes to assessing these matters, and that members of this house, now and in the future, will have access to their valuable advice.

The next issue, which is probably one of the most controversial in the personal representations that have been made to me, is the question of marital requirement. It is a bit of a chestnut. People who take the view that only married couples should have access to ART are usually the same people who think that only married couples should be able to adopt a child, and who believe that various other restrictions should apply. It is not a rare or unique comment made in the community. There are people who make a genuine and considered judgment and who take a moral stand with the view that ART, which is a very expensive medical procedure, should be available only to married couples.

This bill proposes to confirm in legislation that, in fact, it is also available to any women—or men, for that matter—who are infertile, regardless of their marital status, sex or sexuality. I simply say that it confirms that legislatively, because the reality is that, in the Supreme Court case of Pearce in 1996, the act that is to be repealed by the bill currently before us came under scrutiny, and it was determined by the court that it must be read down in accordance with the Sex Discrimination Act.

The Sex Discrimination Act basically says that you are not allowed to discriminate against people based on marital status, sex or sexuality and the like and, therefore, for 12 years, we have had a situation where, if the applicant is infertile, then irrespective of their marital status, etc., they are eligible, at least, to seek ART procedures.

I accept that it will still be a challenge for some people, but it is not for me. I think that it is a matter that, in this day and age, we do need to recognise just as, within a few weeks, many states and jurisdictions within Australia will implement de facto property legislation by vesting it in the jurisdiction of the Family Court of Australia.

I mention this because, over the last 20 years, most states and territories have recognised personal relationships between people of the same or opposite sex who have cohabited or have an intimate relationship—that is, have a personal commitment to each other. For some bizarre reason, South Australia is not signing up to this. In a few weeks' time, all the other states will be signing up to this except South Australia.

I suppose the answer to that will lie with the Attorney-General and, no doubt, he will explain to us, in due course, why on earth he is not doing something about this. Nevertheless, this legislation marks not only what the actual legal position is as a result of Pearce's case but also it will put to rest in the legislative form what is the reality.

The next matter is the question of medical practitioners and other health professionals being allowed to provide assisted insemination. At the moment, doctors carry out this process and this legislation proposes that a nurse, for example, with suitable experience and qualification, with the minister's approval—that is, authorised by the minister to do so—will be able to carry out these procedures.

It will not have to be just doctors undertaking this procedure: we propose to introduce others. I have had this debate many times in this chamber, and there is no question that there are examples of situations where someone with another training background is perfectly capable of undertaking the duties that have otherwise been exclusive to the primary group. We have had lots of examples of this, and the consistent position of the opposition—and I still maintain this—has been that it is fine to expand the number of health professionals to do things as long as they have adequate and appropriate training and qualification to do it.

In other words, you would not have to be a medically-trained general practitioner with a basic medicine degree out of the University of Adelaide to qualify to do this, but if nurses or psychologists or other health professionals—or, indeed, scientists—are going to be approved to be able to do this, it will have to be demonstrated that there has been adequate training in this area of expertise.

One aspect that needs to be looked at in extending this is to ensure that there is full coverage of not just the top scientists and medicos in the organisations, because they are not the only registered people, but also all these other health professionals. If they are given permission to

do this, they should also have to be registered. A registration process is not just to keep an eye on who is actually doing these procedures in the clinical sense (and bear in mind that fees are paid for the service and that there are professional standards to which they should adhere); they also take responsibility. We need to know who they are.

One of the penalties that can apply for failing to comply with a condition, to keep up a certain standard or do a certain level of retraining has always been that the sabre can fall; that is, the registration can be suspended or completely withdrawn, the result of which is exclusion from the right to operate in that profession. Teachers and nurses, everyone in these sorts of professionally recognised areas of health, education and other areas where there is a registration procedure, can be struck off if they do not behave. I am not picking on teachers or nurses here; lawyers are in this category as well, as are accountants.

There are certain registration processes that mean that you lose your ticket to practise if you breach the rules, and that has been the instrument of discipline and standards that has commonly been employed. I simply say that it is important for the minister to consider this and, if he does not think it is meritorious, then I may look at this being presented in another place—that all those who have the capacity to provide assisted insemination and these other techniques are also required to be registered.

Another aspect that may be controversial for some people is extending access to assisted reproductive technology if one of the parties has a serious infection. At the moment you can line up to have ART if you are infertile or if there is serious risk of your passing on a genetic condition (particularly a genetic defect). This bill proposes to extend that to serious infections, and the most obvious, of course, is the HIV virus. However, there are other serious infective conditions which would apply, and I think that is reasonable in circumstances where someone having intercourse with their partner could seriously contaminate that party and/or possibly have some deleterious effect on the development of the foetus or child or even risk their contracting the condition as well. So I wholeheartedly support that initiative.

I have referred to the posthumous use of sperm. I have no doubt that Sheree Blake and others have suffered the situation where they have been ineligible for access to their dead partner's sperm because they were not actually infertile. I suppose some would say, 'Bad luck. She can go and repartner and have a child to someone else. She's fertile, so why should she have access to this?' The situation is clear to me, in any event: if a couple has decided that this is an option they wish to take and it is important to them, if they make the plans, have the counselling and undertake the harvesting of the genetic material, sperm or whatever is to be stored, and if it follows all the processes with the consent in writing, etc., then, frankly, this option ought to be available to them.

I personally know of two other cases where two males had treatment for cancer but both died. They had stored sperm for future use. In both cases the widow has not taken up the option of using the sperm, that is, take it interstate to have it implanted. In one case, there was a question about whether the widow (who would have qualified) was, in fact, infertile. Both made a conscious decision not to pursue that option.

Is that not fair? Is that not exactly what we want: a situation where widows have a choice? They can make a rational and clear decision—whether or not they have had any children by their deceased partner—not to pursue the option of bringing a child (or another child) into the world on their own. That is a decision that we want them to have the right to make, not we as fellow human beings saying that we are going to preclude them from that. As I said before, I am keen for this bill to go through in the hope that Ms Blake and others in her position will not have to suffer the same indignity and delay that they have to date.

There is a question of access to ART for future infertility. There are already some opportunities to do this, but this will allow a party to store sperm or eggs when they face the risk of future infertility because of cancer treatment. As I have said before—and this is important—it must be a medical condition or disease that is defined in the regulations. I have not seen those yet, and frequently we do not see the draft legislation. However, it must be clear that there is a specific medical condition rather than just getting old. That is important to us.

I come to the donor conception register. This is important because, again, the government has been dragging the chain on this. In 2005 the Social Development Committee investigated the lack of access to identifying information about gamete or embryo donors. A classic example of the reason for this is to make sure that sisters do not inadvertently marry brothers as a result of unidentified donated material and later conceive children with that donated material. Not only would

it potentially break the law under the marriage act to be in a relationship which is prohibited, it would also prevent children being born from incestuous relationships, and thus prevent the potential defects and deformities that may flow. All those laws have been set up for good reason.

In 2005, the Social Development Committee felt that a donor conception register was something that needed to be investigated. Nothing happened. In 2007, the Social Development Committee again recommended that people who are conceived through a donor program have access to information about their genetic heritage if they request it.

The bill provides that South Australia participate in the donor registration program as approved by the minister. He may set up his own register. That whole section of the bill where the minister establishes his own state register is couched in terms of 'may', as I understand it. I think the minister made it clear in his second reading speech that he expects the national register to be put in place soon, and that South Australia, like other jurisdictions, will have access to it. Again, there is not much point in duplicating it if that occurs. If it does not occur, because of some hold-up or whatever the problem may be, then under this bill we will be giving him the power to set that up, and that will be an important initiative.

On this issue, I raise another matter that was brought to my attention by the IVF Directors Group of Australia, a body which represents all of the IVF licensed facilities in Australia. A number operate in Australia; we have two here and several are in the other jurisdictions. This group came to me late last week to advise of its concerns, although, overall, it endorses the legislation so that South Australia catches up with this.

I want to raise a concern that group had, which I have discussed with a number of other senior people in the opposition, and we have considered the directors' group recommendation that there be a regulation for the no-fee providers of insemination. The no-fee providers are the do-it-yourself home job, colloquially known as the turkey baster option, and it has other unsavoury descriptions. I think you get the gist of it: instead of going to a registered clinic, people decide that they will harvest their own sperm and insert it into a female party with some instrument—

Mrs Redmond: By a squeezer.

Ms CHAPMAN: Yes, a squeezer, puffer; you name it. This is the do-it-yourself, home job. I think everyone has the idea. The fact is that it goes on. As some of my colleagues, including the member for Heysen, have said: we will not be able to stop this; it is not illegal for people to do this, just as we cannot stop people having sex.

Mrs Redmond: We did think about a tax.

Ms CHAPMAN: One of my colleagues, the member for Unley, suggested that taxing sex might be a good way of managing this. We will not be making him treasurer, that's for sure. However, this question of how we protect individuals in this process is serious. We must do the same thing that a donor register does for legitimate fee-paying organisations and enterprises. That is, we must protect against illegal relationships and prohibited activity, including servicing of underage persons and the like. We need to consider how we do that in order to protect someone who, ultimately, may be a child of this do-it-yourself union or may be the carrier of a child produced out of this procedure.

In summary, the directors' group was suggesting that a regulation be introduced, but that would be very difficult to police, because you would then have a process which incurs some sort of fine if you did not register this. I hate to think of all the defences that would be raised by people. I think a reasonable way of going forward on this, which could be considered by the government, is to facilitate, at least, an application procedure where someone who had been impregnated, say, as a result of some home service—and I do not mean natural intercourse but the turkey baster process—has an opportunity to register that by application. It would not be obligatory, because we could not—

The Hon. J.D. Hill interjecting:

Ms CHAPMAN: No; I am just simply saying that it is the same as when somebody signs a form when they make a donation. They can say, 'I am John Hill' when, in fact, they are somebody else, so there are all sorts of processes. I suppose we are looking at—

The Hon. J.D. Hill: A voluntary basis.

Ms CHAPMAN: If a voluntary application process was added to this where the applicant could do it by declaration, signed by the alleged other donor, one could reasonably assume that

those who are genuine in wanting to make sure that the offspring do not fall into a potentially dangerous category in the future would willingly provide this. They would not be rushing to register just to give you a false name; they would actually be wanting to, unless somebody came in and said that this donor sperm is from Elvis and he signed this in Nashville. There is an opportunity for people to come forward and look at that issue. I think I have at least an indication from the minister that that is something he will look at.

The second aspect relates to the prohibition of gametes or embryos being taken out of the state. The objective is to stop people in, say, South Australia operating a business which harvests the eggs or sperm, and then throwing them into a frozen container and transporting them to Sydney and selling them off, and the people of South Australia then having to travel to Sydney to access clinical and laboratory services.

I do not want to hold up the passage of the bill, but I understand that there is a provision in the Victorian legislation which prevents any of this genetic material from being taken out of the state. There is some argument that a condition of being granted a licence, given that people move to and fro, is that a clinic had to provide laboratory and clinical services, the principal reason being to ensure that experts located here in South Australia are not lured to another state.

My understanding is that Victoria is worried about this issue; they think that Sydney is pretty avaricious when it comes to taking expertise from other states. So, Victoria prohibits transfer of the material out of that state. However, there is this other option of looking at full laboratory and clinical services, and I think that is something that could be considered.

In summary, I support the bill and I will support the government's foreshadowed amendment, which I think is being put on file in the name of the Minister for Health. I think schedule 1 needs to be looked at, as well as transitional registration. All medical, laboratory and nursing personnel who are able to carry out these procedures, bearing in mind that it will be a much more expanded group, should be registered, as should also the clinic in operation, so that impositions can be placed on it if this other aspect to which I have referred is considered. The matter of 'do it yourself' insemination processes to avoid inbreeding and private arrangements or abuse within prohibited relationships is something that could be looked at by the government with a view to providing an 'opt in' process.

Finally, I think it would be preferable to prohibit gametes and embryos being taken out of the state, although I acknowledge a condition obligation of having to provide full laboratory and clinical services to maintain the skill level.

There are some other minor matters, including new conditions to be placed on registrants, including the safe and appropriate storage of records, which is something I welcome. There seems to be a large increase in penalties to be imposed. For example, I think the penalty for practising without a licence is to be increased from $10,000 to $120,000. There are a number of other penalties (including prison terms) associated with fines in the range of $2,000 to $10,000. On the face of it, they seem to be massive penalty increases but, given that this issue has not been reviewed for 21 years, I think they are reasonable. A safe, secure registration process will replace the licensing process, and it needs to be expanded to fully protect future consumers in what is an important and ever expanding area of services for men and women in our community. I commend the bill to the house.

Debate adjourned on motion of Mr Kenyon.

[Sitting suspended from 13:00 to 14:00]

STANDARD TIME BILL

His Excellency the Governor assented to the bill.

KAPUNDA HOSPITAL (VARIATION OF TRUST) BILL

His Excellency the Governor assented to the bill.

ADMINISTRATION AND PROBATE (DISTRIBUTION ON INTESTACY) AMENDMENT BILL

His Excellency the Governor assented to the bill.

CRIMINAL INVESTIGATION (COVERT OPERATIONS) BILL

His Excellency the Governor assented to the bill.

SOUTHERN STATE SUPERANNUATION BILL

His Excellency the Governor, by message, recommended to the house the appropriation of such amounts of money as might be required for the purposes mentioned in the bill.

ASSET RECOVERY

Mr HAMILTON-SMITH (Waite—Leader of the Opposition): Presented a petition signed by 64 residents of South Australia requesting the house to urge the government to find a remedy to a situation where residents of South Australia have lost assets due to fraudulent and illegal dealings and are without legal redress.

ANSWERS TO QUESTIONS

The SPEAKER: I direct that the following written answers to questions be distributed and printed in *Hansard*.

BORE WATER

151 Mr HAMILTON-SMITH (Waite—Leader of the Opposition) (30 September 2008). How does the government charge for bore water use and what raionale is used?

The Hon. K.A. MAYWALD (Chaffey—Minister for the River Murray, Minister for Water Security): I am advised that the government does not charge for the use of bore water for stock and domestic.

Where an area is prescribed under the Natural Resources Management Act 2004, major users of groundwater are licensed and pay a water-based levy to partially cover the cost of managing the water resource.

RAINWATER TANKS

152 Mr HAMILTON-SMITH (Waite—Leader of the Opposition) (30 September 2008). What plans does the government have to make it mandatory for people in existing homes to install rainwater tanks for general household purposes?

The Hon. K.A. MAYWALD (Chaffey—Minister for the River Murray, Minister for Water Security): I am advised that since 1 July 2006, South Australian building rules detailed in the Development Act 1993 and the Development Regulations 1993, have required new dwellings (and some extensions or alterations) to include a plumbed-in rainwater supply. The additional water supply is required to be plumbed into the home to at least a toilet, all laundry cold-water outlets, or to a hot water service of a new home.

To complement these mandatory building provisions, the government has sought to encourage and support existing home owners (those homes built before 1 July 2006) by providing rebates for the installation of a plumbed-in rainwater supply. Typically, older homes face additional costs for installing a plumbed in rainwater supply.

SAVE THE RIVER MURRAY LEVY

154 Mr HAMILTON-SMITH (Waite—Leader of the Opposition) (30 September 2008). How much revenue has been raised from the Save the Murray Levy since its introduction and how is this revenue spent?

The Hon. K.A. MAYWALD (Chaffey—Minister for the River Murray, Minister for Water Security): I am advised that to 30 June 2008 $95.4 million has been raised under the Save the River Murray Levy since its inception in October 2003.

The Save the River Murray Levy is being directed towards a package of works and measures to improve the health of the river system. These include:

- the state contribution to the Murray-Darling Basin Commission for programs including Salt Interception Schemes, management of the Living Murray Icon Sites and the Living Murray Environmental Works and Measures Program. South Australia receives funding from the Murray-Darling Basin Commission to deliver on these programs;

- South Australia's contribution of $65 million over five years towards the $500 million, Basin-wide initiative to return 500 GL of environmental flows to the River Murray by 2009;
- implementation of the River Murray Prescribed Watercourse Water Allocation Plan;
- making water users accountable for salinity impacts;
- scientific research and information;
- environmental flows and wetland management;
- water quality improvement;
- conserving the River Murray's ecology;
- upgrading the River's waste disposal stations and drainage disposal system;
- improved water management of the Eastern Mount Lofty Ranges; and
- River Murray Environmental Manager operations associated with the icon sites.

Much greater detail about these and other measures is provided in the Save the River Murray Fund annual reports that are available on the website www.dwlbc.sa.gov.au.

MURRAY RIVER

155 Mr HAMILTON-SMITH (Waite—Leader of the Opposition) (30 September 2008). Has the government received any advice as to whether there will be any immediate environmental flows into the lower Murray if sufficient rain falls?

The Hon. K.A. MAYWALD (Chaffey—Minister for the River Murray, Minister for Water Security): I am advised that if rainfall across the Basin is sufficient to generate unregulated flows to South Australia, this water will immediately contribute to environmental flows as it flows into the state.

During most winters, unregulated flows (or flows in excess of South Australia's Entitlement Flow) occur and it is estimated that there is about a 90 per cent probability that some unregulated flows will be received during the winter—spring period this year. These unregulated flows would contribute to environmental flows along the length of the river in South Australia and into the Lower Lakes. Improvements in the regulated flows to the state will be shared between all the competing uses including irrigation, reserves for Critical Human Needs in 2009-10 and for the environment.

TRANSITIONAL ZONE LEASES

171 The Hon. G.M. GUNN (Stuart) (30 September 2008). Will the decision made by the former minister not to allow leaseholders in the transitional zone the ability to freehold their leases be reviewed?

The Hon. J.W. WEATHERILL (Cheltenham—Minister for Environment and Conservation, Minister for Early Childhood Development, Minister for Aboriginal Affairs and Reconciliation, Minister Assisting the Premier in Cabinet Business and Public Sector Management): In accordance with the recommendation of the Select Committee on the Crown Lands (Miscellaneous) Amendment Bill 2002, freeholding in the transitional zone is permitted. There is no intention to review this decision.

The issue of freeholding perpetual leases in the rangelands is, as also noted in the Select Committee report, considered separately on a case-by-case basis.

SCHOOL COMPUTERS

173 Mr PISONI (Unley) (30 September 2008).

1. How many computers supplied to South Australian government schools in the first round of funding for the digital education revolution program will be considered additional machines and subject to the three year licensing charge payable by those schools?

2. Have any commonwealth funds transferred to the state for the purchase of computers under this program been used by the department to employ consultants to administer this program and if so, what are the details?

The Hon. J.D. LOMAX-SMITH (Adelaide—Minister for Education, Minister for Mental Health and Substance Abuse, Minister for Tourism, Minister for the City of Adelaide): The Department of Education and Children's Services has advised that:

1. There are 2,642 additional devices in Round One.

2. No commonwealth funds under the Digital Education Revolution program have been used to employ consultants.

ABORIGINAL LEADERSHIP

218 Dr McFETRIDGE (Morphett) (21 October 2008). What plans were implemented in 2007-08 towards achieving part of South Australia's Strategic Plan with respect to Aboriginal leadership, what were the associated costs, how many participants were there, who assisted in the implementation, what were the outcomes and how many of the participants have since gained employment or attained a position of leadership?

The Hon. J.W. WEATHERILL (Cheltenham—Minister for Environment and Conservation, Minister for Early Childhood Development, Minister for Aboriginal Affairs and Reconciliation, Minister Assisting the Premier in Cabinet Business and Public Sector Management): I have been advised that:

In 2007-08 considerable outcomes were achieved under the SASP Aboriginal leadership target around leadership in Aboriginal heritage, governance and State public sector for middle level to senior Aboriginal State public sector employees.

During 2007-08 a total of 187 Aboriginal people undertook training designed to strengthen their leadership abilities, with associated costs being approximately $260,000.

A number of partners assisted with implementation from both State and Commonwealth public sector agencies, which included Aboriginal Affairs and Reconciliation Division (AARD), Office of Consumer and Business Affairs, Office of the Registrar for Indigenous Corporations and the Australian Indigenous Leadership Centre.

The Department of Further Education, Employment Science and Technology, on behalf of AARD is currently developing an Aboriginal Leadership Register. The Register will assist SA Government Boards and Committees wishing to fill their vacancies with Aboriginal people. In addition, State Government agencies will also be able to seek Aboriginal people through the Register, who are interested in undertaking senior roles in the public sector.

ABORIGINAL WELLBEING

219 Dr McFETRIDGE (Morphett) (21 October 2008).

1. What plans were implemented in 2007-08 towards achieving that part of South Australia's Strategic Plan relating to Aboriginal wellbeing, what were the associated costs, how many participants were there, who assisted in the implementation, what were the outcomes and how will the benefits of this program be measured?

2. Did the Minister for Health give any funds or staff for the implementation of this plan?

The Hon. J.W. WEATHERILL (Cheltenham—Minister for Environment and Conservation, Minister for Early Childhood Development, Minister for Aboriginal Affairs and Reconciliation, Minister Assisting the Premier in Cabinet Business and Public Sector Management): I have been advised that:

South Australia's Strategic Plan (SASP) contains 9 Aboriginal-specific targets that seek improve the wellbeing of Aboriginal people and communities in South Australia. These include T1.26 on Aboriginal unemployment, T2.5 relating to Aboriginal life expectancy, T4.5 on understanding Aboriginal culture and T6.18 concerning Aboriginal education. Additionally, tracking of progress against many of the other targets also includes disaggregation by Aboriginality, for example T6.3 which records rates of low infant birth weight. (Information on progress against SASP targets is available at www.stateplan.sa.gov.au).

Of particular importance to achieving improved Aboriginal wellbeing is Target 6.1 (Aboriginal Wellbeing). It is a unique target in that it aims to holistically track progress in Aboriginal wellbeing across all relevant Strategic Plan targets. The Aboriginal Affairs and Reconciliation Division (AARD), DPC is responsible for this coordinating target, which seeks to produce an

overarching framework that enables the South Australian Government to deliver improved outcomes—in all areas—to Aboriginal people in this State.

Significant work is being undertaken in areas such as leadership, heritage and culture; education, training and employment; economic development; health and wellbeing; housing and infrastructure; and caring for country. This is reflected in DPC's 2007-08 Annual Report.

The coordinated approach to Aboriginal wellbeing required by Target 6.1 is being complemented by efforts to maximise Aboriginal input into planning and policy development. This has included engagement with the peak Aboriginal policy body, the SA Aboriginal Advisory Council, and at a community level through the negotiation of Community Development Plans in each discrete Aboriginal community.

Finally, in response to the honourable member's question asking specifically for information relating to Aboriginal health initiatives and funding, I advise that the government's efforts in this area are captured in the Department of Health's 2007-08 Annual Report.

MIMILI AND AMATA BUSH GARDENS

220 Dr McFETRIDGE (Morphett) (21 October 2008). What are the annual operating costs of the Mimili and Amata bush gardens and what funding if any, has the state government allocated for the garden's operation in 2008-09?

The Hon. J.W. WEATHERILL (Cheltenham—Minister for Environment and Conservation, Minister for Early Childhood Development, Minister for Aboriginal Affairs and Reconciliation, Minister Assisting the Premier in Cabinet Business and Public Sector Management): I have been advised that:

The annual operating costs of the two plots consist principally of CDEP wages of those who work on the plots along with the supply of water and power. Bungala Aboriginal Corporation calculates that CDEP wages for the workers and supervisor as approximately $60,000 for a 12-month period. The cost to supply water and power to the two plots are absorbed by the relevant community into their general operating costs.

The Department of the Premier and Cabinet (DPC) continues to support the maintenance and development of the bush food plots at both Amata and Mimili in the APY Lands by contracting the provision of horticultural expertise and practical on-site maintenance to 9 June at a cost of $56,000.

CONSULTANTS AND CONTRACTORS

226 Dr McFETRIDGE (Morphett) (21 October 2008). For each department and agency reporting to the minister, what is the detailed breakdown of the expenditure on consultants and contractors in 2007-08 including, the name of the consultant or contractor, cost, work undertaken and method of appointment?

The Hon. J.W. WEATHERILL (Cheltenham—Minister for Environment and Conservation, Minister for Early Childhood Development, Minister for Aboriginal Affairs and Reconciliation, Minister Assisting the Premier in Cabinet Business and Public Sector Management): I have been advised that:

Details of Contracts and Consultancies issued during 2007-08 for the Aboriginal Affairs and Reconciliation Division are as follows:

Name of Contractor	Amount of Contract (net)	Description of Contract	Method of Appointment
Key Energy and Resources	23,636	Electricity Retailing Operations for Remote Aboriginal Communities	Selective Tender
Cavill Power Products Pty Ltd	158,557	Generator Maintenance for Remote Area Power Supplies for Aboriginal Communities. There are no other viable contractors to do this work. This contract went before the Accredited Purchasing Unit in DPC.	Direct Negotiation

Name of Contractor	Amount of Contract (net)	Description of Contract	Method of Appointment
Anne Prince Consulting (APC Environmental Management)	144,740	Development of Waste Management Plan for the APY Lands	Selective Tender
ETSA Utilities (Works Contract via DAIS)	715,120	Oak Valley Aboriginal Community Overhead Reticulation System—Electrical Services Upgrade—Trade Contractor	Selective Tender
John Thurtell Consulting Services Pty Ltd	27,273	Independent Review of the Operation of the 2005 Amendments to the Anangu Pitjantjatjara Yankunytjatjara Land Rights Act	Selective Tender

ABORIGINAL ADVISORY COUNCIL

370 Dr McFETRIDGE (Morphett) (17 November 2008).

1. How many applications were received for positions on the South Australian Aboriginal Advisory Council?

2. How many interviews were undertaken?

3. Who was on the interview panel?

4. How many applicants were successful in being appointed and what is the tenure of each person appointed?

5. How many members of the Council were previous members of the South Australian Aboriginal Advisory Council announced in December 2005?

6. Who was appointed to the Council in 2006 and 2007?

7. Were interviews or applications accepted for positions on the Council in 2005, 2006 and 2007?

8. Is the South Australian Aboriginal Advisory Council required to submit an annual report to the Minister for Aboriginal Affairs and Reconciliation or to the Department of Premier and Cabinet?

The Hon. J.W. WEATHERILL (Cheltenham—Minister for Environment and Conservation, Minister for Early Childhood Development, Minister for Aboriginal Affairs and Reconciliation, Minister Assisting the Premier in Cabinet Business and Public Sector Management): I have been advised that:

The Interim South Australian Aboriginal Advisory Council (Interim SAAAC) was established in November 2005 to recommend structures to better engage Aboriginal people. In May 2007 it recommended that a permanent Aboriginal Advisory Council be established. In December 2007 the State Government permanently established the Aboriginal Advisory Council.

No new appointments were made to the SAAAC in 2006 or 2007.

In May 2008, I re-appointed five (5) of the original interim council members to the new permanent SAAAC for one year, and its Chairperson for two years. I further appointed four (4) new members for two years commencing from 1 May 2008.

Seventy-nine (79) applications were received from across the State to fill the four vacancies.

I made appointments after assessing each application against set criteria, including:

- Possesses a strong understanding of Aboriginal culture;
- Have standing within the Aboriginal community;
- Have policy and service delivery experience;
- Are able to strongly contribute to the Council performing its role as identified in the Terms of Reference; and

- Considering the Council's gender and age balance.

The South Australian Aboriginal Advisory Council is required to submit an annual report to me as the Minister responsible, commencing from 1 July 2008 for the period ending 30 June 2009.

APY LANDS FACILITIES

390 Dr McFETRIDGE (Morphett) (17 November 2008).

1. When did the Department of Premier and Cabinet formally receive a copy of the results of the Office of Recreation and Sports audit of sport and recreation facilities on the APY Lands and what are the specific recommendations arising from this audit?

2. Has the government costed the implementation of all the audit's recommendations and if so, what are the details?

3. Will a copy of the discussion paper and associated recommendations of audit report be made public and if not, why not?

The Hon. M.J. WRIGHT (Lee—Minister for Police, Minister for Emergency Services, Minister for Recreation, Sport and Racing):

1. The report was provided to the Aboriginal Affairs and Reconciliation Division of the Department of the Premier and Cabinet on 29 May 2007.

The recommendations of the study are:

- Improve the number, range and quality of recreation and sport facilities across communities on the APY Lands.
- Employ ongoing, qualified recreation and sport staff on the Lands to ensure continuity and stability of provision and relationships.
- Improve the range of recreation and sporting programs that provide incidental and developmental opportunities for participation.
- Provide more regular carnivals and significant events around recreation and sport.
- Provide and effectively manage recreation and sporting equipment.
- Supply service providers with recreation and sport 'resource kits', which include how-to guidance relating to recreation and sport delivery.
- Support pools committees in Mimili, Amata and Pipalyatjara to develop specific programming for each pool.
- Provide additional resources to non-recreation and sport sectors currently delivering recreation and sporting programs to achieve specific outcomes.
- Use technology (DVD, video interface) to support and complement (not replace) recreation and sporting opportunities in the areas of entertaining and teaching.
- Develop and provide programs that use the natural environment to support a range of experiential learning opportunities in rehabilitative and preventative capacities.
- Modify and adapt programs to overcome barriers to participation.
- Actively promote and encourage recreation and sport.
- Develop and provide positive recreation and sporting opportunities through 'leisure pathways' that enable sequenced participation throughout the life course.
- Provide accredited education and training qualifications in recreation and sport (including traineeships/apprenticeships).
- Create employment and career pathways in recreation and sport.

2. As per the Project Brief the Office for Recreation and Sport provided a costed implementation plan as a component of the overall report. The costings were indicative and intended to be used internally by government agencies in the consideration of any future initiatives.

3. Copies of the audit of sport and recreation facilities on the APY Lands were made available in 2007. A copy of the associated discussion paper including recommendations is

available on request from the Aboriginal Affairs and Reconciliation Division of the Department of the Premier and Cabinet.

AUDITOR-GENERAL'S REPORT

410 Dr McFETRIDGE (Morphett) (2 December 2008). With respect to the Report of the Auditor-General 2007-08—part B, volume 3, page 829, note 17—what is the total value of funds held in the Aboriginal Heritage Fund?

The Hon. J.W. WEATHERILL (Cheltenham—Minister for Environment and Conservation, Minister for Early Childhood Development, Minister for Aboriginal Affairs and Reconciliation, Minister Assisting the Premier in Cabinet Business and Public Sector Management): I have been advised that:

The balance in the Aboriginal Heritage Fund as at 30 June 2008 was $708K.

CABINET MINISTERS

The Hon. M.D. RANN (Ramsay—Premier, Minister for Economic Development, Minister for Social Inclusion, Minister for the Arts, Minister for Sustainability and Climate Change) (14:04): I seek leave to make a ministerial statement.

Leave granted.

The Hon. M.D. RANN: Yesterday, at the conclusion of our Monday cabinet meeting, I received the resignations of two of my ministers: the member for Mount Gambier and the honourable member of the Legislative Council, Carmel Zollo. Both ministers indicated to me in about the middle of last year that they intended to retire from cabinet before the next election, which is nearly one year away. I thanked them both for their outstanding contribution to the cabinet and for their hard work to bring about reform in their areas of responsibility to improve the lives, services and conditions of South Australians in so many ways.

With their resignations came an opportunity to undertake a small reshuffle within the cabinet. This is a good thing. I have always believed that combined with experience and knowledge should come fresh new ideas and a renewal of vigour and purpose. Good government is about a combination of change and continuity. On the other side, of course, it is about replacing their leaders all the time—this is the fifth that I have faced. It is about the stability and renewal in which this government has engaged over the past seven years.

The Hon. Carmel Zollo was the first Italian-born woman to enter the Legislative Council and she has been an outstanding minister for the past four years, delivering major reforms in road safety and corrections, achieving sign-off on a major new prison for South Australia. Indeed, it was on her watch that South Australia last year recorded its lowest ever road toll. In the 1970s it was around the 370 mark; last year it was under 100 for the first time, still too many but a massive drop in the road toll. She also introduced big changes to the graduated licence scheme that will ensure our young people are better prepared for taking on a full driver's licence.

In her responsibilities as Minister Assisting in Multicultural Affairs she has attended many hundreds of functions and met thousands of migrants to South Australia and has been an inspiration to many people who have seen her career develop. She is also, of course, Minister for Emergency Services and other areas. We will miss her wise counsel and community-based approached.

The member for Mount Gambier was an Independent Liberal member when we decided to bring his rural expertise into the cabinet in late 2002. He was a former member of the Liberal Party and then a Liberal Independent. I said at the time—

The Hon. P.F. Conlon: Mitch is in pain because Rory got six more years than him!

The Hon. M.D. RANN: That is right. I said at the time he entered cabinet that he had talent, ability, enthusiasm and energy—all of the qualities necessary to be an effective member of cabinet. He has not disappointed us.

The member for Mount Gambier was involved for many years in local government and was always, and remains, a passionate supporter of our state's regions. While his decision to join our cabinet ensured the government had the stability necessary in the lower house to support the government's important legislative reform program planned for the parliamentary term, we invited him to stay on in our second term because his contribution had been so outstanding.

Everyone predicted that as soon as we got a majority in our own right, let alone the biggest majority in our own right, that we would then automatically jettison the Independent members of cabinet. We said we would not do so and we held to our word, because in so many ways both the member for Mount Gambier and, indeed, the leader of the National Party in this state have brought a different culture, experience, expertise, and regional and rural focus to the government.

Mr McEwen's decision to stay on was a further demonstration that the government was working in a bipartisan way in the best interests of the state. The member for Mount Gambier has been a champion of regional and country South Australians and his work, particularly in assisting rural communities during this extreme period of drought, has been exceptional.

I also want to pay tribute to his role as minister for state/local government relations. Coming from the local government sector, as he did, he was acutely aware of the issues, challenges, problems and potential.

I have taken the decision to replace him because the severity and longevity of this current drought means the importance of agriculture, food and fisheries and our regions are priorities that continue to require a high level of ministerial time and attention.

That is why this morning I appointed the Minister for Industrial Relations (the member for Colton) as the new Minister for Agriculture, Food and Fisheries and Minister for Regional Development. He will retain his role as Minister for Industrial Relations. As I mentioned earlier, I am sure there are celebrations amongst amateur and recreational fishers. It is worth mentioning in this house that we have a world-rated fisherman in our cabinet, a dual gold medallist. Of course, just because the fish he caught appeared to be at least partly frozen is irrelevant.

I believe the member for Colton will be an excellent minister, representing rural regions, especially given the severity of this drought and the ongoing issues associated with it. Of course, he has been responsible for the TAFE network, which has a strong representation in regional and rural areas. As the minister has proven, he can make a real connection with all South Australians. He has a natural ability as a listener, a thinker and a problem solver, and he will be able to continue the important work left by the former minister.

Thursday this week will be the seventh anniversary of this government. The swearing in this morning of two new ministers into the parliament means that they are the latest of eight new ministers who have entered the cabinet since our initial cabinet was sworn in in March 2002.

I am delighted that, this morning, cabinet welcomed into its ranks the member for West Torrens and the member for Napier, following a ballot in our caucus room meeting where both members were elected unopposed, unanimously, and by acclamation. Also elected unopposed is the new parliamentary secretary, the member for Bright, who is replacing the member for Napier. I am delighted to announce that she will be parliamentary secretary to the Premier, Minister for Economic Development, Minister for Social Inclusion, Minister for Sustainability and Climate Change and Minister for the Arts.

The member for West Torrens will be the new Minister for Correctional Services, Minister for Road Safety, Minister for Gambling, Minister for Volunteers and Minister Assisting the Minister for Multicultural Affairs, taking over all the responsibilities of former minister Carmel Zollo, in addition to volunteers and youth from minister Caica's previous responsibilities. Of course, he is the youngest minister in the government. He combines youth and vigour. This is a broad sweep of responsibilities, but I am sure that, with the energy and enthusiasm that this youngest minister of the cabinet has for his new role, he will make a real impact in these areas. I know that the Minister for Multicultural Affairs has a rigorous program of attendances at multicultural functions ahead for the member for West Torrens, the new minister.

The member for Napier will become the new Minister for Employment, Further Education and Training, and Minister for Science and Information Economy, taking over those responsibilities from the member for Colton. The member for Napier has long been recognised as a real talent on our backbench and I expect that he will tackle very well the huge challenges facing our state in terms of skills shortages that we need to fill in the future, especially in our mining and defence industries. Obviously, the skills training agenda is critically important for the future of the state as we plan and invest in recovery. That is the difference between us and members opposite.

Ms Chapman interjecting:

The Hon. M.D. RANN: You did not even know what the Fraser Institute was! You thought it had something to do with Malcolm Fraser. We are nearly one year away from an election, which

will be held on 20 March next year. In fact, on this day I can give the election date of 20 March and also rule out an early election; as much as we enjoyed the by-election in Frome.

I hope these two new ministers will bring renewed vitality to their areas of responsibility and bring new ideas and fresh thinking into their important portfolios—and I am sure they will. On a final note, it is worth remembering that South Australia continues to have the lowest number of ministers of any state government in mainland Australia. The Western Australian government, I am told, has 17 ministers and six parliamentary secretaries, while Queensland has 18 ministers and 11 parliamentary secretaries. I remind the house that, like us, the previous Liberal Olsen/Kerin government had 15 ministers of which the current leader was one.

Mr Venning: There were three junior ministers; that's misleading.

The Hon. M.D. RANN: That is an outrageous attack on the Leader of the Opposition. The member for Schubert might have considered him junior but we knew that, during that brief, shining moment, the best and the brightest of the Liberal Party had begun that rise—indeed, I remember that he was appointed as cabinet secretary—

Members interjecting:

The SPEAKER: Order!

The Hon. M.D. RANN: —and I will talk more about that position in the future. I commend the new appointments to the house. I know that I speak not just for members on this side but for all members of parliament in welcoming these new ministers. We look forward to their contribution to the people of this state, because that is what it is all about.

PAPERS

The following papers were laid on the table:

By the Treasurer (Hon. K.O. Foley)—

Economic and Finance Committee—Ethical Public Sector Superannuation Schemes Report—Treasurer's Response to

By the Minister for Transport (Hon. P.F. Conlon)—

Regulations under the following Act—
- Development—
  - Commonwealth Nation Building Program
  - Bushfire Protection
  - Residential Code

By the Attorney-General (Hon. M.J. Atkinson)—

Environment, Resources and Development Committee—Desalination (Port Stanvac) Interim Report—Attorney-General's Response to

Summary Offences Act—
- Dangerous Area Declarations, Statistical Returns for the period 1 October 2008 to 31 December 2008
- Road Block Establishment Authorisations, Statistical Returns for the period 1 October to 31 December 2008

Rules of Court—
- District Court—Civil—Amendment No. 8

By the Minister for Health (Hon. J.D. Hill)—

Barossa Health—Report 2007-08
Ceduna Koonibba Aboriginal Health Service Inc.—Report 2007-08
Children, Youth and Women's Health Service—Report 2007-08
Children, Youth and Women's Health Service—Statistical and Financial Report
Eudunda & Kapunda Health Service Incorporated—Report 2007-08
Health and Community Services Complaints Act 2004—
- Government Response to Review dated 12 November 2008

Kangaroo Island Health Service—Report 2007-08
Lower Eyre Health Services—Report 2007-08
Pika Wiya Health Service Inc.—Report 2007-08

Port Broughton District Hospital and Health Services Inc.—Report 2007-08
Port Lincoln Health Services Inc—Report 2007-08
Repatriation General Hospital Incorporated—Report 2007-08
Southern Flinders Health—Report 2007-08
Regulations under the following Act—
Food—Adoption of Food Standards Code

By the Minister for Families and Communities (Hon. J.M. Rankine)—

Local Government Activities (report on activities conducted by the State Electoral Office) 2007-08
Regulations under the following Act—
Liquor Licensing—General—Banning Orders

VISITORS

The SPEAKER: I draw to the attention of honourable members the presence in the gallery today of members of the Blackwood Women's Probus club, who are guests of the member for Davenport, and students from Christian Brothers College, who are guests of the member for Adelaide.

QUESTION TIME

ROYAL ADELAIDE HOSPITAL

Mr HAMILTON-SMITH (Waite—Leader of the Opposition) (14:19): My question is to the Minister for Health. Is the government's five stage, 15 year model for estimating costs for the Royal Adelaide Hospital rebuild flawed and out of step with other single-stage processes used to successfully complete like hospital rebuilds in other states?

The government has produced varying costs for rebuilding work at the Royal Adelaide Hospital since 2006. One such estimate of $1.38 billion includes $533 million in supposed escalation costs over a proposed 15 year, five stage project, but the most recent project of a similar size, the Royal North Shore Hospital in New South Wales, is a single-stage project which consolidates 53 buildings, costing significantly less at $950 million, including research facilities to be built over 4½ years. A credible cost comparison between a rail yards hospital and RAH rebuild would require comparison of projects as single-stage projects.

The Hon. J.D. HILL (Kaurna—Minister for Health, Minister for the Southern Suburbs, Minister Assisting the Premier in the Arts) (14:20): It is interesting that, over recent weeks, when the government says, 'We will build the new RAH at the railway site for $1.7 billion,' the opposition says, 'No, you can't do that, that will cost you $3 billion.' On the basis of what, we don't know, but that is what they say a new hospital on a new site, a greenfield site, would cost—$3 billion. When we say, 'You can't rebuild on the existing RAH site without spending around about $2 billion,' they say, 'No, we could build one there for $300 or $400 million.' You can't have it both ways. This is real kindergarten economics coming from the Leader of the Opposition.

Let me give members full and extensive detail about the issues that are the subject of the question asked by the Leader of the Opposition. The government is continuing with work on the $1.7 billion new RAH in City West. That will combine world-class hospital care, education and research and will be opened in 2016. The decision to build a new hospital was taken after careful analysis of all the options, including an intensive investigation of the current site and the study of different locations. It has become very clear to health and infrastructure planners in the Department of Health and, indeed, staff working at the site that the current RAH is too constrained for any real development.

The majority of the site infrastructure at the current Royal Adelaide Hospital site has remained untouched since the 1960s redevelopment, when, in fact, it took over parts of the Botanic Gardens. While the infrastructure has served the hospital well for over 40 years, it has now reached the end of its working life—like some others over on the other side, I suspect. The site infrastructure is the unseen component of the building—and this is the bit that the opposition does not get. It is not a matter of plonking a new building on the Botanic Gardens or somewhere close to the hospital: it is things such as reliable plumbing, sewerage, heating, gas, treated water and power substations and generators. All this was built 40 years ago and has not been replaced or renovated, and it needs to be replaced in order to get the hospital up to scratch.

When the government considered undertaking a full redevelopment of the RAH in 2004, we were advised that the first stage would need to overhaul the worst of this site infrastructure. The proposed redevelopment, if it had started in 2006-07, would include a total of four stages, with the ultimate goal of demolishing what is known as the R wing and the residential building at the rear of the site and replacing it with a new in-patient building. The project would have been completed by about 2021. So, if we had started in 2006-07, it would have been completed about 2021 at an estimated cost of about $1.4 billion.

They ask questions. Of course, they know everything, but without any basis. There are no plans on the table from the opposition, no costings, nothing at all except pipedreams—

Members interjecting:

The SPEAKER: Order!

The Hon. J.D. HILL: Can I assure the house that serious people, smart people, from the health department have been through this every possible way. Outside people have been through it. What they have been through is their own exaggerated sense of their own intelligence and their perceptions of public opinion. They think a football stadium is more attractive to the constituents they are seeking to represent. Anyway, I digress. If the work—

The Hon. P.F. Conlon: We won, yea!

The SPEAKER: The Minister for Transport!

The Hon. J.D. HILL: I thank my friend for his performance—

The Hon. M.J. Atkinson: Where's Terry Boylan these days? What's he doing?

The SPEAKER: The Attorney-General will come to order!

The Hon. P.F. Conlon: It's the mystery of that system.

The SPEAKER: Order, the Minister for Transport!

The Hon. J.D. HILL: As I was saying before I was so amusingly interrupted by the Minister for Infrastructure, the project would have been completed by about 2021 at an estimated cost of about $1.4 billion. If that work were to start in 2010 (it is obviously three or four years later), the escalation costs would increase the total to the order of about $1.8 billion and the project would not be completed until about 2024 at the earliest. However, the project would not increase—and this is the important thing. Members of the opposition are saying that they will rebuild a new hospital on the existing site, which would be very difficult to do; possibly impossible. Nonetheless, that is what they say. Even if they were to do it, they would not be able to increase capacity of the hospital. There would be minimal extra beds and there would be no expansion of the emergency department or the intensive care unit.

What we know, from tracking the demand for emergency department numbers at the Royal Adelaide Hospital over recent years, is that there is something like, I think, a 30 per cent (I stand to be corrected) increase in demand for emergency departments. We need to increase the capacity of the hospital over the next 10 years or so. We want to get the capacity of the emergency department up to about 86,000 patients a year. It is currently designed to treat in the mid-60s. We do not have enough capacity at the hospital. Under none of the proposed redevelopments of the RAH is there any way of increasing the emergency department capacity.

Ms Chapman: Rubbish!

The Hon. J.D. HILL: Thirty per cent might be wrong. We are planning to increase it by 25 per cent. The deputy leader said 'rubbish', but I challenge her: present a plan to the public of South Australia that would demonstrate how you would increase the emergency department capacity at the Royal Adelaide Hospital. You cannot do it. You talk absolute rubbish when you say that.

Members interjecting:

The Hon. J.D. HILL: Very rarely am I called arrogant, but from you I take it as a compliment, member for Finniss. The approach would not increase capacity at the hospital. It would not increase the number of beds by very much. It would not increase the emergency department capacity, nor would it increase the number of intensive care unit beds.

Also, it would not make the current Royal Adelaide Hospital fully earthquake compliant. What we know about the current RAH is that, if there was a major earthquake in Adelaide, the RAH

would stand sufficiently for the patients to leave and then it would have to be condemned. It is not up to contemporary standards: it would not pass contemporary standards in terms of disaster. A modern trauma hospital has to withstand an earthquake or other disaster because, naturally, it will be the place where victims would go if there were to be an earthquake. You cannot have your major hospital falling down and having nowhere for victims to go should such a disaster occur.

The key to this project, which really makes it impossible to proceed with what the opposition is suggesting, is that it would require up to 170 beds to be relocated elsewhere while the demolition and the rebuilding of the hospital were to take place. That is 170 beds: a hospital about the same size as Modbury would have to be constructed in the interim to take that capacity.

The original plan was that the beds could be moved to the east wing after completion of enabling works to make that possible. However, I am advised that this is no longer feasible because of the increase in demand for service at the site having now filled up the east wing. That is the problem with the hospital: it has increasing demand and we are using all the spaces to supply that demand.

The Department of Health has recently reviewed the 2004 redevelopment plan, this time including extra stages and an extra cost to allow for the relocation of the 170 beds at other locations on site. The health and infrastructure plan has looked at two possible options. Under option 1 (and this is pertinent to the question asked by the Leader of the Opposition), the hospital could be redeveloped with increased staging of the works for just over $2 billion over a period of 17 years with completion in 2027. The completed RAH would have 700 beds, still with multi-bed bays, and there would be no expansion of increasingly busy areas such as ED theatres or the ICU, as I have said before.

The second option assumed that new bed accommodation could be built in the current emergency car park (and that is a car park that is needed for emergencies). Let us say we built on that space. The plan has estimated that it would cost slightly less; $1.966 billion. Work would take a little less—15 years—once again to produce a 700 bed hospital with multi-bay beds and no other expansion. Work would finish in about 2025.

The health planners have advised me (and they have confirmed their original view) that building a new hospital on a greenfield site is clearly the best, safest and most assured plan for all South Australians. A new hospital on a new site will not need to grapple with these infrastructure issues because it will be purpose built. The Royal Adelaide Hospital on a new site will have greater capacity. There will be 800 beds, compared with the current 680. It will include 60 ICU beds compared to 43, and there will be a 25 per cent increase in emergency capacity. This is really important, because the hospital is pretty well at capacity now.

The new hospital will also have 40 operating theatres and procedure suites that will be equal in size or larger than the largest theatre currently at the Royal Adelaide Hospital. In addition, the new Royal Adelaide Hospital will have the best facilities and contain mostly single patient rooms with ensuites. A rebuilt Royal Adelaide Hospital will still have wards with multiple beds and shared toilet and bathroom facilities, remaining at greater risk for cross-infection. I will just point this out: single rooms aid the management of cross-infection.

The new hospital is the centrepiece of our Health Care Plan and will increase the capacity of the whole health system. We have been upfront about this; we have had the figures on the table for a year and a half. I am happy to provide the Leader of the Opposition and the Deputy Leader of the Opposition with a very detailed briefing of the costs that I have just gone through. I am happy, if they wish to contact my office, to make that briefing available. I made the briefing available to various members of the health profession at the Royal Adelaide Hospital during the week. I have met with a variety of journalists and gone through these briefings. So, if they want to know the facts rather than just make fictional claims in here, I am happy to provide them to the Leader of the Opposition and the Deputy Leader of the Opposition.

This is serious stuff. This is not just about political point-scoring. We have been through this deeply and thoroughly, and we are absolutely persuaded that this is the only viable option for the patients of South Australia as we head into this century. We need more capacity, and we need hospitals which are upgraded because, quite frankly, the infrastructure at the Royal Adelaide Hospital, beyond the shiny surface of the newly redeveloped parts, is falling down. The electrical, water, gas and heating systems are all falling down, and there is no realistic way that they can be upgraded without immense interruption to the running of the hospital. Even if we were to do that, build on the car park and build on other bits of buildings, it would take an enormously long time

and, still, at the end of the day, it would not be big enough to meet the needs of our population as we move into the future.

I do not think the opposition has really got it. Our ageing population means there will be increased demand overall on our health system. That is why we are expanding capacity at Flinders and in the north at Lyell McEwin. We also need to expand capacity in the centre, and there is no way you can do that without essentially building a new hospital. I am happy to provide a detailed briefing to the leader and the deputy leader—and any other members of the opposition who would care to—to go through these facts with them.

AFRICAN RECEPTION

Ms FOX (Bright) (14:33): Can the Premier tell members about the success of the reception he hosted for African communities on Saturday?

The Hon. M.D. RANN (Ramsay—Premier, Minister for Economic Development, Minister for Social Inclusion, Minister for the Arts, Minister for Sustainability and Climate Change) (14:33): Thank you very much.

An honourable member interjecting:

The Hon. M.D. RANN: I am pleased to receive a question from the new parliamentary secretary. On Saturday 28 February, I was honoured to be the first Premier of South Australia to host a reception for our state's vibrant and varied members of African communities who have chosen to call South Australia home. I know that a number of members opposite were invited, and I was pleased to see members of parliament from both sides of the house.

Guests attending the reception at the Adelaide Convention Centre represented Algeria, Botswana, Burundi, Cameroon, the Democratic Republic of Congo, and Cote d'Ivoire.

An honourable member interjecting:

The Hon. M.D. RANN: I know that the parliamentary secretary is fluent in French and that her middle name is Catienne, but my pronunciation is 'Cote d'Ivoire', or what used to be known as the Ivory Coast. They also represented Egypt, Eritrea, Ethiopia, Ghana, Kenya, Liberia, Mauritius, Morocco, Nigeria, Rwanda, Senegal, Sierra Leone, Somalia, South Africa, Sudan, Tanzania, Togo, Uganda, Zambia and Zimbabwe. In fact, I was able to tell people there that my parents were registered to emigrate to Zimbabwe back in 1962. I somehow feel that if we had made that decision I would not be a member of the Zimbabwe parliament.

Amidst a stunning array of national dress, drummers and dancers led the procession celebrating Africa's story of incredible diversity. Despite being home to the world's longest river, its largest hot deserts, sweeping savannas and impenetrable jungles, Africa has, regrettably, also been a place of plunder, external domination and meddling. It was carved up and dealt out in the conference rooms and statehouses of Europe. Mercifully, in the past 50 years, the world has increasingly born witness to Africa's true spirit and potential. Despite difficulties, setbacks and betrayals, many African nations and millions of individuals have undertaken their own often heroic 'long walk to freedom'.

The story of Australia is the story of migration, and there is no doubt that, after arriving, the first years can be difficult, particularly for refugees who have experienced great loss and separation from loved ones. I made the point to a number of people that, when you meet those from places like Rwanda and know the extraordinary things they have seen and the suffering they have experienced, their positive and joyous approach to life here is most heartening and inspiring. Like other migrants to South Australia, these people from Africa are making an investment in their children and in subsequent generations of their family.

The reception was hosted to assure the various communities from Africa that we honour, respect and welcome them to our state and that we are proud that they have come to live and raise their families amongst us. We understand that many of them have witnessed great suffering and experienced great pain and loss. While we cannot turn back the clock for them, we can be of help now and in the future.

There is no single homogeneous African community here in South Australia. The communities we celebrated on Saturday were made up of vastly different ethnicities, languages, cultures, histories, traditions and faiths, and this government is committed to working with all of them to ensure that their uniqueness and individuality are understood and appreciated by the wider community through our multicultural and social inclusion policies. I want to recognise that

multiculturalism is embraced by all sides of the political spectrum here in South Australia—and long may that be the case.

Migrants and refugees who have come to South Australia hold lasting images of their country of birth, images that remind them of the wonderful things they have left behind to make a better life for themselves and their children in our state. Community members, working with Multicultural SA staff, developed banners to enshrine these images, and the banners led the procession into the Convention Centre, along with drummers and dancers.

As an example, the Tanzanian banner contained a photo of Julius Nyerere, the former liberation leader of that country, and the Kenyan banner featured Kip Keno, the great middle-distance runner. The Botswanan banner depicted both a zebra and a kangaroo, while the Ethiopian banner showed a lion and a koala. While these banners displayed images of things loved and left behind, they also reflected the communities' commitment to South Australia, and I thank them for their efforts.

I was delighted to read a message from the Most Reverend Desmond Tutu, Anglican Archbishop Emeritus of Cape Town and Nobel Peace Prize winner, sending his warmest regards and a message of peace and love to everyone attending the reception. I take this opportunity to thank Simon Forrest and his team at Multicultural SA, Bev Smart, and my staff at the Protocol Unit for their outstanding work to ensure the great success of this celebration.

We are all defined as individuals and human beings by how much we give, rather than by how much we take, whatever the circumstances. Adversity is a time not to lash out but to reach out. I conclude with the words of Nelson Mandela:

> Out of the experience of an extraordinary human disaster that lasted too long must be born a society of which all humanity will be proud.

I thank all members who came along to celebrate with the African community.

ROYAL ADELAIDE HOSPITAL

Mr HAMILTON-SMITH (Waite—Leader of the Opposition) (14:39): My question is to the Minister for Health. How can the people of South Australia have confidence in his cost estimates for a proposed rebuild of the RAH when it has changed by hundreds of millions of dollars from year to year? According to documents signed by the minister and sent to doctors, the government argued at the time of the 2006 election campaign that the RAH could be rebuilt and upgraded for around $560 million. In June 2007, the government advised that a five stage rebuild of the RAH would cost $1.38 billion. The health minister has in the last few days been reported in the press as claiming a new figure: that the cost estimate has now jumped to $2.2 billion.

Members interjecting:

The SPEAKER: Order!

The Hon. J.D. HILL (Kaurna—Minister for Health, Minister for the Southern Suburbs, Minister Assisting the Premier in the Arts) (14:40): I understand that grappling with figures is difficult for the opposition. That is why they have not brought any out in relation to the costing of their proposition. They promised to build a new hospital on the existing RAH site. That is the promise made by the Leader of the Opposition: he will build a new hospital on the RAH site. We have no figures and no explanation as to how he is going to do it, and he expects the public of South Australia to believe him and trust him.

He wants to do that because, down the road, he wants to build a $1.5 billion stadium. Let us be clear about what we are talking about here. What we are talking about is a totally rebuilt RAH on a new site. We have worked out the figures and, as I have said to the leader and the deputy leader, I am happy to go through it in detail with him. When the leader referred to the various figures, he was referring to different things at different times.

Members interjecting:

The SPEAKER: Order!

The Hon. J.D. HILL: The trained laughter—I imagine that, in their caucus meetings, they do not actually discuss policy issues, they just train together on how to laugh, give the mock laughter.

An honourable member interjecting:

The Hon. J.D. HILL: I would say to the member: if his party had put on the table at any stage in the last year or so—or at any stage in the next few weeks—how they would build a new hospital on the existing RAH site, had it costed, explained how big it would be and how long it would take, I would take them seriously, but they do not do that. They ask questions to which I am prepared to give the answers but, when I start giving the answers, they mock, they interrupt and they talk over me. They do not want to hear the facts. The facts are that we have thought this through very carefully—

Members interjecting:

The SPEAKER: The Deputy Leader of the Opposition is warned.

The Hon. J.D. HILL: Mr Speaker, they think that by bullying and talking over me, interrupting, and by their mocking laughter they can avoid the policy vacuum at the heart of their politics. They claim to be able to build a new hospital on the existing site. They will not tell us for how much, they will not tell us how long it will take, and they will not tell us how big it will be. What I am telling them is that we have costed all the available options, and there are different figures for the different options. I went through some of those before. Of course, when you quote a price in one year, you take into account the escalation which would be associated with that, and it would be projected through to a particular finishing date. If you start at a different time, of course, the prices change, and the variations that the Leader of the Opposition—

Mr Williams interjecting:

The SPEAKER: The member for MacKillop!

The Hon. J.D. HILL: I am glad that the member for MacKillop interrupted and asked that question, because if he, too, would like to come to the briefing that I am providing, I will go through the escalation costs. The typical industry escalator is about 6 per cent, as I understand it. When I announced the figure of $1.7 billion a year and a half ago, it included escalation over the course of the length of the project, so it is all included. I am happy to provide the member with the breakdown. I have given the figures—and the leader presumably has them, because they have been handed out to doctors from the RAH—

Mr Williams interjecting:

The Hon. P.F. Conlon: No, you don't understand. You are too simple.

Mr Williams interjecting:

The Hon. P.F. Conlon: You're a simpleton.

The Hon. J.D. HILL: Patrick, could you allow me to handle this without your assistance, though it is appreciated.

The figures that I have just referred to have been distributed to a number of doctors from the RAH who came to see me. I have also provided those figures to the media. The escalation is based on building industry standard calculations, and it has been finalised that the new hospital will work from our team of advisers, including outside advisers Ernst & Young.

Just in relation to the issue of the Royal North Shore, I just make the point that the Royal North Shore Hospital is able to be built on that site, because there is extra space there for it to be built adjacent to the existing hospital. No such space exists at the RAH and, of course, it is a smaller hospital. The hospital that is being built at Royal North Shore is for 502 new beds. We want to build 800 beds. There is a whole range of differences between the two factors. I can assure the leader and the deputy leader that the costings are as accurate as we can get them, and I will be happy to go through the details with them if they would like to take up my invitation.

LICENSED VENUES, VIOLENCE

The Hon. P.L. WHITE (Taylor) (14:45): My question is to the Minister for Police. What are South Australian police doing to crack down on violence and disorderly behaviour in and around pubs and clubs?

The Hon. M.J. WRIGHT (Lee—Minister for Police, Minister for Emergency Services, Minister for Recreation, Sport and Racing) (14:45): On 28 February of this year, the Hon. Gail Gago, Minister for Consumer Affairs, announced that from 1 March police would have the power to bar problem patrons from pubs and clubs under new laws introduced by the state government. Previously, only licensees have had the power to bar a person and it is understood that some

licensees may have been reluctant to issue barring orders, particularly to patrons who appeared to be linked to outlaw motorcycle gangs, because of threats and intimidation.

These changes were specifically designed to give police and licensees greater powers to protect staff, patrons and the premises from violence and other criminal behaviour. I am extremely pleased to inform the house that just a few hours after the laws came into operation, police slapped barring orders on three outlaw motorcycle gang members.

The Commissioner of Police has advised me that during the evening of Sunday 1 March 2009, Crime Gangs Task Force members, in the course of their duty, attended the Stamford Grand Hotel in Glenelg and spoke to security members. Security stated that only a small number of patrons were in attendance and commented that there had been no behavioural issues over the past two weeks as there had been no outlaw motorcycle gang members in attendance.

Some hours later security contacted the Crime Gangs Task Force and advised that there were several members of the Rebels outlaw motorcycle gang inside the hotel. The Crime Gangs Task Force members entered the hotel and were immediately approached by one of the Rebels members, whose behaviour towards them was aggressive and abusive.

Police requested the Rebels members to move to another area. One member refused to comply with the police request and became so agitated that he had to be physically restrained. He was subsequently arrested for disorderly behaviour and resisting arrest. As a result of this incident, three barring orders were issued to three Rebels members not to attend the Stamford Grand Hotel in Glenelg for a three month period.

In 2005, this government introduced laws cracking down on crowd controller violence and organised crime associated with the security and hospitality industries. Back in 2002, bikie gangs had a huge influence on the crowd control industry, but as a result of action taken by this government this is no longer the case.

Now we have removed these thugs and criminals from the security industry, it is time we focused on barring them from licensed premises to make our pubs and clubs safer as well as stamping out drug dealing and other criminal behaviour at licensed venues.

Over recent years, South Australia Police have had considerable success in reducing serious assaults in licensed premises when barring orders have been served on outlaw motorcycle gang members and associates by licensees. These laws now make it easier for licensees who may have felt intimidated by bikies. We as a government will continue to work with SAPOL to ensure as many changes to the criminal law as necessary are made and that they are given the resources they need to crack down on the activities of these thugs on bikes.

Over the next 12 months we can expect to see new legislation introduced into parliament, including unexplained wealth, declared drug trafficker legislation and specific organised crime offences, as well as legislation to target those who sell hydroponics equipment to those who grow drugs. This government intends to do everything in its power to deliver the result that South Australians want—an end to the criminal operations of bikie gangs.

ROYAL ADELAIDE HOSPITAL

Mr HAMILTON-SMITH (Waite—Leader of the Opposition) (14:49): My question is again to the Minister for Health. Why can't this government rebuild the Royal Adelaide Hospital at a cost and with minimal disruption to existing operations as achieved by the state Labor government of New South Wales at both the Royal North Shore Hospital and Westmead?

The Royal North Shore Hospital in Sydney is one of New South Wales' largest and busiest hospitals. The New South Wales health minister, John Della Bosca, who probably should be over here, said in September 2008 that his Royal North Shore Hospital rebuilding project would replace 53 current buildings—

The Hon. K.O. Foley interjecting:

The SPEAKER: Order! The Deputy Premier will come to order!

Mr HAMILTON-SMITH: —with a mix of current modern facilities and new structures. He said:

> The $950 million total redevelopment of the site includes research and education facilities, medical equipment and information technology, in addition to the new acute hospital facilities. It is an outstanding design that can expand to meet the future health care needs of the people of Sydney and New South Wales.

The New South Wales government claims that during the rebuild there will be minimum disruption to existing hospital operations and that the project is planned for completion in one stage over 4½ years. In the case of Westmead Hospital, rebuilding was achieved with no disruption to existing activities.

The Hon. J.D. HILL (Kaurna—Minister for Health, Minister for the Southern Suburbs, Minister Assisting the Premier in the Arts) (14:51): I thank the Leader of the Opposition for the question. It gives me another opportunity to ask him, yet again: where is his costing, what is his plan and how will he do it? Apart from that, I find it a curious approach to ask: why are we not building the Royal North Shore Hospital in Adelaide? We are not building the Royal North Shore Hospital. It is a hospital in Sydney, it is a smaller hospital, it is on a different site and it has a different role.

The Hon. K.O. Foley interjecting:

The Hon. J.D. HILL: I know it well because my sister died in the Royal North Shore Hospital. I have spend a lot of time in that hospital so I know it exceptionally well. The hospital we are building has a different function. It is the central hospital for South Australia. It will be the only quaternary hospital, that is, it will be the only hospital that will have a range of services that no other hospital in South Australia will have. It is a substantially bigger hospital than the Royal North Shore Hospital. The Royal North Shore Hospital has about 500 beds and ours will have about 800 beds; and I do not know about all the other infrastructure associated with it.

Even if we wanted to build the Royal North Shore Hospital in Adelaide, we could not build it on the RAH site because it is full with existing hospital. The difference is that at Royal North Shore Hospital there is plenty of adjacent space where they can build another hospital. We are essentially doing that in our other infrastructure. We are not opposed to rebuilding hospitals where we can. At Lyell McEwin Hospital we are building new infrastructure because there is room and we can expand the hospital capacity while running the existing hospital. We are doing similar things at the QEH. It is slightly more difficult, but we are doing it by knocking over buildings and erecting new buildings because there is enough room to do that. We can do similar things at Flinders Medical Centre, but we cannot do it on the existing site of the RAH.

In relation to the Royal North Shore Hospital, I inform the house that the Royal North Shore Hospital redevelopment has been underway for about five years and the building stage is to be completed in 2013, so I estimate that is about a 10 year project to do a hospital which is substantially smaller than the one we intend to build. I understand the costings have increased over the course of the project and, as I say, it is a smaller hospital.

In any event, you can point to any hospital in the world and ask, 'Why can't we build that hospital here?' The fact is that we have designed a hospital which Adelaide needs and which has increased capacity. We have found a site on which to build a hospital that will be the best hospital we can possibly have and it will be completed by 2016, when it is needed to provide services to the population of South Australia. If you were not to do that and were to rebuild in some cockamamie way on the existing RAH site, you would not have the capacity our state would need when we need it.

I say to the opposition again: if you want to push rebuilding or the building of a new hospital on the RAH site, be honest and tell us how you will do it, how much it will cost, what capacity it will have and when it will be opened.

STEPHENS, TERRY NORMAN

Ms SIMMONS (Morialta) (14:54): Will the Attorney-General advise the house of the outcome in the criminal prosecution of Terry Norman Stephens for making a false report to police and using fabricated evidence? Does the Attorney-General think Stephens may have had accessories in the course of his criminal offending?

The Hon. M.J. ATKINSON (Croydon—Attorney-General, Minister for Justice, Minister for Multicultural Affairs, Minister for Veterans' Affairs) (14:54): Back in 2002, in the aftermath of the general election of that year, Channel 7's *Today Tonight* screened a series of sensational claims from career criminal Terry Norman Stephens about the recently-elected speaker of the House of Assembly, the Hon. Peter Lewis. These allegations were that speaker Lewis had taken disgraced magistrate Peter Liddy's valuable gun collection from Liddy's former home, Shenandoah, at Kapunda. In sentencing Stephens on 9 February, Judge Millsteed said:

You falsely asserted that Mr Lewis had attended your home at Kapunda one night in late December 2001 and drove off with 200 valuable antique firearms and that he had agreed to help you sell them overseas but had failed to return them...Your conduct in making a false report was clearly part of a vicious smear campaign designed to undermine Mr Lewis's personal integrity and political standing. Your behaviour also resulted in the police spending in excess of $19,000 to investigate your baseless allegations.

Terry Norman Stephens said at the time that he was on a mission to bring down the speaker and that that could have had the knock-on effect of bringing down the new government.

On 9 February this year Terry Norman Stephens pleaded guilty to making a false report to police. His plea of guilty was part of a charge bargain whereby a charge of fabricating evidence was withdrawn. These charges arose from the very allegations that *Today Tonight* screened in 2002. In the three weeks that have passed since the sentencing of Terry Norman Stephens, I have not noticed *Today Tonight* tell its audience the outcome of the Terry Norman Stephens' prosecution, which I would have thought was a necessary coda to its 2002 series of sensational claims.

In sentencing Terry Norman Stephens, District Court Judge Steven Millsteed said there was no truth to Stephens' claims that Mr Lewis had taken the guns. Judge Millsteed said:

You have a bad criminal record. Your criminal record includes convictions for armed robbery and multiple frauds that involved sentences of imprisonment...I turn to the sentence I must impose. The maximum penalty for the offence of making a false report to police is imprisonment for two years or a fine of $10,000. The offence you committed was a calculated act of revenge that had a serious impact on its victim. It was a disgraceful allegation made against a member of parliament and the speaker of the house and resulted in a considerable waste of public money and manpower. You have shown no contrition. I sentence you to four months imprisonment reduced from eight months on account of time spent in custody. In my view, there is no good reason to suspend the sentence.

Now that Terry Norman Stephens has been convicted and the matter has left the courts it is appropriate to consider the role of the Liberal opposition in this sordid matter. In his interview with *Today Tonight*, Stephens admits that he was receiving advice from members of the South Australian Liberal Party about his claims—the same claims that he has now admitted he knew to be false when he made them. The *Today Tonight* reporter told viewers on 8 April 2002:

Reporter: While we were interviewing Stephens at a secret location he spoke with a South Australian Liberal MP about his involvement in this story. Incredibly that MP later confirmed to *Today Tonight* that he had been advising Stephens. And according to Terry Stephens that is just one of the many calls he has received from the Liberals.

Stephens: What they were asking me to do was hand all the paperwork I had on Peter Lewis over to the police, over to them [the Liberals] so—

Members interjecting:

The Hon. M.J. ATKINSON: —listen—

they could do whatever they had to do to bring a correct election result in.

Stephens went on to tell the reporter that what he wanted was for the speaker to step down, thus causing the South Australian Liberal Party to be in a position to form a government.

Stephens admitted on *Today Tonight* on 9 April 2002 that he had help, support and advice from a most prominent Liberal, Mr Chris Kenny, who at the time was foreign minister Alexander Downer's chief of staff. Chris Kenny is now the highest ranking federal Liberal Party staffer as Chief of Staff to federal opposition leader Malcolm Turnbull. To return to the *Today Tonight* transcript of 9 April:

Reporter: And what about that phone call with the mystery Liberal MP? 'Well, we can now reveal the man at the other end of the line was Liberal MP Ivan Venning.'

Stephens: (talking on mobile phone) How are you Mr Venning? It's Terry. 'I'm good mate, how are you? Oh mate, isn't he what?'

The *Today Tonight* transcript of 20 May 2002 reads:

Reporter: While we were interviewing Terry Stephens in April, he had a phone conversation with Liberal MP Ivan Venning who later admitted he had been talking to Stephens. And you wouldn't believe it, 25 minutes into yesterday's interview—

Yes, Mr Speaker, it was Digby on the line from the Leader of the Opposition's office. Mr Speaker, we shall see how true a friend, how true a mate, the member for Schubert is in the next few months. Will he visit his mate in prison?

On Friday 24 August 2007, the member for Schubert issued a press release supporting the establishment of an ICAC, where he said:

> Here is a chance for MPs to earn better respect from people. We're down the bottom, maybe this will lift us up.

On his website, under the heading, 'Where I stand on the issues, Independent Commission Against Corruption', the member for Schubert says, 'He who has nothing to hide has nothing to fear.' On Thursday 5 February 2009 in this house, the member for Schubert repeated:

> As politicians, we know that there will be erroneous accusations at times in relation to this matter, but I believe that we have to be strong enough and noble enough to say, 'Well, we'll put it up there for the sake of transparency across the public sector generally'—whether it involves the public service or us as politicians. Of course, one has to understand the bottom line here, namely, that those who have nothing to hide have nothing to fear...We all see it in our everyday lives. The temptation is there to take advantage of one's office.

So, did the member for Schubert take advantage of his office? I call on the member for Schubert to tell the house exactly what he was doing consorting with Terry Norman Stephens in 2002.

Ms CHAPMAN: Mr Speaker, I rise on a point of order.

The SPEAKER: Order, the Attorney!

Ms CHAPMAN: The Attorney cannot debate this matter or call on any member to do something. He is supposed to be responding to questions.

The SPEAKER: Order! I uphold the point of order.

Mr Venning interjecting:

The SPEAKER: Order!

Mr Venning interjecting:

The SPEAKER: The member for Schubert will come to order!

Mr Venning interjecting:

The SPEAKER: Order! The house will come to order!

ROYAL ADELAIDE HOSPITAL

Ms CHAPMAN (Bragg—Deputy Leader of the Opposition) (15:03): My question is to the Minister for Health. How does the minister propose to move equipment, furniture, staff and patients from the Royal Adelaide Hospital to the proposed rail yard hospital at zero cost? Written evidence was provided to the Budget and Finance Committee by Dr Tony Sherbon from the Department of Health showing costings prepared by the government which declare a zero allocation of dollars to transition costs to the rail yard hospital.

The Hon. J.D. HILL (Kaurna—Minister for Health, Minister for the Southern Suburbs, Minister Assisting the Premier in the Arts) (15:04): This is a devastating question. We should not build a new hospital and we should keep an inefficient old hospital which is not working because there is not an answer to how we will shift the patients down the road. There is a lot of expertise in the health system, but, with some proper thinking, we will be able to work it out. I do seem to recall that, when the Queen Victoria hospital was closed, we managed to shift the patients, the equipment, the doctors and the nurses down the road to the Women's and Children's Hospital appropriately. Look, I do not know how much it will cost. I am happy to take that part of the question on notice, but really, get serious, Vickie.

ROYAL ADELAIDE HOSPITAL

Ms CHAPMAN (Bragg—Deputy Leader of the Opposition) (15:04): My question is to the Treasurer. How do the government costings for a rebuild of the Royal Adelaide Hospital include $903 million in escalation costs—almost half the total project cost—and will the Treasurer release the financial basis and business case documents to substantiate those calculations?

The Hon. J.D. HILL (Kaurna—Minister for Health, Minister for the Southern Suburbs, Minister Assisting the Premier in the Arts) (15:05): I have already, in essence, answered this question for the house before. I said two things. One was that there is an escalation cost, and I said I thought it was about 6 per cent a year. That is based on building industry standard calculations and it has been assessed by both our internal advisers, including—

An honourable member interjecting:

The Hon. J.D. HILL: What documents?

Members interjecting:

The SPEAKER: Order!

The Hon. J.D. HILL: 'Release the documents': what does that mean? We have costed this within the health system. I have already said—

Mr Williams interjecting:

The Hon. J.D. HILL: Mitch, just cool down. I have already said to the leader and the deputy leader that I am happy to give them a briefing where we go through our costings. Presumably, the leader has a copy of a document that I released at a meeting with some other doctors the other day. So, I am happy for them to have a copy of that and we can go through it with them. But what I say to the Leader of the Opposition and the Deputy Leader of the Opposition is that you have said categorically—your policy position—that you will build a new hospital on the existing RAH site. Tell the public of this state how you will do it, how much it will cost, how much capacity will be in it and when you will finish, because after you answer those questions your line of questioning has no credibility whatsoever.

ROYAL ADELAIDE HOSPITAL

Ms CHAPMAN (Bragg—Deputy Leader of the Opposition) (15:06): Sir, I have a supplementary question. If the Minister for Health proposes to give a briefing, will it include any more than what was provided 18 months ago—that the costings were estimated at $1.7 billion, because they proposed a 170,000 square metre hospital, and the average cost for a hospital is $10,000 per square metre.

Mr Hamilton-Smith: That was the briefing.

Ms CHAPMAN: Yes, that was the briefing.

The Hon. J.D. HILL (Kaurna—Minister for Health, Minister for the Southern Suburbs, Minister Assisting the Premier in the Arts) (15:07): I am happy to provide the Deputy Leader of the Opposition with full information—

Members interjecting:

The SPEAKER: Order!

The Hon. J.D. HILL: —in relation to our costings. I have offered to do that four or five times during question time today. I will give her the most up-to-date information, including the $2 billion it would cost to do the half-brained thing that the opposition wants to do, if she is interested, and I can explain to her why it would cost close to $2 billion to build in and around the hospital, the processes we would have to go through, the number of stages that would be required, the infrastructure needs that would have to be addressed, the temporary facilities that would have to be created and the escalation costs associated with doing that over 16 or 17 years, because that is the reality that you have to come to terms with if you persist in putting to the people of South Australia your policy that you will build a new hospital on that site. It will not be big enough, but if you want to build a new hospital on that site, with all the information that we have, it will cost about $2 billion.

ROYAL ADELAIDE HOSPITAL

Ms CHAPMAN (Bragg—Deputy Leader of the Opposition) (15:08): My question is again to the Minister for Health. What evidence does the government have that it will be able to reduce the average length of stay for multi-day patients at the rail yard hospital to 5.6 days, and will it provide the public with that evidence?

The then Marjorie Jackson-Nelson hospital model of care document, which was available on the website, before the website was removed when the Premier announced that the name would be dropped, stated, 'with an average length of patient stay for multi-day patients at 5.6 days'. The most recent figures made available to the public show the average length of stay for multi-day patients in South Australian hospitals as being 7.1 days. The length of stay for multi-day patients in Australian hospitals has been steadily decreasing, but slowed to a decrease of 0.1 day from 2005-06 to 2006-07, and the opposition is informed that the length of patient stay is likely to plateau.

The Hon. J.D. HILL (Kaurna—Minister for Health, Minister for the Southern Suburbs, Minister Assisting the Premier in the Arts) (15:09): The deputy leader's question is counterpointed with something that they have been told. By whom? The qualifications of the person who told them this are unspecified. So, you ask a serious question on the basis of an unspecified, unknown source, an authority that presumably has not made out—

Members interjecting:

The Hon. J.D. HILL: I beg your pardon?

Mr Williams interjecting:

The Hon. J.D. HILL: What authority do I give for my claim?

The SPEAKER: Order, the member for MacKillop!

The Hon. J.D. HILL: Well, let me say I am the Minister for Health, and I have a health department that gives me information. I share with this house, in my own words in the best language I possibly can, the advice that the department gives me. Let me talk to you about average length of—

Ms Chapman interjecting:

The SPEAKER: Order!

The Hon. J.D. HILL: I didn't hear what she said anyway, Mr Speaker; she just interrupts me. The average length of stay is a key indicator that health systems are used to determine how well and how efficient their hospitals are. We measure it across all of the hospitals in South Australia. Obviously, a range of factors has to be taken into account, but, generally, the average length of stay in hospitals declining. There is a whole range of reasons for this, and I will go through some examples.

Surgical procedures, for example, change. In days gone by, procedures, which are now done through keyhole surgery, were done by opening up the body. If you open up the body, of course, the recovery takes longer than if you do it through keyhole surgery. A number of procedures which are quite complex can now be done within a day, and the patient is in and out of hospital within a day. In years gone by, they might have been in there for weeks at a time. Surgical innovation has reduced, to a certain degree, the average length of stay.

The discharge policy of an individual hospital reduces the average length of stay. For example, in the past, patients were discharged when the doctor, who was doing his or her rounds, would get to that patient and say, 'Oh, you can be discharged', and that could be 2 or 3 o'clock in the afternoon, and they may have spent almost 24 hours in the hospital unnecessarily waiting for the doctor to attend to them to discharge them. We now try to work our hospitals so that there is early consideration of those discharge matters within a day, so that it can be vacated earlier in the day. If you get the doctors to walk around the wards at 9 o'clock and make a decision, patients can then be discharged earlier, and that reduces the average length of stay.

If a policy is in place which dramatically reduces the risk of cross infection—and single rooms is one very prominent way of doing that—then, of course, fewer patients will get sick from other things they catch in the hospital, and if fewer patients get sick the average length of stay is reduced. Therefore, there are myriad ways that can be employed to reduce the average length of stay.

We have made some good progress in our South Australian hospitals over the last few years to reduce the average length of stay, and I am very certain that it will continue to decline. Now, of course, there are countermanding reasons why average length of stay will increase as people get older and have more complex and more comorbidities (as health people say), and then, of course, they may need to spend more time in hospital.

One of the things that we are trying to do is to make sure that the hospital system is there for acute patients. Those who are in recovery or have some need other than a health need, who need to be cared for, can be cared for in their own home. We have a very advanced out-of-hospital care program. We are also looking for other places where patients can go after they have been in hospital. There is a range of things that can be done, and I am very confident that we will continue to decrease the average length of stay, as has happened, generally, in western parts of the world.

GLENSIDE HOSPITAL, AGED PATIENTS

Ms CHAPMAN (Bragg—Deputy Leader of the Opposition) (15:13): Will the Minister for Mental Health immediately investigate why so many aged mental health patients at the Glenside Hospital campus have suddenly been reassessed as fit for transfer to an aged care facility?

Patients' relatives have been meeting over the last months or so with Mr Derek Wright and other departmental officials to discuss the future relocation of patients from the hospital. There are 42 resident patients in this category currently on the site, but there is room for only 24 under the planned redevelopment. This is the temporary refit to accommodate the Premier's film hub.

The patients' relatives have now received notice that many patients have been reassessed from category 3 to category 1, and staff confirmed at the meeting that there was a reduction in lifestyle and leisure services for these patients, including the withdrawal of pets being able to visit, and that they were being medicated during a number of procedures.

The Hon. P.F. CONLON: On a point of order, today, repeatedly, the explanations of the opposition have been at great length—a discourse, not an explanation, on the subject matter. If we are going to guarantee people 10 questions they simply cannot exhaust the time with lengthy, unnecessary explanations.

The Hon. M.J. Atkinson interjecting:

The SPEAKER: Order! Explanations should be relatively brief and contained to what is necessary to the explanation of the question. I point out that any member here has the right to withdraw leave from the member to explain their question.

Ms CHAPMAN: In addition to the withdrawal of services, and the fact that they are being medicated during a number of procedures, the concern raised by the relatives is that the patients are deemed to be chair-ridden, as there is nothing else they can do, and then reassessed as suitable for aged care.

The Hon. J.D. LOMAX-SMITH (Adelaide—Minister for Education, Minister for Mental Health and Substance Abuse, Minister for Tourism, Minister for the City of Adelaide) (15:15): I begin by saying that experience has taught me not to take on face value anything the deputy leader says and that one really wants to look at the information and interrogate what she claims.

What I do know (and I am probably better qualified than she is) is that one would not want the deputy leader to assess the medical wherewithal or the capacity of any patient. That is a job that should be done by professionals—people with qualifications who know precisely what they are doing. So, whilst the member might like to believe that she understands how patients are assessed, I think it would be appropriate if healthcare professionals did that job and made decisions in the best interests of patients.

Clearly, no doctor medicates people unnecessarily, as she claims. Clearly, their care is not a secondary level of interest compared with accommodation. I find it deeply offensive that she attacks the medical profession—the psychiatrists and the health professionals—and claims that they are doing something that would be inappropriate, dangerous and immoral. I will not accept her explanation of the facts because I doubt that it is accurate.

TRANSPORT ASSISTANCE

Mrs PENFOLD (Flinders) (15:17): My question is to the Minister for Education. Will the minister advise the house why a disabled young man cannot utilise the DECS-funded taxi service, which goes past his farm gate, to enable him to attend the DECS Moving On program in Port Lincoln? I have been contacted by Steve Richter, whose autistic son, Rodney, has been attending Port Lincoln Special School for eight years utilising a DECS-funded taxi service with other disabled students from the area. Unfortunately, as Rodney has now turned 20, he can no longer attend school and is enrolled in the Moving On program.

Despite the taxi bus going past his farm every school day, Rodney is not allowed to access it. His parents cannot utilise the $2,000 offered by the department as it must be paid to a taxi company. This amount would fund transport for only seven days anyway, and it essentially duplicates the existing service that runs parallel to it. People in rural areas do not have any alternative public transport opportunities, and volunteers are once again being called upon.

The Hon. J.D. LOMAX-SMITH (Adelaide—Minister for Education, Minister for Mental Health and Substance Abuse, Minister for Tourism, Minister for the City of Adelaide) (15:18):

I am happy to help the member opposite. She has her details somewhat tangled, as ever. I understand the issue she raises; it relates to a young man who has left school, who is no longer of school age and who is therefore not attending a public school or the sort of educational facilities run by DECS.

As she would realise, DECS clearly provides transport assistance to disabled students attending schools, and it does that so that they can attend the closest special unit, whether that be a special unit, a preschool or a school within the area. I know that DECS has not been able to continue taking this young man to his Options destination, which is not part of the schooling system, not paid for by DECS and not a public school or a secondary school; it is not in that system.

What we can do, and we are doing, is look at the taxi service, which is funded through DECS, which is paid for through our budget and which is a service provided to individuals going to school, and see whether an arrangement can be made to allow other individuals to be carried on these buses.

The reality is that there are more complex issues that the member does not understand. Schools have a duty of care when transporting students within their control, and there are complex issues that need to be addressed before adults are carried. Certainly, we are looking at how the taxi provider might provide services for another individual, but the member is inaccurate when she suggests that the young man is attending schools. She is not attending a DECS service. As I understood what she said, she does not quite have the facts correct. I am very happy—

Mr Williams: A Moving On program.

The SPEAKER: Order!

The Hon. J.D. LOMAX-SMITH: I am very happy to brief her—

Members interjecting:

The SPEAKER: Order!

The Hon. J.D. LOMAX-SMITH: —on this matter, on this program, which is not funded and run by DECS. I have explained—

Mrs Penfold interjecting:

The SPEAKER: Order!

The Hon. J.D. LOMAX-SMITH: —though the member does not appear to want to listen—that there are ways that this matter might be resolved, and we are happy to look at it, but there are complex issues in dealing with an adult involved in bus services for children that those opposite do not wish to hear about.

WORKCOVER CORPORATION

Dr McFETRIDGE (Morphett) (15:21): My question is to the Minister for Industrial Relations. Is the government considering removing the provisional liability sections from the WorkCover legislation, and what discussions have taken place with business groups about their concerns with provisional liability?

The Hon. P. CAICA (Colton—Minister for Agriculture, Food and Fisheries, Minister for Industrial Relations, Minister for Forests, Minister for Regional Development) (15:22): I thank the honourable member for his question. He, like everyone in this house, is aware that the government put in place some significant legislative change to WorkCover. We did that for a couple of reasons, not least of which—and I have had this discussion—is that, on anyone's fair assessment, the WorkCover system had failed the people that it was there to support, that is, the workers themselves.

It was never established as a return-to-work system and, to that extent, it let down the people that it was there to support most. So, we have put in place a legislative change that is focusing on transforming that system into a return-to-work system. The legislation has been altered and, at this moment, we are in the process of ensuring that we are able to implement that legislation. A very important part of that is to ensure that we talk to all the people that WorkCover refers to as stakeholders, not least of which is the business community, workers' support groups and, of course, our friends within the trade union movement, and that is what is being done. One of

those areas, amongst others, that continues to be under discussion is the provisional liability matter.

MARINE PARKS

The Hon. G.M. GUNN (Stuart) (15:23): My question is to the Minister for the Environment—a subject near and dear to my heart.

The Hon. M.J. Atkinson: We're with you, Gunny.

The Hon. G.M. GUNN: Well, you will have a chance later on. You will have a good chance. Will the minister give an assurance that the creation of marine parks will in no way affect the current or future development of the oyster industry, particularly at locations such as Smoky Bay and Denial Bay?

Just having visited Eyre Peninsula, the minister would be aware of the outstanding success of aquaculture at Smoky Bay and the great benefits that have flowed to that community. The minister would also be aware if he checked that there were elements within his department that tried to stop that development, and it was only the election of the Brown government that made sure that this development took place. There is now a fear that those elements may be in the ascendancy again.

The Hon. J.W. WEATHERILL (Cheltenham—Minister for Environment and Conservation, Minister for Early Childhood Development, Minister for Aboriginal Affairs and Reconciliation, Minister Assisting the Premier in Cabinet Business and Public Sector Management) (15:24): I must say that I had a thoroughly enjoyable trip to the Eyre Peninsula. I was entertained at Streaky Bay by a much more agreeable Gunn, I must say, than the member opposite. A fine man, there is little physical resemblance to the member for Stuart, and certainly a much more cheerful chap when discussing matters of policy.

Members interjecting:

The Hon. J.W. WEATHERILL: I should not be unfair to the member for Stuart. I appreciate his advice and I do take it seriously. The trip canvassed a range of concerns and issues from a range of industries. I had a very good briefing from the oyster growers and, in fact, had the opportunity to tour one of the factories.

The Hon. M.J. Wright: And a sample?

The Hon. J.W. WEATHERILL: That is right, there was even a sample on offer. They knew that they were working on my weak point there. It was demonstrated to me that it is a very sustainable industry that has been set up. We do need to pay credit to the former government for its assistance in the establishment of an important precinct. Rob Kerin played a very important role in relation to the aquaculture industry. Credit ought to be paid to the previous government because that industry has thrived, and it has thrived in a sustainable way, and I can give an assurance that marine parks will not in any way damage this fantastic South Australian industry.

MEMBER'S REMARKS

Mr VENNING (Schubert) (15:26): I seek leave to make a personal explanation.

Leave granted.

Mr VENNING: During question time today the Attorney-General cast aspersions on my character and integrity and made damaging accusations in relation to my association with convicted criminal and fraudster, Terry Stephens. The only association I have had with Mr Stephens was through previous speaker Lewis, and Mr Lewis introduced him to me 100 metres from my office when I was walking back after dinner. Mr Lewis asked me later if I would assist him and Mr Stephens to get a permit from the minister to allow the selling of antique guns interstate and overseas. True.

I did not ring Mr Stephens during that TV interview. It was a trick of his to push his auto dialler, and he had my mobile number in his phone. Nor did I have this conversation. Mr Stephens obviously conned everyone present that I was on the other end. I am amazed that, after the Attorney-General spoke at length today on what an unsavoury person Mr Stephens was, he would take his word on making this accusation against me. I think the Attorney-General's accusation is most unfair, mischievous and—

The Hon. M.J. ATKINSON: I rise on a point of order.

The SPEAKER: Order! Personal explanations have to stick to facts, not to the—

Mr Venning interjecting:

The Hon. M.J. ATKINSON: The subject matter of the explanation may not be debated.

The SPEAKER: Order! The member for Schubert.

Mr VENNING: I think there are certain standards that this house has to maintain, and I believe it is pretty unfair to attack a person like this. It is mischievous, it is unprofessional and it is very un-Christian.

The SPEAKER: Order! Leave is now withdrawn.

GRIEVANCE DEBATE

VICTOR HARBOR HIGH SCHOOL REDEVELOPMENT

Mr PENGILLY (Finniss) (15:28): Today I wish to draw to the house's attention the hypocritical situation regarding the redevelopment of the Victor Harbor High School. This project came before the Public Works Committee nearly six months ago, in October of last year, and we were of the understanding that things were going to happen quickly and that building work would commence in pretty short order. Indeed, the Victor Harbor High School community was of the same opinion.

This is a project of around $6 million that was first agreed to and budgeted for in 2001 by the former Liberal government and then shelved by the Rann government in 2002. The South Coast community has been left swinging for a great number of years since that time. The students, staff and parents of Victor Harbor High School are all absolutely fed up to the back teeth with what has been going on and, more to the point, what has not been going on.

The Rann government has treated the South Coast with contempt over the issue. I now find that I am receiving regular phone calls and there are people coming up to me, particularly parents and, more latterly, staff of the Victor Harbor High School, who are absolutely fed up to the back teeth with why no action has been undertaken at this stage. It is bureaucratic stupidity, it is a lack of leadership from the minister and it should be condemned.

Quite simply, it is not good enough for the students of Victor Harbor High School to have to put up with the primitive conditions that many of them are in. It is not good enough for the morale of the school that this has happened. Even more to the point, at a Public Works Committee meeting tomorrow we will discuss a report from the Department of Education and Children's Services which states that work will commence before the end of February. Let me remind members that today is 3 March and nothing has happened—absolutely nothing whatsoever has happened. This redevelopment will include a stand-alone building which will provide administration and staff rooms, a resource centre, five classrooms and four art rooms.

Quite frankly, one wonders about the lateral thinking and common sense in the department that allows this situation to develop. If it was the private sector it would have happened months ago. The decision would have been taken by the board of directors or the management, or whoever, and a builder would have been found and the damn thing would be halfway completed. Instead not a sod has been turned. Outdated buildings, which have been boarded up, are being broken into on weekends.

There is a frustrated school community and a frustrated governing council. I suspect there is a highly frustrated executive within the school staff. Even as late as yesterday a staff member spoke to me and they are outraged at what is not taking place. The Premier is grandstanding and issuing declarations that principals must hurry to be part of the federal government's stimulus package, yet the government is not doing anything about the state government's package. The state government's capital works program in this respect was agreed to in the budget nearly 12 months ago when this was announced but still nothing has happened. I speak loudly and clearly on behalf of my constituents in that school community.

It is simply not appropriate to have nothing happen nearly six months after the high school redevelopment went through the Public Works Committee. One of the problems is that staff are reluctant to be vocal about it because they fear the wrath of the people who shine their backsides in central offices in the city. They fear retribution. The governing council is highly annoyed.

One questions what is happening with the capital works program in South Australia on many issues, but in the schools, it seems to me, everything is held up and slowed down. It has to go through 99 committees and it takes an incredible time to get a successful tenderer. All in all, the abrogation of responsibility by the DECS people and the minister on this issue is not good enough. Why should the good people of the South Coast be left in this situation? I urge some immediate attention to the matter.

CABINET MINISTERS

The Hon. P.L. WHITE (Taylor) (15:33): I take this opportunity to congratulate today's new ministerial appointments—the new Minister for Correctional Services and the new Minister for Employment, Training and Further Education. I also acknowledge and thank former ministers Carmel Zollo MLC and Rory McEwen (the member for Mount Gambier) for their hard work and dedication to the roles they have played over many years in the South Australian cabinet.

Apart from my current role as a backbencher, I have had the privilege of working with both these individuals. Before she entered parliament, Carmel worked with me, and I also experienced working with the member for Mount Gambier around the cabinet table for some years, too. So, I do have some insight into the quality of those two individuals, and I know how dedicated they have been to their jobs as ministers. I wish them both well in their new roles, and I hope they do enjoy the opportunities they now have to serve South Australia in a different way.

I often muse about what type of minister is the most effective for a government. Is it the good communicator, the media darling, the one who, perhaps, takes the focus of protecting the government image, perhaps takes the credit for all the good news and sends their public servants out to take the flak for the bad news, or is the most effective minister the one who takes pains to get the right outcomes, worries less about the personal reputation but who goes that extra length to fix the problems before they become media fodder and shares the credit broadly?

Is it, perhaps, that a minister needs to be the right balance of each measure? Perhaps you need both types of minister in your team. Whatever the answer to that question, there is no doubt that Carmel Zollo has been a most effective minister for South Australia. During her watch, the South Australian road toll was reduced to under 100 lives lost for the first time in this state's history, and that is an important difference to our state, and I commend her for her work in achieving that. That outcome is influenced by the minister, police and the media constantly spreading the road safety message and reminding the public of the risk.

If you ask anyone who has worked in road safety over many years, the one thing they say that does have an impact on the road toll from year to year is a minister being vocal and focusing effort strongly to that end. I commend Carmel in her work and dedication to that task. She also made changes to the graduated licensing scheme that impacts on all our young drivers and their safety and the safety of others on our roads, and I commend her on that. Carmel, of course, was the correctional services minister, as well as minister for gambling and the minister assisting the minister for multicultural affairs. She has done a fantastic job in her role. She has served our state well, and I, and I know many other members of this parliament, wish her well in her new role.

SCHOOL BUSES

Mrs PENFOLD (Flinders) (15:38): Last Thursday all schools on Eyre Peninsula were closed because of a possible threat from fire—a decision made instantaneously, supposedly for the safety and wellbeing of students, yet a promise that really would look after the safety and wellbeing of students made in 2004 by the then minister for education to put air-conditioning and seatbelts in school buses in the region as a matter of priority has been ignored. Even worse, I understand that the budget for replacement school buses since then has not been fully expended.

Rural students and families are fed up with the government's grand gestures and media grabs. It must immediately do what it promised years ago and provide regional children with safe buses. I have been advised that the few buses that have been replaced could not take the rough conditions, with air-conditioning breaking down and doors jamming, leaking dust into interiors. People have told me that they have been told to 'shut up' when questioning bus maintenance. When visiting Miltaburra school last year I photographed two buses—one a 1989 model and a 1990 model. Neither bus was air-conditioned, neither had seatbelts, neither was dust proof and both were rusty. On one bus the step was so rusty that it had been fixed with rivets. These are indicative of departmental buses.

Recently, I compared putting our children into hot buses being tantamount to child abuse. In response, the minister's spokesperson on the ABC tried to suggest that the buses referred to without air conditioning and seatbelts were privately contracted buses. I can assure the house that the buses to which I referred are not contract buses, they are education department buses. An article in *The Advertiser* on 7 February 2009 stated:

> Medical experts have warned that prolonged exposure to temperatures above 40C can be fatal to children in cars.

Dale Howell, Chairperson of the Cummins Area School Governing Council, in an article in the *Port Lincoln Times* on 17 February 2009 said, 'It could be anywhere up to 60 degrees in those buses.' In the same article, parent Davina Nettle stated:

> The heat had taken its toll of the children's health, with one of her daughter's friends suffering a blood nose possibly due to the heat inside the bus.

Over the years, I have lobbied time and again on behalf of families for air conditioning and seatbelts to be fitted as standard in school buses as safety and health measures.

The major complaints are the absence of air conditioning, the large amounts of dust sucked into the bus, the absence of seatbelts and the unsuitability of buses chosen for travel on country roads. It is not too dramatic to ask: will there have to be a death before action is taken? I quote from letters:

> The children are exposed to extreme heat. We regularly experience days in the high thirties and beyond and by the time the children get to the bus the temperature is exacerbated by having to sit in an already very hot bus.
>
> The children and driver try to get some relief by opening the windows but because of the dirt roads the dust that is sucked into the bus becomes a health issue particularly to our children with asthma.
>
> One twelve-year-old girl is on daily medication and according to her GP dust is the main cause.
>
> Even with the windows closed the bus still seems to leak a large amount of dust and the road noise is quite unacceptable.
>
> It continues to worry us that our children are still vulnerable riding on rough roads where kangaroos are common and they are still not in seatbelts.
>
> We are concerned about the suitability of the buses to travel on gravel roads as there are safety issues on windy days when the door is blown open and the bus automatically decelerates. In which case, someone has to hold the door shut so that the bus can continue on its journey.
>
> Local bus drivers have recorded temperatures in the low 50sC on buses in Cleve, where just one of the school's five government buses is air-conditioned.
>
> Mangalo parents Andrew and Rebecca Story believe their children's health is being seriously affected by high bus temperatures. Mrs Story said, 'We've got one little boy with serious allergies and the heat affects him on the way home, his face gets puffy and they're all just tired out.'

We are constantly being bombarded with messages and information about global warming or climate change, and greenhouse gases creating a rise in temperature. We are told to expect a higher number of days of above 40° Celsius temperatures.

Added to the health issues is an equal if not greater risk in a heatwave with buses which are not air-conditioned is the lack of communication. Mobile phones, even satellite phones, do not work reliably in many of these areas, so drivers and children are potentially without contact with emergency support in the event of a crisis. I am told that it took more than 1½ hours for a volunteer ambulance to reach a school it was called to. What would it be like if this had been a bus on a road somewhere without proper communication—

The DEPUTY SPEAKER: Order!

Mrs PENFOLD: —in a heatwave.

The DEPUTY SPEAKER: Order! The member was going beyond the privileges. Time has expired.

JACKSON-NELSON, MRS M.

Mr BIGNELL (Mawson) (15:43): At Christmas time, I had the great fortune to take my son to the American Sports Museum in New York. As you would expect from a nation paying homage to its great sporting people and sporting legends, people such as Wayne Gretzky, the great ice hockey player, Michael Jordan, Babe Ruth, Flo-Jo and Billie Jean King were honoured. As you

walked through, it was American sports hero after American sports hero. We spent about 2½ hours there.

The Australian name which we came across was not Don Bradman or Phar Lap but our own great Marjorie Jackson-Nelson, who the Americans honour as one of the great pioneers in not just Australian women's sport but in world women's sport. I read the little write-up they had about Marjorie Jackson-Nelson. It said that so beloved is she in her home state of South Australia that they have named a hospital after her.

As a long-term friend of Marjorie Jackson-Nelson, when the decision was made to call the hospital after her I thought it was a wonderful thing to honour a great Australian, someone who has done so much for South Australia, in terms of not only being a role model for students as an athlete but also the Governor of our state, and the many people right across our state whose lives she has touched during her 78 years. I know that school children whom she would visit as the Governor loved meeting her and hearing her stories about winning her Olympic titles.

I think it is really sad, when you go to America and see how they look on Marjorie Jackson-Nelson—they think it is fantastic that we are honouring her by naming a hospital after her—to then come up against the small-mindedness led by the Liberal Party in this state, by people like Vickie Chapman (who I can say Marj does not think much of) for the way in which she has led the community in this state to really turn on Marjorie Jackson-Nelson. Marj has been quite hurt by many of the comments that have been made to her in public and also many of the things that she has heard on the radio. I ask some of those people who have led that sort of hatred against Marj to think about their own contribution to this state, this nation and this world and to think about what right they have to have a go at someone who has done so much for so many.

I look at a state where over the years we have named many of our hospitals after different people: the Flinders Medical Centre after an explorer; the Queen Elizabeth Hospital and the old Queen Victoria hospital after royalty; and the Lyell McEwin Hospital in the northern suburbs after a former president of the upper house and health minister. I ask: why can we not recognise one of the great people of our times when we build a hospital of this magnitude?

These multi-billion dollar hospitals do not come along every generation, and we should be grateful that we are to get a brand new hospital in this state, which will contain mainly single-bed rooms so that people will not only have the best health care but also privacy and dignity. I think it is very important, when someone is in the health system having undergone surgery and going through the recovery process, not to have people coming in and out and people in the next bed experiencing pain and making noises and other bodily noises, which can be quite off-putting. I understand that 20 or 30 people share the one or two toilets that are on offer at the Royal Adelaide Hospital.

I really think it is time that we as a society question why these people might have raised their objections so high and why they have been so offensive towards one of our great Australians. I ask the doctors to think about the patients of today and also those in the future who will benefit from the new hospital. I ask them not to worry about the empire building they have undertaken over the past several years, how big their office is and how much mahogany is in their desk, or whatever. I ask them to think about the needs of the patients and not their own needs.

Let us get on and come together as one in this state and get behind a brand new hospital that will serve not only the next generation but also many generations to come. I think it is a great thing to see $1.5 billion being spent on a new hospital. We are also doing up the Flinders Medical Centre and more money is going into the Noarlunga Hospital, the Queen Elizabeth Hospital and the Lyell McEwin Hospital. This time let us get behind this great health development.

Time expired.

ADELAIDE PLAINS CUP FESTIVAL

Mr GRIFFITHS (Goyder) (15:48): I wish to speak about the Adelaide Plains Cup Festival, which commenced on Friday 27 February. As the very proud representative in the South Australian parliament of the majority of the Adelaide Plains region, it was my great pleasure to participate across the three days, and I wish to take a few minutes to recognise the events that occurred, the people who contributed towards the festival and the difference that it makes to the region.

The day started with the Emu Awards on Friday last week at Snowtown, which is a community that has suffered terribly in the last 10 or 15 years but which is making every effort to invigorate itself. The Emu Awards is an opportunity for people across a few areas to be recognised.

While I was there it was fantastic to see across those awards the community groups that were nominated. The Two Wells Community Craft Shop was nominated and also the Blyth Progress Association, which has been a participant in the KESAB Tidy Towns Awards for the last 25 years. Also nominated was the Mallala Economic Development Board, which is really invigorating that community, and CornerStone Cottages at Balaklava, which is a project of the Balaklava Church of Christ, which has been partially funded by the state government to build three units.

Also nominated was the Courthouse Gallery in Balaklava, which has some 50 volunteers, and the *Snowtown View* community newsletter, which started in 2002. There was also the Mallala and Districts Historical Society, which I have been to many times, which is a great place. There was also the Owen Community Centre Cropping Committee, which was a recipient of the community award, and in the last year it has undertaken a project to remove seven kilometres of disused railway line, sold that scrap metal for over $8,000, and increased the area they can crop.

The nominees for the individual awards included John and Gwenda Griffiths (no relatives), who are wonderful people from Mallala, and Tanya Bertelsmeier from Blyth, who organised a drought relief event which involved Lee Kernaghan. The winner of this award was Mrs Lorraine Samuels from Snowtown, a great lady who was carrying a baby kangaroo. She and her husband have dedicated their lives to caring for animals. In addition to winning the individual award, she was the overall winner of the Emu Awards, and she received a $600 cheque from the Church of Christ, which was well done.

The business nominees included Penny Matthew of Mallala, who operates Happy Hearts Fitness, which engages a lot of people in the community, and Carol Weepers from Snowtown, who operates Carol's Homestead Cafe. Penny Matthew of Mallala was the winner.

In the Event Award was the Balaklava Cup, which many in this chamber would have been to. The cup involves probably between 15,000 and 17,000 people. It is a wonderful day in early September, and let's hope that many of us get the chance to go there again. There was also Snowtown's Painting the Skies, an arts festival in the Clare Valley, and the launch of the Clare Valley Regional Festival in 2008. The winner was the Free as the Air Festival Fun Day, which involved the Premier officially opening the wind farm in the Snowtown area.

That was the start of the first day. There was a variety of other events held. There was an art and craft festival at Two Wells, an art exhibition at Balaklava, which went over all three days, and an art and wine gourmet dinner at Snowtown on the Friday evening. On Saturday, Two Wells held a market, and Balaklava had garage sales in so many homes all around the area. There was a regional art and craft festival at Two Wells, and the Balaklava Museum was open. On Saturday there was a golf event at the Balaklava Golf Club, the Welcome to Wakefield at Balaklava, an art exhibition, again, and Adelaide Plains touch football at Mallala. Unfortunately, that had to be cancelled through a lack of participation.

There was a Soapbox Derby at Mallala, which I think the Mayor of Mallala District Council, Tony Flaherty, wants to make more of an annual event. There was a poetry competition at Mallala, and the museum was open there. There was a murder mystery night at the Balaklava Town Hall. On Sunday there was a junior tennis tournament at Balaklava. Hamley Bridge had a garage sale. There was a community fund-raising walk at Mallala, and an art exhibition at Balaklava. The museum was open at Mallala, and, importantly, we had the Adelaide Plains Cup, which was held at the Balaklava Racing Club. About 2,000 people attended—

The Hon. M.J. Atkinson interjecting:

Mr GRIFFITHS: I am not sure of the winner of race 7, Attorney, but a great day—

An honourable member interjecting:

Mr GRIFFITHS: It was a strong field, obviously. It was a great weekend supported by wonderful people, involving thousands, making a difference to the region. This is a region that believes in itself. It has recognised that it was a go-through place before; it wants to make itself a destination point.

I congratulate all who were involved, particularly Mayor James Maitland from Wakefield Regional Council, who is the chair. I pay homage to the financial supporters of the program: the District Council of Mallala, Wakefield Regional Council, the Virginia Horticulture Centre, Yorke Regional Development Board, Alano Water, Balaklava Racing Club, Primo, which is a wonderful business at Port Wakefield, Balco Group, and Adelaide Plains Life Care Churches of Christ. Well done.

Time expired.

VOLUNTARY EUTHANASIA

The Hon. S.W. KEY (Ashford) (15:54): I would like to take this opportunity, first of all, like the member for Taylor, to thank minister Zollo for her great contribution as a minister, and also minister McEwen for his great contribution to his portfolios. I have had the honour of being on both of their caucus committees. While they have been vastly different in the way they operate, the full and frank way in which both ministers have dealt with us backbenchers has been very much appreciated.

On a personal note, I am very sad that minister Zollo has left the ministry. In addition to her expertise, it means the number of women in cabinet has gone down by one.

I am very sad that the Independent member for Mount Gambier is not now in cabinet because, in my view, he was its only agrarian socialist, so it is also a sad day for the socialists. I take this opportunity to congratulate the members for Napier and West Torrens on their ministries. I am sure they will be wonderful ministers. I also congratulate the member for Bright on her position of Parliamentary Secretary.

As members of parliament, we can also participate, if we choose, in the parliamentary intern scheme. I have been very fortunate to work with Dr Clem McIntyre from Adelaide University and, more recently, Dr Haydon Manning from Flinders University. Anna-Kate Sutton was my parliamentary intern in the last round, and she looked at the issue of legislative provisions for achieving voluntary euthanasia in South Australia.

As many members of this house are aware, a number of us feel very strongly about this issue and would like to see either amendments to existing legislation or appropriate legislation supporting voluntary euthanasia in South Australia. Anna-Kate Sutton analysed many of the different models in existence, including those in the Netherlands, Belgium and Oregon and the short-lived (excuse the pun) Northern Territory model.

I also asked her to look at possible legislation that could be introduced, suggesting that, in the South Australian context, an amendment to the Consent to Medical Treatment and Palliative Care Act 1995 may be a way of addressing this very important issue. I was reminded by my parliamentary intern of the comments made by former senator and Howard government minister Amanda Vanstone.

As many people in this house are aware, she has always been an advocate for voluntary euthanasia. However, in relation to the stem cell debate (this is prescient for us today), she has said that people of a religious persuasion are entitled to follow their religious beliefs but that they are not entitled to demand by legislation that everyone else does the same.

So, it is interesting, when we note that there is a majority view in Australia that supports voluntary euthanasia with safeguards, that there is in our community support for and understanding of circumstances under which life may end prematurely by taking decisions such as switching off life-support systems. We already have those sorts of views in our community.

Most recently, other members in this house and the other place would have received a memorandum from the Hon. John Dawkins about Christians supporting the Choice for Voluntary Euthanasia group. I am very pleased to see that members of this group have decided to make their views known and to support the campaign that has been very ably led by the SAVES organisation in this state. I think this really raises the issues of when we will have this progressive legislation and the support in our community for such a measure.

Time expired.

REPRODUCTIVE TECHNOLOGY (CLINICAL PRACTICES) (MISCELLANEOUS) AMENDMENT BILL

Adjourned debate on second reading (resumed on motion).

(Continued from page 1724.)

Mr KENYON (Newland) (15:59): I wish to make a few comments on the bill, and the main one relates to the provisions to allow the sperm of people who have died to be used to father children. I have a couple of objections, and these are the matters I want to raise with the house. First, in this case, we would allow people deliberately to bring into this world a child whom we knew, right from the very outset, would not have a father.

Over time, there has been a great diminution of the role of fathers in the life of children. I believe that it is a very important thing, and we should not deliberately be doing it. I understand that there are single mothers right around the world, that babies are being brought into this world without a father through accident or even deliberately. I do not think that is right. This is even more deliberate: it is not an accident, it cannot possibly be an accident. We are deliberately doing it, and I do not know that it is in the best interests of the child. The bill talks about the best interests of the child, and I think that has been narrowed down to purely health provisions or perhaps a dangerous environment that the child might be brought into.

One of the matters that should be taken into account when judging the best interests of the child is whether the child will have the best parenting outcomes. There has been study after study showing that a man and a woman in a loving environment is the best environment in which to bring up a child. By definition, that cannot occur when one of the parents is already dead before the child is even conceived.

The second point that I would like to make goes more to the way society is changing. In my view, children are increasingly being viewed as a commodity, that one has a right to have a child: 'I feel like I need a child in my life, therefore I have a right to have one.' A child is not a commodity: it is another person, and it needs to be treated as such. The rights of that person need to be viewed considerately and with a long-term view as to the best way for them to be brought up and the best environment that they can be introduced to. So, with those two concerns that I have raised in the house, I think I will be voting against various provisions in this bill. I look forward to the contribution of other members on these matters.

The SPEAKER: Before I call the member for Frome, I draw the attention of members to the fact that this is his maiden speech to the house, and I ask the house to extend to him the usual courtesies.

Mr BROCK (Frome) (16:03): Thank you, Mr Speaker. As my honourable colleague over here said, I have been a mayor, so I expect a bit of heckling, but I appreciate the protocol of the state parliament. I would just like to commend the bill to the house and, in doing so, I would also like to acknowledge in my maiden speech my colleagues present here today. I have to admit that, being my third sitting week in parliament, I am still finding it a bit daunting. I am still finding my way around the corridors, but I have found where the canteen is and where the toilets are, so that is the main thing.

Members interjecting:

Mr BROCK: I thought it was quiet, but I will take that as a bit of joviality. I would like to sincerely thank the electors of Frome for voting for me through the democratic process. I assure all the constituents of Frome, and my fellow members present here today, that I will do my very best to not only represent them but also work with the elected government, the opposition and my other parliamentary colleagues within this great institution to ensure that South Australia benefits from all our decisions in this chamber.

I would also like to mention that I am very passionate about regional South Australia in particular, and I would like to work towards regional South Australia's share of resources from this government being recognised and implemented in the future.

Before proceeding, I want to sincerely thank my partner, Lyn, my children and, in particular, our 12 grandchildren for their assistance, their patience and their understanding. It is very hard for them to comprehend the move from being a mayor to the position of a state member of the South Australian parliament. However, as time proceeds, they are becoming more understanding, but they are still a bit concerned that they may not be able to see me as often as previously.

Family is very important to Lyn and me, and our children and grandchildren are our priority. This was the reason for becoming involved with local government for the first time 20 years ago and also for undertaking the role of mayor of the Port Pirie Regional Council. Children are our leaders of tomorrow, and we need to do whatever we can to ensure that we all leave a better environment for them.

Being an Independent candidate in a by-election was a very daunting experience, indeed. Independent candidates virtually have nowhere to turn to for advice or for resources to manage a campaign. However, in my case, from nowhere appeared a very small group of passionate volunteers to assist with this campaign. We may be novices, but we learnt as we proceeded, and we had lots of fun learning. At the end of the day, I must admit, the majority of those volunteers had

no interest whatsoever in politics but, by the end of the campaign, they were not only interested in politics, they were very passionate about regional South Australia, and South Australia in particular, and the feeling was one of great achievement.

On behalf of the constituents of Frome, I would also like to sincerely thank the former member, Rob Kerin. Rob carried out his duties as the member for Frome with great passion and dedication. He also carried out the duties of premier of this great state and also leader of the opposition after the current government came to power. I know the sacrifices that I made as a mayor, let alone the sacrifices Rob has made in his roles over the previous 15 years. Again, Rob, congratulations.

The electorate of Frome—named after E.C. Frome, the third surveyor-general of South Australia—is a very diverse and productive electorate, stretching from the industrial, commercial and retail city of Port Pirie to the agricultural areas of the beautiful township of Clare and the towns of Auburn, Crystal Brook, Gladstone, Georgetown, Laura, Mintaro, Penwortham, Port Broughton, Snowtown, Tarlee and Riverton.

Mrs Redmond: And Yacka.

Mr BROCK: And Yacka. You're right, and I apologise for that. However, it is a diverse electorate, covering over 7,000 square kilometres. I am finding that, over the last three weeks, I have gradually come to grips with all the issues across the whole electorate—doing 4,000 kilometres in the last 2½ weeks.

The current boundaries have been in place since 1991, and were first contested and won by Rob Kerin in 1993. The largest community within the electorate is Port Pirie, where the major employer is the Nyrstar lead and zinc smelter, followed by the Port Pirie Regional Health Service (in the way of numbers of employed people).

Port Pirie was proclaimed the first provincial city in South Australia and at one point was the fourth busiest port in Australia. Port Pirie also boasted having the three rail gauges, where all trains traversing Australia needed to stop and transfer passengers, goods and freight before continuing their journeys across this great nation.

There were also three major oil company installations with large bulk storage tanks for the various petroleum products, a large maritime and stevedoring industry, a Coca-Cola bottling plant, bread and cake factories, and during the Second World War the local aerodrome served as a training facility for over 4,000 pilots from all over Australia.

Port Pirie is currently rebirthing itself and the optimism is tremendous throughout the community and region, and it is working towards becoming a retail commercial service outlet for the north.

The second largest location is Clare, which is a great tourist destination, with the main employment being derived from tourism, sheep, beef cattle and grain growing and, as we are all aware, it is renown for its vineyards and great quality wines.

With most employment activities within the electorate of Frome being mostly price takers, that is, the prices are dictated by overseas demands, and with what has been happening with the global financial meltdown, it is becoming very hard to manage. However, knowing the people of Frome, we will persevere and in the finish we will all be stronger for the struggle. Whilst the overheads continue to increase, the final price for the product is diminishing. This is a very daunting thought.

The electorate of Frome has been, not recently but for some time now, adversely affected by the 'state of Adelaide' attitude, which has seen enormous centralisation occur over many years, and this is still occurring with major moves by the state government. This has not only closed many of our services but has also resulted in a continuous exodus of many of our youth to Adelaide and elsewhere.

This has been no more evident than with the long and unpopular implementation of the shared services which, I must say, has still not been finalised. If this goes ahead in its final form, we will see partners and families of those affected having to relocate from regional South Australia, and Frome is no exception.

This move has a domino effect on associated services, these being: reductions in school teachers, SAPOL and health, to mention a few. These service personnel numbers are based on

the number of students and also the population numbers of the region concerned (wherever the services may be located).

Whilst there are rural assistance packages for people to access across the electorate, and South Australia, they are at times very hard to access and understand. Even when they are accessed, the service may not be available due to the fact that it may have been a victim of government rationalisation. I would hope that when this government goes forward it takes these items into consideration.

To try to combat these issues, the regional development boards, namely, the Mid North Regional Development Board at Clare and the Southern Flinders Ranges Development Board at Port Pirie, are working tirelessly to create employment opportunities. The so-called resource boom occurring to the north of the state, is a term which I believe has been used for political gain. The only activities occurring are the exploration activities.

Since writing this report, there are a lot of industries feeling the pinch now because of the global economic situation. The largest activity is at Roxby Downs, and even there they are feeling the pinch at the moment, where they are getting ready for the final products, and also the activity at Prominent Hill. There are numerous mining opportunities taking place; however, with the global financial activities and the global uncertainty these projects may not materialise for many years. We just hope that the world comes to its senses and realises that we should all be going forward in a positive manner, not negative.

Another issue facing any prospect of resource activities continuing is the adequate and guaranteed supply of water to the northern cities, in particular to the northern sector of the state. This issue also confronts other parts of the electorate of Frome, and my fellow members can be assured that I will be working with everyone in this chamber to ensure that this subject is continually in our focus and that we give it the utmost consideration and implementation to ensure that not only the electorate of Frome but all regional South Australia, and the Eyre Peninsula in particular, has guaranteed water. Unlike the surrounding areas of Adelaide, these other parts of the state do not have the luxury of having adequate, if any, water catchment facilities to be able to store the water in aquifers or dams.

For this state to prosper we need to not only focus on the water issue but also on health issues and facilities across the region, which in the past 12 months has caused great concern and uncertainty in regional South Australia, and I mention the original South Australian Country Health Care Plan that was delivered to communities across regional South Australia.

I do not believe that people living in capital cities realise the importance and appreciate the dependence that country people place on having reliable and easy access to hospital and medical facilities. Whilst another plan came out, the uncertainty is creating issues with the elderly people of our communities.

Hospitals are the safety net and, in some locations, the largest providers of employment opportunities, and the uncertainty was causing great stress for the elderly. This was of great concern to not only the larger locations across the whole state but, in particular, smaller townships where we all appreciate and understand the necessity to have continual improvement and reviews of all services that this state provides to the residents.

However, I believe communication, clear and precise, is what the communities are looking for, and to be able to have genuine input and suggestions to any changes to both the health system and/or any other facilities that we may have to rationalise or review.

Another area which we as a state do not seem to be focusing enough resources on is education. I know that the stimulus package has just come out, however, prior to the global financial meltdown all South Australians were crying out the same message: lack of skilled labour.

However, prior to the financial meltdown across the globe, all members and all South Australians were crying the same message: lack of skilled labour. However, we do not appear to be providing adequate educational resources and facilities for both education and training opportunities across this great state. In particular, in regional parts of South Australia classrooms are becoming crowded and many do not have adequate air-conditioning, and some public schools may not have that luxury. I am sure that all members know how uncomfortable it has been with the high temperatures recently and how hard it is to concentrate outside this chamber, once they get out into the open environment.

While I may have been a bit critical of the shortfalls across this great state in regard to government responsibilities, there is one area which has been of great concern to Port Pirie residents and the region, and also to the whole state, that is, the image that has been focused on Port Pirie for many years involving high lead levels in the blood of children living in Port Pirie.

I congratulate this government, in particular minister John Hill and the Premier, for their great work and the relationship they have with Nyrstar, the Port Pirie lead smelter and Port Pirie Regional Council. This is a working partnership between the Port Pirie smelter, the Port Pirie Regional Council, the Department of Health, the Environment Protection Authority, the whole of state government and, more importantly, the whole community of Port Pirie. The whole community of Port Pirie believes in the project TenBy10 and is getting right behind it. The aim of all the partners is to have 95 per cent of children living in Port Pirie with a lead in blood reading of 10 micrograms per decilitre by the end of 2010.

This project has been in place for just over two years and there has been a remarkable reduction in the number of children with reducing lead in blood readings. The local smelter has committed nearly $70 million to environmental improvements, including enclosing the blast furnace of the smelter—something that everyone has been talking about for the last 25 years. I reinforce that this $70 million is to be spent on environmental improvements—no more and nothing extra towards the bottom dollar to the financial gain of the smelter.

The reason for mentioning the above subject is simple. We all have different views both politically and personally, but if we all put aside these differences and work collaboratively together we can achieve great results. I know that every member here will put their constituents and South Australia at the top of their priorities and always place them ahead of politics and self.

Before I conclude, I have to say that, before entering this house—which I do with great pride—I spent the last 20 years serving the people living in areas surrounding Port Pirie. I did that by sitting on many community committees—far too many to mention. I worked in various positions at the local smelter at Port Pirie before retiring 18 months ago. I have been an owner-operator of a roadhouse at Port Augusta, where I initially employed 15 people and then 45 people after three years. Prior to that I was a manager for BP Australia at Port Augusta, covering nearly 80 per cent of the northern areas of this great state.

One of the things I have always believed throughout the past 20 years, and even prior to that when I operated the roadhouse and worked at BP Australia, is that working as a team is the only and best way in which to achieve results. I assure all members present today and the constituents of Frome that I am here to work with government members and all my other colleagues to ensure that we do the best for this great state and our children and grandchildren.

In closing, I thank all members for listening to my maiden speech. I am looking forward to meeting all members in a more informed manner as I go along. I am still learning—and I make no bones about that. I will be sitting here listening. I am not one to jump in. When I do jump in, then I will have my facts correct. I want to work with all members on both sides of politics towards a better future for all South Australians.

Honourable members: Hear, hear!

Dr McFETRIDGE (Morphett) (16:20): I congratulate the member for Frome on his maiden speech and I rise to support this bill, which has been a long time coming. It was introduced into the house on 26 November last year. However, it has been out and about for consultation and it has been talked about for a long time.

I have spoken about the member for Bragg's private member's bill, the Reproductive Technology (Clinical Practices) (Artificial Fertilisation) Amendment Bill, which she introduced into this place last year. While I supported that private member's bill, I said at the time that I was looking forward to seeing the government's legislation. It has been a long time coming. It is well overdue.

In my opinion, the bill does not go far enough. There is another piece of legislation which is being discussed around this place and which has passed through the upper house as a private member's bill. That bill addresses the issue of surrogacy. The minister and some of his advisers have said to me that the issue of surrogacy is not covered in this bill because the issue is too complicated to be dealt with under this bill. That is not my belief. I believe that we could deal with that issue under this legislation. We need to ensure that we are being fair to all people who require the use of artificial reproductive technology and that it is available to all South Australians.

The bill has been a long time coming. It is welcomed by all members on this side. The shadow minister has had a fair bit to say about it. Other members in this place will give their points of view. It is a conscience vote for members on this side of the house. I can say that my conscience is clear and I will be supporting this legislation with the utmost energy.

The Hon. R.B. SUCH (Fisher) (16:22): I welcome this bill and indicate that I will be supporting it. I want to focus on two aspects of the bill. First, in respect of reproductive technology, my wife and I were involved in the IVF program without success about 13 years ago. I can tell members that it is not a very enjoyable process. It is a very stressful process, particularly for the woman involved. To attend the clinic where these services are offered is a very chilling experience, because there are not too many smiling faces. People are trying to have a child. I have three boys from my first marriage, but, as I say, Lyn and I were unsuccessful, even though nowadays, probably, the technology has significantly improved. We all know about human physiology and that women have the eggs they are born with and that is it, whereas men generate new sperm continuously and can be fertile and productive in terms of sexual reproduction well into their 70s and beyond.

In fact, there are some cases where women have had babies well past normally expected closure time, but they tend to be few and far between. I think that many young women now watch their biological clock closely and tend to disregard the advice of people such as Germaine Greer; I think that her advice has now been generally disowned by many. In talking about the IVF program, I would like to pay tribute to Professor John Kerin who sadly was killed a few years ago. He was a fantastic researcher and, I guess, physician. It was a tragedy for people involved or who sought reproductive technology when he was accidentally killed near the Barossa Valley a few years ago. He was a fantastic contributor and one of the pioneers in respect of reproductive technology.

The other aspect I want to focus on quickly today is an important issue. A constituent's name has appeared in the paper so it is not really a confidential matter. His name is Damian Adams and he was featured in an article, with a photograph, in the *Sunday Mail* on 30 November last year. Basically, Damian wants to know who his father was. His father was a sperm donor. We know that in relation to sperm donors the traditional practice has been to use medical students—I guess on the assumption that they are probably pretty intelligent people and that they are decent, upstanding people, and therefore I think that most people would be proud to have a medico as their father.

There is an irony in this instance in that Damian is a medical researcher at one of our leading hospitals, the Women's and Children's, and he said to me that, in fact, he may actually be passing his father in the corridor without knowing. He has a medical bent in terms of being a medical researcher, but he says that the irony is that he might actually be mixing with his father at the Women's and Children's Hospital. He wants to be able to find out who his sperm donor father is. I will basically quote from the letter I wrote to him yesterday because I have been corresponding with him for a while. I thank parliamentary counsel for its prompt action in drawing up an amendment yesterday, which I now have on the table here for consideration by members.

I pointed out to Damian that the amendments I had drafted by Richard Dennis will facilitate a process whereby the Department for Health or the Department for Families and Communities will be able to contact donor fathers to ask whether they are willing to make information about their sperm donation—that is, contact details—available to their offspring. My letter states:

> Whilst I understand the current laws do not prevent information from being released, they don't facilitate a process whereby contact can be made with donors who were subject to privacy agreements. Under my amendment donors will be asked if they are willing to provide their contact details to their donor offspring.
>
> I am aware that the Adoption Act (1988) allows for the release of information of relinquishing parents! However, section 27B(2) of the act [the Adoption Act] still affords birth parents the right to make a direction preventing the release of their details. This direction [in fact, the veto] can only be overturned by the minister when it is in the [interests] of the adopted person [I think the word they use is 'welfare'] (section 27B(5)).

What the amendments I put before members today will do is essentially maintain that veto arrangement, except, I would think, in probably the rare case where a minister believes there is some compelling reason (in this case in the interests of the child or the person resulting from the sperm donation) in their interest to override that agreement that was made by the donor. I put that to members today. I do not think it is an unreasonable provision.

I have given the minister a copy of the amendment. I know he was going to study it (I have actually four amendments as part of this package) to see whether he could agree to the amendment. I put it to members and ask for their consideration, not only for the benefit of Damian

but also for the benefit of others who are in a similar position and who, I can understand, naturally want to know who their father is. At the same time, I realise that some people—in fact, maybe all—gave donated sperm on the basis of confidentiality. I do not intend to suggest that this is not a serious matter. It is, but I think that our community has moved on and situations have changed; and I think that, provided you have safeguards built in, there is protection for those who do not want to reveal their identity. That is a reasonable measure to incorporate in this bill. I commend those amendments to the house.

Ms FOX (Bright) (16:30): I support this bill. I would like to congratulate the Minister for Health on introducing the reforms to the act and, in my opinion, he is doing a good thing. I am very aware that some people in this place and, indeed, some people on my own side of parliament do not believe this, and for some people it poses some ethical concerns. However, I believe that the Minister for Health has taken a very responsible approach to this legislation which is not a significant shift in policy.

The bill seeks to ensure that infertility treatment or assisted reproductive treatment meets the needs of the 21st century and removes inconsistency and duplication with national licensing and an accreditation scheme. I think that the Minister for Health has reached an appropriate balance in this area. The bill will ensure that assisted reproductive treatment in South Australia is appropriately regulated and that clinical practice meets the needs of South Australian families who need assisted reproductive treatment to form a family.

The original act has been in operation since 1988 and the code has been in operation since 1995. At that time the act and, indeed, the code were groundbreaking and they were ahead of their time. It is my understanding that, when Victoria and Western Australia were seeking to put their own legislation in place, they looked at what we were doing here. However, that was over 20 years ago and much has changed since then. Infertility treatment is now much more an accepted means of family formation: it is more mainstream than it was.

Back then, infertility treatment was shrouded in secrecy. Couples undergoing treatment did not want it known and donors of gametes—that is, eggs and sperm—also wanted their identity kept secret. It is only recently that assisted reproductive treatment has become an accepted means of family formation. Indeed, I can safely say that, amongst my wider circle of acquaintance, probably 50 per cent of the families I know have had access to ART.

The importance for donor-conceived offspring to have information about their origins and genetic heritage is also now acknowledged and it is widely accepted. Assisted reproductive treatment is now highly regulated nationally. As part of the national scheme, assisted reproductive treatment providers and clinics must be accredited and issued with a licence to provide ART. As part of this national scheme, clinics must comply with a comprehensive code of practice.

When the Reproductive Technology Act was introduced all those years ago, this national scheme did not exist. The current RT Act is now either inconsistent with the national scheme or is unnecessarily duplicated, which makes it difficult for clinics that have to comply with the state legislation but which also, as part of their accreditation, must comply with the national code of practice. Without this national licence, they would be unable to provide any kind of assisted reproductive treatment services even in South Australia. The Minister for Health has told us that this amendment bill removes those inconsistencies and duplication with the national scheme. I hope that this will make clinical practice simpler for ART providers who can get on with the business of helping people realise their dreams of having a family.

These amendments will also ensure clinical practice is comparable with other jurisdictions. This will be a great relief to some families who, prior to these changes, would have had to travel interstate for treatment. The bill proposes to remove the requirement for new providers to demonstrate that there is a social need for treatment which cannot be met by existing licensees. This has been problematic and has arguably prevented new clinics providing treatment in South Australia. At this point in time, as I understand it, South Australia has only two providers: Repromed (which provides about 80 per cent of treatment) and Flinders Reproductive Medicine.

Under this proposal, assisted reproductive treatment providers in South Australia will need to demonstrate that they are fit and proper people, or a company, be nationally accredited to provide ART and also comply with the conditions imposed by the act and the Minister for Health. The register of clinics will also ensure that South Australians know who is providing ART services in South Australia and that they are nationally licensed and accredited to do so. This will make the provision of ART in South Australia transparent and accountable.

The amendments proposed under this bill also remove the current impediments to establishing a donor conception register so that persons born from donor gametes can have access to identifying information about their donor should they so choose—and the member for Fisher has spoken very eloquently on this fact just before me. It is my understanding that the current act prevents clinics disclosing the identify of the donor unless it is with the donor's consent.

Up until about five years ago, there was much secrecy surrounding assisted reproductive treatment. It has only been in the last five years or so that clinics have not accepted donors who did not want their identify disclosed to their offspring. I understand that all donors now sign a consent form allowing the clinic to provide their identifying information to offspring, if requested. However, the current act's strict confidentiality clauses prevent clinics from divulging this information to a third party, for example, a donor conception register, unless the donor has consented.

Those who donated previously did so under the guarantee that their information would be and would remain confidential. The Minister for Health has made it quite clear that the donor conception register is not retrospective. It would not be fair, in my opinion, to these donors who perhaps only donated because of the strict confidentiality requirements for the law to change now and for their identity to be disclosed without their consent. I believe that, in the past, record keeping and matching of donor and recipient information may not have been retained with this new knowledge in mind. It may be that, unless a donor comes forward and volunteers the information, some donor-conceived offspring may never know the origins of their conception or who their donor was—a sad but true fact.

Even though this section would not apply to prior donations and donors, there would still be the opportunity for donors to come forward and voluntarily put their details on such a register, but I do not believe that we as parliamentarians should be forcing their hands by making it a retrospective register. Once again, I congratulate the Minister for Health on introducing these amendments. If passed, they will bring South Australia's assisted reproductive treatment legislation into the 21st century. They will be responsive to technological developments in the dynamic area of medical speciality and will ensure that assisted reproductive treatments are provided responsibly and ethically to those South Australians who need ART to form a family. I indicate my support for this bill.

Mrs REDMOND (Heysen) (16:36): I want to add a few comments in relation to this bill which, as the shadow minister indicated, is a conscience vote for those of us on this side of the house. I indicate, in broad terms, my support for the bill. However, there are a couple of things that I want to put on the record. Like many people, I know quite a number of couples who have needed what used to be called IVF assistance in order to arrange a pregnancy and the successful adding of a child to their family. In fact, it has often been the case that those very same people have subsequently gone on to have other children without the need for further assistance, and I am very pleased for those families.

I guess the fundamental question is always to what extent the state—and by that I mean the government, or the parliament—should interfere in what is essentially the running of a private business. The fundamental issue in the first instance is: will it be safe? I would presume that the regime is set up in such a way (and I have not looked at it in detail because I have only taken a very broad brush approach to this whole question) that a lot of the original licensing and the new provisions are aimed at ensuring the safety and propriety of what goes on. It seems to me that it is only sensible to bring the terminology into the common modern usage, so we will move to 'assisted reproductive technology'.

There are a couple of things that in some ways concern me about the motivation for this bill—although, as I said, I support it. It is indicated, for instance, that part of the rationale behind some of the amendments is to satisfy national competition policy principles. I have to say (and I believe I have said this on more than one occasion previously in this house in relation to other matters) that I do not see the value of national competition policy, because thus far all it seems to do is encourage Woolworths and Coles to become the two purveyors of everything in this fine land. I think we will only realise our folly when we end up with Woolworths and Coles running not only the supermarkets, liquor stores and petrol stations but also the optometrists, the pharmacists and, indeed, the lawyers in due course.

I have no time for this concept of national competition policy, because it seems to me to have been of vast detriment in a number of areas—for instance, barley and the single desk licensing system, which has now been dismantled in this state in favour of a so-called free system, which I think has been of no benefit and was not wanted by the industry. So, I have some problems

about the idea of changing the law to meet national competition principles, although I recognise that this is a situation where basically a gun is held at every state government's head, in terms of forcing compliance, and if we must do it we must do it.

There are a number of ethical questions to be dealt with by the legislation and, in broad terms, I am quite comfortable with what this bill proposes to do. I know, for instance, that there was previously a requirement in relation to marital status. Marital status used to restrict access to this treatment to only married couples. It seems to me that that is somewhat outdated and that it is appropriate for it to be provided to infertile women, regardless of their marital status or sexuality.

I used to have quite a firm view that IVF treatment (as it was then called) should not be made available to other than married couples. Since being in this place I have changed my view about that after talking to some gay women, for instance, who said, 'The fact that we grew up to be gay does not mean that we grew up not expecting to have children, just like anyone else. The fact that we are gay by sexual preference doesn't mean that we don't long to be mothers, just like any other female.' In fact, my experience of gay mothers has been that they are extremely caring and genuine in their attempts to provide the very best possible life they can for their offspring.

I think we will have to grapple with a range of issues about gay parenting because of our failure thus far to recognise the non-child-bearing partner in a gay couple if they procure a pregnancy in some way and, having had the baby, the non-child-bearing partner is denied any rights at law as a parent, regardless of how long they might have been the parent to that child. I think we will have to grapple with some of those issues in the future, but they are not to be dealt with under this piece of legislation. However, as I said, I agree that it is appropriate for us to now make the treatment of assisted reproductive technology available to infertile women regardless of their marital status or sexuality.

I also agree with the idea of making available two other areas of this treatment. One is for the posthumous use of sperm (about which I think the Deputy Leader of the Opposition already spoke at some length in her address), and the other is to enable access to future fertility. If, for instance, a young woman who would otherwise be fertile has to undergo cancer treatment, which could possibly affect her fertility, it seems to me that it is reasonable in those circumstances to allow that young woman to more or less bank fertile eggs (or, in the case of a male, fertile sperm) so they can later reproduce if it turns out that their cancer treatment means they cannot proceed to have children normally.

The main issue, though, that I wanted to look at is the idea of having a register for licensed providers. I think a couple of other speakers have mentioned the idea that it is becoming far more accepted that there is a need for people to be able to access information about their genetic background. Indeed, the member for Bright mentioned, in her address immediately prior to mine, that those who donated previously—that is, males who donated sperm—did so on the basis that their donation was guaranteed to be confidential.

I notice that, in fact, there is a capacity for them to overcome that provision for confidentiality entering into the register. I would suggest that, in fact, it might even be appropriate for everyone who is on the register under the confidential provision to get a letter inviting them to do so and explaining the reasons why they might like to contemplate that, without putting any pressure on them.

I agree with the member for Bright that they should not be pressured to disclose if they do not want to, but I think it would be appropriate for them to be approached on the basis that it is quite a rational thing. They want to be guaranteed that they will not have any liability, because that is what they are mostly worried about, that if it is not confidential they might face some future claim for maintenance, and so on.

Provided they have that guarantee, I expect that for quite a large percentage of the people who presumably, for altruistic reasons in the first place, donated their sperm, it would be appropriate for them to get a letter agreeing that their information is to be made available, so that the person who is now perhaps a young adult can access information about their genetic heritage.

I think that the deputy leader touched on this in her speech, that there is still the position of the people who choose the 'do it yourself method', who do not go through a registered provider. It seems to me highly likely, again, that those people, if encouraged, would put their details on a register; but I do not think it would be appropriate for us as legislators to try to force that to occur, because you would never police it, you would never manage it. Many women turn up, even now,

who do not disclose who the father of the baby is. Indeed, a French politician recently gave birth to a baby, and she has adamantly refused to disclose who the father of the child is.

The Hon. R.B. Such: They may not know.

Mrs REDMOND: As member for Fisher points out, there may be some women who do not know who the father of the child is, and that is perfectly possible. There may be some women who are mistaken as to who the father of the child is and, indeed, we know that there are women who rely on the presumption of the Family Law Act that, if you are in a marriage, the father of the child is the husband, and it subsequently turns out that it is not.

Many circumstances can arise. My expectation, however, is that most people who want to have a baby and who are going to put themselves through the process of what we will call the 'do it yourself method' are concerned about the welfare of their child and may well be willing to put the information onto a register so that that child, in the future, can access information about their genetic heritage.

However, as I said, I do not see that, as a state, we could legislate to make that compulsory, because it would simply be an unworkable and unenforceable piece of legislation. I think that the best that we can do is offer that possibility. I expect that the take-up rate of that sort of register would be even higher than, for example, our organ donor register, where we encourage people to register. I do think it is worth considering including that. I note that the legislation seems to talk about just the licensed providers. I think the licensed providers would like everybody to have to go on the register, but I do not think that is workable.

I have a bit of a question mark about the need to license and to have the details of absolutely everybody who is involved in the provision of the service. I do not see why you would not simply licence the business that is doing the providing and allow them to have their staff appropriately selected. I am sure they could come up with some sort of code of conduct, code of practice, or something like that, or some guarantee of probity in the selection of their staff. I do not know that it should be necessary to extend the details about everyone else who is to be involved in a licensed provider of these services. However, in essence, I believe that the basis of the bill is correct.

I do not have any moral issue or difficulty with the whole idea of assisted reproductive technology. I welcome bringing it into the 21st century in terms of where we are going with the way we operate these things. I wish the bill good passage through this house and the other place.

Ms CICCARELLO (Norwood) (16:51): It gives me enormous pleasure and no small degree of personal satisfaction to speak in support of this important legislation. This bill, which will amend the Reproductive Technology (Clinical Practices) Act 1988, is an important step towards ensuring that the needs of South Australians requiring assisted reproductive treatment continue to be met through changing times and circumstances.

More than 20 years ago in-vitro fertilisation became a medical possibility, and governments around the world were consequently faced with the social responsibility of determining the fundamental question of who should be able to become parents. The South Australian government enacted the Reproductive Technology Act and in so doing set strict limits on the use of this new technology.

The act required a clinic which provided assisted reproductive technology services to be licensed by the Minister for Health and, as a condition of that licence, to abide by regulations issued under the act and guidelines issued by the National Health and Medical Research Council. Within the overarching requirement, the reproductive technology procedures could not be carried out except for the benefit of married couples. The act then further limited access to the circumstances when either the husband or wife, or both, appeared to be infertile, or there appeared to be a risk that a genetic defect could be transmitted to a child conceived naturally.

However, this legislation is now over 20 years old; therefore, these questions must now we asked: does it hold up as well today as it did then; is it adaptable to changes in medical and social standards; and does it unduly limit circumstances that today seem fair and reasonable? I argue that the current act is deficient in all these respects.

First, assisted reproduction is no longer the cutting edge technology it once was, and medical advances continue to be made that make it possible for more and more couples to conceive children. However, the act does not always recognise these advances, and it constrains couples to the definitions and procedures of two decades ago.

Secondly, assisted reproduction is now considered an accepted and viable means by which to create a family. While there will always be detractors who assert that assisted reproduction is against God's will and unnatural, I believe that the vast majority of the community is of the view that it is entirely appropriate that a couple who longs to have a child but cannot, for whatever reason, is entitled to assistance with that dream.

So, the issue before us today is: how do we accommodate for these shifts while maintaining the strict regulation that reproductive technology demands? Today, I wish primarily to discuss the reformation of the provisions relating to eligibility and access. The first matter I wish to address in the bill before us, albeit briefly, is the deletion of the marital requirement for access to assisted reproductive treatment.

The current act limits access to married couples. However, this was challenged in the South Australian Supreme Court in 1996 by Gail Pearce, a single woman who claimed that the act discriminated against her on the ground of marital status and was therefore inconsistent with the commonwealth Sex Discrimination Act. The Supreme Court agreed with Ms Pearce and determined that the marital status provisions were invalid and did not apply.

Since the time of the Pearce judgment, marital status has not been a criterion for eligibility, and infertile women, regardless of marital status or sexuality, have been able to access reproductive technology treatment from South Australian clinics. While this amendment is therefore symbolic, it is still important. I am firmly of the belief, and I have spoken about it in this place before, that removing a discriminatory provision from the statute book, even if it is not applied in practice, can only be a good thing.

I also wish to address eligibility for assisted reproductive treatment. Currently, people may access ART only if they appear to be infertile or there is a risk of passing on a serious genetic condition. I believe that these criteria are too narrow and do not take into account circumstances that are consistent with the standards of today. Infertility will remain an eligibility criterion under the proposed legislation.

While we are not debating this issue today, I think it is worth while noting that South Australia is now the only state to retain this as a bar to access to ART following Victoria's move late last year to remove fertility as an impediment to access. However, I am sure that, given the inevitable and the desire for national consistency, this issue will fight another day.

The bill seeks to extend access to ART in three circumstances. The current act limits eligibility to those at risk of transmitting a genetic defect. This criterion, therefore, does not and cannot take into account existing or possible emerging infective conditions, which can, of course, be just as devastating, and an obvious example is HIV. Is it right to deny an HIV-positive person access to this treatment, when they have taken the responsible course of seeking reproductive assistance, just because HIV does not fit into the definition of 'genetic defect'?

The irony is that sperm washing, which is a viable option for conception when the man is HIV positive, is available in South Australian clinics, but it is restricted under the legislation to infertile couples. Under this bill, clinics will be able to offer sperm washing and future medical treatment to fertile men at risk of passing on serious infection. The bill also extend access to ART in any other circumstances provided by the regulations.

In his second reading explanation, the Minister for Health outlined that one such issue under consideration was the ability to access treatment for future in fertility when it is caused by a medical condition or treatment. An example of this is a person who is diagnosed with cancer and could be rendered infertile by either the disease or the chemotherapy and radiation required to fight it. I do not think many in the community would deny that person the right to have children in the future, but that is exactly what the current legislation does. By limiting access on the ground of fertility, clinics are not allowed to harvest eggs or create embryos, because the person requesting that service is not actually infertile at the time.

So, at the most devastating moment of their life, they must face not only their own mortality but also the realisation that, potentially, they will never become parents. This is an absurd situation, and it demonstrates the difficulty and inequity of a blanket criterion of infertility without taking into account mitigating and reasonable circumstances. I am very pleased that this situation will change and that people who may be rendered infertile by a medical condition or treatment can plan in advance and utilise ART if needed.

The final extension of access proposed by the bill is one about which I feel very strongly and for which I have fought very hard, concerning as it does my constituents and friends Sheree Blake and her late husband, Lee. Lee Blake was a delightful young man whom I had known for many years, since the day he first burst onto the scene as an exceptionally talented young player at Norwood Football Club.

Lee had the world at his feet, with confidence, attitude and a cheeky smile that lit up his face. It can therefore be appreciated how devastated we all were when he was diagnosed with acute lymphoblastic leukaemia at the age of 17. It was a cruel and tragic blow that impacted upon a life brimming with promise.

At that time, we organised a fundraiser for Lee to assist with his medical costs, and I remember proudly purchasing for him a signed No. 14 jersey belonging to Garry McIntosh, as Garry was his favourite player. In fact, it was Garry who sent Lee off to have tests when he noticed something wrong with him at training sessions—the young man who could normally do anything suddenly seemed to have lost his spark.

We were all thrilled when Lee went into remission following a bone marrow transplant in 2005. Terribly, the disease came back in 2008 even more aggressively than ever and, tragically, two months after he married the love of his life, Sheree. Lee decided against medical treatment and spent the final weeks of his life surrounded by his family and friends. Lee died on 10 May 2008, and, with hundreds of others, I attended his funeral at Norwood Oval.

In early June, Sheree approached me asking for my help. The circumstances relevant to this bill are as follows. Prior to undergoing chemotherapy at his initial diagnosis at age 18, Lee had his semen stored for future use. When Lee and Sheree decided to have a child, they both received expert counselling. Lee provided specific written consent for his wife to use his sperm to become pregnant with his child after his death. In short, they had met all the criteria outlined in sections 6.15 and 6.16 of the NHMRC Ethical Guidelines, which specify that clinics must not facilitate the use of gametes to achieve pregnancy unless all the following conditions are met:

- a dying person has left clearly expressed and witnessed directions consenting to the use of his or her gametes;
- the prospective parents receive counselling about the consequences of such use;
- advice is sought from a clinical ethics committee;
- an appropriate period of time has passed before attempting conception; and
- counselling is available to work through these issues.

Everything seemed in order until Sheree learnt that South Australian clinics were not able to assist her in becoming pregnant, despite the express consent of her husband. This was because Sheree did not meet the criteria of eligibility under the act because she was fertile. Sheree was legally able to inseminate herself with Lee's sperm at home or take the sperm interstate to be inseminated by a clinic, but she was not able to be medically assisted in her home state. Again, this is an example of the blanket of infertility smothering cases which, on their merits, would appear to be wholly justified.

I stress to point out, however, that the example which I have mentioned does not detract from the tenor of the act that only infertile couples should have access to ART services. They are not examples of fertile people wishing to, for whatever reason, have a child and trying to circumvent the established principle. Rather, they are specific examples—safe fertility, future fertility, posthumous fertility—whereby circumstances have conspired against them so that they are not able to be a parent, despite being fertile at the time access to ART treatment is sought. These mitigating circumstances must be allowed.

Following my discussions with Sheree, I wrote to minister Hill at the end of June. The minister responded to me that he had referred the issue to the SA Council on Reproductive Technology and that legal advice was being sought as to the correct interpretation of the legislation.

During the time between that advice and the introduction of this bill, I kept in contact with Sheree, who was extremely understanding about the situation and the fact that the process would take some considerable time. She was, nevertheless, very thankful and grateful that her situation was being investigated. The end result is before us today, and it is a clear example of democracy working at its best and government getting it right. It should serve as a reminder to any constituent

that contacting their MP is not a waste of time, and that we can address the needs of our community.

What Sheree has for her belief in the system is a bill which makes express provision—not only for her situation, but others—by removing the requirement that the recipient of the posthumous sperm be infertile. There are still strict controls in place. The NHMRC guidelines must still be met, along with the legislative conditions that the donor must have died; the donor's semen was collected before the death; the donor consented to the use of the semen; and that the recipient was the donor's partner. It all makes sense, and I am extremely proud to have played a small part in helping Sheree's dream to bear her husband's children become a reality.

Sheree gave me her permission to quote from the eulogy that was delivered at Lee's funeral:

> You will live on in the hearts and minds of many, and God help us all, soon enough there will be little Blakeys running around and those children will be told every day just what an amazing man their daddy was.

That says it all. The gratitude and joy in Sheree's voice when I broke the news to her that we were putting this bill before parliament was reward enough, and a reminder to me of why we are in this place. Sheree became very emotional and we both cried as that day happened to be her first wedding anniversary.

This bill takes important steps in ensuring that assisted reproductive treatment in South Australia is progressive and relevant. I hope that, as more and more advances are made, and more and more stereotypes are shattered—and undoubtedly they will be—we do not have to wait 20 years until we look at this issue again. I commend this bill to the house.

The Hon. J.D. HILL (Kaurna—Minister for Health, Minister for the Southern Suburbs, Minister Assisting the Premier in the Arts) (17:03): I thank all members who have contributed to this debate. I think this is a conscience vote for us all and, as I have said before, debates on conscience issues are usually more interesting than other debates, because you get people speaking their mind and from their heart, not necessarily the party line.

I thank all members who have taken the time to express their views in this chamber. I think the majority of speakers were in favour of the legislation. A number of issues were raised, but I think generally—perhaps even amongst those who do not like the idea of IVF—it is accepted that this legislation is largely administrative, bringing the management of IVF into this century.

This legislation really extends in two ways the operations of IVF. First, it allows posthumous use of sperm that has been stored—and the member for Norwood has spoken eloquently on that subject. That matter, of course, was the subject of debate in relation to a private member's bill put by the opposition some months ago, so I will not canvass those issues. I think that it was almost unanimously agreed to at that time, so I take it that it is not a contentious issue for this house.

The second area is to extend the availability of IVF to fertile people who might have a viral condition such as HIV/AIDS which could be passed on to their children. So, that seems to be an eminently sensible provision that will protect the public and protect individual children from the risk of contracting HIV/AIDS, or some other virus, from their father. I think that is a very sensible addition to the remit of IVF providers.

The remainder of the legislation is really just making the arrangements contemporary. When this legislation was first introduced 20-odd years ago, it was novel, the technologies were unknown and there were a lot of issues and concerns about how they operated. So, we had a very heavy-handed or a very controlling set of regulations around it, which was appropriate given the newness of the procedures. But after 20-odd years of experience, it is time to take that heavy-handed approach off and allow a lighter touch. There is also a national registration set of protocols which guide what happens.

Another area worth commenting on is that this will allow greater competition in South Australia because, at the moment, we are restricted to only two providers. A fair bit was said by the deputy leader, and other speakers, about competition. I guess people can make up their own mind, but it seems to me wise to allow broader competition. Why should we restrict this area of medical practice from competition when every other area that I can think of is open to competition. If businesses want to establish themselves with the appropriate set of skills and the appropriate personnel, why should they not be able to do so in our state?

The final point that I refer to is the point made by the member for Fisher, who I think argued quite passionately—and I understand the point very well—that someone who is born as a result of a sperm donation some time ago does not, and may never, know who their father is, which must be very frustrating. It must raise a whole lot of questions about identity, and I can imagine it is a difficult thing to have to live with.

However, as other members have said, I do not accept that those who in the past made that donation in the sure knowledge that it would never be revealed should be put in a situation where that is risked. They did it in good faith at a time when the circumstances were different from the way we operate today. It would be unreasonable for somebody who is now 50 or 60 to be put in the position where their identity is suddenly revealed.

We do not know what circumstances they are now in, they may have a conservative family life and that bit of news might be quite devastating. While I understand, accept and feel empathy towards the people born through this process, I do not support undoing what was done in good faith all those years ago.

The legislation will, as I understand it, allow for voluntary identification by donors, and if the information is available which will allow them to identify the recipient of their donation then we could help facilitate that through this provision.

The advice I have is that in days gone by when sperm donations were made it was fairly informal and we are not even certain that on every occasion the identity of the donor was recorded, and even if those identities were recorded we are not sure that we know to whom the donation was given. So, there are practical issues as well as policy issues as to why this would not work very easily.

I am not sure that writing to the individuals would be such a welcome event, because it might tend to identify the donors to other persons, such as family members, and they may not necessarily want that to occur. However, the publicity which could be generated around this process, once the legislation is through, might bring forward some people, and I am happy to join with the member for Fisher to call on sperm donors to come forward and identify themselves, if they so choose.

The final point is the issue raised by the Deputy Leader of the Opposition about the home-based fertilisation of people who are fertile but who do not have a male partner, who have a donation of sperm which is administered through amateur mechanisms at home. The deputy leader suggested that perhaps the donors in those circumstances could be put on the registration process too. I certainly have no objection to that.

My understanding is that the legislation is broad enough to allow that to happen without any amendment. I will check that once we get into committee, if the deputy leader wants to ask me a particular question about it. I thank all members of the house for their contributions and I am happy to move into committee.

Bill read a second time.

In committee.

Clauses 1 to 6 passed.

Clause 7.

The Hon. J.D. HILL: I move:

Page 4, line 4 [inserted section 4A]—Delete 'woman' and substitute: person

I move to take out the gender reference in the clause, so that the welfare of a person is considered. The advice that we have had is that men are also affected by this process and their interests should be considered too. I happily agree with that, and I understand that the Deputy Leader of the Opposition has indicated that she supports that, so I thank her for that.

Amendment carried; clause as amended passed.

Clause 8.

The Hon. R.B. SUCH: I move:

Page 9—

Line 16 [clause 8, inserted section 15(1)]—Delete 'The Minister may' and substitute:

Subject to this section, the Minister must

After line 19—Insert:

(1a) Subsection (1) applies in relation to assisted reproductive treatment provided in accordance with this act and resulting in the birth of a child whether the treatment was provided, or the birth occurred, before or after the commencement of this section.

(1b) However, subsection (1) does not apply in relation to assisted reproductive treatment that was provided before the commencement of this section—

(a) if the donor of the relevant human reproductive material expressly requested or directed that his or her identity be kept confidential and he or she has not revoked that request or direction; or

(b) if the information required to be contained in the register under subsection (2) in relation to the donor is not reasonably available to the minister; or

(c) in any other circumstances prescribed by the regulations.

Line 20 [clause 8, inserted section 15(2)]—Delete 'If the Minister does keep the donor conception register, the' and substitute:

The donor conception

After line 33 [clause 8, after inserted section 15(4)]—Insert:

(4a) Despite a preceding subsection (including subsection (1b)), if the Minister is satisfied that it is relevant to the welfare of a person born as a consequence of an assisted reproductive treatment (the *relevant person),* the Minister may—

(a) include the name of a donor of human reproductive material used in, or in relation to, the treatment on the register for the purposes of the operation of this section (even if to do so is contrary to an express request or direction of the donor as to confidentiality); and

(b) release the name of the donor, and any other information relevant to the welfare of the relevant person, to the relevant person.

Page 10, lines 4 and 5 [clause 8, inserted section 15(8)]—Delete subsection (8)

I indicate to the house that I am going to move these amendments standing in my name en bloc. The latter ones are consequential on the earlier ones, in any event. I appreciate the minister's comment and the fact that this bill is a step forward for people like Damian Adams, who has raised the issue of finding out who his father is, or was. I accept that he will not be pleased with the, I think, inevitable outcome that these amendments will not be supported and that therefore I am not going to divide on them formally.

It will also not please the Donor Conception Support Group of Australia, whose advocate, Caroline Lorbach, contacted me to support, basically, a provision along the lines reflected in my amendment. Nevertheless, as the minister stated, I believe this bill is a step forward and one would hope that those who were sperm donors in the past may feel willing to, in effect, come forward and allow themselves to be identified. I can understand why people such as Damian feel a sense of emptiness and frustration at not knowing who their father is or was. This bill is a progressive move and it does allow for some movement in respect of finding out who your father is or was, if that person was a sperm donor.

The Hon. J.D. HILL: I addressed this issue in my response to the second reading contributions. I indicate for the record that the government does not support the amendments. However, I am sympathetic to the needs of the person and, once the legislation is through, we will look at how we can establish a voluntary registration system so that those who did donate sperm in the past can identify themselves. Whether or not it is possible to then identify who was produced as a result of a donation is problematic for the reasons I have indicated earlier.

I am certainly sympathetic to the point that the honourable member made, but I think it would be unreasonable to place any risk on the head of a donor, who decades ago gave in good faith anonymously, that at some stage in the future their name might be released. I think that would be unfair and incredibly burdensome for those individuals, despite the strength of the passion and feeling of those who have been produced by this means. I can understand and empathise with their feelings, but I think the right thing to do is not to accept the amendments.

Ms CHAPMAN: Other members may make a contribution on these amendments, but I indicate that, having considered the amendments, I support the minister's position on this issue and will not be supporting the same.

The Hon. J.J. SNELLING: I support the member for Fisher's amendments. I do so aware of its being a very grave thing for the parliament to legislate to undo, effectively, a contract or understanding that someone making a donation has done so anonymously. However, I draw parallels with a decision that the parliament made some years ago with regard to adoption, where relinquishing parents also understood that their identities were not to be disclosed when they relinquished children. In that case the parliament, I think rightly, made the decision that the rights of the adoptee overrode those undertakings.

Likewise, children born of reproductive technology have a right to know where they have come from. That right overrides the considerations for the donor who has donated, as the minister says, in good faith on the understanding that that donation was anonymous.

In terms of practical considerations, and not just merely knowing where you have come from and what your biological parentage is, there is also a right for children to know the existence of half siblings. When this area of fertility treatment was first entered into, it is of concern that little thought was given by the clinicians to potentially creating many half siblings that would not be known to the child being brought into existence by the use of this technology and the danger—however remote it might be—of marrying a half sibling or entering into a relationship with a half sibling and the devastating consequences of that.

Finally, the other consideration is the right of children to know their family history for the purposes of the prevention and management of inherited diseases. Whilst I take the minister's point about how grave it is that this parliament should legislate to remove the anonymity of donors—where that is possible—nonetheless, I think the considerations of the children born of these methods outweigh those considerations. I support the member for Fisher's amendment.

Mr KENYON: I also rise to support the amendment. The best argument I can put is that, if I were in the position of a person conceived through this technology, I would want to know my history. I should confess to the house that it would take me a long time to work up the courage to make contact, I think, with the person once I knew, but I would like to know and I would like to have that option. The point made by the Speaker about the adoption amendments we did a few years ago are relevant. It is a good analogy, but mainly I think that if I were in that position I would want to know. I do not think it is an unreasonable thing.

I understand there might be some wariness by people who did donate sperm and did so under the condition of anonymity, but I do not know that it is necessarily the worst thing in the world to be contacted by your child. The worst case scenario, I suppose, is that you would simply reject any overtures. That would be a distressing situation but, at least, they had the option. I think that the house should support this amendment moved by the member for Fisher, and certainly I will be.

The Hon. J.D. HILL: I thank members and I understand their strong views about this. The member for Newland said that if he were in that position he would want to know. Well, I can tell members that I would too. I understand that. However, our role here is to create good policy which balances a range of interests, not about what we personally would want to do. If I were a donor father 30 years ago would I want to know? I am not sure that I would. It is a hard call. We are not here to say what our emotions tell us. I think that we are here to try to set up a structure which is a proper structure.

We can do that into the future, but this legislation will make absolutely certain that anyone who donates genetic material will be recorded and the information about them will be given to that child at some stage—when the child is of age, I guess. That is their right. For the last five years we have been doing that as a matter of practicality. For five years only donors who have been prepared to be identified have been accepted for donation. For the last five years that has been happening. In any event, information that is held about the donors through the IVF process is provided in a de-identified way to the receiver of that information.

As long as IVF has been going information about the medical condition—the personality, and so on—is given to the recipient of the donated material if available. So, that has already occurred. I suppose we are really talking only about the IVF procedures, but if we go back to other donation processes who knows what is held and what is known. I think that the balance is pretty right. I am happy to think of ways that we can encourage donors to agree to have their name put forward but this would be only if they wanted to. What would be the benefit for the child?

In many cases these would not be children, they would be adults now. In many cases it would just be to satisfy idle curiosity—maybe not idle curiosity, that is the wrong way of putting it. It would just be to satisfy the burning curiosity the individual has about who their genetic father is, but they are not their father in any legal sense and they never were the father in any legal sense, and I think that is the confusion into which the member for Newland was straying. 'I would want to know who my father is.' Your father is whoever your birth certificate says it is. The genetic material that was used was donated by someone, given freely and no emotional, physical or any other attachment went with that.

It was material that was provided to someone as an act of love, an act of compassion, or whatever, so that a woman who was infertile could have a child. That was the basis of that gift. They were never in any legal sense the father. This is different, I think, from the adoption legislation to which the Speaker referred, because this is where a child has been produced through a natural act and has legal parents—or a legal parent—who makes a decision to give that child up for adoption. So, a different set of relationships was there in the first place. It is a natural process—the child was actually born of that person.

The legislation, of course, sets huge limitations on who can be given that information, and section 27B goes through all of those. For example, section 27B(1) states:

A person adopted before the commencement of this Act may lodge with the Chief Executive a direction that information in the Chief Executive's possession that would enable the person to be traced not be disclosed.

So, it works that way; and section 27B(2) states:

A birth parent of a person adopted prior to the commencement of this Act may [similarly] lodge information...

So there are ways of stopping it there, but that is a different kind of process, a different kind of relationship. We are talking about someone years ago who went in, spent a few minutes, produced a sample and that was the end of their involvement in it. It is vastly different. I think it would be grossly unfair to place a burden on the head of those people that their identity will be given as a result of a minister, a judge or someone deciding that, on balance, it was the right thing to do no matter how strongly the recipients feel. I accept the passion with which the position is put but, again, I reiterate my reasons for not accepting it.

The CHAIR: Is the member for Fisher responding or closing?

The Hon. R.B. SUCH: I am asking a question. It will be my last question. I know it is a difficult question, but does the minister have any idea of numbers of people either recently or not so recently who may have resulted from sperm donation? Is there any evidence of numbers?

The Hon. J.D. HILL: I will just check with my advisers, but I understand that approximately one child in every classroom in South Australia is likely to have been born through IVF processes. Certainly, over a recent period, they have a right to be informed as to who their father was, and, prior to the last five years, they have a right to de-identify material about personality and genetic background, health issues and so on.

The Hon. R.B. SUCH: In the case of IVF, it could well be a known donor, but do we have any indication in the case of the anonymous sperm donors?

The Hon. J.D. HILL: I am sorry, I have further advice. For most recipients, of course, the father is already known because they are the husband or the partner of the person who is the recipient. I am told that, out of about 3,000 cycles per year undertaken at one clinic, only 100 cycles involved the use of donor eggs and 70 the use of donor sperm. So out of 3,000, 0.02, or whatever it is.

Amendments negatived.

Ms CHAPMAN: My question relates to the registration procedure, and you may have covered this in your response when I was absent for a short time. Currently, only two clinics are licensed and under this clause we will move to this new registration procedure. How do we cover those persons who are currently employed by the two licensed clinics because the transitional clause is later?

The Hon. J.D. HILL: I will try to answer this and you can come back to me if I do not satisfy it. As I understand it, a licensed person is in fact the company that is being referred to, it is a legal entity. What is your problem?

Ms CHAPMAN: This new registration procedure comes into play under this clause. Under schedule 1—Transitional provisions—clause 1(1) states:

A person who, immediately before the commencement of this clause, held a licence under part 3...will be taken to be registered.

My point is that there is no such person.

The Hon. J.D. HILL: A person is a company.

Ms CHAPMAN: Is 'person' defined as a company as well?

The Hon. J.D. HILL: Yes, under the Acts Interpretation Act.

Clause passed.

Clause 9.

Mr KENYON: The points that I wish to raise about clause 9 relate specifically to the amendments that will allow the semen of a dead person to be used. I outlined my opposition to that in my second reading contribution, but I simply reiterate the points of the co-modification of children, that is, 'I have a right to a child.' That is slowly filtering through our society and it seems to be overriding the rights of the child, and, in this case, the right of a child to a father. I also think it is bad legislation to make a law for one person, which is essentially how these amendments came about. These amendments came about because of the case that has been publicly aired, and everyone knows about it.

It is not a good idea to be making law to suit one person, and essentially that is what we are doing in this case. We are deliberately entering into a situation where we will create a child—a person, as they grow older— knowing that they will never have a father, that their father was dead even before they were conceived. Many people point out that there are many instances of this occurring in life for whatever reason, for example, through accident. There are plenty of cases of children being born without a father because their father was killed after they were conceived, but that is not a deliberate course of action.

I would like to note my opposition to this on two counts: first, the best interests of the child, the fundamental principle of the bill; and, secondly, I think it is a bad idea to make law for one person.

The Hon. J.D. HILL: I thank the member for his comments. I know that he is not moving anything, but I just respond. Of course, the case that brought this into the public domain is one case, but I am advised that other cases exist where similar feelings are held but they have not been put into the public domain. So, a range of people would have this as an opportunity, I suppose.

This is a terrible area of public policy because we are dealing with people who are grieving, dealing with loss and all sorts of difficult issues. I guess what we can do as legislators is try to create a framework so that, in a sensible way, those issues can be resolved. The advice I have is that it is probably a provision that is likely to be rarely used; that is, that once a person has worked through it, they may not take up the opportunity, but the fact that the opportunity is there helps them through the grieving processes, anyway. However, if they choose to take it up, a whole range of provisions are placed upon this measure.

It is codified pretty clearly what has to happen in order for a woman to be able to use the sperm of her late husband or partner. Obviously, he would have had to agree and she would have to agree, and a whole range of other processes are in the code. I do not think we have done this in any over the top way. I think it is a fairly cautious way of allowing a woman to have this opportunity after her partner has died.

Mr GOLDSWORTHY: Members of the committee will know fairly well that on issues such as these I take a reasonably conservative view. I have listened to the arguments put forward, particularly those from the member for Newland, and on some of these issues the member for Newland and I are not too far away from one another. I listened to his argument about where a couple may look to have a child and, for whatever reason, the father dies as a result of an accident, which is not a deliberate act as described by the member. However, I give the example where perhaps the male in a relationship has a terminal illness and he and his female partner know full well that he will die but they look to have a baby and the baby is born after the father has passed away. That is a deliberate act to procreate and produce a child after the father has left this earth.

So, I think it is a reasonable proposition to accept that what the legislation presents (and I think the minister has outlined it quite well) is that this is a difficult issue to put into a format of public policy. However, it is to provide an opportunity. I understand what the member for Newland said, that it is really creating a situation for one person, but the minister has explained quite well that it is not only for one person and that a number of women would be in a similar situation to the lady who has been publicly identified in these matters.

It is a difficult situation. As I said, on matters such as this I have taken a pretty conservative stance but, on balance, I think that this provides a reasonable opportunity for a woman to have a baby. I do not know if any of us in this place has experienced the emotions and circumstances that would be involved in cases such as these. I certainly have not, and neither has anyone in my family that I know of. There have been deaths of males in my family, and the relationships they have been in have produced children, but those deaths have been as a result of a terminal illness or an accident. I think that quite a reasonable case has been presented and that we should support this clause.

The CHAIR: Before inviting anyone else to speak, I point out that we have a procedural problem. Clause 8 has been agreed to. Clause 8 goes all the way from page 4 to page 10. When I called clause 9 I was, in fact, calling for interest in clause 9, which is about record keeping, so I found the contribution of the member for Newland quite baffling. If there are others who wish to speak in relation to new section 9 of clause 8, it is appropriate for anyone so wishing to speak to move that clause 8 be reconsidered so that other matters in relation to clause 8 can be explored. Otherwise, procedurally, we should be moving on to clause 9 on page 10.

Mr KENYON: I apologise. It is my inexperience showing there. I am happy to move it if anyone wants to speak.

The CHAIR: If there is nothing further, clause 8 is completed. Are there any matters for consideration with respect to clause 9 on page 10? If not, the question is that the clause stands as printed.

Clause passed.

Remaining clauses (10 to 14) passed.

Schedule 1.

The Hon. J.D. HILL: I wish to thank members for their contribution. I particularly want to thank the officers involved. This has been a very long process. The deputy leader said that it had been long and I agree with her, but a lot of issues have been worked through. I particularly want to thank Kathy Williams, Rebecca Horgan, Gillian Lewis Coles, Jean Murray and Adele Popow from the department who have worked on this, Mark Herbst and Richard Dennis of parliamentary counsel. I also wish to thank the sector: the SA Council on Reproductive Technology has given me very good advice, Repromed, the Flinders Reproductive Medicine Unit and the Research Centre for Reproductive Health. I want to thank all those individuals who have worked on this and all members of the house for their contributions.

Ms CHAPMAN: I wish to indicate to the minister the appreciation of a number of members from this side who have taken the opportunity to attend a joint briefing with a number of professional and experienced speakers to present the background to this legislation. I note that a number of people have worked on the drafting and development and, in particular, the overall review of the bill and I wish to express my appreciation with respect to them.

I conclude by extending my personal thanks to Professor Rob Norman, who has advised me on a number of these matters. His association historically with Repromed (which, as I indicated, is in my electorate) is something that I value and certainly his counsel has been most appreciated. I also wish to place on the record my appreciation to the directors group who, as I indicated earlier, provided advice from Sydney and took the opportunity to travel to advise us on, I think, some fairly sensible possible amendments.

Schedule passed.

Title passed.

Bill reported with amendment.

Bill read a third time and passed.

PSYCHOLOGICAL PRACTICE BILL

The Legislative Council insisted on its amendments to which the House of Assembly had disagreed.

MOUNT GAMBIER HOSPITAL HYDROTHERAPY POOL FUND BILL

The Legislative Council agreed to the bill with the amendments indicated by the following schedule, to which amendments the Legislative Council desires the concurrence of the House of Assembly:

No. 1. Clause 3, page 2, before line 8—

Before the definition of *Country Health SA* insert:

Commissioners means the Commissioners of Charitable Funds under the *Public Charities Funds Act* 1935;

No. 2. Clause 3, page 2, line 11 [clause 3, definition of *Fund]*—

Delete 'of Charitable Funds'

No. 3. Clause 4, page 2, lines 19 to 27—

Delete the clause

No. 4. Clause 5, page 3, line 2 [clause 5(1)]—

Delete 'Country Health SA' and substitute:

Mount Gambier and Districts Health Advisory Council Inc

No. 5. Clause 5, page 3, lines 3 and 4 [clause 5(1)]—

Delete 'in consultation with Mount Gambier and Districts Health Advisory Council Inc,'

No. 6. Clause 5, page 3, line 6 [clause 5(2)]—

After 'with' insert:

Country Health SA and

No. 7. Clause 5, page 3, lines 7 and 8 [clause 5(2)]—

Delete 'and may make such submissions as Mount Gambier and Districts Health Advisory Council Inc thinks fit to Country Health SA following such consultation'

No. 8. Clause 5, page 3, line 9 [clause 5(3)]—

Delete 'Country Health SA must not implement' and substitute:

Notwithstanding any provision in the *Public Charities Funds Act* 1935 to the contrary, the Commissioners must not apply the remainder of the Fund in accordance with

No. 9. Clause 5, page 3, line 10 [clause 5(3)]—

Delete 'Country Health SA' and substitute: the Commissioners

No. 10.Clause 5, page 3, lines 11 and 12 [clause 5(3)(a)]—

Delete 'having considered any submissions made under subsection (2), reasonably believes' and substitute:

reasonably believe

No. 11. Clause 5, page 3, line 14 [clause 5(3)(b)]—

Delete 'considers' and substitute:

consider

No. 12. Clause 6, page 3, line 18 [clause 6(1)]—

Delete 'implementing a funds proposal, Country Health SA' and substitute: this Act, the Commissioners

No. 13. Clause 6, page 3, lines 22 and 23 [clause 6(1)(b)]—

Delete 'Country Health SA' and substitute: the Commissioners

No. 14. Clause 6, page 3, lines 26 and 27 [clause 6(1)(c)]—

Delete 'Country Health SA' and substitute: the Commissioners

No. 15. Clause 6, page 3, line 28 [clause 6(1)(d)]—

Delete 'Country Health SA thinks' and substitute: i the Commissioners think

No. 16. Clause 6, page 3, line 30 [clause 6(2)(a)]—

Delete 'Country Health SA is' and substitute: the Commissioners are

No. 17. Clause 6, page 3, line 35 [clause 6(2)(b)]—

Delete 'Country Health SA has, or is' and substitute: the Commissioners have, or are

No. 18. Clause 6, page 3, line 37 [clause 6(2)]—

Delete 'Country Health SA' and substitute: the Commissioners

No. 19. Clause 7, page 4, line 3 [clause 7(1)]—

Delete 'Country Health SA' and substitute: the Commissioners

No 20 Clause 7, page 4, line 5 [clause 7(1)(a)]—

Delete 'Country Health SA' and substitute: the Commissioners

No 21 Clause 7, page 4, lines 7 and 8 [clause 7(1)(b)]—

Delete 'Country Health SA in accordance with the policy referred to in subsection (2)' and substitute:

the Commissioners

No. 22. Clause 7, page 4, lines 9 to 11 [clause 7(2)]—

Delete subclause (2) and substitute:

(2) Subsection (1) has effect notwithstanding any provision in the *Public Charities Funds Act* 1935 to the contrary.

No. 23. Clause 7, page 4, line 12 [clause 7(3)]—

Delete 'Country Health SA' and substitute: The Commissioners

No. 24. Clause 8, page 4, line 16 [clause 8(1)]—

Delete 'Country Health SA' and substitute: Subject to section 5(3), the Commissioners

No. 25. Clause 8, page 4, lines 19 and 20 [clause 8(2)]—

Delete subclause (2)

No. 26. Clause 9, page 4, lines 22 and 23—

Delete 'revocation of the trust established under section 4' and substitute: the application of the remainder of the Fund in accordance with this Act

ARCHITECTURAL PRACTICE BILL

Received from the Legislative Council and read a first time.

At 17:48 the house adjourned until Wednesday 4 March 2009 at 11:00.