HOUSE OF ASSEMBLY

Thursday, 18 February 2021

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

The SPEAKER: Honourable members, I respectfully acknowledge the traditional owners of this land upon which the parliament is assembled and the custodians of the sacred lands of our state.

Ms BEDFORD: Mr Speaker, I draw your attention to the state of the house.

A quorum having been formed:

Motions

BERRI BARMERA COUNCIL BY-LAWS

Private Members Business, Notices of Motion, No. 1: Mr Ellis to move:

That by-laws under the Local Government Act 1999 and the Harbors and Navigation Act 1993, entitled Local Government Land for the Berri Barmera Council, made on 28 July 2020 and laid on the table of this house on 8 September 2020, be disallowed.

Mr ELLIS (Narungga) (11:04): I move:

That this notice of motion be withdrawn.

Motion carried; notice of motion withdrawn.

COST OF LIVING CONCESSIONS ACT REGULATIONS

Private Members Business, Notices of Motion, No. 2: Mr Ellis to move:

That regulations made under the Cost of Living Concessions Act 1986, entitled General, made on 17 September 2020 and laid on the table of this house on 22 September 2020, be disallowed.

Mr ELLIS (Narungga) (11:04): I move:

That this notice of motion be withdrawn.

Motion carried; notice of motion withdrawn.

CITY OF MARION BY-LAWS

Private Members Business, Notices of Motion, No. 3: Mr Ellis to move:

That by-laws made under the Local Government Act 1999, entitled Shopping Trolley Amenity—City of Marion, made on 23 June 2020 and laid on the table of this house on 21 July 2020, be disallowed.

Mr ELLIS (Narungga) (11:04): I move:

This this notice of motion be withdrawn.

Motion carried; notice of motion withdrawn.

Parliamentary Committees

PUBLIC WORKS COMMITTEE: MITCHAM GIRLS HIGH SCHOOL REDEVELOPMENT

Mr CREGAN (Kavel) (11:05): I move:

That the 79th report of the committee for the Fifty-Fourth Parliament, entitled Mitcham Girls High School Redevelopment Project, be noted.

The committee held a hearing on this project on 14 May and examined written and oral evidence in relation to the proposed works. Mr Speaker, as you will be aware, Mitcham Girls High School was allocated funding of $5 million as part of the Department for Education's capital works program and the high school has been selected as a pilot school for the transition of year 7 students to high school. Accordingly, the school has offered year 7 since the beginning of term 1 this year.

The proposed redevelopment project at Mitcham Girls High School will include construction of a new modular building and the demolition and refurbishment of existing facilities, and these

combined works will accommodate 900 students on the existing high school site. When complete, the new modular building will include multipurpose rooms, general learning areas, a reception area with an adjacent office, student toilets, a change room facility, and an external decking area to the existing courts.

The redevelopment works will include refurbishment to an existing building also on the school site. An ageing building site and surrounding shed will be demolished as part of the project. Construction of the project at Mitcham Girls High School was expected to be completed by December 2020 at the time of the committee approval.

The committee is satisfied that the proposal has been subject to the appropriate agency consultation and meets the criteria for the examination of projects, which, Mr Speaker, as you know, is set out in the Parliamentary Committees Act 1991. Accordingly, having regard to the evidence considered, and pursuant to section 12C of the Parliamentary Committees Act, the Public Works Committee reports to parliament that it supports the proposed public works that I have outlined.

Mr DULUK (Waite) (11:07): I also rise to make a brief contribution on this 79th report of the committee on the Mitcham Girls High School redevelopment. Mitcham Girls High School is a fantastic school in my electorate and one of the flagship state schools in South Australia. It was selected as a pilot school for the transition of year 7 students into high school, with the school offering a year 7 proposition from the first term of 2020.

By October 2019, we knew we were getting ready for a big increase in students and there was some allocation of funding of $5 million as part of the modular education facilities program to accommodate 900 students then at the school site. It is a fantastic project, which is well and truly required and needed by the school. If I can just touch on the year 7 program, it has been so fantastically taken up with enrolments exceeding expectations in the transition program of last year, this year and for the rollout next year.

Young ladies from right around my electorate have been going to Mitcham High School for the last year or two, and the feeder schools from the system there locally such as Belair Primary, Blackwood Primary and Mitcham Primary have really been focusing and working on this year 7 transition program. I think it has just lifted the whole sense of the Mitcham Girls High School proposition. As part of that, new facilities are needed and it is fantastic to see the government investing in Mitcham Girls High School.

As I said, it is a school that punches above its weight and it does so well in terms of its proposition. There is online learning and, in some recent news on how to use Teams, students were in a TikTok version to help students work remotely during COVID. A great STEM building there was opened a year or two ago, and they are really pushing the science/mathematics/engineering pathways for our future female leaders, and that leads to so much innovation.

Participation in sport is something the school is very proud of, and it has a fantastic drama and arts service and proposition for its students, and certainly at the year 11 and 12 levels the quality of the drama production from Mitcham Girls High School is second to none. The students at that school are winning statewide prizes, which is fantastic. I know last year the school SRC representative participated in R U OK? Day and Wellbeing Week. They had a Wellbeing Week carnival last year as well during all the COVID issues.

It is an holistic school, a school where enrolments are going from strength to strength. It offers an absolutely unique proposition to students all around the state, but in particular in the southern suburbs of Adelaide.

For the last year or two, the school has had principal Linda Baird, who concluded at the end of 2020. Linda had a two-year stint there, and I think she prepared the school so well for the transition of year 7s to high school, overseeing the initial building works, STEM funding and capital funding being spent on the school site. A new principal is starting this year, Nathan Cini. It is a five-year appointment, and this is the first time Mr Cini is acting as a principal, so I wish him all the best in his new role.

I wish the fantastic students and staff all the best for 2021. It is only one of two public girls' schools in South Australia. It is unzoned, so it means that students come from all around Adelaide

to attend Mitcham Girls High School. I know that students come from Aldinga, Seaford, Port Adelaide and the northern suburbs to go to this very good high school. At Mitcham they encourage girls to be their very best, and they support the girls as much as they can.

I think their motto is 'Once a Mitcham girl, always a Mitcham girl'. I wish them all the best with this development and the school as it continues to grow in enrolments and provide a fantastic educational opportunity for so many young South Australian women.

Mr CREGAN (Kavel) (11:12): I acknowledge the contribution of the member for Waite, who has been a determined, consistent and passionate advocate for this project, and is a longstanding supporter not just of Mitcham girls but also public education in our state, having had the benefit of a very fine public school education himself. It is a matter about which he reminds us, and we are appreciative of his consistent advocacy. Speaking myself as the son of two school teachers, I appreciate the representations he makes.

I also acknowledge the leadership of the school governing council. The member for Waite mentioned the consistent advocacy of Linda Baird, who was then the principal, and we certainly wish the incoming principal, Nathan Cini, the very best of our wishes as he sees through the benefits of this project. I recommend the scope of the public works.

Motion carried.

PUBLIC WORKS COMMITTEE: HALLETT COVE SCHOOL REDEVELOPMENT

Mr CREGAN (Kavel) (11:14): I move:

That the 80th report of the committee for the Fifty-Fourth Parliament, entitled Hallett Cove School Redevelopment Project, be noted.

Mr Speaker, as you are aware, Hallett Cove School is a reception to year 12 school located in the City of Marion. The school was allocated funding of $10 million as part of the Department for Education's capital works program. It has certainly been a pleasure, as Presiding Member of the Public Works Committee, to see this project brought forward and developed. On 14 May last year, the committee held a hearing for the project and examined written and oral evidence in relation to the proposed works.

Hallett Cove School requires additional accommodation to support expected growth in student enrolments, including the transition of year 7 students to high school. When complete, the proposed redevelopment works at Hallett Cove School will deliver a total school enrolment capacity of 1,500 places by 2022.

Aspects of the proposed capital works include new building extensions to provide food technology laboratories, visual arts studios, general learning areas and additional staff support facilities and areas. It also includes a new canopy that will connect to buildings to create a new middle school hub, various refurbishments to existing buildings on the school site, demolition of a number of buildings and a site-wide upgrade to the wireless fidelity system.

The committee is satisfied that the proposal has been subject to appropriate agency consultation and, as a consequence, meets the criteria for the examination of projects set out in the Parliamentary Committees Act 1991. Based on the evidence considered and pursuant to section 12C of the Parliamentary Committees Act 1991, I report to parliament that the Public Works Committee recommends the scope of the public works that I have detailed this morning.

Motion carried.

PUBLIC WORKS COMMITTEE: BRIGHTON PRIMARY SCHOOL REDEVELOPMENT

Mr CREGAN (Kavel) (11:17): I move:

That the 82nd report of the committee for the Fifty-Fourth Parliament, entitled Brighton Primary School Redevelopment Project, be noted.

It gives me great pleasure to rise to recommend to parliament the 82nd report of the Public Works Committee, entitled Brighton Primary School Redevelopment Project. It is right to say that the Public Works Committee has been considering a number of school redevelopment projects, which illustrates the commitment of the government to see through a very substantial capital works program. I also acknowledge the work of the previous government in that regard. As I have earlier

remarked, the education minister has carried a very significant burden in this place to ensure that school facilities can be upgraded, and it is right for me to emphasise that point at the outset.

The Brighton Primary School redevelopment project concerns the school site located on Highet Avenue, Brighton, in the City of Holdfast Bay. The primary school currently requires additional capacity to support the expected future growth in student enrolments. Further, the school site has existing ageing infrastructure that does require demolition. Brighton Primary School was allocated funding of $5 million as part of the Department for Education's capital works program. I understand that in October 2019 cabinet approved the Brighton Primary School capital works project to be delivered as part of the modular education facilities program.

The redevelopment project will consist of demolition, new works and refurbishment of existing facilities to accommodate 750 students on the Brighton Primary School site. Specifically, the project includes the construction of a new modular building, including general and service learning areas, with associated amenities as well as a canteen, nature play spaces and a central court area. The project will also deliver minor refurbishment to existing classrooms, and includes the demolition of three buildings on the school site. It is proposed that the redevelopment works at Brighton will be delivered in four stages. Construction was expected to be completed by December last year.

The committee examined written and oral evidence in relation to this project and received assurances that appropriate agency consultation had been undertaken. The committee was, in consequence of that evidence, satisfied that the proposal had been subject to the appropriate agency consultation and did meet the criteria for the examination of projects set out in the Parliamentary Committees Act 1991. Based on the evidence considered and pursuant to section 12C of the Parliamentary Committees Act 1991, the Public Works Committee reports to parliament that it recommends the proposed public works in relation to the Brighton Primary School redevelopment project.

Motion carried.

PUBLIC WORKS COMMITTEE: REPAT HEALTH PRECINCT

Mr CREGAN (Kavel) (11:22): I move:

That the 81st report of the committee for the Fifty-Fourth Parliament, entitled 'Reactivation of the Repat Health Precinct phase 2', be noted.

In December 2019, the Public Works Committee considered phase 1 of the reactivation of the Repat Health Precinct and recommended the scope of the proposed public works which were then put before the committee, and the committee did so with some delight and also with great passion for what was then proposed. The Department for Health and Wellbeing has since referred phase 2 to the Public Works Committee and it was again an absolute pleasure for the committee to consider the scope of those works, and to consider the budget allocation that had been proposed in the sum of $102 million. Mr Speaker, you will remember that phase 1 was $43 million and phase 2 is $59 million.

Phase 2 of the works largely involves the upgrade and expansion of existing facilities on the Repat site. The proposed scope of works includes refurbishment and new building works to accommodate the brain injury rehabilitation and spinal cord injury rehabilitation inpatient facilities, and development of a rehabilitation exercise physiology gymnasium and sports stadium with emphasis placed on wheelchair skills, therapy, recreation and sport and training.

The works also include development of a veterans' wellbeing centre to build and strengthen relationships, improve service coordination, improve advocacy and also integrate health promotion activities, and development of a town square, providing a focal point for the Repat and connecting various services across the precinct. We were informed that the town square will include a refurbished hall including a cafe, an activity hub, meeting room and a spiritual care space.

It gives me pleasure to report to parliament that phase 2 of the reactivation of the Repat Health Precinct has involved consultation with consumers and persons with lived experience, most importantly. That was a matter of great interest not only to the committee but also to parliament. The design of the specialist rehabilitation services has involved significant consultation with people with lived experience of brain injury and spinal cord injury as well as peak advocacy organisations.

Consultation workshops have fed into the design of the Veteran Wellbeing Centre. Construction for phase 2 is expected to commence in July 2020—of course, the reporting now to parliament follows that some months later—with project completion expected in December this year.

The committee examined written and oral evidence in relation to this project and received assurances that the appropriate consultation in relation to this project had been undertaken. The committee is satisfied that the proposal has been subject to the appropriate agency consultation and meets the criteria for the examination of projects described in the Parliamentary Committees Act 1991. Based on the evidence considered and pursuant to section 12C of the Parliamentary Committees Act, the committee reports to parliament that it recommends the scope of the public works that I earlier outlined to the house.

Motion carried.

ABORIGINAL LANDS PARLIAMENTARY STANDING COMMITTEE: ABORIGINAL LANGUAGES IN SOUTH AUSTRALIA

Mr ELLIS (Narungga) (11:27): I move:

That the report of the committee, entitled Aboriginal Languages in South Australia, be noted.

I would like to speak on the Aboriginal Lands Parliamentary Standing Committee's report on Aboriginal languages that we conducted recently. Before I launch into the substance of that report, it was a great pleasure to host that standing committee, of which I am a member, in my electorate. They came and visited me down in Narungga and we had a bit of a tour around, including stops at the Narungga Aboriginal Progress Association.

We visited their site at Moonta and had a look at the work they have done on languages. That particular group has done a tremendous job putting together a number of books, outlining the Narungga language, and doing their best to preserve that language going forward by translating and offering those books to different schools and different groups so that information will not be lost and will be available for future generations to grab and use. The Wanganeens have really done a great job there, in addition to Lee Tremayne, who works there, and Cathy Glazbrook, who has started there recently.

I note at this juncture that they are doing their best on that site in Moonta to cobble together some fundraising to attempt to build a cultural centre, which they think will become a wonderful tourism destination for the Copper Coast. They will be able to display those language references they have put together, they will be able to display some artwork from the local region and they will be able to educate visitors and tourists about the Narungga culture, what it means to the area and tell the wonderful stories they have.

It is pleasing that the committee came down and met with them and we also hosted them in Parliament House, where they gave evidence to this report and helped in the formation of it. It was wonderful to see the wideranging impact of this work and the committee was inspired to open an inquiry as a result of that visit. We visited them prior to the opening of this inquiry and saw the wonderful work they had done, and resolved thereafter to open this inquiry and get stuck into investigating the benefits that the preservation of language has on the Aboriginal community. It was especially pertinent given that 2019 was also the UN International Year of Indigenous Languages. It became an extremely timely endeavour.

In honour of this and in acknowledgement of some of the amazing work being carried out among various Aboriginal language groups, the committee opened the inquiry to look at how language activities are being carried out in South Australia and what potential benefits such activities might have. The committee was particularly interested in how language groups develop and share resources, how language acquisition might be beneficial to education and health outcomes and how being able to speak the language of your country may contribute to individual and community leadership development.

South Australia is privileged to be home to some 46 different Aboriginal languages, the vitality of which varies greatly. Four South Australian Aboriginal languages are deemed to be strong. Strong languages are those that are spoken by all generations as the primary means of day-to-day communication. Eight of our local languages are deemed to be frail, languages with only a handful of speakers left, unfortunately.

Eleven languages in South Australia are categorised as revival languages, those that ceased to be used on an everyday basis in the 19th or 20th centuries. Revival activities rely on the interpretation of archival records and the linguistic analysis of compiled materials. These languages are extremely weak and require technical linguistic experts to interpret and unpack the remaining language artefacts. A further 23 languages are considered dormant or sleeping. This means they are no longer spoken and may not even be remembered—most unfortunate and something that the community is wonderfully working to ensure does not happen to any more.

Arguably, the most successful revitalisation of a once dormant language is the Kaurna language, the traditional language of the Adelaide area. The reviving language can be encountered on local signs, in Welcome to Country ceremonies and in our public buildings. The revitalisation of the Kaurna language has not only enriched the Kaurna community but the wider community of Adelaide. Here in this chamber, we regularly hear from Lewis and Mickey O'Brien, who both spoke to the committee about what their language means to them.

With such a rich and diverse heritage, there are huge variations in the needs of languages and the community goals for different groups. In spite of these diverse technical needs, what the committee learned from the inquiry is clear. The report we put together shows that language is very closely tied with connection to country, cultural identity and community and kinship relationships. The power of languages to improve Aboriginal lives is evident. In fact, this report demonstrates that investment in Aboriginal languages has the potential to improve Aboriginal lives by addressing and meeting six of the seven Closing the Gap targets established by the federal government.

Those who work in fields relating to Aboriginal languages and indigenous languages elsewhere in the world see definitive positive outcomes in mental health, physical health and general wellbeing. Some of these outcomes are associated with the cognitive impact of learning a language and others are associated with the social impact of public recognition, cultural knowledge sharing and the community building that occurs in parallel to language activities.

Of the 16 submissions we received, all submissions made the link between language support and community development and capacity building, suggesting important implications for reconciliation, mental health and wellbeing, community cohesion and cultural wellbeing. One of the reasons for this, according to the Mobile Language Team, is that language initiatives often target the most vulnerable people in the communities, the young and the elderly. Submissions also identified the important connection between language learning and cultural transmission.

Language revival programs provide training and employment pathways for Aboriginal people, such as Anangu educators and language teachers, tourism operators and workers in parks and wildlife, museums, libraries, public galleries and other areas. Programs also provide community members with opportunities for leadership roles. This is particularly true for language programs that interact with other programs and organisations in the community such as health, education and land services.

Supporting Aboriginal people to learn, speak, teach and have their languages publicly recognised is an action that is crucial to a healthy Aboriginal society. I would like to thank all the people involved in the 16 submissions the inquiry received. The committee was fortunate to hear from a variety of perspectives, including Aboriginal language custodians, teachers and education specialists, local language groups and internationally recognised academics. The committee has been impressed by the passion and dedication of all these contributors and thanks them for their insights.

In particular, I would like to pay my respects to the Mobile Language Team at the University of Adelaide. For 10 years, this group has been promoting Aboriginal language revival and maintenance initiatives with over 20 of the Aboriginal languages within our borders. The wealth of knowledge held by the people there has been fundamental to the production of this report, so thank you very much. I also wish to acknowledge, of course, the Narungga Aboriginal Progress Association for their inspiration for this inquiry and the painstaking work they engage in to try to improve their community.

Before I conclude, I would also like to touch quickly on the benefit of language. I would like to acknowledge the Minister for Environment and Water. Recently, we had occasion to visit what

used to be known as Innes National Park, which has now been renamed in recognition of the Aboriginal heritage of that site. It is now under the co-management of a board with representatives of the Aboriginal community and, even better than that, there are now representatives of the Aboriginal community who are employed as rangers in that park. In my view, it is a tremendous initiative, utilising one of South Australia's great national parks.

Co-management boards allow for the Aboriginal people to have a strong say in the future of that park and what it looks like in the running and maintenance of it. In addition to that, there are boots on the ground from the local Aboriginal community, helping to manage that park and look after it, so it is a tremendous initiative. Well done to the Minister for Environment and Water in ensuring that got off the ground. Congratulations to Doug Milera, who coincidentally enough was the Labor candidate for Narungga at the last election, who is now, I believe, chair of that co-management board. He will do a fantastic job. He is an exceedingly competent man. I am really looking forward to seeing how that national park progresses going into the future.

In my speech, I mentioned Anangu educators. I had occasion to visit the APY lands throughout this term of parliament and drop in on a school or two whilst we were up there. It was really noteworthy to me, having come from quite a sheltered background—I can openly acknowledge that—to see the difference it made having an Anangu educator in the classroom.

We visited classrooms where there were only Department for Education teachers trying to teach the class, but in the ones in which they had local people speaking the language and communicating with the kids they were clearly more engaged. There were clearly going to be better outcomes as a result of that and it was a really good initiative. It really seemed to me, in the brief time that we spent there, to be a valuable and worthwhile endeavour to continue to do. I would like to pay my respects to those educators who continue to aid in those classrooms up there and ensure that those kids get access to the best education they can and provide the easiest way to deliver that education.

I have one more plug for the Narungga Aboriginal Progress Association. I feel that at the start of this speech I glided over the contribution they have made to preserving the Narungga language a bit too briefly. I have copies in each of my offices, both here and in the electorate, of the books they have put together. They are really detailed and it becomes evident how difficult revival of a language is.

Even for the word 'Narungga', after which my seat is named, there are a number of different spellings. I have had the experience of a person visiting my office and informing me that the electorate of Narungga is misspelt. There should be an 'h' after the 'n'. We got the book out that the Narungga Aboriginal Progress Association put together as a reference point and I showed them that there were a number of different spellings provided in that book. I do not know if confusion is the right word, but there was some difference of opinion about the proper translation for Narungga, so it is clear that the revival of a language is exceedingly difficult.

The more work we can do now to ensure that those languages do not fall into the revival sector and especially not the dormant sector is valuable work. We need to continue to ensure that happens because the impact it has on the community is undeniable. The evidence we saw of Aboriginal people who had such a strong connection to their language and the strong benefits that flow from becoming reconnected with it was undeniable. Long may that work continue, and congratulations to those who have done such a good job in revitalising the Kaurna language.

As a final point, I would like to sincerely thank my fellow members of the committee, including the Hon. Kyam Maher from the other place. Throughout this report I believe it was the Hon. John Dawkins, who was chairing this committee; the Hon. Terry Stephens from the other place; the Hon. Tammy Franks from the other place; the member for Giles; and currently the member for Colton. Preceding him, I think that it was you, Mr Speaker. To all those who have contributed to this report and to the Aboriginal Lands Parliamentary Standing Committee, thank you very much. A final emphatic thank you to our research officer, Dr Ashley Greenwood, for the wonderful work she does in contributing to the committee and to the formation of this report. Thank you very much, Dr Greenwood.

Ms BEDFORD (Florey) (11:39): I would like to add my thanks to everyone involved with the Aboriginal lands committee for this exciting report, which I hope to have a look at very soon. I was on the Aboriginal lands committee many years ago. It reminded me that about 20 years ago, when

Dorothy Kotz was the minister and Sir Eric Neale was the Governor, along with the Florey Reconciliation Taskforce, we painted the language names of each group on a talking stick.

I do not know if you remember, Attorney. We brought them into the house in a coolamon, put them in the display area and then we took them out about a month later in great ceremony with the Governor to the language centre, which was then on Churchill Road, which is gone. But I have no idea where those language sticks are, so perhaps I can come to see you and we can do some work on trying to locate them because, as you said, language is such an integral part of it all.

Such a lot of work was done by the early settlers, the Germans in particular, who were up on the lands and recording languages. I saw a very interesting program on TV late one night where a language group in New South Wales was busy trying to record the words. There was only one speaker of that language left alive and he had dementia. As you know, you can regress with dementia, so they were following him around, recording all the words he was saying and pointing to objects to get the names of the words. Somehow, they are recording that language so that it will not vanish and I think it is marvellous.

As you said, Uncle Lewis O'Brien is a very wise man, as is Uncle Dookie out our way. He is also working with us and the Minister for Environment and Water. He is obviously doing a lot of very good work. We are working with him on the Dry Creek Linear Park, which we hope will have Aboriginal performance spaces and interpretive tracks as well. That is something exciting, and I think language is at the bottom of it all, so I thank the Aboriginal lands committee for their work in this area.

The Hon. D.C. VAN HOLST PELLEKAAN (Stuart—Minister for Energy and Mining) (11:41): I rise also to support this report. The Aboriginal lands committee does very important work across our state. There are some members who have been on it for a very long time and others who have come and gone. I think that is a very positive thing because you get a tranche of experience that continues through but also some new and different ideas.

I remember very well in 2010, when I was first elected to this place, at the same time as the then member for Norwood and now Premier of our state, we were looking at different committees we would be interested in being on. He said straight away, 'I want to be on the Aboriginal lands committee.' He has had a very strong, deep and genuine interest in this area of work for a long time, before he got into this place and he was on that committee for quite a few years.

In fact, now as Premier, having full discretion over which members of his government would have which portfolios as ministers, he took it upon himself to be the Minister for Aboriginal Affairs and Reconciliation. He was the shadow minister for Aboriginal affairs as leader of the opposition and he has retained that quite deliberately.

One of the things that he has been very clear to us in government about is that he is not looking for soft words, he is not looking for statements that sound nice and would make people feel better. He is actually looking for actions and concrete outcomes and he is looking for them in the short, medium and longer term. It is probably fair to say this is my summarising. I am not speaking on his behalf, but he is looking for some smaller outcomes quickly and some medium-sized outcomes in the medium term and some much bigger outcomes in the longer run. I think that is a very sensible way to go.

Looking at this work the committee has done into Aboriginal languages is incredibly important and, of course, I respect the fact that the parliamentary standing committee reports to the parliament, not to the government. It has its own will, its own life, its own choices and its own reports and recommendations to make.

But as it happens, what we are here discussing today is very much complementary with what our government and our Premier, our Minister for Aboriginal Affairs and Reconciliation, are doing, and that is multifaceted. It is recognising languages, encouraging language and the use of languages that are alive today, encouraging the study of languages—and it might be a poor choice of words—that are essentially dead today because they are not being used actively, and everything in between. It is incredibly important for the retention of culture, for the respect and recognition of culture, and also, as I mentioned, on the more academic side of things, even just for learning.

It is very sad to say that there are traditional groups of Aboriginal people—whether the right word is clans or tribes or nations, there are half a dozen words that are used regularly—that are not with us today, quite a number of them. They were here in South Australia for tens of thousands of years, but they are not today. It is important to try to understand their culture. As a personal view, I think the living cultures are probably more important, because that is where the people who are with us today can benefit the most, but the others are certainly important as well.

The cabinet meets on a regular basis—I do not say it is frequently; I think it is three times a year—with the South Australian Aboriginal Advisory Council that the Premier set up, a group of a dozen or so key Aboriginal leaders. They do not represent any one group or nation individually. They are from one and sometimes two or three groups, depending on their family background, but they are not there to represent their cultural group or their part of the state.

They are there to give advice directly to the Premier, to the Aboriginal Affairs and Reconciliation Division within the DPC, and also directly to cabinet, face to face to cabinet, on broad, statewide issues affecting Aboriginal people: what the government can do better and what the government is not doing well enough. The government also has the opportunity to ask this group of people how it can help the government. I have to say that we have very respectful, very friendly and very direct engagement with this group of people. The cabinet and this council are together in one room and we talk very openly.

The chair of that group is a very capable and intelligent person and, in my experience, she has always—and I expect will always—come in with a very clear list on behalf of the council overall, saying, 'Look, these are things that are going well, these are the things we appreciate, these are the things we want to encourage you to continue. And here is the other list. Here are the things we think you've dropped the ball on, here are the things we think you may not have considered or the things we would like to influence and ideally adjust how your government is dealing with them.' It is a very collaborative and productive way of working, and I thank them for that.

I am also pleased to say it is the only group that meets with cabinet on a structured, regular basis. As I said, it is not every week or anything like that—I think it is three times a year—but no other group exists with which we have that structured engagement. That speaks incredibly well of the way the Premier wants to give importance to the broader issue of Aboriginal affairs. Of course, that means a thousand things in those few words, but he wants our government to be engaging on country and he wants our government to be engaging in the cabinet room. He wants our government—our state, in fact—to be engaging with ways of making the improvements people deserve in this area at all levels of government, of community, of society, of all walks of life.

One of them is recognising language and another is supporting the recognition of language, supporting the bringing back of language, supporting the greater use of language. I had the great pleasure of being at Wilpena Pound with key leaders of the Adnyamathanha nation about three months ago. It was an absolutely outstanding event for the launch of a book—a book that was about 30 years in the making in regard to research—by Mr Terrence and Mrs Josie Coulthard.

It was a fantastic event. There were young people, there were babies, there were old people, there were those of us beyond halfway but who still like to consider ourselves in the middle. It was just an outstanding event. It was not just a celebration. There was a mini workshop, in fact, that dealt with this issue, where a whiteboard was brought out, and we talked about different pronunciations and different ways of doing things and the complicated task of trying to bring language back not only verbally and orally but also in the written form.

It was a tremendous, fascinating afternoon. I have a copy of that particular book in my ministerial office on the coffee table as an important reminder to me of one of the several Aboriginal groups that have traditional custodianship over parts of the electorate of Stuart, which I represent. I also had one of those books signed that day by Josie and Terry and gave it to the Premier as a gift, and he has it in his office.

We are incredibly respectful of the work that Aboriginal people and the parliamentary committee and a range of others are doing in this space. It is important. I will say this as a person who clearly does not have the capacity to do this myself, but you can learn as much as you like about culture, you can learn all the stories and do all the different things that are all very important, but there is nothing you can do better to support, to enjoy and to share your culture than to speak in your culture's language. When your speak in your culture's language with other people who can do the

same, you are living it, you are expressing it, you are sharing it and you are honouring it. Aboriginal language is incredibly important.

The Hon. V.A. CHAPMAN (Bragg—Deputy Premier, Attorney-General, Minister for Planning and Local Government) (11:51): I just wish to briefly contribute to this and thank the Aboriginal Lands Parliamentary Standing Committee for the work it has undertaken in delivering this report on Aboriginal languages in South Australia. Of all the worthy projects this committee has done over the years, I think this is one of the most important, and I will briefly indicate why.

As a child I spend a lot of time in the Northern Territory. For 50 years, my grandmother operated an art gallery and bookshop and promoted Aboriginal art and culture. Included in that was the publication of an enormous number of books on languages of the central desert people. They were huge sellers internationally, and they were very important. She was also very active, being of German descent herself, in supporting the publications that followed Professor Strehlow's work in the publication of Aboriginal language established through the original connection with his family through the mission work that was undertaken.

I am so pleased that after so many years this topic is now being recognised. It is not to say that the previous state government had not started to support projects that were to develop into the accumulation of and ultimately publication of Kaurna language, but we have many other languages in South Australia, and I think it is very important that this work is done, bringing to the attention of the parliament how critical this is. Every day, there are obviously areas facing a loss of capacity to collate this, and we do need to act fairly urgently on it.

I also want to acknowledge Lewis O'Brien's dealings, especially in relation to the Kaurna people's language, in that we actually have an accumulated digest in relation to language for our Indigenous groups in South Australia, as has been developed over many years in the Northern Territory. I think we have learnt from that. We are really pressed for time to do this while people who are able to contribute are alive. I commend the work of the committee.

The Hon. G.G. BROCK (Frome) (11:54): I, too, would like to speak on this report from the Aboriginal Lands Parliamentary Standing Committee. I will be very quick. I think it is very important that we retain the language of the Aboriginal people because there are unique languages across all of Australia.

The Attorney-General indicated something about her travels. I have travelled to the APY lands and I learned a lot when I was minister in the previous government. I listened to community members and their elders and tried to understand some of the languages. Also, in my previous role as manager for BP Australia in the top end of South Australia, I had the opportunity to meet a lot of the elders and the native titleholders up the other end, and the pastoralists. They were very proud of their history.

One person I want to mention is Quenten Agius, a great elder. Quenten is a fantastic tribal elder who wants to retain and keep the tradition going for the younger generations. I also pay tribute to local man Kim Mavromatis from MAV Media. Kim has done a lot of media and has international acclaim for documentaries on Indigenous people, their language and things like that.

Once a group, whether they are Indigenous Aboriginal people or any other multicultural community, loses their origin and the language, that is lost forever. As our future generations are coming up, we need to make certain that they remember the history of their culture over the many, many years prior to the time they get to maturity. We have to look after our future generations and they must also look at the history not only of the English civilisation abut also the traditional owners and other cultures coming into our communities in Australia.

As I said, as minister I had the great privilege of going to Wilpena Pound, Leigh Creek and all the different areas through the APY lands. They did take me out, along with others, into the bush. We did not get to know about all the secrets, but we did learn how to find and eat witchetty grubs. Even though that might not be part of the actual language, it is part of the history of the Aboriginal people. We must ensure that we learn from that, because they have been here for centuries. Let's look at the difficulties we are facing. I think if we learned from those people, we would not have some of the challenges we have at the moment.

Coming back to Quenten Agius, he is a great person. I was at the NAIDOC celebrations in Clare a couple of weeks ago and I had not seen Quenten for a long time. I told the council CEO that I would not mind having a chat to Quenten and she said, 'I'll see if I can get an introduction for you.' I got an introduction, and when put my hand out to shake his hand he said, 'I'm not shaking your hand.' Everyone was a bit taken aback, but then he gave me a big hug. The fact is if they can relate to and trust people, then I think that is very good for our society moving forward. I think the member for Narungga is the Chair?

Mr Ellis: No.

The Hon. G.G. BROCK: You are not? Well, I thank you very sincerely for presenting to the House of Assembly—

Mr Duluk: It's Terry Stephens.

The Hon. G.G. BROCK: It is the Hon. Terry Stephens in the other place. The Hon. Terry Stephens is a very great and passionate person. I will compliment the Premier who, even as shadow minister, was always into the Aboriginal sites; I congratulate him. I certainly congratulate the committee on this report and I look forward to more involvement as we move forward.

Mr ELLIS (Narungga) (11:58): I will just briefly thank all members who have made a contribution and note that I am particularly excited about a treasure hunt for the member for Florey to find those elusive—

Ms Bedford: Language sticks.

Mr ELLIS: —language sticks. I am looking forward to making sure we locate them in short order. If we listen carefully enough, we might be able to hear them. There have been wonderful contributions from all members; thank you kindly. I just want to touch on one point really briefly. I omitted the new name of the Innes National Park, which is Dhilba Guuranda. I mentioned it was now under co-management but I did not mention its new name. It is Dhilba Guuranda-Innes National Park, and hopefully that name helps stir some familiarity and cultural relatability for the local Indigenous people.

Motion carried.

Bills

TERMINATION OF PREGNANCY BILL

Committee Stage

In committee.

(Continued from 17 February 2021.)

New clause 6A.

The Hon. A. KOUTSANTONIS: I will speak to my amendment while the minister is finding her notes to assist her. As I was saying last night, the Attorney-General quite kindly sent out some frequently asked questions about this measure. Again, I am not attempting to be difficult here, or, as some groups online are claiming, to use some sort of pro-life tactic. The truth is, I do not think I have ever been part of a pro-life or pro-choice movement. The only organisations I have ever joined are my trade union, the Australian Labor Party, Port Adelaide Football Club, West Adelaide Hellas Soccer Club and local associations.

In point 5 of the frequently asked questions—what happens with late-term abortions—the Attorney-General raised the way some inductions of labour occur. There are very rare occasions, and I accept that they are very rare, when babies are born alive, and I assume that a percentage of those babies who are born alive have no anomalies or difficulty in surviving on their own but are the product of a termination due to a mental health reason or a psychosocial reason.

My amendment does not attempt in any way to add any pain or suffering to someone who has chosen to have an abortion. What it is attempting to do is to say that if one does occur and a baby is born who has a reasonable prospect of living without experiencing serious anomalies that are incompatible with survival after birth or does not have serious, incurable health issues that will cause significant pain and suffering or other substantial hardship—that is quite a broad definition,

and I have attempted to be broad because I do not want to be too prescriptive. I am trying to be as broad as possible, but what I am saying here is, again, if it is a health baby, a viable baby who has survived an abortion, we should intervene to help it.

I assume the Attorney-General has now found her place and is ready to go. I conclude my remarks and am happy to answer any questions.

The Hon. V.A. CHAPMAN: In the absence of any other person seeking to ask the mover of the amendment any questions, I thank you for your indulgence in allowing our advisers to be assembled and available to the committee. In respect of amendment No. 1 standing in the member for West Torrens' name, I indicate that the proposed amendment requiring clinicians performing late-gestation terminations of pregnancy to resuscitate a baby based on a baby being born alive is, I suggest, foundationally against the very intent of the parent or parents undertaking a termination of pregnancy.

In addition, the resuscitation of a baby born close to the threshold of viability is a complex process that requires planning and preparation to maximise the chance of survival. Members would have listened carefully yesterday to our professional advice in respect of the complexity of these procedures. It is possible, I am advised, for any gestation beyond six weeks that a foetus could be born with a momentary sign of life, such as a heartbeat or pulsatile cord, but very quickly the foetus dies.

Resuscitation in general pregnancy care, which again was canvassed in some detail yesterday, is only offered to babies born from 22 weeks onwards. A decision including the parents is made between 22 and 24 weeks, when the baby may or may not be resuscitated. For the very premature baby, there is a high chance of death despite resuscitation and, if the baby survives, a substantial risk of lifelong disability due to the prematurity.

It is not possible to definitively determine prior to the resuscitation effort the chances of disability—mild, moderate or severe—nor of survivability in a foetus that does not have a pre-existing condition. It is, as such, an unworkable provision to require that doctors make an assessment of the need for resuscitation on the basis of risk of serious incurable health issues, as the general chance of this occurring is very high at the early gestational ages.

It should be noted that in the most common scenario of a second-trimester termination, around 23 to 25 weeks, the termination is undertaken due to a congenital anomaly. Again, this is on the advice I have received. These babies, if resuscitated from 23 weeks, would potentially have more severe ongoing disability than originally was the case, noting that, for many, disability is not in itself life limiting and so these babies may in fact be born with signs of life.

Given the above, it is therefore clinically unacceptable to resuscitate an aborted foetus if there are signs of life. Resuscitation, as with all medical practice, should be undertaken with the consent of the parents and in partnership with the parents. Undertaking the significant act of resuscitation expressly against the parental wishes is anathema to the practice of modern medicine. As such, in all the circumstances of the advice I have received, the amendment is not supported. I do not want to reflect in any way adversely on the member for Torrens'—

The Hon. A. Koutsantonis: West Torrens.

The Hon. V.A. CHAPMAN: —sorry, member for West Torrens' concerns to try to do what he sees is the right thing in the right circumstance. It is not supported by the professional advice. There are dangers with it, and in those circumstances I simply cannot support it.

The Hon. A. KOUTSANTONIS: I have to say that in the scenarios the Attorney-General has related, I agree with her, but that is not what my amendment does. My amendment does not call for the resuscitation of babies who have congenital deformities or who are born not alive and need resuscitation. My amendment very clearly states:

6A—Requirement to preserve the life of a baby in certain circumstances

If a termination is performed—

(a) on a person who is more than 22 weeks and 6 days pregnant;

So the six-week scenario that the Attorney-General was talking about is irrelevant in this debate. I am not talking about babies born before 22 weeks and six days. The amendment continues:

(b) a baby is born as a result of the termination; and

(c) the baby has a reasonable prospect of living without experiencing—

(i) serious anomalies that are incompatible with survival after birth; or

(ii) serious, incurable health issues that will cause significant pain and suffering or other substantial hardship,

reasonable endeavors must be used in an attempt to preserve the life of the baby.

I am not talking about resuscitation of babies that have been administered a lethal dose. I am talking about babies that survive an abortion and an induction and are born alive, as is detailed by SA Health in their frequently asked questions.

In regard to the scenarios the Attorney-General raised, I do not think there is anyone here who says that after termination has occurred we should be attempting life-saving endeavours. I am talking about healthy babies that are aborted for reasons other than congenital defects or anomalies or incurable serious health issues. I think the Attorney and I are at odds here, but I accept what she is saying, that the profession do not want to involve themselves in this.

I still want this amendment to proceed because I think it is a perfectly reasonable one. I accept the advice of SA Health that this happens rarely—very rarely. When it does happen rarely, what we do not have is any statistics about the cases the Attorney is raising—babies that are born with signs of life that have serious congenital defects versus ones that are born with signs of life that have no defects. We do not know. We do not keep those records. We cannot tell.

What I am saying is that I will leave that to the medical experts, the practitioners. We will let them decide, rather than be prescriptive, which I thought was the mood du jour of this bill. I am not trying to be prescriptive, that you must attempt to save every single baby's life. I have taken account of what the Attorney-General has asked and I am saying that, if, as we see in the statistics in Victoria, there is going to be a dramatic increase in abortions when you liberalise especially late-term abortions and you liberalise this regime, there will be an increase in this occurring.

It is not intended; it is an unintended consequence of it. No-one wants this to happen, but it happens. What I am saying is I am putting in a safety net when it does happen, if a baby is born and it does not meet the thresholds of having 'serious anomalies that are incompatible with survival after birth' or 'serious, incurable health issues that will cause significant pain and suffering or other substantial hardship'. I am not setting a high test here. I am setting a relatively low test for the very reason that I understand what the Attorney-General is saying.

I am trusting the medical profession to make a decision here because the parliament, I think, should have a say about this. I reject what the Attorney said. I think she is talking about a different amendment. I would ask her to consider the amendment that I have actually moved, rather than a sweeping statement saying that all babies that are aborted should have attempted on them dramatic, life-saving attempts. That is not what I am saying. That is not what I am saying at all. The amendment does not say that.

To be clear, 22 weeks and six days, which is what the Attorney-General says is viability based on medical advice: test 1, it has to be up to that date; test 2, the baby is born as a result of a termination; test 3, the baby has a reasonable prospect of living without experiencing serious anomalies that are incompatible with survival after birth and serious incurable health issues that will cause significant pain; and the test, the final burden of proof this baby has to overcome, is suffering other substantial hardship. I will leave it to the medical professionals to decide that.

I understand that forms of this legislation have passed in other jurisdictions around the world. I do not think it is unique or radical. All it is simply saying is that, if there is this scenario, there is an anomaly in the law and perhaps we should fix that. I would ask the Attorney-General to reconsider her position on these and to perhaps answer the questions that are actually dealt with within the amendment.

The Hon. V.A. CHAPMAN: I am happy to briefly address that invitation to scrutinise the actual clause, and I note the indication by the member that he is suggesting this would only relate to

the narrow application of those in the categories he has identified. Unfortunately, as with a lot of these things, it is not as simple as that. To simply look at age of viability, that is the 22 weeks six-day threshold, and look at saying this does not relate to babies that have some severe abnormality—these are healthy babies born—the problem is, just to give you an example on the professional advice I have, that the survival of these babies, even if ostensibly healthy at this age, is problematic for the families that have to make the decisions.

The capacity or the survival rate of babies born after 23 weeks is 45 per cent, even if they are resuscitated. At 24 weeks, it is 32 per cent; at 25 weeks, 17 per cent—and we have heard of the other late terms we discussed yesterday. Another issue, which I think is probably the most significant here, is that as usual these things do not come in a simple package. The other factors that are relevant to consideration, apart from the matters I have just outlined to the parliament, are gestational age, birth weight, gender, single versus multiple births, infection and major congenital syndromes.

These are the sorts of things where it is important we understand that at this stage, for those who are going through terminations around this time—relatively few as they might be—that frequently parents are involved in the preparatory work of what is to be done in these circumstances and how they are going to work through it. That is a matter for a decision of the parents and obviously within the envelope of the advice they receive.

I would ask the member to respect that relationship in light of the fact that, unfortunately, it is not as simple as saying, 'If it's over this period, and it's an otherwise healthy baby, this is what must happen.' I think that would be an unrealistic expectation on the profession. The profession is very worried for the reasons I have outlined already in relation to it. Again, I am reminded that resuscitation for very preterm must be planned, including medication prior to increase the survivability, and the resuscitation team on hand who have to work with that—and there are consent issues, and that is what we are also dealing with here.

We are going to be imposing a circumstance on a narrow group that the mover thinks is in an isolated environment of an imposition over and above that and could, I suggest, inappropriately frustrate the consent issues and the guardianship issues. Again, I have sympathy for the member's position. I would also state for the record there is no application of such a provision under Australian law. Certainly, it has been applied in some states in the United States, but again I cannot endorse this for the reasons outlined.

The Hon. A. KOUTSANTONIS: I do have a great deal of sympathy for what the Attorney-General is saying. This is very, very difficult, but I do point out to the committee that the Attorney-General is saying it places a very unfair burden on medical professionals to be able to make an assessment, once the baby is born, about whether or not it meets the criteria I have set out, but has no such constraints about medical professionals making a decision that there should be a termination of the pregnancy. So, for one set of decision-making, no problem—the profession can do that, and I agree.

I would have liked to see a much narrower scope about what medical professionals could approve an abortion, but I understand. I have read the room. We are not going to win that. GPs and nurses can now prescribe medical abortions, and doctors can prescribe surgical abortions, even if they are not specialists in that field. I do not think that will happen in South Australia, I am hoping, but technically that is now possible. My point is that I agree with the Attorney-General. I only chose 22 weeks and six days because the Attorney told us that was viability.

Again, there are not the statistics. I cannot inform the house of the statistics of babies that are aborted through non-congenital issues, non-health issues, but through a mental health issue and what the state of that baby is, whether it has any congenital issues or whether it does have viability. I would say to the Attorney-General that is exactly why, in drafting this amendment with parliamentary counsel, parliamentary counsel went to great lengths to raise the same issues and concerns that the Attorney raised. My point is that that is why we give the broadest possible definitions to the medical profession to make these choices. That is why at the very end is the broadest possible definition of 'other substantial hardship.' Not a high bar.

I am not saying if there is a heartbeat. I have added to that 'serious, incurable heath issues that will cause significant pain and suffering or other substantial hardship' and 'serious anomalies

that are incompatible with survival after birth'. There are a lot of outs for the medical profession. Given that you can approve an abortion, if this unintended consequence occurs, surely we have a responsibility not to just sit back.

I received a message, and I point out to the house that I cannot verify the accuracy of this. I think people in the pro-life movement know who I am and they know many of my views. Many of them have been flooding me with emails of stories, which are very hard for me to be able to prove are true or accurate. I am not trying to debase what they are saying to me. There is a lot of emotion in this debate and people forward a lot of information, which is very hard to verify. It is the same with the pro-choice movement. It is very hard to be able to verify the information.

Yesterday, I received this message from someone who was in the gallery. I am not going to mention her name. She said:

> …in my final year of midwifery…it breaks my heart that whilst our profession should be to bring life into the world, that as a midwife they would be wanting me to end this life instead. I have already held aborted babies and it was traumatising.

I feel very sorry for the staff who have to go through this. I know it is not easy. Even the people who work at abortion clinics and support women through this, I can only imagine what they go through and I am in awe of the way that they must have to conduct themselves. It must be very difficult. She goes on to say:

> I have also supported women who had miscarriages from 14 weeks through to 39 weeks.

To be honest, when I received this information I just did not believe this happened. The more you dive deeper and deeper into this, go through official government reports, whether it is in Victoria—I am not sure about the veracity of the US reports because it is so hyperpartisan there now—or even in some Canadian reports, you do see this occasionally happening. This is not a consequence that the medical profession intends to occur, but sometimes it does. Being confronted with the fact that it does occur, as a legislator, what do I do?

My initial reaction is: it is a healthy baby, it is born, it is alive. It is not born dead and then resuscitated; it is born alive. It does not have serious anomalies that are incompatible with survival after birth. There are no serious or incurable health issues that will cause significant pain and suffering and no other substantial hardship. If that occurs, let's say at 30 weeks, 33 weeks, 34 weeks—because at 35 weeks we are told we are guaranteed no viable babies will be aborted—perhaps we do offer the medical assistance.

Again, I have read the room and this amendment probably will not pass, but I think it is important at least that some members of the House of Assembly speak out and voice our views, and do so without malice. This is not passing judgement on those families or the medical profession. We are just trying to set a very low bar for the very small case where, by accident, this occurs.

Ms COOK: We hear a lot of stories being spoken about in here, and the member for West Torrens just mentioned a couple of personal stories that have been relayed to him. I have avoided relaying personal stories and I will not relay one about myself; however, what I will talk about is looking after women who have been through termination later in their pregnancy for various reasons, and I will come to that in a minute.

There are very good reasons to pre-empt that. When members are receiving correspondence, they are often highly emotive. We are receiving much correspondence from medical practitioners as well, as I pointed out last night, often by practitioners who would represent their opinions as an expert. They may well be an expert in some area, but often they do not have recent or current practice within the obstetric or neonatology sphere. I pointed that out last night—Dr Roy Watson is not a current practising obstetrician.

Obstetrician-gynaecologists might train as obstetrician-gynaecologists, but they then choose a pathway into practice. Some go for both and some go one way or the other. I do not really want to single people out by name, but I remember one of the members with an opposite opinion to my own was talking about information from a doctor—and it may well have been Dr Elvis Seman; I cannot quite recall whether it was or not—who pointed out that it is actually safer to deliver these later-term babies by caesarean section than to have the woman deliver them by natural birth.

Recent research, more contemporary research—, n relation to this says that that is nonsense, that is absolutely not true, and members are being swayed into certain opinions because of very convincing arguments from very good people like Elvis Seman. He delivered my first son. Three decades ago, he was my obstetrician and saved the life of my son. My son had foetal distress and was about to fall off the perch and Dr Seman performed an emergency caesarean section. That is when the best way to deliver a baby is by caesarean section, or in the case of other pregnancy anomalies. I will get to where I am going; this is about evidence.

To say that these babies should be delivered by caesarean section is rubbish; currently, that is not the best method at all. People are being convinced by this research and information, by either laypeople or people with emotion around the subject. We all have emotion around the subject. No side is holding the banner in terms of first place for emotion here. We are all affected by it. It destroys me to think that people have to terminate a pregnancy.

Because I was prepared to look after my son no matter what, I did not have an amniocentesis when I was 42 years old. But I have looked after a woman who had an amniocentesis at 16 weeks and it ruptured her membranes. Most of her waters, if you want to call it that, were gone. The woman then lay in hospital for five weeks trying to get this baby to a point where it could be delivered. All the medications were given to her—the steroids, all the medications—to try to get those tiny little lungs to a point where the baby could be delivered and then ventilated and looked after.

The scans and the investigations showed that the baby would not survive a life of any form. Decisions were made, and the parents went through absolute heartbreak on this. There was nothing wrong with that baby, except the judgement of the clinicians, whom we trust, said that that baby would have ongoing surgeries, have to have treatment, undue hardship—all those things.

The delivery was brought on, basically an induction, a very premature induction. I was there, there was a pulsatile cord, there was gasping: this tiny little soul, who had lived there for five weeks with no waters. Under this rule, would it be, member for West Torrens, that we would need to look at preserving the life of this baby because essentially at 23 weeks there were signs of life and it looked absolutely normal, but we know that, because of the circumstances of what had been happening intrauterine to that baby, it would not live a fulsome life?

That was a baby that had had the preparatory medication, the medications we trust the doctors to give. Abortion services would not be giving those drugs, they would not be preparing those little lungs, but some of the foetuses, the babies that are born after this awful decision has been gone through by a person and their family in absolute crisis, would then have to face this resuscitation.

I will add to that and then I will not say any more for ages, I promise, but resuscitation is not just, 'Here, have some oxygen, little baby.' We are talking about needles, needles and more needles, we are talking about chest drains, we are probably talking about tubes into their brain because of swelling that will happen, we are talking about maybe cardiac compressions that will break their ribs and put ribs through their lungs so they are coughing up blood and we are talking about pulmonary oedema, where the babies get to a point where they froth and cannot breathe.

We are talking about horrific things that happen. Resuscitation is not this nice thing with the angels and harps playing: it is a brutal series of events that, for premature babies, goes on for months, if not years, over and over again. The other part of this question is: to prepare somebody for the potential that this tiny little life has minimal chance of outcome, but is deemed because of your amendment to have a chance of survival, do we have to put the 13-year-old pregnant children through this discussion to prepare them for the fact of the brutalities that will happen after the baby is delivered?

Do we have to put the women and the men with mental illness and intellectual disability through the counselling and preparation for a situation where, if this baby is delivered with signs of life, these are the potential outcomes? Do we have to further traumatise the already traumatised and vulnerable with counselling and preparation before this happens to prepare them for the fact that they have to give permission for their baby, that they may well want to love but cannot, through resuscitation? What is your will for people with all those issues? What is your vision around how the clinicians will actually deal with this?

The Hon. A. KOUTSANTONIS: Can I just say, that is a heartbreaking story. I can say to the member for Hurtle Vale that I have been through it firsthand with my son, so I understand exactly what you are talking about. No, I would not wish it on anyone, and that is why my amendment to the act deals with that.

I am not talking about a baby that has a reasonable prospect of living without experiencing serious anomalies that are incompatible with survival after birth. Your scenario—no. Resuscitation is not offered because the baby is not born alive. If there were signs of life, the doctor would make an assessment on the basis of my amendment, which I would like you to read, which states:

(b) a baby is born as a result of the termination; and

(c) the baby has a reasonable prospect of living without experiencing—

without experiencing—

(i) serious anomalies that are incompatible with survival after birth; or

(ii) serious, incurable health issues that will cause significant pain and suffering or other substantial hardship,

In that scenario, no. But I am not a medical professional. I imagine in that scenario the medical advice would not be offered that I am seeking. I want to go back and ask the Attorney-General one more time, so the house is clear: the Attorney said that no other jurisdiction in Australia has such a clause. Do you stand by those statements? No? Okay. This is the New South Wales Abortion Law Reform Act 2019, which I will table. Section 11 provides:

11 Care of person born after termination

(1) This section applies if a termination results in a person being born.

(2) Nothing in this Act prevents the medical practitioner who performed the termination, or any other registered health practitioner present at the time the person is born, from exercising any duty to provide the person with medical care and treatment that is—

(a) clinically safe, and

(b) appropriate to the person's medical condition…

(3) To avoid doubt, the duty owed by a registered health practitioner to provide medical care and treatment to a person born as a result of a termination is no different than the duty owed to provide medical care and treatment to a person born other than as a result of a termination.

The Attorney-General told this house that no such clause exists in any Australian jurisdiction. That is not true.

The CHAIR: Member for West Torrens, you have read that in rather than tabled it.

The Hon. A. KOUTSANTONIS: Yes. Can I table it?

The CHAIR: No, you can circulate it to the committee or read it in, but what you have done is enough.

The Hon. A. KOUTSANTONIS: Thank you very much. Maybe it is an error. That is why I asked again. Perhaps it was just an oversight by the Attorney because I have to say that she has handled herself exceptionally well during this debate—she has. She has done very well, but it is little things like that: this is such a radical departure from the norm that no other Australian jurisdiction has done it. Yes, they have, in New South Wales, the Berejiklian government.

An honourable member interjecting:

The Hon. A. KOUTSANTONIS: Sorry? What was the interjection? I could not hear you.

The CHAIR: No, member for West Torrens, you do not need to respond to interjections.

The Hon. A. KOUTSANTONIS: No. Again, this is not radical reform. This has been contemplated by other parliaments and inserted in Australian and in other jurisdictions around the world. My test, I have to say, I think suits the proponents who are seeking reform because my test is not as broad as the New South Wales test. My test says that a baby born as a result of the termination has a reasonable prospect of living without experiencing a serious of conditions or substantial

hardship. The New South Wales test is a lot more definitive about intervening. I think this makes the right mix.

To go back to the member for Hurtle Vale, that was a tragic scenario, and I feel very sorry for that family and everything you said because I have experienced it firsthand. I have seen all of it done. It is horrific and I do not want anyone to experience it. I want everyone to have a healthy baby, but that is not the real world. And I want everyone to want to have their babies at full term, but that is not the real world either. I understand that there need to be safe, legal and rare abortions available in Australia. No-one in this room, I think, objects to that.

The house at the second reading has made that determination. That is how the parliament works. We have the principal position of the bill, the second reading is passed and it is done. In fact, this parliament in 1970 before I was born, made the threshold decision about abortion, so now we are talking about progression.

I am not the one who came to this house with a bill that said viability is now 22 weeks and six days. The current legislation is at 28 weeks, I think, so I am not changing that: the Attorney-General and Minister Lensink are changing that. I am saying that another jurisdiction has done it despite us being told they have not. I think my test is better for the proponents and something that I think those of us who are worried about this bill can live with. I think it is a reasonable half-measure to have as a safeguard in the legislation.

Ms COOK: I do not question your motives in respect of this. I know you want to preserve the life of as many viable babies as you can. Whose expert advice have you based your assessment on to construct this amendment regarding a baby born at this level without significant preparatory intervention—I am talking weeks of steroids, weeks of other medication to help mature organs—in order to make a baby ready to survive outside of the womb?

Whose expert testimony, expert advice, have you based that assumption on that would make this workable at any level, given that it is virtually impossible? In fact, I have not seen a baby born at that level that has been able to sustain life without medical intervention and without spending months in the neonatal intensive care unit. Whose expert testimony have you based this on to bring together this amendment?

The Hon. A. KOUTSANTONIS: The people I have consulted are, firstly, parliamentary counsel. Parliamentary counsel received instructions from me that I did not want this to be about offering life-saving medical treatments to all aborted babies in an attempt to resuscitate every baby that is aborted. That is not what I did. The advice that I received from SA Health is that this occurs. Again, as I said in my opening remarks, I did not believe that this occurred. SA Health brought this to my attention. Yes it does occur. It is rare, but it occurs.

What we do not have is detailed record keeping by SA Health about the condition of aborted babies. We have a breakdown in Victoria, I understand, of babies who are delivered through terminations who are stillborn, and babies who are aborted for mental health reasons. We do not know within that cohort of mental health reasons if there are congenital defects or anomalies but we do have another cohort who do fit into that, so there is a whole cohort of babies who are born, where we do not know what their medical condition is. We know the gestational period but we do not know whether they are healthy or not, and I do not try to prescribe that.

I do exactly what the member has done in the approving of an abortion and I have left it to the medical experts because I am not a doctor. I am trusting the same expertise the Attorney-General is trusting to authorise an abortion. I am trusting the same college of surgeons, obstetricians and gynaecologists who write the guidelines that the Attorney-General wants doctors to follow on the basis of whether and how late-term abortions are performed to make an assessment about whether they can provide this.

I have asked parliamentary counsel to set the highest possible test because in the scenario that the member for Hurtle Vale talked about, obviously from my 25 years as a justice of the peace, my legal interpretation of what she has said is that that baby would not meet these thresholds. That baby would not meet the threshold, at the very least, of other substantial hardship.

It certainly is serious. There could be incurable health issues, but I will leave that to the medical professional at the termination to determine because I am not qualified to. It has to cause significant pain and suffering. There are plenty of safeguards here; a lot more than there are in the New South Wales legislation, which is the law of the land in the most populous state in the country, despite the Attorney telling us it did not exist.

The Hon. V.A. CHAPMAN: For the record, can I confirm that I do not agree that there is any provision like this in any jurisdiction in Australia. The New South Wales reference really exposes the member's misunderstanding, if I can put it as high as that, of the interpretation of what the New South Wales law does.

In New South Wales, like all around Australia, there are certain duties and obligations of the medical profession. Included in that is the right and obligation to deal with how they manage resuscitations. That is a circumstance where it is allowed within the envelope of their obligations to do it in any circumstance. What the New South Wales act does is confirm that duty and the opportunity for them to resuscitate.

The amendment before us today is actually quite the reverse. It is not to leave it as an option to the profession within the umbrella of their duties: it is to mandate it in the specified circumstances that the mover says. It is totally inconsistent with the provision in New South Wales. So, yes, I note the New South Wales matter, but it is not pertinent to the matter that is actually before us.

The Hon. A. KOUTSANTONIS: Could I ask the Attorney-General, then, given the New South Wales legislation is based, as the Attorney has said numerous times, on these reforms that are almost universal across the country, why is there no such provision in our act?

The Hon. V.A. CHAPMAN: It had not been recommended at the time of the 66 recommendations of the SALRI report. That is a matter for members to raise. It has not been presented by anyone to me. The first I have had anything that has even covered this subject was the amendment moved by the member.

The CHAIR: Member for West Torrens, you have the call, but I know there are a couple of other questions to you relating to your amendment.

The Hon. A. KOUTSANTONIS: Can I ask the Attorney-General if she will accept an exact copy of this amendment to be inserted into this bill?

The Hon. V.A. CHAPMAN: No.

Ms COOK: In respect of how New South Wales have framed their legislation, the wording in the New South Wales legislation is framed in the negative. The way it is framed is nothing prevents the doctor from undertaking resuscitation, but there is nowhere in here where it says you must undertake resuscitation. There is nothing in here that requires resuscitation to occur. I will not repeat the brutalities of what resuscitation means and how long that could take. That is one point in regard to that.

Again, I just think the member for West Torrens has not given me a fulsome response in relation to the question of how in clinical practice it would be that a person undergoing abortion care would be prepared physically and emotionally for the termination of pregnancy that might result in a viable, healthy baby with signs of life that meet your criteria. They need weeks and weeks of pre-birth therapy and intervention and medication to prepare those little lungs to be able to breathe.

The Hon. A. Koutsantonis: Yes, I understand.

Ms COOK: But you have not answered the question for me: how would this actually work? If somebody seeks a termination at 19 weeks or whatever because of issues that meet all the criteria, how do you prepare that baby for life? What do you do then? Do you have to make them incubate the baby for another three or four weeks so you can then terminate it to then make it available for resuscitation? It is just not workable, Tom. It is not workable, my friend, at all.

It is cruel, it is heartless, and it is not something that we need as part of our health care. How many times have people said, over and over again, 'Trust the medical expertise'? You have said it yourself. You are not trusting them here. You are putting parameters in place that actually are unworkable and are cruel. How do you see this working going forward with children who are pregnant,

with people with significant psychosis and mental health problems who are pregnant, with people with intellectual disability who are pregnant, and with their partners?

These people do not just turn up by themselves, either. This is a family thing. This is a partnership thing. It is a thing that friends support friends over. How do you see that working? They cannot be simply induced, terminated, delivered and then suddenly expect everything to be sunshine and lollipops when they have not had the preparation, and that preparation will be cruel and heartless.

The Hon. A. KOUTSANTONIS: First of all, I think the last example the member gave was 19 weeks. That would be ineligible for medical attention under my clause.

Ms Cook: No, she was 23 weeks when she delivered.

The Hon. A. KOUTSANTONIS: You said in your remarks 19 weeks.

Members interjecting:

The CHAIR: Members for West Torrens and Hurtle Vale, this is not about chatter. Member for West Torrens, you will address the committee.

The Hon. A. KOUTSANTONIS: I do not think my amendment is designed to circumvent someone having a termination. If a termination is being prepared for, it is being prepared for. I am not saying that if a baby is born at 22 weeks and seven days, which puts it into the threshold here, and it is born with signs of life that it automatically means that life-saving endeavours must be applied—I am not. I am leaving that to the medical experts—they decide. Scoff if you like. I am not attempting to be cruel. I am not attempting to be heartless.

Ms Cook: It will be.

The Hon. A. KOUTSANTONIS: Thank you very much for the accusations, member for Hurtle Vale. I have made no such accusations to any of the proponents in this room about what I think is horrific and we are being forced to confront. I think this level of absolutism has to stop, and we have to have a collegial view about how we try to fix this. If we lose, we lose.

That is why I have put so many criteria in my amendment about serious anomalies that are incompatible with survival after birth, like you described, and serious incurable health issues, like you described, because I agree with proponents. People are not considering abortions lightly, excluding mental health issues, if there are congenital defects with their baby. That generally means it is incompatible with life. I understand that; of course I do.

I am talking about perfectly healthy babies that survive an abortion. The member is trying to come up with an example of a hypothetical pregnancy and termination that I am not medically qualified to give advice on, which is why I have asked parliamentary counsel to set these broad thresholds and leave it to the medical experts to decide whether they intervene or not.

No doctor will be prosecuted under this act at all anyway. The Attorney has removed all penalties. You cannot even get fined. You can approve an abortion that is unnecessary and face no penalty from the state. So, if a doctor under the legislation before us does intervene inappropriately, there is no penalty, but, more importantly, it is so broad here as to give all the discretion to the doctors. Again, I do not want to repeat myself. The amendment states:

(i) serious anomalies that are incompatible with the survival after birth; or

(ii) serious, incurable health issues that will cause significant pain and suffering or other substantial hardship.

Everything you have said is covered by that broadly, which is my point. I am not attempting to keep those babies alive, as much as I would like them to live. I am not. I understand what you are saying about the pain people would go through. I have set a very different test—a moral test that I think is something for doctors to decide. I am not attempting to say that all doctors who perform the termination then must offer life-saving medical treatment. That is not what I have said at all. That would be cruel. That would be unfair. I agree with you. That is why, if you read the amendment, you will see that it does not do any of that. I am leaving it to the discretion of doctors. I am leaving it up to them. Let them decide.

We cannot have it both ways in this debate, where we are being told, 'Leave it all up to the doctors and the patient.' When we say that, we are told, 'No, you are being cruel.' I am sorry. Despite all of the personal interaction between the member for Hurtle Vale and me, I care for her deeply and I think she is a wonderful person. I think she has been through more than most of us and done more for our community than most of us and I hold her in high regard—very, very high regard—but I do not appreciate her saying that I am trying to be cruel to people. I am not. I am trying to show compassion. I am trying to show empathy and, yes, I am trying to save a life.

Personal Explanation

TERMINATION OF PREGNANCY BILL

Ms COOK (Hurtle Vale) (12:56): I rise to make a personal explanation. I would like to withdraw any allegation or imputation that the member for West Torrens is trying to be cruel or heartless. I think the consequence of the amendment—the fallout—would be cruel and heartless to people. I am not going to make this a two-way love fest between myself and the member for West Torrens. We will save that for the dining room.

The CHAIR: The suggestion was via interjection anyway, so it may or may not have been captured, but I take the withdrawal.

Bills

TERMINATION OF PREGNANCY BILL

Committee Stage

Debate resumed.

Mr MURRAY: If it is possible, I have a question for the Attorney and/or her advisers. Can I seek leave—

The CHAIR: Ask your question, member for Davenport, but we will have to report progress prior to lunch.

Mr MURRAY: The New South Wales act has a provision that states:

> (3) To avoid doubt, the duty owed by a registered health practitioner to provide medical care and treatment to a person born as a result of a termination is no different—

no different—

than the duty owed to provide medical care and treatment to a person born other...

My question very simply is: are the philosophical underpinnings of what you are proposing here in South Australia in any way counter to or different from the provision in the New South Wales legislation?

The Hon. V.A. CHAPMAN: No.

Mr MURRAY: As a result, I take it that a similar provision in the South Australian legislation would be acceptable.

The Hon. V.A. CHAPMAN: No, because you have just read out a paragraph of a whole series of things that have been raised in New South Wales. I have indicated to the mover that, no, I would not be supporting that position, but I make the point that that is a whole confirmation in legislation relating to the opportunity for resuscitation to be available as it is. The amendment before us today is to impose a mandated obligation on medical professionals within the terms that he has identified in his amendment. It is a totally different position.

Progress reported; committee to sit again.

Sitting suspended from 12:59 to 14:00.

Parliamentary Procedure

ANSWERS TABLED

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

PAPERS

The following papers were laid on the table:

By the Premier (Hon. S.S. Marshall)—

Aboriginal Lands Trust—Annual Report 2019-20

By the Deputy Premier (Hon. V.A. Chapman)—

Inclusive SA: State Disability Inclusion Plan—Annual Report 2019-20

By the Minister for Education (Hon. J.A.W. Gardner)—

Lifetime Support Authority of South Australia—Participant Service Standards Charter

Parliamentary Committees

PUBLIC WORKS COMMITTEE

Mr CREGAN (Kavel) (14:02): I bring up the 133rd report of the committee, entitled Memorial Drive Stage 2 Redevelopment Project.

Report received and ordered to be published.

Parliament House Matters

CHAMBER PHOTOGRAPHY

The SPEAKER: I indicate to members that I have granted permission for a stills photographer to take photographs today from the public gallery. I understand the photographer is present and I draw members' attention to that.

Question Time

EMPLOYMENT FIGURES

Mr MALINAUSKAS (Croydon—Leader of the Opposition) (14:03): My question is to the Premier. Whose job does the Premier care about more: the Minister for Child Protection's or the 12,000 South Australians' who lost their jobs in the month of January?

The Hon. S.S. MARSHALL (Dunstan—Premier) (14:03): We care very sincerely about every single job in South Australia and that's why we have done everything within our power to keep our state safe from the coronavirus and our economy strong. We were very quick out of the blocks with a very significant stimulus and support package which will be rolled out over the next two years to make sure we can create and sustain as many jobs as we possibly can. Our stimulus and support package over the two-year period is a $4 billion stimulus and support package. I know that what we are doing is getting that money out the door as quickly as possible—

Members interjecting:

The SPEAKER: Order!

The Hon. S.S. MARSHALL: —with a quarter of a billion dollars going to small businesses in South Australia. Small businesses and sole traders—

Members interjecting:

The Hon. S.S. MARSHALL: Those opposite are shouting, 'When?' It has already been received and I have received a lot of grateful thanks from the people of South Australia that we have a government that is putting those businesses first.

What we have seen from right around the world is business collapse and huge unemployment spikes in many other countries of the world, but Australia has done particularly well with regard to the health aspects of dealing with the coronavirus. That has translated directly into sustaining and growing as many jobs as we possibly can.

We are disappointed with the ABS labour force statistics which are out today. We know those statistics come from the first part of January. We have had other ABS statistics which have come subsequent to that, and they show a rosier picture. We know that in those last two weeks—

Members interjecting:

The Hon. S.S. MARSHALL: They don't like good news, sir.

The SPEAKER: Order!

The Hon. S.S. MARSHALL: The reality is—

Members interjecting:

The SPEAKER: Order, members on my left!

The Hon. S.S. MARSHALL: —that, when we look at the payroll, jobs in South Australia in the second two weeks of January—so after those statistics on the labour force were done—we saw a 1.8 per cent increase in the number of jobs in South Australia. That means we are over 10 per cent higher than at the low point at the epicentre of the coronavirus.

In fact, according to the ABS statistics, South Australia has 2.4 per cent more jobs than at the beginning of February last year, so this is a major step in the right direction, but I would say that there is a huge amount of work to be done—

The Hon. S.C. Mullighan interjecting:

The SPEAKER: Member for Lee!

The Hon. S.S. MARSHALL: —and that is why, when we brought down our budget late last year—it was a delayed budget because of the coronavirus—we massively invested in supporting businesses and individuals, supporting productive infrastructure, $16.7 billion worth of productive infrastructure.

I am very proud to say that this is a government that has invested, most importantly, in skills development. In fact, since coming to government $288 million of new money is going into skills development in South Australia. When I look at those NCVER figures, those opposite cringe. We love it because we are seeing very significant increases in the number of apprentices and trainees—

Mr Boyer interjecting:

The SPEAKER: Member for Wright!

The Hon. S.S. MARSHALL: —completely outperforming the rest of the country. This is going to be a tough year, and we know there are some out there who want to talk down our opportunities. There are some out there who were saying we were going to have 100,000 new unemployed people in South Australia. That's what some of our commentary was suggesting earlier in the year. That hasn't happened, and it hasn't happened because the people of South Australia have worked with the government, worked with SA Health, worked with South Australia Police, to keep our state safe and keep our economy strong. I expect that is going to continue into the future, and that is our focus.

Members interjecting:

The SPEAKER: Order! Before I call the leader, I call to order the member for Hurtle Vale, I call to order and warn the member for Wright, I call to order and warn the member for Badcoe, I call to order and warn the member for Playford, I call to order and warn the member for Kaurna, I call to order the member for Ramsay, I call to order and warn the member for Lee, I call to order the member for West Torrens, I call to order the deputy leader, I call to order the leader, and I call to order the Minister for Education.

UNEMPLOYMENT FIGURES

Mr MALINAUSKAS (Croydon—Leader of the Opposition) (14:08): My question is to the Premier. With the lowest participation rate on the mainland, why did so many South Australians quit looking for work last month? Have they lost faith in your economic policies?

The Hon. S.S. MARSHALL (Dunstan—Premier) (14:08): I thank the Leader of the Opposition for his question. As I was saying in my previous answer, we were disappointed with those figures. We are focused on creating every single job we can, but we can't just look at one set of data. We know how the ABS statistics are compiled. We know that it is a survey. We also know that the ABS statistics look at the entire pay as you go payroll for the entire country, and they put that comparison up state by state.

Nobody over there is raising those issues. Nobody is actually looking at that data series, which of course shows a situation where there are many people who are getting jobs in South Australia since the depth of the coronavirus pandemic here. They are responding to increased business confidence, increased consumer confidence, increased investor confidence in South Australia.

Mr Malinauskas interjecting:

The SPEAKER: Order, the leader!

The Hon. S.S. MARSHALL: The numbers bounce around, but it's not good enough—

Members interjecting:

The SPEAKER: Members on my left!

The Hon. S.S. MARSHALL: —for a lazy opposition to get out their pom-poms and jump for glee every time there is a slight movement in those statistics. Why do they want to constantly talk our state down? The rest of the state is very proud of the way that we have dealt with this global pandemic, and by continuing to work together—

Members interjecting:

The SPEAKER: Order!

The Hon. S.S. MARSHALL: —we will do everything we can to keep our state safe and our economy strong—

Members interjecting:

The SPEAKER: Order, members on my left!

The Hon. S.S. MARSHALL: This is going to be a challenging year. We know that last year was a challenging year. It was a challenging year for the world and it was a challenging year for South Australia, and we did finish the end of last year with very, very good results. However, 2021 is going to be similarly challenging.

We are now embarked upon the largest peacetime logistical exercise in the history of the nation with the rollout of the vaccine, but if we get this right it will give a further boost to confidence—business confidence, consumer confidence, investor confidence—that will translate into more jobs, and that is what we are focused on.

Every single day we on this side of the house are focused on creating more opportunities to support those people who are doing it tough through the coronavirus. We have seen massive, massive support at the state government level. Importantly, what we have also seen is a very cooperative relationship with the federal government, the Prime Minister and the federal Treasurer, Josh Frydenberg—

The Hon. S.C. Mullighan interjecting:

The SPEAKER: The member for Lee!

The Hon. S.S. MARSHALL: —making sure that we can provide that support to those businesses who are doing it tough. I have been stopped on a very regular basis when I am out there by people talking about the $10,000 cash grant from the South Australian government. In fact, several people have received two of those cash grants because they are still doing it tough and we want to support them—a quarter of a billion dollars through that program.

And you would note, sir, that in the second iteration of that cash grant program we extended it out to sole traders, reflecting that there were still many businesses, sole traders, who had their own commercial premises and who were doing it tough, so we provided $3,000 support for them.

Then there are others who say that they are very, very grateful for the federal government JobKeeper program, which has saved many, many thousands of jobs here in South Australia and more extensively right across the country. There is so much more work to be done, and that work does not involve looking at a statistic and throwing a brick.

Members interjecting:

The SPEAKER: Order!

The Hon. S.S. MARSHALL: That work needs to be done by rolling up the sleeves, getting out and talking to families, talking to employers, working through the issues, and that's what we have done. We look at every single issue that we can to help those people through this particularly tough era. That has been the way that we have gone so far since the coronavirus was first discovered here in Australia back in January of last year, and it is going to be the way that we go throughout this entire year.

Members interjecting:

The SPEAKER: Order! Before I call the leader, I call to order the member for Light, I call to order the member for Elizabeth, I warn for a second time the member for Badcoe, I warn for a second time the member for Playford, and I warn for a second time the member for Lee.

YOUTH UNEMPLOYMENT

Mr MALINAUSKAS (Croydon—Leader of the Opposition) (14:12): My question is again to the Premier. Why is the South Australian youth unemployment rate the worst in the nation and a full three percentage points worse than the next best state?

The Hon. S.S. MARSHALL (Dunstan—Premier) (14:12): I thank the Leader of the Opposition for his question. It's great he has actually been allowed to ask questions now. It's great that the member for West Torrens has allowed him, wheeled him in. I think he's only had four or five questions the entire year.

Members interjecting:

The SPEAKER: Order!

The Hon. S.S. MARSHALL: He is really down that pecking order at the moment. I was intrigued because earlier in the week they had to trot out Jay Weatherill. They had to get Jay Weatherill out into the media because he wasn't able to do it, but I thank the Leader of the Opposition finally for standing up and asking a question—

Members interjecting:

The SPEAKER: The member for Hurtle Vale!

The Hon. S.S. MARSHALL: —importantly about the economy and about employment here in South Australia, which is a particularly important issue. One of the things that we have been doing to stimulate economic activity in this state since we came to government is to lower the costs of doing business in South Australia so that the employers can go out and employ people, in particular the young people in South Australia. We have lowered payroll tax in South Australia. In fact, we have removed payroll tax for all small businesses in South Australia.

Members interjecting:

The SPEAKER: Order!

The Hon. S.S. MARSHALL: Now no business with a payroll of up to $1.5 million per year pays a cent. It was $600,000 under those opposite. We have taken that threshold from $600,000—

Ms Cook interjecting:

The SPEAKER: The member for Hurtle Vale!

The Hon. S.S. MARSHALL: —up to $1.5 million. We have lowered their land tax. We have lowered their emergency services levy. Importantly—and they will never, never admit it—we have lowered their energy prices in South Australia. We have lowered their water prices in South Australia. We have been single-mindedly focused since coming to government to look at all of the issues—all of the issues—that are barriers to small business—

Members interjecting:

The SPEAKER: Order!

The Hon. S.S. MARSHALL: —in this state, going out and employing young people. And I am very pleased, as we enter—

Ms Cook interjecting:

The SPEAKER: Order!

The Hon. S.S. MARSHALL: The Fringe will be—some people are getting very excited; some people might even be doing their own Fringe show. But what I would say is that we are very excited about Fringe kicking off tomorrow—31 days and nights of entertainment. This is very important because many young people who are involved in the events sector, involved in the arts sector, lost their jobs during the global pandemic because live performances were extraordinarily difficult. So we are very grateful that, because of the good health performance that we have had in South Australia, we have been able to get on with another season.

Mr Boyer interjecting:

The SPEAKER: Order, the member for Wright!

The Hon. S.S. MARSHALL: Last year, we had the largest Fringe Festival in the world; in fact, it was a largest arts festival in the world last year. This year, it's going to be the largest in the world again. I have just spoken with Heather Croall, who is the chief executive and artistic director—

Ms Stinson interjecting:

The SPEAKER: Member for Badcoe!

The Hon. S.S. MARSHALL: —of the Adelaide Fringe Festival and, let me tell you, sir, ticket sales are going gangbusters—about 8,000 per day. Whilst I know that this is very, very important to support the artists who have been doing it particularly tough, it's also very important for every cafe, every restaurant, every pub in South Australia, the people who are doing the tickets, the people who are running—

Mr Malinauskas interjecting:

The SPEAKER: The leader will cease interjecting.

The Hon. S.S. MARSHALL: —the accommodation in South Australia. The flow-on effects from positivity—those opposite don't know what that is—

Mr Malinauskas interjecting:

The SPEAKER: The leader is warned.

The Hon. S.S. MARSHALL: —and having a Fringe Festival in South Australia, an Adelaide Festival, having WOMAD, having the WTA event, are all very, very positive for our economy and for creating new jobs, and that is our focus. We're not saying it's easy.

Members interjecting:

The SPEAKER: Order!

The Hon. S.S. MARSHALL: It requires a huge amount of work—

The Hon. C.L. Wingard interjecting:

The SPEAKER: Order, Minister for Infrastructure and Transport!

The Hon. S.S. MARSHALL: —and we can only do it in partnership. We can only do it in partnership with the people of South Australia who have listened to the experts about how we can keep our state safe from the coronavirus and how we can keep our economy strong. Those two things go hand in hand. South Australia has done well—

Members interjecting:

The SPEAKER: Order!

The Hon. S.S. MARSHALL: I am not going to have people talking down the state.

Members interjecting:

The SPEAKER: Order! The time for answering the question has expired.

The Hon. S.S. MARSHALL: I'm very positive about the performance of the state. I was very positive about it last year and am very, very positive and confident about this coming year, 2021.

Members interjecting:

The SPEAKER: Order! The time for answering the question has expired. I remind members that where the time is not indicated on the clock I am monitoring that separately, and I will call the time as may be necessary. Before I call the member for Reynell, I warn for a first time the member for Hurtle Vale. I warn the member for Wright. The member for Badcoe will leave for 20 minutes in accordance with standing order 137A, as will the member for Lee.

The honourable members for Badcoe and Lee having withdrawn from the chamber:

The CHAIR: And I call to order the Minister for Infrastructure and Transport.

Members interjecting:

The SPEAKER: Order, members on my right and members on my left!

CHILD PROTECTION

Ms HILDYARD (Reynell) (14:18): My question is to the Minister for Child Protection. Why doesn't the minister respond to children in state care when they reach out to her for help? With your leave, sir, and that of the house I will explain.

The Hon. D.C. VAN HOLST PELLEKAAN: Point of order, sir. I am not going to make any comment with regard to what might have come after seeking leave, but there was an enormous amount of argument and innuendo in the words that were already spoken. Argument in the content of the question is not allowed.

The SPEAKER: The question does involve—

Mr Cregan interjecting:

The SPEAKER: Order, member for Kavel! The question does involve essentially a presupposition of fact. If the member wishes to seek leave, the member may seek leave for the opportunity to explain.

Ms HILDYARD: With your leave and that of the house, I will explain, Mr Speaker.

Leave granted.

Ms HILDYARD: Survey results from children in care tabled by the government this week include the statement, 'Things would be better if people answered my letters when I write to them', and, 'The minister didn't.'

The Hon. J.A.W. GARDNER: Point of order: as I reminded the house yesterday, Speaker Atkinson made it very clear that, when one is quoting from a document, a judicial document or indeed what I'm guessing is—

The Hon. A. Koutsantonis: A judicial review, is it? Oh, thank you very much.

The SPEAKER: Order! The member for West Torrens will cease interjecting. The Minister for Education has the call.

The Hon. J.A.W. GARDNER: Whatever the context is, the document needs to be cited accurately, in full and with identification of source to the detail. None of that was in this case and indeed the context is therefore suspect.

The SPEAKER: The point of order goes to the proper identification of the document. The member for Reynell has quoted from a document. If the document is available to be provided to the Chair, I will receive it and consider the point of order in those circumstances. If the member for Reynell has anything further to add, then I invite her to do so, otherwise I will invite an answer to the question.

Ms HILDYARD: The document I referred to was the Guardian for Children and Young People report, which was tabled by the Minister for Child Protection in this house on Tuesday of this week.

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:21): My office receives lots of correspondence and, as far as I'm aware, we do write back to the people who contact my office. I have engaged heavily with children in care by visiting them in their residential care homes right from the beginning, despite being questioned about why I would be doing that and despite that no ministers before me have done it so extensively.

I make every effort to meet with children at kinship carer events and at foster carer events. I visit them in their homes. I have visited them online. I have been cooking with them online as well over the school holidays, so I make every effort to be available and contactable to these children. I am very sorry if there was something overlooked. I am more than happy to follow it up if you have any proof or evidence.

CHILD PROTECTION

Ms HILDYARD (Reynell) (14:22): My question is to the Minister for Child Protection. Why are more children than ever before going into state care? With your leave and that of the house, sir, I will explain.

Leave granted.

Ms HILDYARD: According to the Department for Child Protection website, there were 4,485 children in care in South Australia as of November 2020, a rise of about 500 children since June 2019, when there were 3,988 in care.

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:22): I welcome this question. What happened for 16 years under the former Labor government was an absolute mess.

Members interjecting:

The SPEAKER: Order, members on my left!

The Hon. R. SANDERSON: An absolute mess.

Members interjecting:

The SPEAKER: Members on my left, members on my right! The minister will resume her seat.

Ms Hildyard: Have some empathy and take responsibility. These poor children.

The SPEAKER: The member for Reynell is called to order. I remind members that the member asking the question is entitled to be heard in silence. I have listened carefully to the question. The minister is entitled to answer the question in silence. The minister has the call.

The Hon. R. SANDERSON: As a result of the Nyland royal commission—

The Hon. A. Koutsantonis interjecting:

The SPEAKER: The member for West Torrens is warned.

The Hon. R. SANDERSON: —the Early Intervention Research Directorate was established to look at the money that was spent on early intervention and prevention, which is directly relevant

to the number of children coming into care. The research found that the former Labor government would have been better off spending zero dollars and doing nothing and that children would have been better off than the damage that occurred by their policies that were not evaluated and were not evidence based. They were pitched at the wrong people for the wrong amount of time and they weren't culturally competent.

What this government has done is set up early intervention and prevention programs through DHS. We have already announced intensive family support services in the north with Anglicare and in the west with KWY. We have just announced the Resilient Families Benevolent Society social impact bond that will be starting in the south and that is to support families. We have introduced family group conferencing. The Labor government spoke about it but never funded it and never implemented it. We have funded it; we have implemented it. We have family-led decision-making. We are supporting families to look after their children safely in their homes.

Where that doesn't work, we are also investing in reunification. If we have had to remove the child, we continue the work. Again, we have just announced another social impact bond with Newpin that Uniting Communities will be running. I first saw this and researched it in 2014 and have been watching the outcomes in New South Wales and Queensland, which have been very successful, so I am really looking forward to that reunification program.

We also have many other reunification programs and we continue to develop and improve outcomes for children in care, remembering that it is a court, on the basis of the facts of the case, that makes the determination to remove a child. My department's role is to keep children safe, and I will not apologise for removing a child from an unsafe environment.

Members interjecting:

The SPEAKER: Order!

The Hon. A. Piccolo: Have you apologised for your failings?

The SPEAKER: Order, member for Light!

The SPEAKER: Before I call the member for King, I warn for a second time the member for Hurtle Vale and I call to order the Premier. The member for King.

SPORTS VOUCHERS

Ms LUETHEN (King) (14:25): My question is to the Minister for Infrastructure and Transport. Can the minister advise the house on how sports vouchers have lowered costs for the people living in the King electorate in 2020?

The Hon. C.L. WINGARD (Gibson—Minister for Infrastructure and Transport, Minister for Recreation, Sport and Racing) (14:26): I thank the member for her question and note that there is no-one more passionate or hardworking in this place than the member for King. She works tirelessly for her constituents. In fact, I was out in her electorate just recently. Do you know what they call her? They call her the 'Queen of King', and that's very fitting—and we know she loves sport. She works tirelessly in this area for her local sporting clubs. In fact, one of her passions is netball.

I was out at SADNA the other day where she has worked tirelessly again there to help them resurface their 20 courts: a beautiful sea of blue they are out in the north-east, where they have 400,000-plus people go through that facility in the course of the year playing sport. It is an outstanding facility and again another example of the Marshall government building what matters for the people of South Australia and building quality sporting infrastructure. Again, huge congratulations to the member for King on her involvement and passion in helping that project come about.

Also, Mr Speaker, you would be aware of our Sports Vouchers program—a great success putting money back in the pockets of the people of South Australia and getting their young people playing sport. For primary school-age children, under the previous government that voucher was $50 and we increased it to $100. When you compare the success—and this is the passion, I know, from the member for King as well—female participation and young female participants taking up these vouchers from 2017 when Labor were in government to 2020 has seen roughly a 30 per cent plus increase in the take-up by females across the state. In the member for King's electorate that number is roughly 45 per cent—an absolutely outstanding performance.

The Sports Vouchers program is putting money back in the pockets of South Australians and getting young people active. It is incredible. Across the board, 4,900 sports vouchers were claimed by people in the member for King's electorate, and that's more than $400,000 going back into the pockets of people, lowering the cost for people in South Australia and getting them active as well. The Active Club reboot round: again, 18 clubs. The member for King did some great work activating her clubs, with $36,000 going into clubs there that were rebounding after COVID-19. We know they did it tough. Volunteers have done outstanding work to keep their clubs firing along. In the member for King's electorate, she has done a huge job there.

The Golden Grove Tennis Club was out there just the other day. They have done wonderfully well also, with the member for King advocating for them $4,200 in the Active Club program, and a lot of that equipment has gone towards money for uniforms, tennis rackets, nets and balls so that young people can get out and play and be active in their community. It is a big part of our Game On program, and the member for King is right behind that. She also supported them in their grant application for the Community Rec and Sports Facilities program with $369,000 going to new clubrooms for that club—an outstanding result. They are almost finished and they look fantastic.

Again, I was with the member for King just the other day speaking with the coach out there, Craig Mousley. He has talked about this and how important it is to build what matters, and that's exactly what we are doing for the people of South Australia. He said the Sports Vouchers program has grown his after-school program—according to him, about a third extra players have come along because they can use this sports voucher, and that's growing the number of players playing in his area. We know the Golden Grove Football Club, where the member for King is a big supporter. Kate Grandey, the president there, has also said that I think about a third of their players use these sports vouchers for the primary school-age participants, so that is really impressive and it is great to see them go from strength to strength.

This is another example of how building what matters delivers for a local community, just like the member for King's community. It's a big part of our Game On program, and what we are doing in the process is lowering costs for families so they can get out, get active, have a wonderful time and be a great part of communities like the member for King's.

COMMUNITY VISITOR SCHEME

Ms HILDYARD (Reynell) (14:30): My question is to the Minister for Child Protection. When will the minister fund a community visitor scheme, as requested by the Guardian for Children and Young People?

The Hon. J.A.W. GARDNER (Morialta—Minister for Education) (14:30): I thank the member for the question. The Guardian for Children and Young People has a reporting relationship with the Minister for Child Protection that is particularly relevant for children in care, obviously. There is an absolute value in the fact that, as her relationship with the Minister for Education is similar in an administrative sense, in a landlord sense, in a funding sense, as is the Child Development Council, the Child Death and Serious Injury Review Committee, the children's commissioner, and the Aboriginal children's commissioner, there is a relationship with me.

Indeed, the guardian has a statutory level of independence in her activities, and I certainly don't seek to direct her in that way and she doesn't report to me on that operational sense in terms of choosing where to spend the activities. When she applies for money, that is a budget matter, which is facilitated through me, and it will be considered as part of a budget process.

CHILDREN IN CARE

Ms HILDYARD (Reynell) (14:31): My question is to the Minister for Child Protection. What has the minister done to address the ongoing risk of sexual exploitation of children and young people in care? With your leave and that of the house, I will explain.

Leave granted.

Ms HILDYARD: The Guardian for Children and Young People's annual report, tabled last year, notes that she is concerned about 'the ongoing targeted sexual exploitation of children and young people in care by adults in the community'.

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:32): This is a very serious matter, and it's not a new matter. This has been an ongoing issue that I am sure is experienced in every state that has child protection, which is every state. What we are doing—and I did explain some of this yesterday—is that we have a very strong eSafety policy with all our children. We have online safety agreements that must be signed by the child prior to the use of a mobile device.

We have the Family Link app, which is also installed to restrict use, to track and monitor a child's movements and who they are with. This is also being rolled out in future to all the non-government organisation homes to ensure consistency of the eSafety. My department is continuing to consult with the commissioner for eSafety, Julie Inman Grant, and I have also been in discussions with the Minister for Education, who has shown me the full list of all of the online safety training and education that starts from a very young age through schools so that children and young people are aware.

I also mentioned yesterday about our trial with Telstra. Our department recently approved a project, a proof of concept mobility solution for children and young people in care, both for mobile data and voice. This project was developed in consultation with Telstra to roll out on all devices and software, aimed at providing effective cybersecurity safeguards through the use of mobile device management technology, mobile application management and content filtering.

I realise that there are more than just online ways that you need to keep our young people safe. We have also engaged MacKillop Family Services, who will be delivering a Respecting Sexual Safety program to all our residential care staff. As I announced in the house last year, we are investing $600,000 to roll out the Sanctuary model of therapeutic residential care, which is about building that relationship between staff and young people so they can have these important conversations.

We are taking active measures to protect our children. One of the important things that we are doing is filling the long-held vacancies of frontline staff that were held under the former government. There were 279 vacancies when we came into government. We have reduced that to 52. We have more staff than we have ever had before, which means better case management, fewer cases for the staff and more interaction with our children and young people.

As a result of going to Leeds in 2019, it must have been, to see their programs and the good work there, we have also established a preventative program through Yarrow Place. Yarrow Place has specialised services for teenagers who are at risk of sexual exploitation, and we have expanded that with a course called My Place (unfortunately the same name as another program we have). Breathing Space, which is run by Centacare, is very similar.

That is aimed at empowering young people, giving them information, medical help and self-esteem help so that they aren't at risk of sexual exploitation, so that they know what to do, how to behave and where to get help if something like that happens. There is a lot of work to be done. This is a very serious area of concern for my department and me, and we will continue to make improvements.

EMERGENCY SERVICES

Mr CREGAN (Kavel) (14:35): My question is to the Minister for Police, Emergency Services and Correctional Services. Can the minister please update the house on how the Marshall government is investing in emergency services in my community?

The Hon. V.A. TARZIA (Hartley—Minister for Police, Emergency Services and Correctional Services) (14:35): I thank the member for Kavel for the question. I acknowledge his deep passion for this area, and I thank him also for taking the time recently to allow me and also the Premier to go and visit fire-affected communities and thank the volunteers who have done a marvellous job in the Adelaide Hills recently. It is extremely important that we as a government continue to invest as many resources as possible to ensure that we keep South Australia bushfire resilient in terms of preparation.

Sir, you would be well aware that, after the horrible 2019-20 bushfire season, we were the first jurisdiction in all of Australia to commission an independent bushfire review, held by Mr Mick Keelty. We got on with the job of making sure we responded ultimately with a $97.5 million package to ensure we continue to make South Australia as bushfire resilient as possible. There were 27 action

items we had to unveil before the next bushfire season. We undertook to make sure we do that by the end of this bushfire season, and we are on track, with 23 items already completed.

One of the things we are investing in, as the member for Kavel would be aware, is AVL technology, an absolute game changer in terms of making sure the state is bushfire resilient. This technology has been around since 2012, and many emergency services ministers on the other side of the chamber were aware of this technology. Did they implement it? No, they didn't. That's okay. We, the Marshall Liberal government, are getting on with the job of making sure we invest in AVL technology.

We have had a very successful trial, whether it's in the beautiful electorate of Flinders or in the member for MacKillop's electorate or even in the member for Mawson's electorate. There is even AVL technology trialled on Kangaroo Island, and I acknowledge of course what that community has gone through. We are making sure we unveil this technology so that we can make sure we see more of these trucks in these bushfire areas.

We have also got on with the job of making sure we unveil thermal imaging cameras across all our CFS groups, 55 in total. What these basically do is see heat. They have been put to very good use in recent times. When you look at what just happened in the Cherry Gardens and Scott Creek bushfires, those thermal imaging cameras were put to good use. Crews from right around the state were able to use them, so we are certainly continuing to invest in that as well. The CFS has also released some footage recently showing these thermal imaging cameras. They have been used by aircrews during the fires, which enabled them to identify hotspots, if you like, hidden by smoke and terrain.

I am also very pleased to say that we have prioritised building the facilities that matter to our emergency services volunteers. Our first stage of CFS Project Renew was very successful. We invested $5 million over two years and delivered 223 projects that helped clear some of the backlog of maintenance ignored by former governments. In the member for Kavel's electorate, for example, the Brukunga CFS received a much-needed lighting upgrade. The CFS State Training Centre received nearly $65,000 worth of work, from asbestos removal all the way through to new air conditioning.

On the other side of the member for Kavel's boundary, at Echunga in your own electorate, sir, the Echunga CFS received $33,000 to fix the wall of the station, which was actually falling down. It is not the first time and it is not the only time the CFS has benefited. We have continued to invest, to also upgrade SES units across South Australia. It has been very successful. We are continuing to roll out this Project Renew program. We are continuing to build what matters for our emergency services to continue to keep South Australia and South Australians safe and strong.

The SPEAKER: Before I call the member for Waite, I call to order the member for Kavel.

REPAT HEALTH PRECINCT

Mr DULUK (Waite) (14:40): My question is to the Premier. Is the government still committed to delivering surgery at the Repat Health Precinct and, if so, when will we know who the preferred surgery provider is and the time frames on the necessary construction of surgery suites?

The Hon. J.A.W. GARDNER (Morialta—Minister for Education) (14:40): As the minister responsible for the health portfolio in the House of Assembly, I am very happy to take this question. There is a lot of detail that I am able to hopefully get from the Minister for Health. I will seek to get that for the member as soon as possible.

MINISTER FOR CHILD PROTECTION

Ms HILDYARD (Reynell) (14:40): My question is to the Minister for Child Protection. Do you still have an ambition to be leader? With your leave and that of the house, I will explain.

Members interjecting:

The SPEAKER: Order!

Ms HILDYARD: With your leave and that of the house, I will explain.

Leave granted.

Ms HILDYARD: In April 2010, the minister told ABC radio, when asked by Matthew Abraham, 'Would you like to be leader one day?', you said, 'It certainly wouldn't be out of the question.'

Members interjecting:

The SPEAKER: Order, members on my right!

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:41): Yes, that takes my mind back to 11 years ago.

The Hon. J.A.W. Gardner: Asking about the big issues.

The Hon. R. SANDERSON: How ridiculous! Anyway, I do recall my interview with Matt and David—David Bevan and Matt Abraham as they were back then—and I recall at the time David Bevan—

Members interjecting:

The SPEAKER: Order, the leader!

The Hon. R. SANDERSON: Do you want to hear the answer or not?

Members interjecting:

The SPEAKER: Order! The minister will resume her seat.

Members interjecting:

The SPEAKER: The member for Chaffey will cease interjecting.

Mr Pederick: He's been doing it all day.

The SPEAKER: The member for Hammond will cease interjecting. Interjections from my left and from my right will cease. The Minister for Child Protection has the call.

The Hon. R. SANDERSON: What I was endeavouring to do was give you some context to the statement made 11 years ago, but I will just put on the record that I am incredibly happy with Steven Marshall as our Premier. He has my full support—absolute and full support.

Members interjecting:

The SPEAKER: Order!

The Hon. R. SANDERSON: I think he is doing a fantastic job.

Members interjecting:

The SPEAKER: Order, members on my left!

The Hon. R. SANDERSON: I am very proud to be part of a Liberal Marshall-led government that is a cabinet-run government, where we are all part of the decisions made for this state.

Members interjecting:

The SPEAKER: Member for Cheltenham!

The Hon. R. SANDERSON: But, Mr Speaker, to bring you back to the amazing story from 11 years ago and the context, I remember when I had my first interview on the ABC with Matt and David. I remember firstly having constituents of mine, who I had met through doorknocking—one of them I recall in particular because I had met her many times—had heard the promo that I was going on Matt and David. She was in Housing Trust. I met her and had a great conversation. She was from the stolen generation as well, and I have had many conversations with her since.

When she heard I was going on, she rang and said, 'I don't want you going on there. They're very nasty men, and they will be mean to you,' and, 'You're our member and we don't want that.' I said, 'I will be fine. It's going to be okay.'

Members interjecting:

The SPEAKER: Order!

The Hon. R. SANDERSON: My constituents are very protective of me, so I have had lots of support this week—

Members interjecting:

The SPEAKER: Order, the member for Wright!

The Hon. R. SANDERSON: —and I have greatly appreciated that. However, David Bevan had written a story in the Messenger about an alternative universe where I was the premier. It was quite a fun story and he was asking in reference to that, so—

Members interjecting:

The SPEAKER: Order, the member for Playford!

The Hon. R. SANDERSON: —it wasn't as if I raised the idea. He wrote about a world where I was the premier and everybody dressed really well and everyone was coordinated—

Members interjecting:

The SPEAKER: Order!

The Hon. R. SANDERSON: —and that was the context in which the statement was made.

Members interjecting:

The SPEAKER: Order! The Minister for Education is warned. The member for Cheltenham is called to order and warned. The member for Chaffey is called to order. The member for Colton is called to order. The Minister for Innovation and Skills is called to order. The Deputy Premier is called to order. The member for Ramsay is warned. The member for West Torrens is warned for a second time.

CHILDREN IN CARE

Ms HILDYARD (Reynell) (14:45): My question is to the Minister for Child Protection. How many shifts in residential care have gone uncovered this year?

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:45): Clearly, I wouldn't have that kind of operational information. However, I will say again about the state that I was left: 279 vacancies that were used, as I am told, to hide the budget blowouts that were experienced by the inefficient, incompetent Labor government running that department. However, we have heavily recruited. We have more staff recruited and retained than ever before. We have the lowest number of vacancies—

Members interjecting:

The SPEAKER: Member for Reynell!

The Hon. R. SANDERSON: —being 52. We have more residential careworkers than ever before; 41 came on recently, 11 of those in Whyalla. We now have training every two months with TAFE. We have new intakes coming up in March, April and June. We are doing everything we can to fill the vacancies to take the pressure off the staff. I thank the staff for their tireless work. I know that they took on this job because they want to care for and protect children and that sometimes that means looking after children out of hours because we are looking for homes for them.

If you are interested in being a foster carer—1300 2 FOSTER, fostercare.sa.gov.au—we are looking for homes to place these children in. The reason staff are working back to look after them is while we are looking for homes for them. We are looking for foster carers. We have done an amazing job recruiting foster carers. We had net 82 in the 2019-20 year, a net increase of 52 the year before and we already have 42 to the six months to the end of December. We have more family-based carers than ever before.

We also need more residential care staff, so if you go to the I Work for SA website, we are recruiting. This is the first time a government, as far as I am aware, has continual recruiting for residential careworkers. We are trying to fill the vacancies, so—

Members interjecting:

The SPEAKER: Order, the member for Reynell!

The Hon. R. SANDERSON: —to anyone who did lose their job in January, we are looking for people. Please apply.

The SPEAKER: Before I call the member for Hammond, the member for Reynell is warned.

Members interjecting:

The SPEAKER: Order! The leader is warned for a second time.

Mr Pederick: Any day over here is better than any day over there, mate.

The SPEAKER: The member for Hammond will not respond to—

Members interjecting:

The SPEAKER: Order, members on my left! The member for Hammond will not respond to interjections.

Members interjecting:

The SPEAKER: Order! The leader is warned for a second time. The member for Hammond will not respond to interjections. The member for Hammond has the call.

REGIONAL GROWTH FUND

Mr PEDERICK (Hammond) (14:48): My question is to the Minister for Primary Industries and Regional Development. Can the minister advise how the Marshall Liberal government is building what matters in the Hammond electorate?

Members interjecting:

The SPEAKER: Order!

The Hon. D.K.B. BASHAM (Finniss—Minister for Primary Industries and Regional Development) (14:49): I thank the member for Hammond for his important question about the work the Marshall Liberal government is doing in his electorate to create regional jobs from the Regional Growth Fund in particular. The member is well aware of the fantastic investments that are happening in his electorate of Hammond to create extra jobs and opportunities. It is not just in Hammond. The government is leveraging the Regional Growth Fund and other programs to create extra jobs for people across South Australia. Indeed, in the state budget the government announced $1.6 million in new measures to support regional South Australia. We are building what matters, investing in important infrastructure, providing better services, supporting economic growth and creating jobs.

One important project being supported by the Regional Growth Fund is the construction of the new visitor centre at Monarto zoo. Zoos SA is driving a very important project, revitalising Monarto zoo, in an effort to put South Australia on the map for families across the nation to travel here, bringing their kids and obtaining a zoo safari experience. The innovative Monarto Safari Park vision of Zoos SA will transform their offering, providing something unique in Australia.

The Marshall Liberal government is helping to make this happen with a $4.5 million Regional Growth Fund grant, making possible the construction of a new Monarto Safari Park visitor centre. The project will cost $16.8 million in total. The new visitor centre will provide an interpretive gateway to the park as part of a 20-year vision to establish a 'wild Africa' precinct. This will become a world-class entry to one of the largest safari parks outside Africa.

This remarkable attraction will be located in regional South Australia, on the doorstep of Adelaide. The development will facilitate up to 3,000 visitors per day when health restrictions allow, and visitor numbers are estimated to lift from 165,000 people per year to up to 200,000. I am pleased to report the project is advancing well and is on track to be completed by the end of March 2022. The builders are on site, with earthworks commenced and the first concrete pour scheduled for next week.

Again, this is supported by the Regional Growth Fund, and is a concrete example that our government is building what matters to create jobs and attract investment and visitors to South Australia. It is an example of us building what matters and providing families with world-class experiences for our children. The new visitor centre will include a cafe, a conference facility for up to

150 people, a children's play area, a retail shop and many other amenities. This development is expected to attract further significant investment complementary to the safari park.

I commend the staff and management of Zoos SA for their vision and initiative on this project. It is an honourable achievement for the team at Zoos SA who continue to drive this project, which is expected to be completed on time despite the very significant restrictions and extra work that the COVID-19 pandemic has placed on them. They are doing a great job ensuring their facilities—not just Monarto but also Adelaide Zoo—are safe places for visitors and families.

As I said, this is one example of how the Marshall Liberal government is investing in regional South Australia. It is an example of how $160 million of the Regional Growth Fund is being used to create employment.

AGED-CARE WORKERS

Ms BEDFORD (Florey) (14:52): My question is to the Premier. What will your government do to assist the predominantly female aged-care workers facing substantial wage cuts at their RDNS workplace, now part of an outsourced Silver Chain operation? With your leave, sir, and that of the house I will explain.

Leave granted.

Ms BEDFORD: The royal commission into aged care is expected to hand down its final report next week. At the same time, South Australian aged-care workers are facing wage cuts, substantial wage cuts, proving yet again that privatisation has only two outcomes: less care for already vulnerable people and less wages for the people trying to do their best to look after them.

The Hon. V.A. CHAPMAN (Bragg—Deputy Premier, Attorney-General, Minister for Planning and Local Government) (14:53): The royal commissions that are underway have an agency in the Attorney-General's Department to support the provision of documentation and information, and we do that. There is both the aged-care royal commission that you referred to as well as the disability royal commission, which is underway.

In regard to the information that has been provided on this matter, or any aspect on which we can assist, I will make some inquiries. But, yes, we do receive the interim reports and we do prepare, for the government's consideration, any submissions that we present on those. I will make that inquiry and provide such information as I am able.

AGED-CARE WORKERS

Ms BEDFORD (Florey) (14:54): Supplementary: the royal commission was, of course, used as an example where those workers are being exploited—might be a word we could use even—but we need to actually look at the outcomes of this outsourcing and see what we can do to assist these workers.

The Hon. S.S. MARSHALL (Dunstan—Premier) (14:54): The member raises a very good point. There are quite considerable workforce issues within the aged-care sector. This is predominantly a sector that is presided over by the federal government, but of course there are many South Australians who are employed in the aged-care sector.

There are issues to do with training, which we want to interface with. There are also issues just to do with the general supply of people with the relevant qualifications. It is a complex area. It is an area where we have a group working on this issue. I know that the Minister for Health and Wellbeing, the Hon. Stephen Wade, has set up a group that is helping him look at some of the issues affecting workforce.

I know that there are concerns regarding outsourcing, but very often the operators tell us that this is because they are failing to actually be able to recruit people into the sector. So there are complex issues associated with this. This is on our radar. This is something that we are addressing, because we would like to create sustainable, long-term, well-paid positions in South Australia, and we are looking forward to the final report from the royal commission. As the Attorney-General has indicated to the house, we have participated in this royal commission and we look forward to seeing the final results.

SMALL BUSINESS GRANTS

Dr HARVEY (Newland) (14:56): My question is to the Minister for Innovation and Skills. Could the minister please provide detail on how the Marshall Liberal government is backing small business and building what matters for small businesses to grow?

The Hon. D.G. PISONI (Unley—Minister for Innovation and Skills) (14:56): I thank the member for Newland for his question and his support for small business in his electorate. He knows how important small business is and the role it is playing for South Australia's post-pandemic recovery.

An overwhelming response to the Marshall government's $5 million SME Business Advisory Service Program highlights a strong rebound in business activity here in South Australia. This is another example of the Marshall Liberal government's backing for small business as part of the recovery and building what matters. Demand for the program has exceeded expectations. The program is now fully subscribed with 900 applications from SA businesses in less than three months, injecting $10 million into the South Australian economy.

Additionally, 400 local businesses have been approved as providers of the program. Applications were received for support across areas such as business planning, marketing, transformation of business and operating models, business futureproofing, information technology and e-commerce. These are all the types of skills that you want to bring into your business when you are looking at growing, when you are confident about the economy and when you are confident about growing.

There is nobody here getting financial advice about how to reduce the size of their business: it is about growing their businesses. That is where they are looking for advice. Industry sectors that have supported the funding program include professional, scientific and technical services, agriculture, forestry and fishing, retail trade, manufacturing and construction, accommodation and food services, health care and social assistance.

Some examples of how the grants have been used include Meditation Life within the seat of King. Meditation Life will use the grant to further develop its marketing in the digital space. This has been a very popular area for this support—moving into the digital space, pivoting into that area, which people have delayed for many, many years. However, the impact of COVID-19 has encouraged people to move quicker into this space.

Techgrow International Pty Ltd, in the seat of Frome, is an agricultural machinery retailer that distributes equipment across Australia which has used the funding for a strategic business review. Again, it is all about planning for the future. Clare Valley Tours, again in Frome, is an organisation obviously hit very hard by COVID-19, but they are looking to the future.

As international operators have moved into the domestic market, pricing has been sensitive and they are getting support with this grant on their marketing, improving their online engagement, as well as an analysis of growth opportunities through mentorship, support to identify new business opportunities, including research and development, and business futureproofing. Again, it is talking about the future. For Glen Ewin Estate in the seat of Newland this grant will support improved digital connectivity and internet access, expanding wi-fi and mobile coverage to improve the experience for patrons visiting the winery and the function centre—again looking towards the future.

This strong demand for business follows a recent National Australia Bank Monthly Business Survey, which shows South Australia is leading the nation in business confidence and conditions. Business conditions in South Australia are at their highest on record and higher than before the pandemic. Of course—

Members interjecting:

The SPEAKER: Order!

The Hon. D.G. PISONI: —the Marshall Liberal government—

Mr Malinauskas interjecting:

The SPEAKER: Order, the leader!

The Hon. D.G. PISONI: —is supporting small business to grow and to employ more South Australians.

MINISTER FOR CHILD PROTECTION

Ms HILDYARD (Reynell) (15:00): My question is to the Minister for Child Protection. Minister, what is it that you do for the more than $350,000 of taxpayers' money you are paid to sit in Premier Marshall's cabinet? With your leave and that of the house, sir, I will explain.

The Hon. D.C. VAN HOLST PELLEKAAN: Point of order.

The SPEAKER: The Minister for Energy and Mining on a point of order.

Members interjecting:

The SPEAKER: Members on my right will cease interjecting.

The Hon. D.C. VAN HOLST PELLEKAAN: Speaker, as well as belonging in the gutter, that question does not have anything to do with responsibility as a minister.

Members interjecting:

The SPEAKER: Order, members on my left!

Ms Hildyard: I've asked for leave.

The SPEAKER: Order, member for Reynell! Seeking leave does not have the effect of instantly rendering a question that's otherwise out of order in order. I uphold the point of order. I will give the member for Reynell an opportunity to ask a question that is within standing orders. Does the member for Reynell seek the call? The member for Reynell.

Members interjecting:

The SPEAKER: Order! The Minister for Innovation and Skills will cease interjecting. The Minister for Innovation and Skills is warned. The member for Reynell has the call.

Ms HILDYARD: My question is to the Minister for Child Protection. On 19 May 2018, the minister was stripped of ministerial responsibility for the Commissioner for Children and Young People, the Guardian for Children and Young People, the Child Death and Serious Injury Review Committee—

The Hon. D.C. van Holst Pellekaan interjecting:

Ms HILDYARD: Can I ask the question?

The SPEAKER: Order!

Members interjecting:

Ms HILDYARD: I'm asking a question.

Members interjecting:

The SPEAKER: Order, members on my right!

Ms HILDYARD: It's a long question.

Members interjecting:

Ms HILDYARD: Why don't you stop protecting the minister?

Mr Picton: What a protection racket!

Ms HILDYARD: A protection racket!

Members interjecting:

The SPEAKER: Order! Members on my right and members on my left will cease interjecting. The Minister for Energy and Mining has risen on a point of order. I will hear the point of order.

The Hon. D.C. VAN HOLST PELLEKAAN: I listened carefully, and the member made three statements in a row without seeking leave, without sounding like it was going anywhere near a question.

Members interjecting:

The SPEAKER: Order!

The Hon. D.C. VAN HOLST PELLEKAAN: It's completely out of order with regard to standing order 97.

The SPEAKER: The point of order is under standing order 97. I will hear the entirety of the question.

Ms HILDYARD: Minister, on 19 May 2018 the minister was stripped of ministerial responsibility for the Commissioner for Children and Young People, the Guardian for Children and Young People, the Child Death and Serious Injury Review Committee and the Child Development Council. In March 2019—

The Hon. D.C. van Holst Pellekaan interjecting:

The SPEAKER: The Minister for Energy and Mining is called to order.

Ms HILDYARD: —under the auspices of the intensive support unit, Minister Lensink was given the Minister for Child Protection's responsibilities to deliver and commission intensive—

The Hon. D.C. van Holst Pellekaan interjecting:

The SPEAKER: Order! The Minister for Energy and Mining on a point of order.

Ms HILDYARD: —family services with a focus on early intervention—

Members interjecting:

The SPEAKER: Members on my right will cease interjecting.

Ms HILDYARD: —to reduce the number of children entering out-of-home care—

The SPEAKER: The Minister for Energy and Mining rises on a point of order.

Ms HILDYARD: —as a result of suffering, abuse and neglect. Sorry, I thought you asked me to give you the question in full.

The SPEAKER: The Minister for Energy and Mining rises on a point of order. The Minister for Energy and Mining has the call.

Members interjecting:

The SPEAKER: Order, members on my left! The Minister for Energy and Mining has the call.

The Hon. D.C. VAN HOLST PELLEKAAN: Sir, the last time I rose on the point of order the member had—

Members interjecting:

The SPEAKER: The Minister for Police, Emergency Services and Correctional Services is called to order. The time for questions has expired.

Grievance Debate

COVID-19 ECONOMIC RECOVERY

Mr MALINAUSKAS (Croydon—Leader of the Opposition) (15:05): I think all of us in South Australia collectively as a community, indeed everyone in our great commonwealth, have been exceptionally proud about the way we have responded to the extraordinary challenge of COVID-19. Our health response here in this country, indeed our health response in South Australia, has been the envy of the world. With the exception of maybe New Zealand, we have been top of the pops as jurisdictions go in terms of the health response to coronavirus generally.

Nicola Spurrier and Grant Stevens deserve our commendation. They have run our health response, developed the advice, delivered the advice and made sure it has been adhered to to protect each and every one of us. Indeed, their policy response to COVID-19 has underpinned Australia's ability to protect our economy as best as possibly could be imagined during the course of such a pandemic. But the economic response here in South Australia, despite that extraordinary effort from Nicola Spurrier and Grant Stevens, has been sorely lacking.

Today, in a way that cannot be disputed, that has been shown by the Australian Bureau of Statistics' measure of our labour market here in South Australia. Sometimes when we talk about numbers and stats, it is easy to get lost in the analysis, the different interpretations and the tit for tat numbers, when in actual fact what these statistics represent are real people—real people in extraordinarily difficult circumstances.

They are families seeking to provide for themselves and they live in all four corners of our state. They live in our suburbs and they live in our regional communities. When we read on a page that 12,000 South Australians lost their jobs in one month alone, that is 12,000 people who can no longer provide for themselves, 12,000 people who can no longer provide for their families and 12,000 people who have not just lost an income but lost the dignity that work provides them.

When we think about those numbers, we contemplate and ask this question: is the government doing everything it possibly can to look after those people? When we look at the responses from those opposite to the questions today, the answer is a resounding no, and that should not just cause a degree of political alarm to those opposite but it should cause a great degree of concern to absolutely everybody.

Our solemn obligation, not just within the government but within the opposition and the parliament as a whole, is to make sure that we do everything we can to give those 12,000 people, on top of the other 130,000-plus people who are underemployed or unemployed in this state, the opportunity for work. When you look at the policy levers that are available to the Marshall Liberal government, you cannot help but be frustrated at the fact that they are not being pulled.

We see a lot more effort being put into advertising campaigns on infrastructure than actual infrastructure projects themselves. We are starting to get a little bit tired as a state of press releases about a women's and kids hospital, but nothing happening; press releases about The QEH, but nothing happening; press releases about Main South Road, but nothing happening; press releases about a north-south corridor, but nothing happening; and press releases about an art gallery that is not happening. All we hear is talk. The 12,000 people who lost their jobs—

Members interjecting:

The SPEAKER: Order, members on my right!

Mr MALINAUSKAS: —in January do not want talk: what they want is action. Then there are the other policy options that are available to a state government to drive jobs in this state—such as tax policy. Well, this government do not have one. Their tax policy is, 'We will talk about cutting taxes over here, but then over there we will increase them to the tune of $250 million,' which is what we saw a couple of budgets ago. 'We will cut payroll tax,' which we did, I believe, nine times during the course of government. 'We will cut payroll tax, but by the way we are going to give you massive hikes in land tax. We might reduce the ESL over here, but we will come up with another $250 million worth of taxes over there.' That is not a thought-through tax policy. That is a grab bag of ideas, trying to tell people that you are doing something when you are not doing much at all.

A range of policy levers is available to this government that they are not pulling, and over 12,000 South Australians in one month alone lost their job. We have seen thousands of South Australians quit the labour market altogether because they have no confidence in what those opposite are doing. We have the worst youth unemployment rate in the nation, and this is causing heartache—heartache that deserves a response, heartache that deserves leadership. We are the only party in this parliament with work in our name, and we will make sure we put South Australians to work if we win the next election.

Members interjecting:

The SPEAKER: Order! I call to order the member for Chaffey, and I take the opportunity to remind members of the provisions of standing order 81A in relation to the grievance debate. The time allowed for a member to speak is not less than five minutes, with the discretion in the Speaker as to the conclusion of that time. So, in relation to the expiry, as I have applied at times in the past, there is no hard guillotine, and I just remind members of standing order 81A.

RIVERLAND AND MALLEE VOCATIONAL AWARDS

Mr WHETSTONE (Chaffey) (15:11): It gives me great pleasure to stand and talk about last Friday night in the electorate of Chaffey. The vocational awards in Berri, hosted by the Berri Lions Club, is an outstanding event. They are the largest regional vocational awards in the country, so it was a great pleasure to attend the 2020 Riverland and Mallee Vocational Awards at the Berri Hotel.

About 200 people were there due to the COVID restrictions, but normally they are packed to the rafters. What we saw on Friday night was an example of the great spirit and the great support of Riverland businesses training those young ones and those older trainees into the workforce. They will be an asset not only to the region but in some instances they will be an asset to the state's economy and travel far and wide with their expertise.

The awards are a coming together of businesses, and I want to thank them for their time, their work, their training and their dedication to the opportunities for those young trainees and apprentices right across the Riverland and Mallee. It really is an outstanding success and an outstanding continual upskilling of our workforce. The Lions Club have presented these awards for 36 years—and they are 36 years strong. We continue to see excellence, we continue to see those looking to upskill or to skill into a workforce, and there was nothing more inspiring to me as an apprentice as a young fella than to see these people, these apprentices with aspirations to be the best they can be.

Congratulations to Breeann Duncan, my trainee, who was runner-up in the trainee awards. She is an outstanding trainee and is my 11th office trainee. She came to the fore but, sadly, she was only just pipped at the post by Bianca Shephard. Both of them are outstanding young Riverlanders, and they will be an asset to the region's economy.

The Loxton maintenance fitter Jakob Johinke-Milich and the Barmera chef Madison Lailey were jointly named apprentice of the year. I understand that is the first time we have seen joint winners, and good on them because they are both dedicated to the job. We know that being a chef is an extremely hard profession. We also know that being maintenance fitter gives an opportunity to go on. I was in the maintenance fitter regime as a young fellow and moved on into toolmaking. What it does is give them the opportunity of a life skill.

I know the member for MacKillop was an apprentice boilermaker, we know that the Minister for Innovation and Skills was an apprentice cabinetmaker, and the list goes on. I think the member for Hammond was an apprentice shearer, and good on him. It takes all sorts to make the world go around. It shows that on this side of the house we are a rounded group of people, we have all sorts of entrepreneurial skills and, in some way, shape or form, the backbone to some of the state's and the region's economy.

Jakob, as an apprentice at Loxton's The Wine Group, which is a large winery in Loxton, is completing a Certificate III in Engineering. As I said, he is an apprentice fitter and turner. Also, Madison from the Barmera Hotel is completing a Certificate III in Commercial Cookery. Good on those two, and good on everyone for actually having a go and being a part of it.

The award for school-based trainee went to Emily Taylor, and the VET student of the year went to Parker Steinert. The industry winners included Necip Durmus, who won the automotive award; Madison Lailey from the Barmera Hotel, who won the cookery award; the building and construction award went to Briley Gibbs; and the electrical/air-conditioning award went to Craig Turner at Water Engineering (I presume that is SA Water)—great work.

Other winners included Jakob Johinke-Milich from the TW Group at Loxton, who won the engineering award, and Jorja Bradley from Jarahs Hair won the hairdressing award. I commend all those trainees and apprentices and I commend all the contestants. It was a great night and great for regional South Australia because #RegionsMatter.

AUSTRALIA DAY AWARDS

The Hon. Z.L. BETTISON (Ramsay) (15:16): I rise today to talk about several constituents within my electorate of Ramsay and the wider City of Salisbury who were recognised during the Salisbury Australia Day Citizen of the Year Awards. The awards recognise and reward individuals and organisations that go above and beyond to make incredible and valuable contributions to our community.

I first want to recognise the Salisbury Citizen of the Year, Frank Wanganeen. To many of us known as Uncle Frank, he has played a significant role in strengthening the relationships between the City of Salisbury and the Kaurna and broader Aboriginal community. He is an educator who has done a tremendous amount to teach people Aboriginal culture and language, particularly young people, to ensure that it is preserved for generations to come.

Frank is also passionate about the environment and will share his knowledge by conducting guided cultural walks along the Mangrove Trail or by giving talks on native plants at the Paralowie community garden. I commend Frank for all that he does for our community and offer my personal congratulations because he is someone who shows his commitment through his efforts in all areas.

I also want to recognise the Young Citizen of the Year, Zahra Bayani. Zahra came to Australia in 2017 speaking no English at all, and in the following four years she has become one of the most active young people in our community. Zahra has contributed to Rotary through their youth leadership programs, Spire coaching as a mentor, St John Ambulance as an event responder, and multiple organisations as an ambassador or board member.

Zahra has a drive to contribute to our community, not for recognition but because she has a strong desire to help others. I have to say that when they read out all the things that Zahra has done in her short life, it put many of us to shame. I look forward to seeing what Zahra will do as she contributes to our community in the future.

Bianca Simeoni won the Active Citizenship award. Bianca is president of the Salisbury International Soccer Club, a club that she has had strong family connections with over the last 50 years. When Bianca started with the club, there were only three senior men's teams made up of about 45 players, using a single pitch at Underdown Park in Salisbury North. There are now 350 players and 20 teams, including women, junior girls and, recently, junior boys. They play on three state-of-the-art pitches and have two large sheds to use.

It is an incredible effort, and Bianca has been key in transforming this club. She is a shining example of active citizenship in this community that helps people of all ages. I would like to acknowledge the other award recipients: Mrs Christine Pike, who received the Senior Citizen of the Year award, and Rachael Zaltron, Nicolette Nedelcev and the Friends of the Pledger Wetlands group, who all received the Mayor's Commendation.

I want to finish by talking about a unique decision regarding the Salisbury Community Achievement award. It is a new award for this year, and it is for a person or group who delivered outstanding work for an event or cause staged in the community during the past year. While there were several nominations, the Salisbury council took the opportunity to give the Salisbury Community Achievement award to the residents of the City of Salisbury. They chose to give it to us to highlight the collective efforts of the whole community coming together and facing the challenges that 2020 presented to all of us, with members of the community rallying around each other to provide assistance, check on volunteers and make sure everyone was doing okay.

It was a surprise to everyone that this was the decision, but I have to say there was an incredible turnout. The member for Florey was there as well and the member for Playford also. There was a really good turnout for the Australia Day awards because people want to get out and support their community. We were prevented from doing so in 2020 for our health, but together we came to be #5108andproud.

REPATRIATION GENERAL HOSPITAL

Mrs POWER (Elder) (15:21): As many people in my local community will recall, we on this side of the house promised to save the Repat and reactivate it into a thriving healthcare precinct. Today, I am absolutely pleased to get up and once again share that that is exactly what we are doing

in my electorate of Elder. We truly are building what matters, creating local jobs and better lives for people right across our state, and particularly in the inner south, with this significant boost to our healthcare system.

We are continuing to reach significant and exciting construction milestones as part of our commitment to reactivate this site. Earlier this month was the first concrete pour for the gymnasium, which is really at the centre of the site and, as the Minister for Health and Wellbeing put so eloquently, is the beating heart of our Repat health precinct. That took place and it was quite exciting. Who would have thought watching concrete being poured would be exciting? But it was exciting to be there that morning witnessing that with the Minister for Health.

I think what was so exciting about it was not necessarily actually watching the concrete being tipped into the ground but really being present to the fact that this was the community's vision coming to life. We heard from the community, clinicians, all sorts of stakeholders, my local community in particular, doctors and nurses how important the Repat site was. Particularly, we heard from veterans how important the Repat site was. We had all come together to create a great vision, and to see that vision come to life is truly exceptional.

The concrete being poured is just one of the latest in a series of key milestones in the reactivation of the site. What else is happening at the site? We have partnered with HammondCare to deliver innovative homelike accommodation to care for people with varying stages of dementia. I had the Minister for Infrastructure and Transport at the Repat site with me just last week and again was reminded how incredible that dementia village is going to be. There is no other place like it in the Southern Hemisphere. We have really created something truly special to provide the best care for those who are vulnerable.

The site works for the new 78-bed facility have commenced. Once complete, it will include two nine-bed specialist dementia care units for care and support for people with severe behavioural and psychological symptoms of dementia and four 15-bed cottages to provide care and support for people with dementia who have complex care needs. We have already opened the 12-bed Specialied Advanced Dementia Unit for people living with advanced dementia. This specialised unit was developed using the latest evidence-based research and, importantly, from those who had lived experience.

The Marshall Liberal government has an unwavering focus on providing quality health care closer to home. As we are doing this, we are ensuring that the community is consulted and listened to. As I mentioned, those living with dementia, their families and the organisations had input into that dementia unit, and it was even nominated for an award in terms of the engagement process. Most importantly, what is there is something that all South Australians can be particularly proud of.

The list really keeps going on with what is happening at the Repat site. I am often in this place updating the house. Mr Speaker, I know that you are across it already, but some other updates also include constructing a 24-bed brain injury and a 24-bed spinal cord injury rehabilitation facility—again, a purpose-built facility that will provide a high-quality, modern and contemporary environment to support treatment and recovery from brain injury and spinal cord injury. It will have a patient and family-centred service, offering research and therapy spaces, including the sports gymnasium designed specifically to complement rehabilitation services.

As we build these better facilities to deliver better health services, we are providing significant and crucial job-creating economic stimulus for South Australia, which is also important as we continue to address the challenges of the pandemic. Hundreds of new jobs are being created not only at the Repat site but right across my electorate and the surrounding area. We will continue to build what matters, ensuring South Australians and residents in my area have access to better health care closer to home, and reactivating the Repat into a thriving healthcare precinct, just as we promised, is just one element of that.

GILES ELECTORATE

Mr HUGHES (Giles) (15:26): I rise today to talk about two issues in my electorate. The first is the ongoing issue to do with violence at Whyalla Hospital, with violence directed at nurses and at other staff members. This has been an ongoing issue. It is an issue that I have spoken about in this chamber previously. I wrote to a number of ministers about the issue back in 2019 warning that the situation will lead to even more disturbing outcomes if it is not addressed.

This January, we saw 22 incidents at Whyalla Hospital, so the situation is escalating and it is escalating in the face of the deficient processes that have been put in place to address the problem of violence at the hospital. I have made suggestions to the minister on what needs to be done, and I stand by the proposal to put in specially trained security guards at the hospital. Given it is a health setting and given there is a whole raft of sensitivities—people sometimes in a disturbed state—we do not want to see a security guard who might do a shift at a local hotel. We need properly trained people for that particular setting. We do need security guards, as what is in place at the moment clearly is not working.

The union has expressed incredibly strong concerns about what has happened this January. They have also said that the situation is getting worse and that the processes put in place have not helped. In fact, they go as far as to say that they might well have made the situation worse. I said back in 2019, when I wrote to the minister, that this is an urgent issue. It is a very urgent issue, and it still has not been adequately addressed.

At the time, I was looking around for other options, given the minister rejected the proposal to have security guards at the hospital—even if the security guards were there at the times when violence was more likely, such as a Friday night or the weekend, although I strongly believe properly trained security guards are needed at the hospital around the clock.

I did write to the then police minister to make another suggestion, given the lack of support for security guards. I said, 'Can we have a look at providing the protective security officers at the hospital?' We come in here, as members, and we have people from that service working here and we are at far less risk than the nurses and the staff at Whyalla Hospital. But the Minister for Police rejected that suggestion. In fact, none of these particular people live or work in regional South Australia.

We know that a number of hospitals in Adelaide do have properly trained security guards and it has a positive impact. I am not claiming that this is a panacea for some of the issues around violence we have at the hospitals, but it is an important step and it is a step that needs to be taken. So I call upon the minister again to act urgently. Let's not have a repetition of all the things that were said in 2019 that have not led to a good outcome at the hospital.

I also want to raise another issue in my electorate and I am deeply concerned about this issue as well. It is the potential abandonment of the policing model in the APY lands. It appears that a model has been developed that will be based on fly-in fly-out to the APY lands. How on earth are you going to develop trust? How on earth are you going to develop relationships with a fly-in fly-out model? So all power to the police union in taking this on. They recognise that the model that is being proposed will not work in the APY lands. You need people based in community, people building trust, people building relationships and knowing what is going on.

MORPHETT ELECTORATE, ROAD SAFETY

The Hon. S.J.R. PATTERSON (Morphett—Member of the Executive Council, Minister for Trade and Investment) (15:31): Here in parliament today I take the opportunity to speak about a win that we have had recently in our local community. I have been contacted by several concerned members of our community regarding the safety of children crossing the road on the corner of Williams Avenue and Rugless Terrace in Glenelg East, just near Glenelg Primary School.

Williams Avenue runs behind Glenelg Primary School and is one of the main entrances to the school which many of the local Glenelg East students use to walk, run or ride to school. Previously, the intersection I spoke about at Williams Avenue and Rugless Terrace was a blind spot for cars travelling along there and also for pedestrians crossing the road. The intersection itself is especially busy with cars at school pick-up and drop-off times, turning from Williams Avenue onto Rugless Terrace, and then add to that the traffic that is already coming down Rugless Terrace towards Brighton Road suddenly appearing around the corner about 100 metres away from this intersection.

Following this contact from concerned constituents, I then worked with the City of Holdfast Bay to investigate the options to help promote pedestrian safety at this intersection. This work involved investigating the pedestrian safety and also the traffic management on Rugless Terrace and

Williams Avenue. The investigation also included site observation and a pedestrian crossing survey during those really busy afternoon school pick-up times.

The investigation did note that the vehicles that were parked on the northern side of Rugless Terrace restricted the pedestrian sightlines as the kids were looking to cross the road. One of the solutions thought of initially was whether we could put a pedestrian refuge in the middle of Rugless Terrace to allow those pedestrians and also bike riders to stop in the centre of the road and provide a two-stage crossing. However, looking at this further identified that there were quite a few groups of pedestrians, many of them children, who, when they crossed here, would exceed the capacity of the refuge.

Also, from a parent's perspective, stopping between these opposing lanes with small children requires a high level of supervision, making sure they do not suddenly dart out, and would not improve the pedestrian sightlines because they would still have to look from the footpath. As I said, looking into this further, it was decided to address this by having pedestrian storage areas installed on either side of the road, with formalised parking lanes to accommodate street parking. These treatments included concrete protuberances that extended beyond the parked cars to help improve those sightlines and also, in effect, reduce the crossing distance across Rugless Terrace. The great news is that these works were finished in January, just prior to the start of the school term, much to the delight and also relief of the school community.

A huge thank you goes to the engineering manager at the City of Holdfast Bay, Mr Michael de Heus, for his work in rectifying this issue, and also to the Glenelg Primary School leadership team, Principal Shane Misso and Assistant Principal Anthony Fischer. However, I have to emphasise that this would not have been possible without the advocacy of two Glenelg East residents, Rosie Sulicich and Victoria Tsemitsidis. Victoria is the mother of three children who attend Glenelg Primary School, and they use this crossing every day.

Victoria's partner, Nicholas, also helps out. He is in a wheelchair, and the protuberances really help him. Previously, he would have had to have been on the footpath, which is a good way back, trying to look over parked cars, and of course he is in the wheelchair. Being able to be on the road there with the sightlines makes it a lot easier for him and his children. Rosie's and Victoria's contact to my electorate office is fantastic, and I congratulate them on getting an outcome not only for their children but for all Glenelg Primary School students, past and future.

The upgrade to this traffic safety area is not the only work we have done around Glenelg Primary School. One of my election commitments was to install safety bollards on the really busy Diagonal Road-Brighton Road intersection, which carries 100,000 vehicles per day past this intersection. That has been delivered, helping improve safety as well.

While I am talking about Glenelg Primary School, it was a real honour to be the guest speaker at their leadership conference recently. It was great to speak to 200 students about leadership, commitment and teamwork, utilising examples from my personal and professional life as well as using the Premier as a great example of a fantastic leader. In meeting the students, I really know that the future of Morphett and our state is certainly bright, and I would like to congratulate the teachers on helping those students on their journey.

Parliamentary Procedure

SITTINGS AND BUSINESS

The Hon. V.A. CHAPMAN (Bragg—Deputy Premier, Attorney-General, Minister for Planning and Local Government) (15:37): I move:

That the house at its rising adjourn until Tuesday 2 March 2021 at 11am.

Motion carried.

Parliament House Matters

CHAMBER PHOTOGRAPHY

The SPEAKER: Before I vacate the chair, I drew members' attention, prior to the commencement of question time, to the fact that I granted permission to a stills photographer to be present in the public gallery to take photographs in the course of the debate today. Again, I just indicate that to members.

Bills

TERMINATION OF PREGNANCY BILL

Committee Stage

In committee (resumed on motion).

New clause 6A.

The CHAIR: We are in committee on the Termination of Pregnancy Bill. At the moment, the committee is considering amendment No. 1 standing in the name of the member for West Torrens, which is the insertion of new clause 6A. We have had some considerable debate on that already, an hour, in fact. Unless there is any further debate on that, I am looking to put the motion or the amendment. The question before the chair is that amendment No. 1 standing in the name of the member for West Torrens, which would insert new clause 6A, be agreed to.

The Hon. A. Koutsantonis' new clause negatived.

New clause 6A.

The CHAIR: We have, since this morning's sitting, received another amendment standing in the name of the member for Davenport, and it relates particularly to those issues we have most recently been debating. It, too, looks to insert a new clause 6A. I am going to invite the member for Davenport to move that amendment.

Mr MURRAY: I move:

Amendment No 1 [Murray–1]—

Page 4, after line 37—Inserted clause 6A—delete inserted clause 6A and substitute:

6A—Care of person born after termination

(1) This section applies if a termination results in a person being born.

(2) Nothing in this Act prevents the medical practitioner who performed the termination, or any other registered health practitioner present at the time the person is born, from exercising any duty to provide the person with medical care and treatment that is—

(a) clinically safe, and

(b) appropriate to the person's medical condition.

(3) To avoid doubt, the duty owed by a registered health practitioner to provide medical care and treatment to a person born as a result of a termination is no different than the duty owed to provide medical care and treatment to a person born other than as a result of a termination.

In moving this amendment I make the point that it is a word-for-word copy of the operative parts of the New South Wales legislation. I am happy to take questions regarding it.

The CHAIR: I assume we have circulated this amendment? Everybody has seen it? Yes. The member for West Torrens.

The Hon. A. KOUTSANTONIS: As we heard in the earlier debate, the Attorney-General told the committee that amendments or clauses in bills that allowed medical intervention in relation to persons born alive during a termination did exist in foreign jurisdictions but none here in Australia. That was false. They do. I want to commend the member for Davenport for moving this amendment. My question to him is: is it his understanding that this amendment, which is identical to clause 11 in the New South Wales legislation that is statute, is consistent with the principles of this current bill we are debating?

Mr MURRAY: I thank the member for West Torrens for his question. In answering, I would make the point that prior to the break I asked the Attorney-General's view on what is now subclause (3) of this new clause 6A and in particular the extent to which it was in any way philosophically different from the provisions of the act, the answer to which was that it was in no way different. Partly as a consequence of that answer and the indication that this is entirely consistent

with the act itself, I have elected to take the entire clause, which is operative at the moment in the New South Wales jurisdiction, and seek to have it applied here.

In summary, this is, I am reliably informed by the Attorney-General—the operative parts that I asked about earlier—consistent with the act. To be clear, it is different from the previous amendment we discussed in that it does nothing other than impose a duty for a person born as a result of a termination, which is no different from the duty owed to provide medical care and treatment to a person born other than as a result of a termination. There is no compulsion other than a duty to provide the same level of care for a person born from a termination as compared with the same duty owed to a person arising from or other than as a result of a termination.

It is materially different in terms of what it imposes by way of obligation and it is consistent with the provisions within the act and, in particular, it is consistent with the primary motivation of the existing act, and that is to refer to medical expertise. Rather than seeking to prescribe actions, it is seeking to do nothing other than reiterate duty of care however that is perceived by the medical fraternity.

The Hon. V.A. CHAPMAN: I also wish to speak about the proposed amendment 110(18) standing in the name of the member for Davenport. This had been foreshadowed in some earlier discussion on this bill. I agree that the new clause 6A proposed is consistent with the provision for the duty of care terms in the New South Wales act. I confirm again, notwithstanding the member for West Torrens' statement that in some ways this results in a misleading statement from me, that I completely and utterly reject that. This is an entirely different motion. The member for Davenport is quite correct in stating that the New South Wales provision outlines the duty of care expectation to not be derogated from. He is absolutely correct.

The assertion, which the member for West Torrens continues to present, is that in some way it has been completely incorrect to suggest that when I say to members of the house that the proposal that he presented and which was lost was wrong. In my assertion, there is no replication of mandatory obligations in this area around Australia, and I maintain that. It is in fact the member for Davenport who is correct in affirming that, when he has read the act in New South Wales, it is actually a confirmation of their continuing obligation in relation to a professional's duty of care; so he asked that it be considered.

When we dealt with this in debate, I had a quick look at it during the luncheon break. I indicate that we have not had the opportunity to consult on it in relation to the act it has come from. I am not quite sure whether we need to deal with it differently, but I want to bring to the attention of the member that we have already identified this very issue in the bill that has been presented here to the parliament under clause 13(4). It is different wording, and I will read it to the house. Under miscellaneous provisions—Conduct and performance of registered health practitioners—it sets out a number of obligations in that regard. Subclause (4) states:

> (4) This Act does not limit any duty a registered health practitioner has to comply with professional standards or guidelines that apply to health practitioners.

I hope that is some indication that, even in our bill, we have made provision for that conduct of practitioners to comply with their obligations, and that of course includes their duty of care and in fact all the guidelines and obligations. I think there is little work to do in relation to the proposal before us, but I confirm that, whilst I consider we have covered it in the current bill, I utterly reject the assertion that continues to be asserted by the member for West Torrens and ask members who are following this debate to appreciate the clear understanding that the member for Davenport has, which is the correct one—that is, it is a confirmation of obligation of duty.

The Hon. A. Koutsantonis interjecting:

The CHAIR: Order!

The committee divided on the new clause:

Ayes.....25
Noes 21
Majority 4

AYES

Bell, T.S.	Brock, G.G.	Brown, M.E.
Cowdrey, M.J.	Cregan, D.	Duluk, S.
Ellis, F.J.	Harvey, R.M.	Knoll, S.K. (teller)
Koutsantonis, A.	Malinauskas, P.	Michaels, A.
Mullighan, S.C.	Murray, S.	Odenwalder, L.K.
Patterson, S.J.R.	Pederick, A.S.	Piccolo, A.
Picton, C.J.	Power, C.	Sanderson, R.
Speirs, D.J.	Tarzia, V.A.	Teague, J.B.
van Holst Pellekaan, D.C.		

NOES

Basham, D.K.B.	Bedford, F.E.	Bettison, Z.L.
Bignell, L.W.K.	Boyer, B.I.	Chapman, V.A. (teller)
Close, S.E.	Cook, N.F.	Gardner, J.A.W.
Gee, J.P.	Hildyard, K.A.	Hughes, E.J.
Luethen, P.	Marshall, S.S.	McBride, N.
Pisoni, D.G.	Stinson, J.M.	Szakacs, J.K.
Whetstone, T.J.	Wingard, C.L.	Wortley, D.

Mr Murray's new clause thus inserted.

New clause 6A.

The Hon. V.A. CHAPMAN: I move:

Amendment No 1 [AG–2]—

Page 4, after line 37—After clause 6 insert:

6A—Requirement for information about counselling

(1) Before performing a termination on a person under section 5, a registered health practitioner must—

(a) assess whether or not it would be beneficial to discuss with the person accessing counselling about the proposed termination, and

(b) if, in the practitioner's assessment, it would be beneficial and the person is interested in accessing counselling, provide all necessary information to the person about access to counselling, including publicly-funded counselling.

(2) Before performing a termination on a person under section 6, a medical practitioner must provide all necessary information to the person about access to counselling, including publicly-funded counselling.

(3) A registered health practitioner may, in an emergency, perform a termination on a person without complying with subsection (1) or (2).

This proposal introduces a requirement for information about counselling. Again, having listened to the contribution of members and, indeed, the issue raised in some other amendments, this amendment has been drafted to facilitate the particulars of obligation.

I will outline how it is to be effected and the benefit of it, if I may. In providing an alternate amendment to that of the member for Playford, the effect of the amendment is to require that a medical practitioner, before performing a termination under 22 weeks and six days, (1) assess whether it would be beneficial to discuss with the person accessing counselling about the proposed termination and (2) if the practitioner's assessment is that it would be beneficial and the person is interested in counselling, provide all necessary information to the person about access to counselling, including publicly funded counselling.

Further, before performing a termination on a person who is more than 22 weeks and six days pregnant, the amendment provides that a medical practitioner must provide all necessary

information to the person about access to counselling, including publicly funded counselling. The amendment is identical to section 7 of the New South Wales Abortion Law Reform Act 2019. Importantly, it promotes and respects patient decision-making and autonomy, while also ensuring that the issue of counselling is raised in those scenarios where a medical practitioner considers it would be beneficial.

The member for Playford's proposed amendment would mandate the provision of information about access to counselling to be offered to a person before performing any termination, and it removes the discretion of the medical practitioner to assess whether it would be beneficial to discuss access to counselling with a woman who may be in the early stages of pregnancy.

In short, the obligation here is mandated as such after the 22 weeks and six days, which certainly the bill proposes and I think the parliament has endorsed and is deserving of having a very different threshold of operation after 22 weeks and six days and, in fact, has already moved to accept the two-doctor requirement and also to wrap around that some very prescriptive terms. I think the parliament to date has expressed its view that we do treat this in a different way and has done so. Therefore, this proposal is to acknowledge both that and also that there ought to be some discretion in the under 22 weeks and six days scenario. That is the only difference.

I thank the member for Playford for giving consideration to this matter. Several members have raised it with me, but he crystallised his in an amendment and I thank him for that. As I said, others have raised with me. I have seen some paper document information about counselling, some of which is a little bit outdated, from some members.

Nevertheless, it is fair to say that I have not explored or identified what might be available online for myriad counselling services. Again, I do not think either the member for Playford or any other member has raised with me a suggestion that we be specific as to what information is provided, only that it be considered and that there be a provision of the opportunity to refer to counselling if appropriate under 22 weeks and six days and a mandated option of advice over 22 weeks. Again, I thank members for their contributions and seek support of this position.

The CHAIR: Thank you, Attorney, for that information. You were dealing with your amendment and you were foreshadowing Mr Brown's, who now will have the opportunity to speak to that.

Mr BROWN: I do thank the Attorney for trying to take on board what I raised in my other amendment, which I know was to a different clause. I also believe that her amendment does largely incorporate the spirit of what I was trying to achieve. However, unfortunately, I must say I am not satisfied by the fact that the provision of information regarding where someone may locate counselling is not mandated. It is a decision made by the medical practitioner as to whether that information is provided. Therefore, I would seek to amend the Attorney's amendment so that that information must be provided to everyone who is seeking a termination.

The CHAIR: For clarification, member for Playford, you have three amendments before the committee. Are you moving them en bloc?

Mr BROWN: Yes. I move:

Amendment No 1 [Brown–2]—

Page 4, after line 37—Inserted clause 6A(1)—delete subclause (1)

Amendment No 2 [Brown–2]—

Page 4, after line 37—Inserted clause 6A(2)—delete 'under section 6, a medical practitioner' and substitute:

, a registered health practitioner

Amendment No 3 [Brown–2]—

Page 4, after line 37—Inserted clause 6A(3)—delete 'or (2)'

The effect of these amendments, for those who are trying to follow the debate, is effectively to remove the first option, which is that a registered health practitioner has the option of assessing whether basically they should provide someone with counselling information if it is a termination that is occurring at pre 22 weeks and six days.

I have never thought this was a term I would use, but I think it is unnecessarily bureaucratic to have someone have to make that decision. We are simply talking about the provision of where you may find counselling. It is not the actual counselling itself. The health practitioner does not provide the counselling. It is simply a matter of the health practitioner informing people about where they can go to get counselling, including government counselling.

I think that could be done simply by giving them a pamphlet from the Pregnancy Advisory Centre. There are lots of ways it could be achieved. We are not talking about trying to put barriers in people's way here. All we are doing is making sure that everybody who seeks a termination gets provided with where they can find counselling.

The Hon. R. SANDERSON: I also have a couple of clarification points. I, too, have an amendment, but it does not come up until clause 8A, regarding the mandatory provision of information about not only counselling but the possible health effects of an abortion, the possible mental health effects and the opportunity, if you should have your pregnancy to term, of adoption and how you would find out about adopting a baby. The information I saw from the ACT also had information about accessing Centrelink payments if you are a single mother or a single parent.

My aim is that everybody who inquires with a doctor, hospital or wherever they might go is given fulsome information, which could include where to get counselling but also all the effects of their decision, how that may affect their life, their body and their mental health, as well as the options should they not go ahead so that they are in full possession of all the information before they make what is a very serious decision. I do not believe that this would cover that off, so I would still have to move my amendment if it were the way it is.

The CHAIR: Yes, you are foreshadowing that, Minister for Child Protection, but we are dealing with the member for Playford's amendment to the amendment.

The Hon. S.C. MULLIGHAN: I rise to speak on the member for Playford's amendments to what has been filed by the Attorney. I am grateful for the efforts of the Attorney and also of the member for Playford and the member for Adelaide to address this issue of counselling. If I could hazard a guess, I would suggest that we all seem to be generally in favour of having appropriate counselling offered or made available to somebody who is either seeking a termination or perhaps consulting a medical practitioner about the possibility of a termination. All we are really talking about now is how best that should be done.

Part of what the Attorney has placed in her amendment, which I think is a very good idea that perhaps we might not have otherwise thought about, is that obviously in the case of an emergency that is likely not to be relevant or required, so she has a provision in her amendment. I am attracted to what the member for Playford is saying, namely, that, rather than a medical practitioner forming their own assessment about whether providing access or information regarding counselling services would be beneficial, I think we can probably all agree that just being offered that as a matter of course would be beneficial for somebody who is engaging with their doctor about this sort of issue.

So, rather than a two-step process where it is left up to the doctor or the medical practitioner to determine whether counselling is beneficial, I think we all agree that counselling is going to be beneficial. In that regard, I am more than happy to support what the member for Playford is offering, and I am pretty interested in what the member for Adelaide is saying as well because I think the member for Adelaide is suggesting that the offer of counselling casts the net a little bit wider about some of the issues that should be canvassed in that offer of counselling. I think that is only a good thing.

Depending on whether we can work through the relevant paperwork and process, I look forward to supporting what the members for Bragg and then Playford and then Adelaide are all suggesting on counselling.

The Hon. Z.L. BETTISON: I rise because I am particularly interested in the role of counselling to be offered, and I support the member for Playford's intention. I guess my question is about counselling and its availability here in South Australia. While we are talking specifically about providing potentially a pamphlet or guidance on where that can be sought, I want to understand how we support counselling and what is actually available, particularly if it is going to be—

The Hon. V.A. Chapman: Mandated.

The Hon. Z.L. BETTISON: Or encouraged.

The Hon. V.A. CHAPMAN: I cannot be specific as to what service. I do not have that information with me. I will try to get that before we conclude the debate because, as I said, I think it is clear that there is an appetite to have a referral to counselling. We certainly have looked at the availability in relation to advice that comes from the health department, which is dealing with another matter on conscientious objection, to have the information available and where to go.

That is in relation to the provision of the service but, as to the counselling, I do not have that immediately with me, but I will certainly see if that can be available. Clearly, we do have some counselling. We know already at the Woodville facility, for example, there is material available and in fact counselling given. The detail of that data I have not read in a very long time. As I said, it is probably about 16 years since that operation moved from my electorate down to Woodville.

Except for the opening down there, I do not think I have been back to that facility, so I do not know what contemporary counselling material is available. As with most other things, I would expect that there is quite a bit of online availability, and there are of course professional counsellors who will be in the referral list. We will try to get that information, but I think the appetite for having a provision for counselling is clear, and what services go with that we will see.

The only thing I can add is that, clearly if it is mandated for all appointments in relation to any consideration of termination as an option to deal with a pregnancy, it would increase a significant amount because we are talking about perhaps half a dozen who might be in that late time period, but there may be 4,000 if we deal with the whole state and the whole period of any termination, including a medical option. I expect we would then need to make provision for that in all GPs around the state, for example, who might provide some of that initial advice.

The reason I have adopted the New South Wales model in the proposal is that at least we know that that has been tested, a bit like the one before, the matter we have already dealt with, that that has at least been in operation. So if it is the will of the house that this be made available as a service for all applicants, as I said, it will increase the workload of counselling services that need to be available and/or pamphlet material. I do not know how much that might be expanded if the member for Adelaide's proposal is accepted.

I think it is pretty clear. Everyone wants that to be available and, if it is to be for everyone, whilst I do not have advice from the particular service providers that that is something immediate and different from what applies in New South Wales, I could not endorse that today. I will leave that to the house. If the amendment that I am proposing is amended by that of the member for Playford, then of course we will look to see how we might explore that.

I am being advised by the professor of some information. I hope this helps. Usually everything she tells me helps, so I will do the best I can. I am advised that counselling is available in the public system. Counselling and consent are different matters, obviously. Consent involves an expert clinician in discussing options available to individuals and coming to a decision in this process. Counselling, of course, is broader and considers wellbeing more broadly, including how it relates to abortion. I hope that assists.

Mr BROWN: Some members have raised with me questions about the other amendment that I have filed. I do not want to speak on that amendment, but I want to flag to the committee that should my amendment to the Attorney's current amendment be successful, I will not be proceeding with my other amendment that comes on later on.

I want to make a couple of remarks, if I could, about the statements by the member for Adelaide. I certainly would see that should my version of the Attorney's amendment be successful and her amendment be successful, there is no reason why they cannot work together and that there cannot be an opportunity to have potentially government mandated information given to people seeking terminations and that that could not also include references to where people can seek counselling.

I want to make it clear that my amendments to the Attorney's amendment does not talk about the compulsory provision or mandated provision of information, other than it must be information that shows someone where they can go to get counselling. That is all that is required. The nature of the

communication is not mandated. What it has to say is not mandated. Where you have to point people is not mandated. It need only be information regarding where counselling can be sought.

Mr PICTON: Firstly, I acknowledge that we have counsellors in our health system who do an incredible job. When I visited the Pregnancy Advisory Centre, I met some of them and saw where they provide those counselling services. I am sure that they help those women in a range of different circumstances and with a range of different issues.

Obviously, we have two different proposals for how this counselling should be proceeded with in the house, but they both have very similar wording in terms of different criteria for whom it would be provided to, depending upon the week limit. Both have very similar wording in terms of the information that we have provided. The wording is:

> …provide all necessary information to the person about access to counselling, including publicly-funded counselling.

One thing I do know about the health system is that it is very good at pamphlets. There is a plethora of pamphlets available in any healthcare system you might want to go to.

The Hon. S.C. Mullighan: Not on Facebook.

Mr PICTON: Not on Facebook, exactly. I guess I would like to ask the mover of the original amendment and also the mover of the secondary amendment about their interpretation of their wording here in regard to 'all necessary information to the person'. What is included in that? Is it just to provide a pamphlet to the person that may have a range of information in there about what they are about to embark upon, and a phone number for counselling may be part of that, or does the health practitioner have to talk through in detail the counselling provided, or would just providing that information be enough to satisfy this legal clause?

The Hon. V.A. CHAPMAN: The proposed amendment, with or without the member for Playford's addition to make it available to all, is designed to be consistent with the New South Wales provisions. That is the first thing.

Secondly, when we come to this issue of the information that is to be provided under the conscientious objection clauses—and again, it is a bit further down the track—we have proposed there, again, that there be a prescribed form, and we have already indicated that it should be like the New South Wales model. It relates to the question of access to information in relation to pregnancy options. It is the same thing that should be followed in relation to this, on the basis that we are now going to have reference to counselling, and should be done in the same manner.

For the benefit of members, in New South Wales they have a fact sheet in their prescribed form. I will read it to you, because it is very simple. It is titled NSW Health Pregnancy Options, and has a New South Wales government flower and logo on the corner. It states:

> Finding out you are pregnant is different for everyone.
>
> If you would like free, unbiased and confidential information on pregnancy options, including continuing a pregnancy, terminating a pregnancy and seeking pregnancy options counselling, you can speak with a health professional by calling:
>
> NSW Pregnancy Options Helpline on—

and it sets out the number—

> This phone line is available 24 hours a day, 7 days a week.

It then also describes:

> For more information on pregnancy options, visit the NSW Health website—

and it gives a website reference. It also has a little QR code to go with it. It is covering the continuing pregnancy—which has, of course, been very much a subject in this debate, the termination of pregnancy—which are the rules around the bill we are discussing—and now counselling. It seems to me that if it is the intention that there be a process by which we are to both impose and monitor compliance, then I recommend we have the prescribed form and that this would cover that.

The member for Adelaide has raised a slightly different matter in that I think her motion—which I am happy to speak to—foreshadows any other particular considerations around what outcomes might follow from continuing a pregnancy, such as what support might be available to keep the baby and provide for the child even if financial arrangements are limited, or adoption, or what support might be available for relatives who might provide support. It is all those sorts of things.

Those are matters I am happy to explore in terms of what is already available on our health department website, but I suggest we have a prescribed form similar to what I am recommending in the conscientious objection obligations. I am further advised that counselling is generally offered to people seeking an abortion but not necessarily in all circumstances, and obviously we are seeking to impose that by virtue of this consideration. Information and consent is, however, necessary for everyone seeking abortion.

Just so that we understand that, there are two different issues: one is the counselling which, if I am reading it right, members are saying, 'We want to make sure that everyone has access to information that can tell and provide the supports for every different option you might have with the pregnancy,' and, secondly, the process in relation to a termination requires that information be provided and consent be obtained. There has to be an informed consent process. They are two different things, but at the moment we are just dealing with a counselling obligation, so my it is my proposal in relation to this amendment that it will follow similar to that.

The CHAIR: Member for Playford, you were part of that question as well. Would you like to respond?

Mr BROWN: I will attempt to answer the member for Kaurna's question. I thank the Attorney for her characteristically fulsome and informative response. My opinion is that the information the Attorney presented from New South Wales would satisfy my understanding of this particular provision and is also what I hope to achieve by my original amendment, which is simply to make sure people are given the information about where they could seek counselling, should they wish to.

The CHAIR: I remind the committee that we are dealing with the member for Playford's amendments at the moment.

Ms COOK: In respect to counselling, I have a strong view that people seeking abortion should have the respect they deserve, that they have the capability to make the decisions required in their circumstances. Counselling is available at the Pregnancy Advisory Clinic. I take the opportunity to thank all the counsellors who have worked there—and I have met some of them over the years—for the fantastic work they do, and also the counsellors outside that circumstance.

We know people have a variety of counsellors already they have contact with: that might be in church situations, it might be attached to other community services they are engaged with, and there are a number of great counselling services available, although very overworked, very underfunded—we know all the arguments. I guess it is a bit of a question again in two parts to the mover of this amendment, the member for Playford. No. 1, if your amendment gets up, will you vote for the bill in whole? And No. 2—

Members interjecting:

Ms COOK: Yes, it's a good question. I can ask questions—settle, relax!

The CHAIR: Bear in mind that the member for Playford can choose how he wants to answer that.

Ms COOK: Yes, correct. Does it really make that big a difference to him? Is this the kicker in the debate about counselling being involved?

The CHAIR: I am sorry to interrupt, member for Hurtle Vale, but ordinarily those sorts of conversations usually happen in the corridor.

Ms COOK: Anyway, he can choose not to answer it. Is the member for Playford aware of the counselling already provided through the Pregnancy Advisory Centre and the quality of what is offered?

Mr BROWN: I am at a bit of a loss to try to understand where the member for Hurtle Vale is coming from. I might start with the second part first. Yes, I am aware of the quality of the advice; that is why I am seeking to have everyone who tries to seek a termination to be provided with, hopefully,

the phone number of the Pregnancy Advisory Centre so that if they wish they can seek counselling from them. I respect the counselling they provide so much that I would like everyone to have their phone number.

As for the first part, I will need to see what the bill looks like at the third reading before I decide how I vote at the third reading. I do not know how other members choose to vote on pieces of legislation, but that is how I do it. If it is unfortunately the case that there are any other members of this parliament who are listening whose vote depends on what I decide I will do, then please contact me and I will be happy to discuss it with you before the third reading.

The CHAIR: I think many of us here will be interested to see how the bill looks at the end of the third reading.

Ms STINSON: It seems to me that where we have arrived at with this amendment is quite a sensible place. The member for Playford put forward an initial amendment in relation to counselling, and I thank him for raising this important issue. I think it is something that we here should be considering for inclusion in this bill. However, I did have some concerns with that initial amendment, particularly that it did not mandate that publicly funded counselling services should be provided to a person who is seeking a termination or considering their options. I think that the Attorney's amendment is an improvement on that in that it does say that information, including that from publicly funded services, should be provided to a person.

I believe that the amendment that is before us right now from the member for Playford, which is an amendment to the Attorney's amendment, further satisfies the concerns I have or how I would like to see this matter addressed in that it simplifies the situation. Rather than having one process well before 22 weeks and six days and another process afterwards, what is essentially achieved is one single process that can be applied no matter what stage a woman is at in considering her options. I think that that simplicity is important.

Obviously, laws like this are quite complicated. I have great respect for the wealth of information that our medical professionals have to consider, and I think this would make things a lot easier for our medical professionals to understand their obligations and at what point their obligations kick in. I do not think it is actually mandated that the information needs to be written, but obviously we have heard that that information is most likely to be provided by way of some sort of leaflet with information and, indeed, a QR code. I think it is important that it is provided in writing.

It is an incredibly tough time for a woman considering her different options, and she may feel differently about things at different points. That may mean that initially she may not wish to access counselling services but that later on in her deliberations or after a termination she may wish to access counselling services and may not even recall whether or not those options were not raised with her verbally. Obviously, it is up to a woman whether she keeps the leaflet or what she does with it, and that is entirely her choice. I think that the provision of information written down provides something that a woman can then turn to later on if she finds that she need some support or just someone to speak to.

It also covers our medical professionals. There will not be a situation where someone says, 'Oh, well, I mentioned this; I talked about this.' There will be a piece of paper that is handed over, and a medical professional can have some confidence about what that information is and that everything they need or indeed want to convey to a woman is on that piece of paper. I think it provides assistance to both a woman looking at termination options as well as the medical professionals who are assisting her.

Further, I think that where we have arrived at with this amendment reflects the information that I have received in briefings, particularly the government-provided briefings, and the conversations that I have had with medical professionals who work in this field who have said to me that they seek to provide this information and do in fact provide this information to women, some verbally, some in writing in already existing pamphlets and website information. Really, what this does is formalise and codify a practice that our medical professionals are already doing. They are already providing this information to women, which is a good thing. All this does is codify the practice that is already going on.

To that end, I recognise that some have raised the issue that providing information may put additional pressure on a woman or makes a woman feel pressured, particularly if she has arrived at a decision about have a termination. That may be the case, but I think overwhelmingly it would not be the case, and I think overwhelmingly information is power. More information, clearly communicated, is a good thing for someone who is having to make an incredibly difficult decision.

As I said, obviously it is up to an individual whether they want to retain that information, read it or not read it, throw it in the bin, leave it at the Pregnancy Advisory Centre—they can do whatever they wish with that information. I think on balance this does more good than it does harm, and for that reason I indicate that I will be supporting this in its third incarnation through the amendments.

I think it delivers positives for both medical professionals and for women who are looking at their options. For that reason, I thank both the Attorney for her improvement on the original amendment and the member for Playford for his latest amendment as well.

The Hon. V.A. CHAPMAN: I have listened to the other contributions. Meanwhile, I have been trying to get advice relating to how this could be populated, that is, the amendment to the amendment. I think all of that can be accommodated on the basis of the qualifications; that is, we are not asking for us to come some agreed format as to what is going to be given to the applicant, but the referral to a counselling service.

As I have said, if there are other members who have a view as to whether there are any other aspects of counselling in relation to a pregnancy other than the three items that are actually prescribed here in the form, please let me know, but it is counselling for all options, continuation of a pregnancy and a termination. I do not know if there are any other options. There are lots of consequences and options depending on which one you choose.

For example, as I say, in the continuation of a pregnancy, I would imagine the sorts of things that would need to be looked at are that if somebody is going to retain the child themselves—which, of course, is very common—what benefits are available for support, what childcare arrangements might be accessible, and if there is going to be family involvement, what guardianship arrangements might there be for a relative? These are the sorts of things I expect they will want to get some idea about. Finally, there are aspects such as adoption if, for example, there is to be, again, a full-term pregnancy.

I have just named a few. I am certainly not about to try to craft all the material that would be given, but I think it is important if it ought to be populated. The only information I think I can add for the benefit of the committee is that apparently 30 per cent of women who get advice at the Pregnancy Advisory Centre—as I say I have not visited it contemporarily, but I know a number of members have since we started this debate and I think that is a sensible approach—actually do not proceed with a termination.

That may be because they have gone there to get a breadth of advice and they have decided that termination is not for them. I do not know the answer to that. I just make the point that sometimes, probably like you all, I get ringing endorsements of the Pregnancy Advisory Centre and great confidence in them, etc. and sometimes we have heard some suggestion that with some of the services that are available—it may or may not be that one, but it does a huge body of work in South Australia—people have less confidence in them giving some diversity of options for the clients or patients who visit. I am not going to weigh into that debate.

Obviously, we have a whole list of people and hospitals that are prescribed, even under our current law, but the reservoir of information in New South Wales is in the health department and I am proposing that that be the independent, public, free service available of the list of counselling services that are available, just as I am going to be proposing in relation to the conscientious objection obligations of referral.

Mr PICTON: I just have a couple of further questions, firstly for the Attorney and then for the member for Playford. Not that I would ever misunderstand the Attorney, but can I clarify in terms of what you mean about this prescribed form? Is it the fact that elsewhere in the bill there is going to be a prescribed form that is going to be given to the pregnant person, and that we will simply incorporate the counselling into that form? Is that what you are saying?

The Hon. V.A. CHAPMAN: What I am saying is that, when we get to the conscientious objection, you might recall that there is an obligation—if I try to quickly summarise it—for someone

who wishes to conscientiously object firstly to convey that to their patient and then to either provide a referral to someone who they know is competent to undertake that service if they are referred or refer it, as per a prescribed form, to a certain facility in the Department for Health.

Again, this is an area that we might need to flesh out in that aspect because certainly I have had an indication from members' contributions that they are worried on behalf of constituent doctors who are in some way forced to have to find somebody who can do it and to refer their patient on to.

If they have a look at the clause, it actually gives them an option. They can do that if they wish and they are happy to make that available or that is no issue for them, but if they are genuinely not wanting to even participate in a referral to find somebody, they can refer them to the website of the Department for Health. That is in a prescribed form in New South Wales and I am proposing in our bill that it be in a prescribed form. It just happens that in the New South Wales one it includes 'and seeking pregnancy options counselling'. It may cover it completely, but that is the idea.

Mr PICTON: Thank you for that clarification. So that would be a form that is provided to people where there is a medical practitioner or a health practitioner with a conscientious objection. That form is not necessarily being given to everybody and so, therefore, I guess my original question still stands. I guess your suggestion is that that form be the one that is used, but that legally would not necessarily have to be the form of the piece of information that could be provided to meet this requirement under this proposal in the statute.

The Hon. V.A. CHAPMAN: I think that if we are going to mandate something, frankly it should be. I think we need to be clear, as New South Wales has worked through this, that if we are going to say to doctors or anyone who is that sort of frontline advisory service provider, 'You need to be able to give them a document that clearly sets out their options,' that it is not a bad idea to be able to say that there be a record and that they have been provided with a form and it is in a standard form because if it was simply a situation where doctors were mandated to do this there may be a question of proof down the track. 'Actually my doctor did not really tell me about that option. He just said that you need to go down there if you want to have an abortion.' I think it is probably helpful.

Certainly, New South Wales has gone down that line and because we have the foreshadowed inclusion of a conscientious objection clause in this bill, with or without some amendment, so far nobody has come to me to say, 'If we are going to have a process, it should be different to what I have recommended.' It is never too late to raise that, but I make the point that New South Wales has already done this. It just seems to me that, wherever you mandate something, you do need to make it clear as to what the obligation is, and if there is a prescribed form to assist in that regard in any compliance then I think that would be helpful.

The CHAIR: This is your final question, member for Kaurna, given that you had one clarification.

Mr PICTON: I take it that in the regulations there is going to be a prescribed form. I am wondering if the Attorney—maybe while the Attorney is busy I will ask a question of the member for Playford.

The CHAIR: It is coming through the Chair anyway, member for Kaurna.

Mr PICTON: That is right, but it does help if she is listening.

The Hon. V.A. Chapman: I'm always listening to you.

Mr PICTON: Of course you are. I will ask the question first. You might need to get some advice from your learned public health adviser. You mentioned before that the vast majority of people are provided information in terms of the availability of counselling under the existing regime. What are the sort of situations in which somebody might not be provided with that at the moment?

The second question to the member for Playford about his amendment is: if there was a situation where a pregnant person comes to a doctor and is very clear about the fact that they do not want counselling or information about counselling, does that mean that this information still has to be provided to that person, and how would that work?

Mr BROWN: In a case where somebody says, 'I do not want you to provide me with any information about counselling whatsoever,' under the mandated provisions, they could say, 'Well,

don't look at this pamphlet I am about to give you.' It would be very hard under those circumstances. One thing we should keep in mind is that we mandate a whole bunch of things about the way in which things are to be performed.

It is very difficult to see circumstances where someone has said, 'Well, what if this particular aspect was completely different?' I cannot imagine that, given we are essentially talking about the provision of contact information for a counselling service, that would necessarily be a cause of distress for a particular person.

I will repeat this again for the benefit of everybody: they do not need to undertake counselling; they simply need to be provided with a contact number, as the Attorney outlined for New South Wales, where they could seek counselling should they wish to. They do not need to do anything with that information, they can immediately throw it in the bin if that is what they want to do, but the doctor or registered health practitioner must provide them with that information.

We are told under the guidelines that are currently issued by the royal colleges that that information will be provided as part of the consultation process, so it is simply making sure that we mandate what we are advised by the professions already takes place.

The Hon. V.A. CHAPMAN: In answer to the first question, firstly, the circumstance in which counselling is provided or would not be offered at present would be in a circumstance where the patient says, 'I don't care what you say, I don't want counselling. Don't give me any counselling. Don't refer me to anybody,' and that would occur. Second, and I think the obvious thing, is if the patient presents to seek a service and indicates that they have already had sessions of counselling and they have actually been to that service.

The question is how the medical practitioner should do it if we mandate it. It would be my view that, if we are going to mandate the doctor to do it, even in those circumstances—particularly as it is the doctor and/or practitioner who is going to be in the firing line, especially in insurance claims, if they do not actually hand it over—there are two examples.

One is, 'Doctor, you don't have to worry about that. I have actually already been to counselling, I have given it up as a dead loss, I am now going to do this. I have made my own decision.' The second is, 'I don't want it.' In both instances, I think it would be prudent for us to proceed with the law, with or without the member's amendment, which seems to be providing for some simplicity, and I am more inclined that that be the case here.

In my view, it would be appropriate for the practitioner to say, 'Look, I appreciate that but, nevertheless, I am obliged to provide you with a standard form that sets out the availability.' What they do with it is of course their matter. I think this is where the member for Playford in his presentation is saying, 'Look, we are not opposing some unrealistic expectation on practitioners; we are really just asking for a referral obligation.' I am just saying that if we put it in a prescribed form, we say to doctors, 'Whoever fronts up for this ought to have this form.'

Secondly, though, a doctor professionally cannot proceed with the termination process, or indeed lots of processes in service provision, without ensuring that they have informed consent of the patient. Again, I suspect the guidelines will take care of themselves in relation to those who might go on to elect a termination, because they have to go through quite a process to be able to undertake that procedure. Whilst there are different processes there, there is a hurdle that would cover those if they do elect to go along with that process.

In any event, back to the format of what we are proposing, make sure that anybody who is presenting is given the pregnancy option in a standard form, including counselling. It will be a matter for the patient to undertake that, it will be a clear identifier for the purposes of proving the compliance with the mandated expectation and it will be in simple form to refer the patient to seek such services as they elect to. Have I covered that sufficiently, member for Kaurna?

Mr PICTON: Yes.

Amendments carried.

The CHAIR: The amendments to the amendment are agreed to. We now need to consider the amendment as amended.

The Hon. V.A. Chapman interjecting:

The CHAIR: That's exactly right. Any further discussion on that? Member for Badcoe, it is an opportunity now.

Ms STINSON: I have one small question of the Attorney, just a matter of how in practice things would work out. Often, a woman would go to her GP and after that see someone at another service or maybe even a few different specialists. What would be the process in terms of determining which medical practitioner at which point provides it? I ask that because of course we would not want people feeling unnecessarily pressured by getting the same information again and again, but at the same time we would not want a medical practitioner assuming someone else had provided the information. I wonder if the Attorney might shed some light on how these things are worked out in the health system and how that would be determined.

The Hon. V.A. CHAPMAN: The obligation here is at the point of performing a termination. It seems to me it is a little way along the line and it raises the question of having a mandate. Nevertheless, we are doing it because we want to make sure before they sign up to actually proceed with the termination because it says, 'before performing a termination' on a person. So it could be way back, early. I think the expectation, though, is that the mandate will be at this point, but any registered health practitioner must do the assessment, etc., and in this case with the amendment to the amendment in relation to all people seeking that service. They may have been to a number of other professionals along the way. I have had confirmation that it is before performing the termination, that is, the person who actually performs the termination, not the referrer.

Mr SZAKACS: In the contribution from the member for Playford speaking to his amendments to your amendment, Attorney, he talked about being so profoundly supportive of the work of the PAC that he would seek to provide all people with the details of the counselling services available at PAC, something I support as well in theory. What consideration will you give, and then in the implementation of this bill, should it become law, into the additional funding to the essential services the PAC provides, which are now arguably underfunded based upon current need?

The Hon. V.A. CHAPMAN: I have heard about an air conditioner breakdown and the need for $100,000, and I have indicated I will follow that through with the health department. By no means is the service at Woodville the only facility. You only have to look at, I think, schedule 3 of the Criminal Law Consolidation Act: there are facilities all around the state, including in the private and public sector.

What is being mandated here is a free service—so they have to be referred to a free service. As I previously indicated, all the public sector provides that apparently for free. I do not know what the situation is at other private facilities. I think the answer to that really, in short, is going to be to make some assessment about what is available now. But there is a multitude of hospitals currently that provide service, and we would need to consider what else is there, I expect.

I know at the moment that in the development of the health model provision for terminations, which has been developed with a huge amount of work done by the Department for Health, they are anticipating, by virtue of the conscientious objection proposals, that they need to have a list of people available. Presumably, when they go to the QR code, on the prescribed form that would be developed under that they will be able to make an inquiry of the health department identifying where the patient might be geographically in the state, as to where they might go and what options for services they have if they live in Strathalbyn, Ceduna or West Beach to be able to identify where they might be seeking support in their proximity or outside of the district in which they live.

Bear in mind that the sensitivity of this type of information is such that patients do not elect to go to their local doctor. They are already preparing for the obligation to provide referral to services and practitioners as a result of the conscientious objection clause. We would have to check with the health department. The professor is shaking her head; presumably they know what services are already available, and they will identify if there might be a greater need for that.

The CHAIR: Attorney, the question was about funding, and in my view that question is more pertinent to the estimates process than this process. The member for Cheltenham is on his feet again.

Mr SZAKACS: Thank you for the fulsome answer, Attorney, even though the Chair rightly pushes it towards estimates. Would the Attorney consider to what extent she can assist this

committee by bringing back some further information, either during this debate or in future consideration of or consultation on regulations, around where exactly those free services can be mapped out into the broader system and, as you rightly put, further to the member for Playford's personal advocacy of the PAC, the need for this to be a system-wide approach? I think anything that we can receive in that respect may give us some comfort about need being mapped with accessibility.

The Hon. V.A. CHAPMAN: I understand that. We already have an amended motion that is before us, which could be quite an extensive demand for these services. It may not be. I do not know the answer to that. I am assuming the health department is already a reservoir of advisory services on all sorts of health needs across the state, but we just need to make sure that that is checked and where it is.

To some degree it is a little bit like the schedule in the Criminal Law Consolidation Act as to prescribed hospitals. If this bill gets through, you have already heard, they need to go through, refresh the list, check who is still providing the service and then identify who is going to be prescribed for the purposes of this new piece of legislation in moving it into the regulations that sit under this standalone piece of law.

Similarly, if this passes, then the department usually goes back and looks at these things. The preparation of regulations, of course, is also looked at. That is the normal process. What influence I have in relation to what other amenity might be—I do not know what is there now, so I cannot give you any prescription on that. But if the parliament passes a law and requires a service and it must be free, then of course that exercise needs to be undertaken by the health department.

Incidentally, I have had no-one else suggest to me that it be any other body than the health department to receive the referrals—and I am not advocating that—for seeking advice on that information. If I can just give some example, I would imagine that the Women's and Children's Hospital, which we know from the reports we get here each year from the abortion committee, is a significant provider of this service. What amenity they have in relation to counselling I do not know. But, again, these are the things that would be fleshed out and identified and appropriately resourced, if they are not already, to facilitate compliance with the new act.

The Hon. V.A. Chapman's new clause as amended inserted.

New clause 6A.

The Hon. S.C. MULLIGHAN: I move:

Amendment No 1 [Mullighan–1]—

Page 4, after line 37—After clause 6 insert:

6A—Mandatory considerations for medical practitioners performing terminations after 22 weeks and 6 days

In assessing matters for the purposes of section 6(1), a medical practitioner must, when determining whether to perform a termination, have regard to the following:

(a) whether it is essential to perform a termination of an affected foetus in a twin pregnancy at a gestation that does not risk severe prematurity and its attendant consequences for the surviving foetus;

(b) whether there are serious foetal abnormalities that were not identifiable, diagnosed or fully evaluated before the pregnancy reached 22 weeks and 6 days, including but not limited to abnormalities involving the brain, heart, renal and skeletal systems, or whether the foetus has been exposed to infective agents which may damage or limit the gestation and development of the foetus;

(c) whether the patient has had difficulty accessing timely and necessary specialist services before the pregnancy reached 22 weeks and 6 days, including but not limited to patients experiencing significant socio-economic disadvantage, cultural or language barriers and those who reside in remote locations;

(d) whether a patient has been denied agency over the decision to continue a pregnancy or not, including (but not limited to) the abuse of minors and vulnerable adults to sexual and physical violence including rape, incest and sexual slavery;

(e) whether the abuse outlined in paragraph (d) includes circumstances in which such abuse is not apparent, or the pregnancy is not diagnosed until an advanced gestational age;

(f) whether medical or psychiatric conditions may become apparent or deteriorate during the pregnancy to the point where they are a threat to the patient's life;

(g) whether the patient has a deteriorating maternal medical condition, or late diagnosis of a disease requiring treatment incompatible with an ongoing pregnancy (such as malignancies).

I will just speak to provide members some detail about the amendment and why I am moving it. I felt, in the latter stages of last night when we were getting towards the end of what turned into a very long debate on clause 6, that it seemed from my perspective that it was emerging that there were two different trains of thought and two different camps of MPs, one group of which were quite comfortable with what the Attorney had proposed with her amendment to the bill, which included I guess a variation of what had been proposed by the Minister for Environment and Water, and within that, that section which spoke specifically about affecting the physical health and the mental health of women.

Then, in the other camp, there was that represented by the Minister for Environment and Water, who sought to remove that and have quite a specific two-step test. As I intimated in my second reading contribution and as I tried to articulate last night, I did not particularly feel comfortable with either approach. There were a lot of questions asked of the Attorney by several different MPs—me included—about how a medical practitioner would try to make a determination about providing a termination based on subparagraph (ii), which spoke about the physical and mental health of a woman.

I was quite grateful for the advice from the Attorney that there are professional standards, there are guidelines and documents in existence that guide not only the thinking but the practice of medical practitioners in making such a determination. When I made my comments last night, I prefaced them by saying this clause 6 seems to me to be the crux of the bill. Perhaps members can think of this bill as, generally speaking, being in three separate but of course connected parts: one is the decriminalisation, which I think we are all fulsomely in favour of, and the second part of it is canvassed largely by clause 5, and that is, for want of a better term, the early-stage terminations.

I have not really seen any appetite to be changing those provisions beyond what was provided in the Attorney's original bill; that is to say, I think most people are largely comfortable with what is in the bill about early terminations. But where those two parties emerge, where those two groups of MPs emerge is when it comes to late-term abortions. Basically, we have a provision that was contained in the Attorney's amendment to clause 6, which was quite general, surrounding physical and, in particular, mental health of the pregnant person, and then what we saw with the Minister for Environment and Water.

Without wanting to relive let alone relitigate last night, at one point I had suggested, both privately and to the chamber, that perhaps there might be a third way through this: perhaps there might be some further amendment, a clause that could be drafted that provides some specifics to put at greater ease the sorts of concerns that people like the Minister for Environment and Water have but would not offend what the Attorney's amendment was based on.

I asked a couple of questions of the Attorney about what the guidance is and what the document is. I was grateful for the advice, because amongst all the information that had been provided to MPs I think that was the actual document that I had overlooked. I had looked at the AMA material quite carefully but not that of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, so I was grateful for the advice. I was reading it not for the first time last night, but I was listening quite carefully to some of the questions that were being put to the Minister for Environment and Water in particular, about the sorts of scenarios that a deliberately crafted catch-all of physical health and mental health would provide for, which the Minister for Environment and Water's suggestion to the house would not have provided for.

I am completely sympathetic to the points that the Attorney and the members for Port Adelaide, Reynell and Hurtle Vale made, and I think the member for Cheltenham gave some examples. It seemed to me that while they might have been caught by the catch-all—and I am sorry to use that expression—of the way that the Attorney had suggested it, they most certainly were not provided for by the Minister for Environment and Water.

I felt caught, to be honest. I privately suggested to the member for Port Adelaide that I might resort to one of my onerous pop culture references. I did not, you will be pleased to have experienced, but I will do so now. I felt a little like—

Dr Close: I've been waiting for hours.

The Hon. S.C. MULLIGHAN: Yes, that is right: the anticipation has been killing some of my colleagues. I felt a little like General Zod in the first Superman comics, stuck in a phantom zone of not being able to find myself comfortable in either camp last night. That was why there was that last-ditch effort, really, to try to broker an arrangement that hopefully members generally would find a workable and satisfactory compromise between the two.

I must say that, as I was travelling home last night, it troubled me quite a bit. I read and reread the provisions in the late-abortion guidance that the college has published. I tried to put against those guidance notes the scenarios that were raised last night. It seemed to me that those guidance notes would cover off not only the scenarios that were put to us last night: the impregnation of a 13 year old; the rape or statutory rape of a child or an adult; circumstances involving incest; circumstances involving somebody who did not know they were pregnant until quite a fair way through gestation, presumably beyond 22 weeks and six days; perhaps somebody who was unable to access medical examination, let alone the treatment or testing that usually goes along with pregnancy; and so on. I know I have not represented all the examples that were given last night, but I think you are getting a flavour.

First thing this morning, much to the chagrin of parliamentary counsel, I asked whether they would be able to try to turn those provisions, the guidance notes from the royal college, into an amendment that I could move as an additional clause to operate in conjunction with clause 6 that we agreed to last night. This is that clause, clause 6A—never mind the procedural and drafting unpleasantness that may follow if this is drafted, the renumbering and so on—which adds considerations into how a medical practitioner already considers a late-term termination.

I am grateful to parliamentary counsel for doing that not only in very short order but also in an almost verbatim replication of those parts of the late abortion guidance notes. It is not verbatim perfectly, of course, because for the purposes of drafting an amendment to a bill some minor wording changes had to be made, but the substance remains 100 per cent intact from those guidance notes. It is my view that these guidance notes not only capture all those scenarios but are sufficiently broad to capture scenarios that perhaps none of us have even contemplated yet and would be concerned about capturing.

They are not a halfway house between what the Minister for Environment and Water suggested last night and what the Attorney suggested at all. In my view, they quite closely align with what the Attorney was suggesting. They not only provide some further specificity to physical and mental health but go far beyond that as well. Perhaps my colleagues will correct me shortly in discussing this, but I have tried to contemplate a circumstance that would not be provided for by these guidance notes, and I have not been able to readily do so. This is my very genuine attempt to try to leave us with something that far more of us can feel comfortable with in this bill.

It does not offend the clause that we passed last night at all. It does not offend, I think, what the Attorney tells us the drafting and wording of her amendments to the bill's clause 6 provide for. All it does is provide the specifics of the considerations that a medical practitioner might go through. I am aware that some in this place, including those spectating the proceedings, might not have it in front of them, so I will read it quickly. Hopefully, we will all get a pretty thorough impression, as I have, that this should cover pretty much any circumstance that we might be concerned about with regard to a late-term abortion, again using the words of the college itself. The amendment provides:

In assessing matters for the purposes of section 6(1), a medical practitioner must, when determining whether to perform a termination, have regard to the following:

(a) whether it is essential to perform a termination of an affected foetus in a twin pregnancy at a gestation that does not risk severe prematurity and its attendant consequences for the surviving foetus;

(b) whether there are serious foetal abnormalities that were not identifiable, diagnosed or fully evaluated before the pregnancy reached 22 weeks and 6 days, including but not limited to abnormalities involving the brain, heart, renal and skeletal systems, or whether the foetus has been exposed to infective agents which may damage or limit the gestation and development of the foetus;

(c) whether the patient has had difficulty accessing timely and necessary specialist services before the pregnancy reached 22 weeks and 6 days, including but not limited to patients experiencing significant socio-economic disadvantage, cultural or language barriers and those who reside in remote locations;

(d) whether a patient has been denied agency over the decision to continue a pregnancy or not, including (but not limited to) the abuse of minors and vulnerable adults to sexual and physical violence including rape, incest and sexual slavery;

(e) whether the abuse outlined in paragraph (d) includes circumstances in which such abuse is not apparent, or the pregnancy is not diagnosed until an advanced gestational age;

(f) whether medical or psychiatric conditions may become apparent or deteriorate during the pregnancy to the point where they are a threat to the patient's life;

(g) whether the patient has a deteriorating maternal medical condition, or late diagnosis of a disease requiring treatment incompatible with an ongoing pregnancy (such as malignancies).

That is a very broad set of considerations. In effect, any one of those considerations allows for what we have been talking about for many hours, that is, the provision of a late-term abortion. It is not all those things that are required but any of those things, and even, as you would have heard as I read them out, any of those specific things but not limited to those specific things. This is a very broad drawing, and I would encourage members to consider the amendment with the spirit in which I bring it to the house. Hopefully I look forward to their support.

Dr CLOSE: Yes, I think where the member ended is a good place to start. I appreciate that we have spent very many hours in this place, some of them quite late at night, dealing with one of the most morally complex issues that has confronted this house since I have been in parliament, which is just gone nine years. It is so important that in having these discussions we maintain an appreciation of the fact that everybody here is trying to do the best thing by their understanding of the complex balance of competing morals, competing values.

I say that because I appreciate that what the member is trying to do is, as he said at the beginning, find a third way. The difficulty I have with that is that I do not think there is anything wrong with where we landed last night, so I am not seeking a halfway house between that and anything else, because I was perfectly comfortable to support the position; in fact, I was comfortable with the original bill.

I have been challenging myself, not only because everybody in this chamber who is seeking an alternative is coming at it with good intentions but also because I have had a long-term knowledge of the member for Lee, and an affection for the member for Lee, since he was a young university student and I was working at the university myself. I come to this seeking to understand exactly why this is before us, having had the debate last night and having, I thought, settled where we were landing. I think that two desires are being manifest here. One is to make sure that nothing bad happens, nothing unexpected, nothing unintended, as a result of a piece of legislation that we are agreeing to.

There is a fear that if we are not careful then a doctor might do something—two doctors in this case—that we regard, individually or collectively, as not what we had wanted. I think we have to allow ourselves to have greater faith in the medical profession than that, not only in the individual doctors but, in fact, in the profession, which has guidelines, ethics and accountabilities, a whole matrix that dates back hundreds of years but is a way of managing a profession that deals with life and death and pain all the time—emotional pain and physical pain.

I do not think it is possible for us in this parliament, or any parliament, to so codify a decision-making process that we can replace that complex ecosystem that sits around a highly professional, highly trained and highly experienced person, and I do not think we should continue to try to. The second explanation in my mind about why we are still having this debate is a sense that it is possible to create a sort of computer system, a matrix, where you feed in the details of a patient, a woman, and it spits out the answer, and that the woman is only a series of characteristics.

I do not mean to be pejorative in the sense that this is just about women. I am not in any way trying to signal that because it is about women that is how you are treating us; please forgive me if that was an implication. The sense is that the patient is a series of characteristics that can be ticked off and then fed into this computer and out the other end comes this answer of yes or no, you can continue to have the termination that you have requested. I do not think that is possible. I do not think it is desirable, but I also do not think that it is possible.

So we come to this proposal, which is to take a series of guidelines that exist not only independent of this parliament but also now in this bill before us as was agreed last night, that 'in considering whether a termination is medically appropriate, a medical practitioner must consider the professional standards and guidelines that apply to the medical practitioner in relation to the performance of the termination.

They are there. They are sitting there already. But what this amendment has done is say, 'We are able to take one of those guidelines and we are able to turn it into legislation.' Guidelines and legislation are not the same thing. One of the reasons they are not the same thing is that legislation has the weight of saying, 'This is a mandatory and presumably implicitly exhaustive list of things you can consider.' Whereas a doctor has all of these, their ethics and their profession. How do I know this? On the front of these guidelines, which have been turned into this amendment, it states:

> Disclaimer: This information is intended to provide general advice to practitioners. This information should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient. This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. The document has been prepared having regard to general circumstances.

That is what guidelines do. They are valid and weighty. This is not to diminish the weight of these in the consideration of a clinician but it is to say that at a given point in time they are not appropriate as a mandatory and exhaustive list to sit in legislation for as long as this piece of legislation exists in this form.

I further point out that the review date for this particular set, which has been used I am sure extremely diligently by parliamentary counsel, is due in November of next year. So there are two problems with taking guidelines and putting them into legislation. One is that they go from being guidelines that sit alongside general practice, clinical practice, experience and the complexity of the circumstances that take a general series of guidelines and address them at a human being, with all of the messy complexity that we humans bring.

The second is that they are not static in the way that legislation is static. I know we can change legislation and we could come every year to debate abortion if that is the wish of this chamber, but that is an onerous expectation to choose to put into a piece of legislation. The way to do it is what we agreed on last night, which is to say that 'in considering whether a termination is medically appropriate, a medical practitioner must consider the professional standards and guidelines that apply.'

That is what applies at the moment but that may be different. There may be some slight differences as a result of medical developments, scientific developments, understandings of what the possibilities are, understanding the interaction between mental health, physical health, drug dependence and pregnancy. We cannot envisage that.

Before I conclude, I would like to read some comments because I am far from an expert on this. As I often say, 'Yes, I am occasionally called "doctor" because I have a PhD but don't show me your skin lesions. I am not a useful doctor.'

The Hon. A. Koutsantonis interjecting:

Dr CLOSE: Definitely not rashes. But I do like to listen where possible to the experts. We have one sitting here, which is very useful, and I am sure that we will be able to ask her some questions, but not about our rashes. What I would like to do is read the comments that were made to me for distribution by both the AMA and the Royal College of Obstetricians and Gynaecologists when I sent them this amendment and asked them for their advice. I quote the AMA:

> We, as doctors, trying to assist and support women in already complex and distressing situations predicted and feared what would happen in the parliamentary process in the sequential addition of more and more criteria that would have to be applied and checked off in situations which are already, as I said, often complex and distressing beyond belief.
>
> As such, they are unworkable and cannot be supported by the AMA because they would lead to a situation where they would make the care of already distressed women even worse than it is now, so despite decriminalising abortion, women would actually be much worse off and their care impossibly complex. The amendments put forward last night by the AG are workable and reference previous legislation so there is comfort in this.

Legislation can never cover off every potential ethical situation. They are too complex in the real world and we ask MPs not to make them as if they are in each consulting room, looking over the shoulder of each distressed woman.

The AMA understands the anxiety of the MPs in this debate, but this must not be transferred to be materially much greater distress imposed on every woman facing what are terrible decisions, which should be private and be between themselves and the treating team and not a shopping list of unworkable criteria essentially to make it impossible for them.

RANZCOG totally support the AMA position:

It is simply not possible to pre-specify and legislate for every possible circumstance. The additional clauses will only further impede the ability of women and their treating team to access the best care and advice. Professional standards, policy and guidelines, credentialing and multidisciplinary team review already provide protection without additional criteria.

I have enormous respect for the member for Lee not only as a member of parliament and person but also in what he is trying to do, but ultimately I believe it is misguided. We have reached a decision that we are going to allow abortions post the age of viability. We have reached a decision about the criteria that apply, and we have acknowledged and recognised the existence of guidelines. We now need to move on and complete this piece of legislation and feel that we have made some progress for women and for medical practitioners, all of whom are depending on us to do this to the best of our abilities.

The CHAIR: Just before I call the member for Lee, I am going to let the committee know that the member for Colton may move an amendment that seeks to change just one word. Did you want to do that now, member for Colton?

Mr COWDREY: I am happy to do so. I move to amend the amendment as follows:

Delete the word 'twin' and insert the word 'multiple' in paragraph (a).

It is not a reflection on the member for Lee by any stretch of the imagination, nor a reflection on his contemplations, but I simply just want to delete the word 'twin' and instead insert 'multiple' into subclause (a).

The CHAIR: I will call the member for Lee and then I am inclined to vote on that amendment quite quickly. Member for Lee, you speak now.

The Hon. S.C. MULLIGHAN: I am grateful for the member for Colton's amendment, and it is entirely acceptable to me. I had exactly the same thought when I read it. The reason I did not change it is that I did not want to be accused of saying that I was replicating the guidelines without actually replicating the guidelines. Thank you to the member for Colton for fixing that anomaly. I am happy with that. I am grateful for the contribution of the member for Port Adelaide, flattered as I am with the esteem in which she holds me. I can assure her it is mutual.

The CHAIR: I have just realised you are neighbours as well. Your electorates are neighbouring.

The Hon. S.C. MULLIGHAN: Every four years, we are enabled to swap some constituents by virtue of the boundaries commission. I do put a great deal of weight on what the member for Port Adelaide says, particularly when it comes to legislation and particularly legislation like this.

I was cognisant that I might get some feedback from some members along the lines of what the member for Port Adelaide has said. I know she is not seeking a halfway house, and she is happy with the bill as we have it to date and the clause 6 that we had last night without any additional requirements, notwithstanding the fact that we have just put on an unrelated additional requirement in terms of the provision of counselling materials. This is, of course, much more determinative than that on the operation of clause 6. I get that.

I do appreciate that there are some members here who were happy with an unamended bill and only really willing to countenance further amendments if they do not offend basically the unamended bill or the bill with the amendments we dealt with last night. I appreciate that.

Let me make it clear: I am not seeking a halfway house between the Attorney-General and the Minister for Environment and Water either. I am seeking to get a better understanding and

articulation in the bill, in the legislation that is to be passed, of what the Attorney was telling us subparagraph (ii) meant. We were repeatedly assured that there is a provision in clause 6 for professional standards, and then we were told these are the professional standards which will apply. That was the repeated advice that we had from the Attorney.

With the greatest respect to the member for Port Adelaide, it seems to me that it is difficult to have this argument two ways. We either accept the advice that we have received to date from the Attorney and her advisers that the professional standards that will apply in the decision-making required in clause 6 will be these guidelines or we do not. For the member for Port Adelaide to draw attention to the disclaimers on the front of those guidelines, saying that these guidelines are not to be relied on, that somewhat undermines what we have been told for several hours in the course of the debate—that these guidelines will inform the decision-making.

I am struggling to find how both things can be maintained at the same time. I do not think what this amendment does is seek to place a decision through a matrix or some sort of computerised or automated contemplation of the issues and spit out an answer. That is not what we are doing at all. We are not removing judgement from the doctors here. All we are doing is asking that they consider a number of factors or requiring that they consider a number of factors before they come to a judgement. We are not saying what the judgement is. We are just outlining what the factors are that must form part of the consideration prior to arriving at a judgement.

These are not so specific that they are prescriptive, without any room for consideration of other matters, or so prescriptive that they bind a certain decision to come out of it, either for a termination or against it. Quite specifically, and these words I will admit are not in the guidelines, I have inserted words in some of these subclauses within the amendment, which say 'including but not limited to'. It is not an exhaustive list. There are further considerations that can be made by the medical practitioner in their consideration. It is not an exhaustive list. It is not so prescriptive that other things cannot be considered. Let me make that point as well.

I also say that I absolutely appreciate the advice of the doctors. I do. Without them, we would not have a bill and we would not be able to debate such a significant change to the law. They have been central and instrumental in shaping, firstly, how the SALRI has conducted its work and its advice and, secondly, how the bill has been formed. I am grateful that the AMA and the royal college have been able to consider something at such short notice and provide their advice to the member for Port Adelaide.

I make these two points: we need to bear in mind that one of the first things the AMA told the Law Reform Institute was that they had gone through a process of consulting with their members about this topic of law reform and that they received a very broad range of opinions, many in conflict with one another, and the information and the advice that they provided to the Law Reform Institute was reflective of the AMA council and did not purport to represent the entirety of the views of the profession, of course. We would expect nothing less of the AMA than to be that up-front about it.

I have been approached by members of the royal college, currently practising members, staunchly in favour of the original bill the Attorney presented to the house, and I have also been approached and lobbied by members of the royal college who are opposed to the bill. However, it is our responsibility to strike the balance, to arrive at a final version of a bill that, as best we can, we all think we can find agreement on.

We will disagree, and have disagreed on things to date, but it is our responsibility as members of parliament to strike a balance as we see best, reflecting not only our views but the views of the community, as a whole, that we represent—including doctors, of course, but not limited to doctors. I have said a number of times that the AMA themselves made it clear that this is not just a medical issue; it is a social issue, an ethical issue, and a legal issue.

Following on from the 22 in the other place, we are the 47 people who have to strike that balance. We have the medical advice, as broad ranging and as conflicting as it can be amongst different medical practitioners, but we still have work to do. We do not just blindly take it, because we have other considerations we need to fold into it.

I am not seeking to undermine clause 6. I am not seeking to revisit it, of course—I know that is procedurally impossible—and I am not seeking to undermine it. I am not seeking to insert a further amendment that either overtly or subtly changes it. I am just trying to articulate it, because that is the

concern raised by members last night. There was repeated question after question about what mental health means, what mental health covers, but the only responses we could get back were, 'Those sorts of matters are referred to in the professional standards such as this.'

I am not trying to roll marbles under the feet of the Attorney or of the other proponents of the bill, or of those who successfully argued for the construct of clause 6 that we got. I am not trying to do that. I do not agree, I did not agree—and only grudgingly voted for it because I was concerned about having only physical and mental health in subparagraph (ii)—with how the Minister for Environment and Water constructed his amendment, because I thought it was far too simple and prescriptive.

I did not think it captured all those issues which, quite rightly, the members for Port Adelaide, Reynell, Cheltenham, Hurtle Vale and so on raised. It left all those out and would have left us with a whole range of unacceptable situations where people who had been put through the wringer—if I can use such a euphemism—in the way their examples had shown, would have been left without access to a termination. I do not think that is acceptable. People should have access to it and, of course, should have the choice of doing it.

All I am doing is appealing to my fellow MPs that, if they share the concern that I had last night about wanting a better articulation of how clause 6 has been agreed to in favour of the Attorney, then this, by her own definition, is it. Yes, those guidelines may change from time to time and, yes, I agree they may be changed in the near future. That is why I am grateful to the member for King for her subsequent amendment requiring a review.

The member for King suggests four years, which may mean—assuming we pass this bill and the amendments get through the other place, etc.—that we have a review period from the April or so of the months leading up to the subsequent state election. Gee, that would be something to look forward to for both houses of parliament. I would be more comfortable with a tighter time frame, whether it be two years or three years, I am happy to be persuaded.

A review amendment is imminent about the operation of these laws, not reviewing the laws necessarily, but just reviewing their operation. I think that is great because that means that, while I am seeking to do something that perhaps others had contemplated, and insert some defined professional standards to codify them and put them into the bill, then not only will we have some better articulation and definition of how doctors will think about this but in the future we will also have the opportunity to review it if it is found at some point and in some cases that it has not been fit for purpose. I cannot see how that will be the case, but I really do think this is a good way forward, and I would encourage my colleagues on both sides to give it some fair consideration and support it.

The CHAIR: Before I give any other members the call, I will deal with the amendment from the member for Colton, that is, to delete the word 'twin' and insert the word 'multiple'. I think everyone is happy to deal with that right now, and then we can come back to the clause as amended.

Amendment carried.

The Hon. D.J. SPEIRS: I want to speak only very briefly on the amendment that has been put forward by the member for Lee. I want to speak in support of it because I think it provides us that middle way, which achieves much for, I think, the people who were not only concerned about the bill as it stands but also concerned about the amendments I attempted to move unsuccessfully last night. I believe this creates that middle way. As we know, there are many people in the South Australian community, many thousands of people, who have concerns about this legislation, who have concerns about its openness and about the lack of prescription in this legislation.

Obviously, we have heard through this debate that there are people in this chamber who do not have those concerns, but certainly there are those who do, and by supporting this amendment we have the opportunity to create a framework of guidance for our medical practitioners to refer to. We cement that in legislation, and we create that sense, I think, of more confidence in the wider South Australian public that we have translated into legislation a set of guidelines that practitioners can refer to in order to help them make their decisions around those particularly difficult scenarios.

I acknowledge that the amendments I put forth did not cater for those scenarios in a way that everyone would see as satisfactory. While, as I said a number of times, I always want to create as

many opportunities as possible for a live baby to be born and nurtured and given a chance at life, I also completely acknowledge that there are a number of scenarios that emerge which my amendment and similar amendments did not cater for.

I think at least by moving this amendment the member for Lee is creating a situation where the medical practitioners can refer to the legislation, refer to these codified guidelines, to help them deal with those particularly difficult decisions, those unique (and they will be very unique) scenarios which need that additional support, that additional guidance. I speak strongly in favour of this amendment because at about 11.30 or 11.40 last night the member for Lee and I were trying to work something up.

We tried to seek a stay of proceedings, so to speak, to do that last night, but the member for Lee has been able to go away and work that out with the advice of parliamentary counsel. There is a very sensible amendment from the member for Colton, which we have just agreed to, and I support the amendment providing more clarity for medical practitioners to undertake their duties under this law.

Ms HILDYARD: Having listened very carefully to both the member for Port Adelaide and the member for Lee, and having been absolutely persuaded and supportive of the member for Port Adelaide's argument that was put forward about the fact that what we have in front of us very clearly refers to guidelines. I am not sure if I am missing something. I say this absolutely respectfully, but I just do not understand, first of all, what having this, when we refer to current guidelines, would actually add in terms of any benefit to the bill. That is the first question. It might be helpful to ask a slightly different question as well.

I am also curious about the phrasing of the bill and the need to have regard to the following set of criteria you have set out in paragraphs (a) to (g) and what that means, what you intend that to mean in practice. Would it mean that medical practitioners could not act on the basis of the provisions of clause 6(1) unless they can tick at least one of those boxes or all of those boxes? Also, would they have to report on their consideration and the ticking of those boxes, whether that is one of the paragraphs (a) to (g) or all of them? Could you please elaborate on that as well?

The Hon. S.C. MULLIGHAN: I appreciate that question, I will say, because I do not want to exhaust any further questions you have—that one singular question that was put to me: what does it add? For me, on the basis of reading clause 6 that was passed last night, most of the conjecture seemed to be around particularly mental health but also subparagraph (ii) about physical health and mental health. The questions were: what does that cover? Does it cover this, does it cover that? The advice was that it covers basically those considerations which are encapsulated in the professional standards or in the guidance notes, particularly, that the royal college had put out.

That is why I said I was grateful for the Attorney's advice, because I had the opportunity to read through it all, and it reassured me that in not just the scenarios that were raised last night but those other scenarios where people are in all forms of difficult situations—under duress and in circumstances beyond their control, let alone having been subject to what could be horrific criminal violations and abuses and so on—a doctor would be able to think they are either in one of these circumstances or something like it and that a termination is appropriate.

The way in which it has been drafted is to require a doctor to have regard—I think you were asking about what that actually means—and consider those sorts of circumstances before they come to a judgement about the provision of a termination. They do not bind a judgement about having to satisfy one of those because they deliberately have been expressed as 'including but not limited to', those famous statutory words that we roll out when we are unable to define everything. So, yes, they provide guidance, but they are not so prescriptive that they cannot go beyond what is contemplated in each of those.

Do they need to report on it? No, absolutely not, in the same way that if you or I or anyone else in this place were to receive a medical service from a doctor, except for limited federal reporting about limited circumstances, that is not required to be reported. In fact, other than what is done for the purposes of the annual abortion report that is presented to this place, I do not believe there is any mandatory reporting about these services at all, let alone the detailed considerations about why doctors reach them. I hope that satisfies your concerns in that regard.

Mr SZAKACS: Thank you, member for Lee. I will not be able to honour him in the way the member for Port Adelaide has, but he also is a neighbour and a fellow aficionado of Big Shed brewery down our way. Very briefly for the record, I would like to explain for my own peace of mind on this matter that the member for Lee has articulated a number of views that were put last night.

My view, though, around the support of these amendments, was more nuanced than perhaps the member for Lee has put; that is, my approach to the regulation around late-term abortions has been to support the primacy of a woman's choice—the primacy of a woman's choice that she has made with her support network and with counselling.

One thing we often lose in this is a woman and her family. A woman and her family make complex decisions, difficult decisions, all the time in this space, and my support for the bill would have been for clause 6 to be unamended. I was and I did support the Attorney's amendments through a matter of pragmatism, a view that a good outcome should not be dispensed with in pursuit of a perfect outcome, and that is the reason I supported the Attorney's amendments yesterday evening.

For those reasons, I cannot and I will not support the member for Lee's amendments, albeit as he has articulated to the chamber now. I do have two matters that I think are worth putting on the record as well in respect of the specific details that the member for Lee seeks to insert in clause 6A, that is, to insofar as practicable, replicate the RANZCOG guidelines.

I have consulted with RANZCOG on this, and with permission of Rosalie Grivell, I will provide what she has provided to me. Secondly, I am keen to hear from the member for Lee if he has consulted with RANZCOG because this seems to be, by any measure, an attempt to sincerely replicate RANZCOG's clinical guidance and thinking. Associate Professor Rosalie Grivell, the chair I think it is, of RANZCOG in South Australia has provided the following:

> It is simply not possible to pre-specify and legislate for every possible circumstance. The additional clauses will only further impede the ability of women and their treating team to access the best care and advice. Professional standards, policy and guidelines, credentialing and multidisciplinary team review already provide substantial protection without additional criteria.

I think it is important—from my perspective, having sought out the best professional advice I can get—that I put that on the record, and also in thanking the member for Lee for his contribution in pursuit of that amendment, to clarify that I will not support this, and reluctantly supported other amendments in this section.

The Hon. S.C. MULLIGHAN: I am grateful for the comments from the member for Cheltenham. I understand and recognise his position that he was more comfortable with an unamended bill as it was presented to the house, and he is not alone in that, and I respect that view. Without wanting to put words in his or other member's mouths, I think in part that is motivated because they want the greatest level of flexibility for the medical profession and the medical practitioners who will be involved in decision-making in this area. I completely agree with that.

I am grateful that he has sought advice from the local chair of RANZCOG and her advice, as he has read it out, is that while RANZCOG clearly publishes guidelines and has obviously formed a view that these are appropriate guidelines to inform the judgement of doctors on these matters, they are not comfortable with those guidelines being applied in the legislation. I do not say that facetiously or sniffily. I know there is a difference between a guideline and something which is codified into law.

But I perhaps suspect that the advice that the member for Port Adelaide and the member for Cheltenham have both relayed to us from RANZCOG might have been done on the basis that, as the member for Port Adelaide articulated, this is an exhaustive list, it is a prescriptive list and it railroads the judgement of a doctor. I have deliberately drafted this amendment in a way that does not do that. It provides additional discretion within it. These are merely factors that contribute to the formation of a judgement by the doctor. What is the purpose of them? They serve to give us and the communities we represent some better understanding of what will be contemplated when a late-term termination is provided.

The Hon. V.A. CHAPMAN: I will start by saying that, when I first heard the rationale presented by the member for Lee as to the proposed insertion of clause 6A for mandatory considerations for medical practitioners, I thought he was, after the discussion last night, seeking to insert these by way of a codification of the RANZCOG document, which has been referred to, as

necessary to support the veracity of the arguments that were put forward by me in the debate as to what section 6 factors would be included.

To this extent, we went through a debate, which identified in the end that there would be circumstances in which a late-term abortion could occur with two doctors, a prescribed hospital, etc., where there is a risk of loss of life to the mother or the foetus, a physical or mental health circumstance that would result in significant harm to the mother or the woman in question or—and I am paraphrasing—some significant congenital abnormality in the foetus. That is where we landed.

In the course of that argument, having presented that for consideration and resolution by the house, it was asserted, which I maintain, that the provision of 'medically appropriate' would remain in—and it did for consideration by the profession—and that they were still bound by all of their guidelines and professional standards and the like that are outlined in the statute and that the mover of this recommendation to us of this amendment is simply seeking to verify the assertion by me that, in the guidelines category, the RANZCOG late-abortion document was to be considered in that. It is not exhaustive, but he wanted to verify that statement by me by pulling across material from it and attempting to codify it. That was the purpose outlined by the member.

Interestingly, the member for Black outlines a different reason as to why he will be supporting this—because he sees this as some extra protection in relation to criteria that need to be taken into account. Sadly, it will not result in that, I do not think, but only because these are matters to be considered but not necessarily applied. They have to consider them, but they can be completely ignored.

However, what has actually translated is that the attempt to list and codify has not only been potentially inconsistent in attempting to list this but it is certainly not exhaustive. It has resulted in the professionals themselves coming along and saying, 'Look, this is not workable.' In particular, the college themselves, the very people who wrote this guide for their members, state that it was:

> Not possible to pre-specify and legislate for every possible circumstance. The additional causes will only further impede the ability of women and their treating team to access the best care and advice. The professional standards, policy and guidelines credentialling and multidisciplinary team also provides substantial protection without additional criteria.

They are saying, 'Whilst you are attempting to keep us to account by putting a list of the examples that are in our guidelines for us to consider, it doesn't help, and in fact it is only going to be unhelpful.' The AMA were a bit more flowery in their language and that has been read out several times.

One of the reasons, I think, which is patently obvious, is that this document alone does not purport to be an exhaustive list. We have already been through many times the incapacity for us here to stand and identify and codify every circumstance. The disclaimer on this document is very clear in saying what this does and who it is for. It is actually a guideline for the professionals. I am happy to read what it says when we return from the adjournment.

Sitting suspended from 18:00 to 19:30.

The CHAIR: Welcome back to the house in committee on the Termination of Pregnancy Bill 2020. When we adjourned for dinner, I believe the Attorney-General was on her feet making some remarks regarding the amendment in the name of the member for Lee.

The Hon. V.A. CHAPMAN: I was indicating to the committee that the Royal Australian and New Zealand College of Obstetricians and Gynaecologists Late Abortion document, which is the subject of the attempted codification in this amendment, has in itself a disclaimer. It states:

> This information is intended to provide general advice to practitioners, and should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient.
>
> This information has been prepared having regard to general circumstances. It is the responsibility of each practitioner to have regard to the particular circumstances of each case. Clinical management should be responsive to the needs of the individual patient and the particular circumstances of each case.
>
> This information has been prepared having regard to the information available at the time of its preparation, and each practitioner should have regard to relevant information, research or material which may have been published or become available subsequently.

It is a document designed to provide guidelines to the practitioners and is one of a number of obligations they have to both practise and apply in the operation of the provision of the service in relation to terminations.

I wish to refer to the amendment itself and indicate that, in addition to the professional bodies expressing their concern about the practical application in this attempt to codification, it is in itself problematic. One of the issues that is raised, for example, has already been highlighted—that is, this is a document that is reviewed every three years. In fact, it is due again to be reviewed late next year, having been established back in 2016, and in 2019 had been reviewed and amended, so it is a moving document.

Most importantly, these paragraphs (a) to (g) provisions are matters the member is asking practitioners to have regard to. They must have regard—there is no obligation to provide what weighting they do. There is no guide as to how they might apply that in practice with all the other obligations that they have. Nevertheless, it is an attempt to put it in there again, as I say. It appears that the mover wants to have the veracity of the submissions we put in relation to the debate on clause 6. I am not sure whether that is entirely because the mover of the amendment does not trust me or does not trust the doctors, or both, but nevertheless that is the intent of including this.

Paragraph (a) and the amendment picked up by the member to amend 'twin' to 'multiple' highlights the need to be able to appreciate that we are dealing with the aspect of performing a termination in respect of a foetus where it might cause risk to another, for example, or where risking severe prematurity is to be taken into account in that process. It is a direct example of how these move.

Secondly, what is the purpose of asking each of the practitioners who are considering performing a termination to go through and consider all of the circumstances, which may not apply to the case in front of them? For example, what is the point in having a checklist that requires consideration or having regard to paragraph (a), which relates to the termination of a foetus, if in fact there is not a multiple birth imminent and it does not involve other than a single child?

Most significant is the fact that it seems from the discussions that have occurred in the debate so far that the application of consideration of a termination in a circumstance involving the mental health of the mother is one that has had considerable discussion. It certainly raised circumstances where, unless the other features are evident in the case before a practitioner, the practitioner can still, by virtue of clause 6, proceed with a termination involving someone who is a child who could give a live birth, who has not threatened herself by having a live birth—that is, by carrying the baby to full term—which would otherwise be prohibited.

There are also examples of where an intellectually disabled person may not qualify. Again, if they are able to physically carry the child and it does not affect their life and it is a healthy baby otherwise, they are expected to carry it. These are situations on which clearly members have a different view. I have the view that there are circumstances that are listed which others do not agree to but which do justify, if the doctors consider it medically appropriate, progressing. I think it is actually unconscionable and unacceptable to expect a 13-year-old girl to have a baby, given all the information we have received in relation to the psychological harm that can occur.

Therefore we are left in this rather difficult position, because clearly some members feel aggrieved that the provisions in clause 6 are not strong enough or selective enough or exclusive enough, and therefore, as in the member for Black's contribution, he sees this initiative as something that gives some comfort, it seems, to the conduct of the practitioner in those circumstances. Yet the only one of the examples here of the factors that are to be considered in the paragraphs (a) to (g) list is (f), which provides:

> (f) whether medical or psychiatric conditions may become apparent or deteriorate during the pregnancy to the point where they are a threat to the patient's life;

May I suggest that that inclusion will not actually provide relief or comfort to members in this house who take the view that unless the life of the mother, a foetal abnormality, the life of the foetus are not covered, then it should not occur. It will not give them any comfort. It does not actually enliven or heighten or add to a restriction to minimise or reduce the applicability of the provisions in clause 6. So for those who think it will, I think they will be sadly disappointed.

Therefore, we have, in summary, a position of a list of considerations that we make the doctors consider, even if the factors do not relate to the case that is before them. They have to in some way consider them and regard them, but they do not have to actually employ them. There may be other factors that they can still take into account, which of course enables them to proceed lawfully.

So I do not see the benefit in bringing this into the act. It is a living, breathing, moving document. It is a guide to practitioners if it applies to some particular cases, but it certainly does not cover all of the areas of concern where the applicability of a late-term abortion can be lawfully carried out under the current clause 6 if the bill is passed.

I do not think there is anything further that I can add other than to say that if we are going to introduce, on the run, a concept of just simply asking parliamentary counsel to replicate the examples that are used in the code to actually apply in this list, it is inadequate, it is not exhaustive, it will not provide the relief or the protection that some members might think it will, and it can only be that it is being done to in some way try to test the veracity of the assertion that I have put to the parliament, and that is that the practitioners in this field need to comply with a number of guidelines and protocols, etc.

To back that up, I have already made provision in clause 6 for that to occur. We have the retention of the medically appropriate test, which we have heard a lot about, and we have the retention of the obligation to comply with the professional guidelines. As you have heard directly from Professor Rosalie Grivell, not only the professional standards but the policy and guidelines, the credentialing and the multidisciplinary team review all provide substantial protection without additional criteria.

So I suppose that asks the question: if you want to bring in the royal college's current code for the purposes of listing it in this provision, is the next step that we are going to try to introduce all of the others and try to put it all in the act? And then how are we going to manage and control or direct the practitioner as to what weight they give these in the thousands of different circumstances that could come before them, which they need to address, and of which they will have the advice of others in the multidisciplinary team as to the factors that they would be giving advice on—for example, a cancer specialist or a paediatrician, to be able to bring that together and conduct that assessment?

I think that it is an unreasonable imposition in light of the facts that the practitioners' representatives themselves have highlighted, they have been detailed. Although the heading says 'mandatory consideration', it does not in any way specify what weight is to be given if they do not give regard to it, or give half of 1 per cent regard to it, as to whether that would be outweighed by other factors.

I think that is cold comfort to those who have a view that in some way this will help restrict the application of clause 6, and I think the mover of the motion actually acknowledges that, but others, clearly from the speeches that have been given, do not perhaps appreciate that, and if they do, then it does raise the question of whether this whole purpose is completely to try to make it more difficult for the practitioners and/or others' attempt to frustrate the application of the act. It will not stop, in my view, the application of the act. It will be cumbersome, for the reasons set out by the practitioners, for them to have to consider it. It raises an extra layer that is there—

The CHAIR: Attorney, I hate to do this to you, but we have a standing order that limits speakers—

The Hon. V.A. CHAPMAN: To 15 minutes?

The CHAIR: Yes, to 15 minutes. You are now at 13 minutes and I am going to suggest you had a couple of minutes before dinner.

The Hon. V.A. CHAPMAN: I will not need an extension of time. I think other speakers have outlined this. I think the doctors themselves have made it very clear, and I would urge in those circumstances not to make law on the run and that if there is any concern that members have as to the veracity or professional standards of the practitioners, then I think they need to be honest enough to say so.

The Hon. S.C. MULLIGHAN: I appreciate the contribution from the Attorney. Let me start by assuring the Attorney that the motivation for this amendment is not solely directed at her. It is not seeking to try to show her up, or to interrogate the advice that she provided to the house last night, or to try to establish the veracity of that advice or otherwise. I have been at absolute pains in my explanation about this amendment to make it clear to my fellow members, across all sides of the chamber, why I am doing this.

Let's be clear what we are doing in this bill with regard to late-term abortions or late-term terminations. We are changing the current law from the current restriction of 28 weeks and that termination can only occur beyond 28 weeks for a very, very specific reason, and that is to protect the health and wellbeing of the pregnant person or the mother, depending on people's predilections in regard to pronouns. Those are the very tight parentheses that we currently operate under and which we are seeking to change. We are changing them to a regime where late-term terminations can occur beyond 22 weeks and six days, for a very wide range of reasons.

My personal view in large part is that is a good idea because, as we have heard from the contributions that have been made both before the bill came into this place but particularly during the contributions that have been made in the course of last night's debate and today's debate, there are situations where we should have a law that enables somebody to avail themselves of a termination. More eloquent and more specific than my remarks, as I have said, we have had examples from the members for Port Adelaide, Reynell, Hurtle Vale, Cheltenham and others about some of the situations where a tight application of the current law would often preclude people from accessing a termination, and we are trying to fix that.

I do not think it is unreasonable, when we are making it a regime where people in circumstances can access a termination, that this parliament—the members within it and the communities we represent—has some understanding of the sorts of circumstances under which these termination services will be able to be accessed. That is entirely appropriate.

I appreciate that there is a cohort of the profession, perhaps a large cohort of the profession, represented by both the AMA and the royal college, who want the greatest discretion possible to exercise their medical judgement in providing termination services. I appreciate that. I briefly recount the previous comments I made that neither of those organisations necessarily represent the entirety of their memberships, because doctors, whether they are members of the AMA and/or members of the royal college, are just like the rest of us—we have a diversity of views. Nonetheless, they put the view to us that it is their preference to have a regime where they have the greatest discretion and the greatest flexibility.

This is not the first time that we have legislated with respect to a particular profession or group. Let me give you an example. From time to time, there is significant pressure on the parliament to change, for example, sentencing laws. We do not exclusively consult with the judiciary on sentencing laws. We receive their advice and we are grateful for it because they are the ones who deliver the sentences. They are the ones who have to put the law into effect. They are the ones who have to be accountable for the sentences that they hand down.

So of course we consult with them, and of course we take the advice they give us with the weight it deserves, and that is a significant weight. But it is not the only advice we take because we know, for example when it comes to sentencing laws, that we are here to represent the communities that elect us and we are here to represent the state more generally. They may have exactly the same expectations as the judiciary or they may have different ones, but we have to take both into account. We have to weigh them and we have to make a judgement.

I do not think it is unreasonable, when we are seeking to provide a far less prescriptive, far more open and far broader regime for late-term terminations, that when the question is asked, 'What sort of circumstances will it apply in?'—not prescriptively, exclusively and exhaustively but 'what sort of'—we get some understanding of that, we get a range of scenarios and a range of circumstances where these late-term terminations can apply, and that is what we are doing here.

The Attorney herself has confirmed that this is not prescriptive or exhaustive, and it is deliberately designed to be so, because of course we can never think of every circumstance, of course we can never legislate for every circumstance. That is why I have avoided seeking to do so.

But when we are making such a significant change in the law as we are, the communities we represent, the communities that elect us, from feedback I have received, want to know what sort of circumstances it will apply in.

This does not restrict the operation of clause 6. This provides some examples. This provides some specifics. It provides a list of considerations, which are not exhaustive, that a medical practitioner must consider, and then they can form their own judgement. This does not restrict their judgement: it informs their judgement. It requires a consideration of these matters. The Attorney says, 'What's the point of having paragraph (a) of the amendment if it's really an issue that refers to paragraph (d) or paragraph (e)?' Well, when somebody comes and says to me, 'On what possible basis does the parliament legislate to allow terminations very late in gestation?' I can say, 'It's these sorts of situations.'

That is entirely reasonable. I know, just like there are in this parliament, there are some of us who want unfettered discretion for the doctors. They say we have had a workable regime for the last 50 years—albeit most unfortunately provided for in a mix of the criminal law and other quite separate health-related legislative provisions—and we have had an arrangement that doctors have navigated effectively based on the best application of their judgement. We are changing that. We are making it more accessible for those people who genuinely need it, so I do not think it is unreasonable.

The final point is: why these guidelines? Why these guidelines if there is a disclaimer on the front of them, or why these guidelines if representatives of the royal college say that they should not be applied to this? The simple reason is that this is all we have. These are the only professional standards that have been presented to us. Not every medical practitioner who will operate in this area under the operation of this act will be an obstetrician and a gynaecologist—they will not be, necessarily. They may usually be. They may be in the vast majority of cases, but they will not always be.

There may be, then, different professional standards that apply to different aspects of the medical profession, but this is all we have. We have them because they have been recommended to us, throughout the development of this bill and in the course of debating this bill, as the appropriate set of guidelines. It is not some trickery that I am trying to visit on the Attorney or the parliament in suggesting these. It is merely to provide some indication, if not comfort, to the community on when these terminations may occur.

It provides the necessary level of discretion to medical practitioners to form their own judgements. It enables the necessary level of discretion to those medical practitioners to form a judgement for a circumstance that is not necessarily set out in paragraphs (a) to (g) within the amendment. This does not constrict, this does not contradict, this does not countervail what we have already agreed to in clause 6.

I understand the trepidation of those members who would prefer not to have this moved, who prefer to have a regime that is as open to medical practitioners' discretion and professional judgement as possible, but it is my view that the community expectation of us is to provide some specificity around this, to provide some examples and to require doctors to have at least a level of considerations that fit those sorts of concerns and examples that we have spoken about to date.

Ms COOK: This is becoming a very longwinded debate about very similar things. I feel like it is almost groundhog day. Just to sum up my feelings in relation to the prescriptiveness around this amendment, again I feel that it disrespects the capacity of the healthcare professionals, not just the doctors but there are many other people who are involved in this. There are nurses and clearly, as we have heard, there are counsellors as well involved in this team, and reproductive medicine specialists. There is a whole range of people who surround the person who presents for abortion services.

We have gone over and over the feeling I have in relation to the capacity of the person or the woman to display some autonomy and reasoned decision-making skills in terms of making themselves available to these services. Just to reinforce that again, I have felt all day that some of the comments feel very *The Handmaid's Tale*. I feel very much as if the autonomy and the capacity of women to express their reproductive rights in this parliament are being curtailed and suppressed back to a time before I went to a girls' school, and I just feel a little embarrassed about it, to be frank. Anyway, that is not all down to the member for Lee. This particular amendment is not—

Members interjecting:

Ms COOK: Seriously? I digress under his eye. I am concerned about one line of that speech just then, member for Lee, that it will not always be a qualified obstetrician or gynaecologist performing this termination. I am very happy to be corrected on this, so it is a question to you, but I am also happy for the health team that is advising to stand up and tell me: is it not correct that in South Australia for people who undertake these terminations after 23 weeks, particularly, it would always be someone qualified in that regard?

The CHAIR: I will call the member for Lee, and I remind members that they need to direct their questions to ministers or members rather than the advisers.

The Hon. S.C. MULLIGHAN: I will start with that question first. I agree with the basis of the member for Hurtle Vale's question that it is usual or normal in the vast majority of cases that these terminations will be conducted by an obstetrician or a gynaecologist, but that will not be the case always or exclusively. It is easy to consider a medical emergency where an obstetrician or a gynaecologist is not available, where it is not feasible for them to perform those services.

So, even with that one example, it is relatively easy to show that the medical practitioner is not exclusively an obstetrician or a gynaecologist, let alone any of the other elements of the medical profession that the member for Hurtle Vale mentioned in the earlier parts of her remarks. I am sorry that she feels that this is disrespectful; it is not intended to be.

It certainly is not meant to be a curtailment of women's reproductive rights. What we are trying to do is significantly expand them. We are trying to give them greater access to surgical terminations. We are trying to give them greater access to surgical terminations later than the current arrangements allow and for a broader period within the gestation period than the current arrangements allow. I know it might feel like a curtailment compared to the original bill which was presented to the parliament.

But I come back to the point that, while we are grateful for the fulsome advice from the Law Reform Institute and we are similarly grateful for the advice we get from representatives of parts of the medical profession, our obligation is to take that advice and give it the weight it deserves, which is very significant. But we also must take into consideration the concerns, the expectations and, in some instances amongst some members, the values and the judgements of the communities that they represent.

I think this is an entirely reasonable way to frame this so that, again, it does not restrict the judgement of a doctor, does not curtail the decision that they are entitled to make and does not stop them from pursuing a particular course of action. All it does is require them to have regard to a range of the circumstances which are likely to confront this very small proportion of people who seek to access a late-term termination.

Mr PICTON: It is great to be back here for more debate on this bill. The Clerks are working out for me some advice on exactly how long this debate has been going on, so I look forward to providing that update shortly.

I would like to speak briefly because I want to provide my thoughts in relation to the amendment moved by the member for Lee and, in doing so, say that this amendment has been particularly weighing on my mind through the course of today since the member for Lee first drafted it this morning. Firstly, I know that the member for Lee's intentions in proposing this amendment are virtuous in that he is trying to do what is best, he believes, for his community and what he believes is the right outcome. So for those people—and there are a few people tweeting the course of this debate who might say something different—I would disagree with any aspersions on motives in this regard.

I would say that part of the reason this has been particularly weighing on my mind is that we are dealing with words in the particular sections of this amendment that have been drafted by the doctors themselves through the Royal Australian and New Zealand College of Obstetricians and Gynaecologists. This is a document which has been referred to earlier in the debate which is their statement in terms of late abortion. It is clearly a document where they have gone through a process of drafting and redrafting over a number of years. They have a women's health committee with, no

doubt, eminent doctors from around the country who provided input. It has gone through their college council, etc.

In that regard, the words in the sections outlined in the member for Lee's amendment are drafted in a way that is appropriate. My understanding from what the member for Lee has proposed to the house is picking up those proposals, in paragraphs (a) to (g), from that document and putting them here. It is coming from a desire to be more prescriptive in terms of what we had decided last night in relation to clause 6 and the significant debate we had around that and the impasse we came to when there was division around that.

I was particularly open to using some parts of this RANZCOG document to help in terms of the issues we were looking at last night, particularly the drafting of subclause (2) that seemed to be of concern to some people. However, what I had not anticipated was that we would be dealing with a proposal to then come later, pick up the whole document and insert it into the legislation. For me, that raises a number of difficulties. I have already outlined in the second reading debate how I came to the position I did in relation to the original drafting that we had around 'medically appropriate', which I regarded as a stronger basis really than going through one by one and trying to articulate that in legislation, which I believe is quite difficult.

I did not say it, but one of the concerns I had was that as soon as you start articulating some things there is a desire to articulate everything. We are now in the field of wanting to articulate a whole range of variables in legislation, which becomes very difficult to do and difficult for us as a parliament to outline appropriately in legislation all of those factors. One factor is that, if this amendment were to pass, this would become a very messy piece of legislation for doctors, for health practitioners, for pregnant people and for authorities to navigate in that you have various sections in clause 6 that have legal tests and now you would have a new clause 6A that would have legal tests as well.

I do not think that the nature of the original statement from the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, as I think the member for Port Adelaide has already outlined, was drafted to be the be-all and end-all on the statement. This was a statement that was put out. A lot of thought clearly went into it, but it made clear itself that it is subject to review. It made clear itself that this might not cover all of the particular circumstances, and the particular circumstances of the person involved need to be considered.

I also do not necessarily think that when those doctors were drafting it, they imagined that they would end up being legal tests that would be incorporated in legislation. I think there is a difference between what doctors may put out as a statement for their own profession and what may be interpreted in legal tests, and I do not think we have had proper consideration of whether that is the case here.

As has been mentioned by other speakers, including the Attorney, I think we already do cover this in relation to clause 6(2), which we determined last night would remain in the legislation, which means that doctors already have to consider professional standards and guidelines that would apply to that practitioner in the performance of the termination.

Lastly, I think that this is now verging in a realm in which we are prescribing many, many things that a doctor must consider before they decide something—pages and pages of sections of an act, which is quite a prescriptive list of things that they must consider that we would have determined. While it has been noted that there is divided opinion amongst the medical profession, I think that a significant majority of the medical profession would have issue with going down that path. While there are aspects of this that I was attracted to, I wanted to outline for the parliament why I have determined that those other reasons are why I am not supporting this amendment on this occasion.

The CHAIR: Before I call the member for Lee, member for Kaurna, I would be the first to concede that this has been a particularly long debate. My sense is that we have a way to go, but what that has done is given members such as yourself the opportunity to contribute and that is what this debate has been all about.

Mr PICTON: I absolutely agree. My brevity and my joyfulness at discussing it was not to diminish the importance of the debate. I hope that we are getting towards the beginning of the end, not the end of the beginning.

The CHAIR: My sense exactly.

The Hon. S.C. MULLIGHAN: A long yet well-chaired debate, can I say. I appreciate the points that the member for Kaurna makes and I appreciate his advice to us that he had thought of treading this road as well, but he is concerned with, again, limiting the discretion of medical practitioners, that he worries about imposing a regime that is too cumbersome and a regime encapsulated in pages and pages of legislation.

If this were a high-volume business and we were being overly prescriptive and it was an onerous regime which a doctor had to navigate, I would have some sympathy with that argument, but the statistics from last year show that of the 92 terminations that occurred after 22 weeks, which I think is the cohort reported in the abortion report we received for 2018, 60 per cent of those were for overtly physical reasons either for the mother or for the foetus, which we had basically canvassed and put to bed, and we are really down to the remaining 40 per cent or 37 in number.

This is not something that a doctor has to wade through on a daily basis or even on a weekly basis. Even on the assumption that only a small handful of medical practitioners will be responsible for forming judgements around this process, they will be doing so rarely. We are likely to end up with something in the order of a page and a third of considerations.

Clause 5 is not what we are concerned with, which constituted the earlier stages of termination, only clause 6 and clause 6A, and of course we have added to that because we have included the requirement for access to information about counselling services and so on. I appreciate the member for Kaurna's remarks and I also assume it comes from the point of wanting to maintain a regime where—

Members interjecting:

The CHAIR: Order, on the front bench! The member for Lee is contributing.

The Hon. S.C. MULLIGHAN: —members have as much discretion as possible in forming these judgements. I just repeat finally: this does not fetter that discretion; this does not railroad that judgement; this does not make the decision for them. These are just considerations that they are required to take into account before forming their own judgement in providing these services.

The committee divided on the new clause as amended:

Ayes 23
Noes..... 23
Majority..... 0

AYES

Bell, T.S.	Brock, G.G.	Brown, M.E.
Cowdrey, M.J.	Cregan, D.	Duluk, S.
Ellis, F.J.	Gardner, J.A.W.	Harvey, R.M.
Knoll, S.K.	Koutsantonis, A.	Malinauskas, P.
Michaels, A.	Mullighan, S.C. (teller)	Murray, S.
Patterson, S.J.R.	Pederick, A.S.	Piccolo, A.
Power, C.	Speirs, D.J.	Tarzia, V.A.
van Holst Pellekaan, D.C.	Wingard, C.L.	

NOES

Basham, D.K.B.	Bedford, F.E.	Bettison, Z.L.
Bignell, L.W.K.	Boyer, B.I.	Chapman, V.A. (teller)
Close, S.E.	Cook, N.F.	Gee, J.P.
Hildyard, K.A.	Hughes, E.J.	Luethen, P.
Marshall, S.S.	McBride, N.	Odenwalder, L.K.
Picton, C.J.	Pisoni, D.G.	Sanderson, R.
Stinson, J.M.	Szakacs, J.K.	Teague, J.B.
Whetstone, T.J.	Wortley, D.	

The CHAIR: There being 23 ayes and 23 noes, the vote is tied. I therefore have a vote as Chair, and I give my vote with the ayes.

The Hon. S.C. Mullighan's new clause as amended thus inserted.

Clause 7 passed.

Clause 8.

Mr DULUK: I move:

Amendment No 1 [Duluk–1]—

Page 5, lines 5 to 28—Delete clause 8 and substitute:

8—Conscientious objection

(1) Subject to subsection (2), no person is under a duty, whether by contract or by any statutory or other legal requirement, to—

(a) perform a termination on a person; or

(b) assist in the performance of a termination on a person; or

(c) provide advice to a person about the performance of a termination,

if the person has a conscientious objection to doing so, but in any legal proceedings the burden of proof of conscientious objection rests on the person claiming to rely on it.

(2) Nothing in subsection (1) affects any duty to participate in treatment which is necessary to save the life, or to prevent grave injury to the physical or mental health, of a pregnant person.

I do not wish to speak for too long, as I foreshadowed my amendment at length in my second reading contribution. But, for those members who have not had a chance to look at the amendment yet (I know there has been a lot of debate over the last two days), I am simply looking to replicate the conscientious objection clause exactly as printed in the current Criminal Law Consolidation Act 1935, being sections 82A(5) and 82A(6), into this bill. The current conscientious objections provisions have been around for some 50 years, and they have served very well in talking to and consulting on this issue. It strikes the right balance, not only for what serves in South Australia but what serves around the country as well in other jurisdictions when it comes to conscientious objections clauses.

There has been a lot of debate about information as we were discussing 6A and the right to choose, and that right to choose for a person is so important in this debate. It is also the right to choose for someone not to be involved in this medical procedure, which is also very important. There is a fear—maybe that fear is not correctly held or is unfounded—that, if there is a watering down of conscientious objections provisions, potentially that will lead to an exit of clinicians out of practice but, more importantly, the ability for deregistration of practitioners for merely being conscientious objectors to the medical procedure around the termination of a foetus.

Right now, doctors, as we know, can object to many requests that patients put to them every day, and the Attorney covered this point last night in her debate. That ability, in terms of conscientious objection, in the matters before us should be no different. The big issue in the draft legislation before us is around subsection (1)(e)(i), transfer or referral essentially, which for many is the key sticking point. We know that to have access to termination services in South Australia you do not need a referral from a doctor.

You can go to the Pregnancy Advisory Centre. You do not need a referral, so to force a doctor to refer I believe is an unnecessary infringement on the conscientious objection rights of medical practitioners. I think in time, if we change these provisions, it will have ramifications in terms of other legislation around end-of-life care that comes before us.

I know we are about to start a debate, probably not long after this debate, in this parliament around end-of-life care. There are of course huge ethical concerns for many in that debate, and if we change the conscientious objection provisions here I think it will have ramifications for us down the track. That is all I want to add for now, but I am sure there will be a debate on this as the night progresses.

Mr SZAKACS: I have a question for the mover. He talked about setting unnecessary or unintended consequence and precedent in future bill considerations we have in this place. In saying that, where do you rely on this statutory conscientious objection in other procedures of health care in this state?

Mr DULUK: I think it goes to the fact that a doctor has a right to conscientiously object in pretty much all elements of their practice. We know there are some caveats, as there are in the original sections 82A(5) and 82A(6). There is no law that compels a doctor to participate as a professional in any activity they are not comfortable with. So I do not know why we would seek to change that in this matter.

Mr SZAKACS: You are right. I certainly do not read your amendment as forcing a doctor to do anything; in fact, what it is doing is putting in a statutory opt-out for a health procedure. Your comment about precedent is one that I am particularly interested in. You obviously are not wanting to set a new precedent with this amendment. What existing precedent do you rely upon in allowing the statutory opt-out for a healthcare procedure?

Mr DULUK: This is not a statutory opt-out. My amendment merely seeks to replicate what has been the standard practice for the last 50 years. The problem is in the draft legislation. As I said, it is 8(1)(e)(i)—transfer. The word 'transfer' is the word that creates an obligation for a doctor to perhaps behave in a certain manner that is contrary to their conscience.

Mr SZAKACS: The reverse onus of proof that you seek to install in this amendment is the existing common law? You said this is simply a codification of the current practice, so the reverse onus against a patient in favour of a doctor is the existing common law?

Mr DULUK: My proposed amendment, the new 8(1) and 8(2) is a straight replication of what is in the current Criminal Law Consolidation Act 1935, being sections 82A(5) and 82A(6). That is already in the original statute. This is nothing new that I have brought to the table; it is bringing the current legislated provisions into this bill.

Mr SZAKACS: I appreciate 8(1) and 8(2). What about the final paragraph of 8(1), which states:

> …if the person has a conscientious objection to doing so, but in any legal proceedings the burden of proof of conscientious objection rests on the person claiming to rely on it.

It is the provision of that reverse onus. Your position is that is in the existing Criminal Law Consolidation Act?

Mr DULUK: That is correct; happy to get it out for you.

The Hon. V.A. CHAPMAN: I indicate that, having considered the member's proposed amendment, I do not think this adequately provides for sufficient service to the patient or woman in question. I am advised, again by the health professionals here, that the normal and accepted medical practice involves referral where a doctor involved cannot provide the services themselves—and cannot maybe because they are not experienced, qualified or simply do not want to do it.

Expected standard is a written referral addressed to another doctor who can provide the service. That is the usual practice for all the other things they do. The current provision in the bill developed between the doctors, and ultimately presented to us from the AMA on the basis that this is something they took a long time to work out with the Department for Health and others, is a practice and a provision that allows a lower standard when it comes to the process or procedure that is to apply for conscientious objection for the procedure of termination. What I have said is similar in relation to the other health professionals or assistance in this regard who have a professional obligation.

That is the starting point. I suggest that the terms of the bill, and the structure that has been presented after a very long gestation period (pardon the pun), a very long period, actually already create an environment which in a way relieves the conscientious objector in the envelope of terminations from the higher standard that applies generally. I suggest that this amendment from the member for Waite really absolves them from any duty, and I just cannot see how that is acceptable.

I think many doctors would see that as not undertaking the duty and responsibility they have. Therefore, I indicate that I do not support the member for Waite's amendment.

I have reread amendment 110(21) foreshadowed by the member for Davenport. It looks surprisingly like it is lifted from the New South Wales act, so I have some appreciation of how that works. Although it is a little bit broader in relation to the procedure for termination to clearly relate to the performance of a termination, the assistance of termination, giving any advice on it, or even making a decision in relation to it, there is a bit more specificity in relation to the subject matter of which is relevant here, or the breadth of application.

The practitioner here still has to, as per the current bill, tell the patient that they will not do it and that they are a conscientious objector, and either refer them to a practitioner who can undertake the treatment and who they know does not have a conscientious objection, or transfer the person's care to another registered health practitioner or a health service provider.

It goes a little bit further again by making provision that, if there is a referral to another doctor who they understand has the capacity to do that, they can carry out their responsibility if they simply refer them to another service who provides it. So, without specifying another doctor who will do it, it goes to another service who employs persons who are not specified in that referral, so it provides some extra arms of application but, from my perspective at least, does not offend the referral process.

The problem perhaps may be that the notice process is a little bit different. The notice process under the current bill is proposing that we have a prescribed form. I have indicated that it be similar to the New South Wales' process. It is a prescribed form, so it is under regulation and the scrutiny of the parliament, and it has content in it that makes clear the referral of the service. As I have explained to members, in theirs they also have a QR code, a number or a website that you can go straight to for access to that information.

Under the foreshadowed amendment, which is under the New South Wales' model, it is the minister who sets out the rules about what is to apply to the form. I would have to look back at the New South Wales' act, but I am assuming that is the Minister for Health. It could be me; I do not know, but it is a minister. So instead of the parliament by regulation powers as per a prescribed form, it would be by the minister.

I have not spoken to the Minister for Health as to whether he is happy to do that role, but I know that in the other place and in the discussions about how that would be applied, it is my position and the minister's that it be by a prescribed form. Really, the foreshadowed amendment would give that job specifically to the Hon. Stephen Wade to draft something. Goodness me, brevity has never been his strong point but, in any event, we will see how that goes.

It is not an offensive option at all. It is applied in New South Wales and it seems, I am assuming, because they have a prescribed form that I have seen and that seems to be okay, that, if the minister has approved the prescription of that rather than the parliament having oversight of it in New South Wales, then it seems that there has been no offence or harm caused by that process.

I would say to the house that if it is the will of the parliament ultimately to consider favourably the foreshadowed amendment 110(21), then that would be a better option. It would not offend. It is a bit longer. It is a bit more cumbersome. The parliamentary draftsmen know from me that I never like notes in things. I think it is lazy drafting myself, but that is not the mover's fault. That would be someone in parliamentary counsel. It is not ours because I know it has come from the New South Wales' act, so I will blame somebody who is in the equivalent over in New South Wales. They know my view on that here at least. I am sure they will convey that and they probably will not take a scrap of notice. In any event, for all of those reasons, I cannot endorse amendment 110(3) by the member for Waite.

Mr DULUK: I want to touch on a few issues. First and foremost, I would like to thank parliamentary counsel for their forbearance over the last 48 hours. I think they have been absolutely bombarded by members requesting things on the run. I have just a few comments on what the Attorney said in her opening remarks.

My amendment simply seeks to replicate what has been the law of this state for the last 50 years. I am not aware of any issues being presented to any parliamentarian in the course of this debate as to whether they have been approached by an individual who was not adequately advised of any conscientious objections from their practitioner or a practitioner who believes the current

regime is not sufficient to not only provide quality health care and advice as they should and as is appropriate but also protect their conscientious objections. I do not think anyone has ever had that experience, which gives me the sense that the current regime actually works.

It has been around for 50 years. No-one has sought to amend it for 50 years because it does work. It is supported by practitioners. As opposed to necessarily bringing in a new regime, let's keep some consistency that has been around now for 50 years. It is supported by many of the practitioners to whom I have spoken on this issue. I am not sure if, for example, the AMA, in changing their position on conscientious objection, went to practitioners and said they are looking to overturn 50 years of legislation without consultation with their members. For any members who have any doubt, what I am proposing is nothing new; it is just replicating the 50-year statute into this new bill.

Mr MALINAUSKAS: I know this an amendment—I have not asked any questions during the course as I have been following it in the chamber—but I can presumably ask a question of the Attorney here despite this being an amendment.

The CHAIR: Yes.

Mr MALINAUSKAS: My question is orientated towards the Attorney. I thank the Attorney for her response to the member for Waite's amendment earlier, but I just want to get some clarity around the Attorney's reservations about this amendment. Is it the Attorney's view that if this amendment were to be successful in its current form, that would then lend itself to a risk of a woman going to a doctor or an obstetrician who then exercises their conscientious objection and then that doctor not having the ability to decline from referring that woman to another service?

The Hon. V.A. CHAPMAN: Thank you, Leader of the Opposition, for the question. This amendment would mean that the conscientious objector could say that they do not do it and that they will not, and convey that to the patient and not have to do anything else. The consequence of that, as outlined in the SALRI report, is that it can leave women, particularly those in a remote area or regional community, even more disadvantaged because pregnancies do not wait.

There is a time element here. If you have gone to see somebody and they say, 'I won't do it,' and then you are sent away, then you have to actually find someone else who can do it. Time is of the essence in relation to this. The current proposal in the bill that I have presented, consistent with SALRI's recommendation and even still giving a much lower threshold for those conscientious objectors, is to not make them have to refer to somebody else that they know is willing and able to do it. That is an option, but they can also just send them to the website and say, 'Here is the QR code. You can go and get that information yourself.' Then it is up to the health department or a publicly funded free service they authorise to make that provision. That is the current position in the bill.

The member's amendment that is foreshadowed takes the conscientious objector out of any responsibility or duty they have as a medical practitioner in relation to the general conscientious objection and says all they have to do is tell the woman that they do not do it. They have no obligation to refer at all to anyone or anything. That is a potential disadvantage, particularly for those who may not have any other local doctor in the town or may be regionally remote and then would have to go and find out or have to come to Adelaide perhaps and seek other advice. They might get it fairly quickly, but one of the issues that was raised by SALRI and that we have had plenty of material on is the vulnerability of women in a regional community in being able to get access to this service.

As I said, it is not a condition for which termination is being sought as a management or a process of it that can wait. There is frequently a time when the woman in question is flush up against the current legal limit before prosecution can set in. In any event, that is the difficulty they face. Here is a practical example: if they sought advice when they were three weeks pregnant or they went in and had a pregnancy test and, bingo, they are in the very early stage, it clearly gives them much more time to be able to do that. That's really the situation.

The foreshadowed amendment of the member for Davenport is following the New South Wales model. It is a little bit wordy and a little bit more cumbersome but nevertheless reflects what we are proposing in the bill. Instead of having a prescribed form of what has to be in the notice of referral, he is suggesting that be a format approved by the minister, as distinct from a parliamentary prescription process.

Mr MALINAUSKAS: In terms of the prescribed form, you gave the example of a QR code. Would the QR code potentially represent the prescribed form that would then relieve the conscientious objector of their obligations, or would it allow the conscientious objector to meet their obligations and provide assistance to that woman?

The Hon. V.A. CHAPMAN: No. The document, which I read out earlier—I will not repeat it again—is a full document, it has a heading. In essence, if you are pregnant there are a number of options.

Mr MALINAUSKAS: Would it have the Pregnancy Advisory Centre details on there, for instance?

The Hon. V.A. CHAPMAN: It does, yes. You need to go to it. All we are asking the conscientious objector to do is to hand in this form, which has the heading, if you need counselling services in relation to continuing the pregnancy, having a termination, seeking counselling services. You can ring this number, you can go to this website or you can use this QR code and it will take you there directly. It is really just a mechanism by which you go to the health department to get that information. Back in the health department they have that information and referral including, of course, the Pregnancy Advisory Centre as an agency which can undertake that service, depending on whichever service they seek to have.

Ms HILDYARD: I have a question for the mover of the amendment, the member for Waite. In thinking about his proposed amendment, I was thinking about the various circumstances that were raised when we were debating the Minister for the Environment's amendment last night—circumstances that, when I think about them, I find very distressing. We traversed the circumstances of a woman with a serious mental illness, where she may deny that she is even pregnant, who is suffering severe psychosis; we traversed the circumstances where a child who has been raped seeks the support of a medical professional; and we traversed the circumstances where a woman with disability has been abused by her carer and seeks those services.

When I was thinking about the member for Waite's amendment, I wanted to ask him how he can justify as the mover the absolving of a practitioner from having any responsibility whatsoever to provide any support, any advice, any referral whatsoever to any woman seeking a termination; but, particularly, when I thought about those distressing circumstances, how on earth he could absolve a practitioner from any responsibility to provide any advice, support, guidance or a simple referral?

Mr DULUK: Member for Reynell, I do not seek to absolve anyone from any decision that they make. All I simply seek in my amendment is to replicate current practice. If there is an example that you can provide where in current practice today, yesterday or over the last 50 years someone has been denied a referral for the situations that you have explained, I think that would be very beneficial for the parliament to know because that is what here we are to legitimately sort out. If that is the case, then maybe there is some room for further amendment.

All I am seeking in my amendment is to replicate exactly what is in the current law that has been in place for the last 50 years. If there are examples, I think that would be to the house's benefit. Of course, there are the examples you mentioned should a person have psychosis. Of course, there are psychiatrists and other matters of health professionals. I do not think it is just one matter at hand in that regard. So if the current law is wrong, it would be good if there was an example of that.

I have a question for the Attorney, and perhaps through the assistance of her adviser. Roughly, I think in 2018 there were some 4,415 terminations in South Australia. Are there statistics kept on what percentage of those terminations are performed via referral or via someone just themselves presenting at the Pregnancy Advisory Centre? Is there a distinction in those statistics and how they are kept?

The Hon. V.A. CHAPMAN: I do not actually have the last report in front of me, but I will see if I can find it. I do not recall that. I read it every time they lodge one here, because I think, as a member of the parliament, it is reasonable that we keep an eye—it is all of our responsibility—on this issue, especially as I had asked SALRI to do a comprehensive assessment. I look at what age group the cohort is, whether they are married or unmarried; these are the sorts of data. It is in graph and in figure form, and for me it actually dispels a whole lot of myths about terminations. From my recollection, there is no identification of whether the procedure has been undertaken after a second consultation.

Again, I am just reminded that in relation to the referral, whilst the member says it is the current practice of conscientious objectors in this field not to refer, I do not know the answer to that, but I have certainly heard that is the case. That is something they want to preserve their right to do; they see it as, 'We just want to tell them we are conscientious objectors, and we want nothing further to do with it.' I would suggest that that is actually in breach of the current obligations they have as a practitioner anyway in relation to conscientious objection standards imposed by their own professional bodies.

Leaving that aside, I accept in the presentation of this bill that in terms of conscientious objection in this area—and I have taken the same view in relation to areas such as stem cell research and harvesting and things of that nature—a health practitioner, a doctor or otherwise or someone who is an assistant, which is to deal with the nursing profession particularly, needs to be able, particularly in this area, to have the opportunity of conscientious objection with a lower standard. So we are not even expecting them to say, 'Look, I know someone else who can do it, and here is a referral, their name and address or number.' In this instance, they just have to send them to the website or the telephone number with the form.

I hear what the doctors are saying that have come to the member for Davenport to have a continuation of their standard. I am actually not sure whether they are complying with their own rules. Notwithstanding that, I am certainly happy to relieve the conscientious objector from having to sit down and do a personal referral, as would apply in relation to any other thing they were not doing in the health procedures.

SALRI have put their recommendation on this, but the actual working out as to how that would work to give conscientious objectors that opportunity, that is where the AMA and other professional bodies have got together and sat down, I think with the health department originally, to look at how this should best be the model, because we were looking at a health model, and that is what they have come up with, which is replicated in the bill.

Whilst I appreciate the people who are constituents or otherwise who are coming to you—not you, sir, but to the member for Davenport—I do not agree with that process.

An honourable member: Waite.

The Hon. V.A. CHAPMAN: To the member for Waite, I'm sorry. Davenport is okay so far, for a change.

Mr DULUK: Attorney, I think we might be going backward and forward all night. The way that current conscientious objection is undertaken by the profession is in accordance with the statute at the moment. That is merely what I am seeking to replicate in this bill tonight.

Amendment negatived.

Mr MURRAY: I move:

Amendment No 1 [Murray-2]—

Page 5, lines 5 to 28—Delete clause 8 and substitute:

8—Registered health practitioner with conscientious objection

(1) This section applies if—

(a) a person (the first person) asks a registered health practitioner to—

(i) perform a termination on another person, or

(ii) assist in the performance of a termination on another person, or

(iii) make a decision under this Act whether a termination on another person should be performed, or

(iv) advise the first person about the performance of a termination on another person, and

(b) the practitioner has a conscientious objection to the performance of the termination.

(2) The registered health practitioner must, as soon as practicable after the first person makes the request, disclose the practitioner's conscientious objection to the first person.

(3) If the request by a person is for the registered health practitioner (the first practitioner) to perform a termination on the person, or to advise the person about the performance of a termination on the person, the practitioner must, without delay—

(a) give information to the person on how to locate or contact a medical practitioner who, in the first practitioner's reasonable belief, does not have a conscientious objection to the performance of the termination, or

(b) transfer the person's care to—

(i) another registered health practitioner who, in the first practitioner's reasonable belief, can provide the requested service and does not have a conscientious objection to the performance of the termination, or

(ii) a health service provider at which, in the first practitioner's reasonable belief, the requested service can be provided by another registered health practitioner who does not have a conscientious objection to the performance of the termination.

(4) For the purposes of subsection (3)(a), the first practitioner is taken to have complied with the practitioner's obligations under that paragraph if the practitioner gives the person information approved by the Minister for the purposes of that paragraph.

Note—

The information to be approved by the Minister is to consist of contact details for a SA Government service that provides information about a range of health services and resources, including information about medical practitioners who do not have a conscientious objection to the performance of terminations.

(5) This section does not limit any duty owed by a registered health practitioner to provide a service in an emergency.

There has been some confusion about who is the member for Davenport and who is the member for Waite, etc., and I realise that I run the risk of also being known as the member for Copy and Paste—pardon me for the dad joke at this late hour.

The amendment I am proposing is unashamedly based on the New South Wales legislation. I would submit that it has several advantages over what is currently proposed in the act, and as a result I commend it to the house. The first and obvious advantage is the fact that it is an applied and tested process. It is in place and functional at the moment in New South Wales, for what that is worth—it is not a theory it is a practical reality.

The Attorney has made the point that there are some extras here. She has used the term 'cumbersome'. I respectfully, politely and almost deferentially submit that in my view there is probably some advantage in the extras in the New South Wales legislation, so what I propose to do is to quickly step through those and highlight what I think are, as a consequence, refinements to what we have before us insofar as the act is concerned.

The first point is that what is being proposed here covers off or agrees with what is in the act insofar as the performance of a termination or assistance with a termination, so there is no difference in that regard. The amendments I am proposing additionally, unlike the current act, make allowance for someone who is making a decision about a termination to also have, express or hold a conscientious objection. So you have that additional or incremental capability, if you will, insofar as people who are involved in making the decision and, at (1)(a)(iv), advising someone who is involved with the performance of a termination.

It is a slight refinement. I would suggest that what it does is provide clarity about those incremental groups: people who are not just performing the termination but people who are also assisting the termination. It also gives clarity to the people who are advising or who are making a decision on someone else's behalf that they have the right to a conscientious objection.

The second broad group of incremental change is the fact that insofar as transferring care is concerned, again, this amendment replicates what is currently before us in the bill insofar as requiring transfer of the person's care to another health practitioner, but it makes the point for the sake of clarity, and I would suggest given the South Australian landscape it is a worthwhile piece of clarity,

in that it provides for a transfer, alternatively, not just to a health practitioner but to a health service provider (in other words, the Pregnancy Advisory Centre).

Again, for the sake of clarity, for what it is worth, a person's obligations for transference are taken care of if the transfer is conducted to a health practitioner or, alternatively, to a health service provider. The Attorney has pointed out the fact that, rather than a prescribed form, in this case we are talking about a form which is signed off or approved by the minister, so there is the accountability that you have as a consequence, and the note, which the Attorney has pointed out—and the blame lies squarely with those folk in New South Wales—provides some indication as to what sort of detail should reside in the form.

It talks about, for example, that it should consist of contact details for a South Australian government service. It provides information about a range of health services and resources, including information about medical practitioners who do not have a conscientious objection to the performance of terminations. It is self-evident, but nonetheless it provides some indication as to what should be as a minimum in that form.

The final incremental change—and, I would submit, slight improvement, for what it is worth—the amendment provides is an incremental clause that, for the sake of clarity, points out that this section does not limit any other duty owed by a registered health practitioner to provide a service in an emergency. It clarifies the fact that a conscientious objection is not in and of itself a means whereby emergency services, or service in the case of an emergency, can be provided. On that basis, I commend the amendment to the house.

Ms STINSON: I might put two questions together, if that is okay; hopefully, they are fairly simple and straightforward. First, I wonder whether the member could enlighten me on whether this is word for word what is in the New South Wales legislation and if anything has been left out, or if there is any context that is not present in this that might be in the New South Wales legislation. Secondly, I wonder whether he might let me know what 'reasonable belief' means in the context of his proposal.

Mr MURRAY: For clarity, this is a word-for-word lift from the New South Wales legislation with one exception: the New South Wales legislation makes reference in section 4 to the secretary to the department. My amendment is effectively the equivalent. Insofar as 'reasonable belief' is concerned, please help me out as to where that is.

Ms STINSON: 'Reasonable belief' is mentioned few times: once in (3)(a) and then in (3)(b)(i) and again in (3)(b)(ii).

Mr MURRAY: I cannot and do not propose to ascribe any particular or unique meaning other than the normal meaning of the words 'reasonable belief'—that is, a belief presumably formed on the basis of the fact of the evidence before the person who is seeking to exercise their conscientious objection. In the New South Wales act, to the best of my knowledge, there does not appear to be any particular distinction or unique meaning ascribed to those words. That is simply, as far as I can ascertain, the means by which the clause has been fashioned.

Ms STINSON: I know we do not really do supplementaries, but may I ask a consequential question of the Attorney on the same matter?

The CHAIR: Certainly.

Ms STINSON: Thank you. I understand that 'reasonable belief' does have meaning in terms of the criminal law, and I wonder if that meaning comes over into this legislation, or whether a different meaning or any variation of the definition that is generally applied in criminal cases would apply here. I am also particularly searching for whether a medical practitioner would have to satisfy themselves in any way of the capacity of another medical practitioner to perform or be willing to perform terminations, or whether, for example, it would be sufficient for them just not to be aware they have an objection?

The Hon. V.A. CHAPMAN: I can perhaps clarify as best I can; I am not here to give legal advice. 'Reasonable belief' in the ordinary meaning has nothing to do with criminal law but is reasonable belief on an objective test. That is, an ordinary person would be the standard, not necessarily the subjective test, which is just what I might think and which might not be reasonable or

consistent with what the general community or an ordinary citizen would have as their standard. Subjective means I just think it and it does not matter how unreasonable or how ridiculous it is, as distinct from a reasonable belief of a person such as yourself.

So we have an objective or subjective test. This proposal, as best I read it, is using 'reasonable belief', which would require that standard to be against a standard objectively as distinct from just what the practitioner might think. The proposal in the bill that I have presented for conscientious objection is a practitioner's opinion, which is subjective. It is not the standard of the President of the AMA's opinion or what might be objective for doctors generally but is in the practitioner's belief.

In my proposal, if the practitioner believes that this other person who they are referring them to is able and willing to do this service and sends them, and they can establish that they have given the adequate notice under the form we have identified, then they will have satisfied their obligation. In fact, we have an extra clause in ours to say that if they use the prescribed form they will have that protection. The proposal of the member for Davenport uses 'reasonable belief', which may well attract an objective test, in which case it may be a little bit of a higher standard. But it is his amendment.

Ms Stinson: A higher standard than what you are proposing?

The Hon. V.A. CHAPMAN: Yes. It would have an objective test, which may make it even harder for the conscientious objection exemption to be achieved, but I will leave it for the member for Davenport to prosecute his case.

Mr MURRAY: I might just reply. I am comfortable with the fact that this is in operation today in what I think is the most populous state in the nation. I would simply make that point and leave it at that. I would also make the point that there is some comfort being derived in some quarters with some members because of that very fact, I believe. I guess we will see. Insofar as the distinction is concerned, I do not believe it is immaterial, but I do not believe it is overly onerous either. I guess that is for others to decide.

Ms STINSON: I have one more question if none of my colleagues want to avail themselves of the opportunity right now. I wondered if the member had any examples, particularly from New South Wales, of the type of form that might be provided. Under subclause (4), the note essentially talks about what looks like a flyer or some printed information that would be provided on 'a range of health services and resources, including information about medical practitioners who do not have a conscientious objection to the performance of terminations'.

I just wondered if there is anything in existence already that could be provided that would give some indication of what exactly that material might look like, what sort of information it might contain, so I could satisfy myself that what is being provided is of assistance.

Mr MURRAY: The obverse, respectfully, is the case, and that is that what is proposed in the bill simply states 'a prescribed form'. That is an issue for a number of doctors and practitioners, who have made the point to a number of us, me included, that they are concerned about the indeterminate nature of what will be required of them to complete the form. The form is not defined; the form will be subsequently defined. The attraction of this particular amendment as a consequence is the fact that it provides some guidance and more particularly it provides for an approval process, notwithstanding the Attorney-General's point that the prescribed form will presumably at some stage be put through the parliament and approved.

The concern in the community with doctors who are likely to exercise the conscientious objection is that they will be subjected to an overly onerous reporting obligation by virtue of a lack of detail in the bill. That in turn is part of what has driven an attempt to embrace a proven structure format, replete with the notes. I am not a legal practitioner; I am happy to have the notes there.

I would probably prefer, like the Attorney, to have better detail, but the point is that the objective with the amendment, in part, is to provide comfort, certainty and security to those practitioners who are unnerved by what is proposed in the bill and in particular are concerned that they will be, if you like, punished by way of form filling. That is a real concern that has been expressed to a number of us.

The obverse is actually the case. The proposal of what functions in New South Wales and the structure is what has driven, or is provided, in response to the uncertainty and the reticence and

the reluctance of the concern expressed by practitioners with regard to the indeterminate nature of what is in our bill here before us. I hope that helps.

The CHAIR: Member for Kaurna.

Mr PICTON: Thank you very much, Mr Chair. I know you will be interested to know that I think we have just clicked over 18 hours of debate on this legislation. That is not to say that it is a good thing or a bad thing, but just to note it.

The CHAIR: Does that include the second reading speeches?

Mr PICTON: It does include the second reading speeches, and well chaired through all of the debate. I have been trying to get my head around the difference between the member for Davenport's amendment and the Attorney's proposal in the bill as it stands. One of the differences, from what I can read, is that currently the bill in clause 8(3)(b) makes it clear that this section does not limit any duty owed by a registered health practitioner to provide after care or ancillary medical treatment associated with a termination, whereas in the member for Davenport's amendment there is a section similar to the Attorney's in relation to emergency care, but it does not involve after care or ancillary medical treatment.

I guess my question to the member for Davenport is: is that an intentional change, so there would be a conscientious objection to providing ancillary care to that person? I guess the other alternative is that, just because we do not mention it, maybe there still is an obligation that could be interpreted otherwise, and maybe the Attorney and her legal advisers have a view about whether if it is not mentioned, that would still be something that would necessarily be provided. Would the member for Davenport like me to summarise my question?

Mr MURRAY: I have been challenged to summarise your question.

Members interjecting:

Mr PICTON: I will summarise my question again.

Mr MURRAY: No, I am—

Mr PICTON: You have it?

Mr MURRAY: Yes. I will not take up the opportunity to comment on how long we have been here, etc. Your point is taken regarding the incremental protection that is offered in the bill before us compared to what is proposed by way of this amendment. I simply reiterate, for what it is worth, the fact that this is functional and the fact that this provides some comfort to others.

Insofar as your points are concerned about whether or not we need (3)(a) or (3)(b), to make matters easier what I suggest we do is one of two things, which is entirely at your discretion. You can either move to add those—I am happy with that—or we can move to a vote so that we can all go home at some stage over the course of the next week. I am not overly fussed.

The offer here is very simply the fact that it does provide some incremental refinement in part and it does have some incremental functionality which I think is useful. Yes, it is not identical. Whether the deficiencies or what you pointed out are material or not, I would suggest they probably are not. That is something for you to ascertain. I do not propose to address it. I am happy that this is (a) functional and, more particularly, (b) will go some way to addressing the concerns of medical practitioners who have indicated some concern about the provisions in the bill.

I apologise for not being able to provide you with more comfort than that but I cannot be clearer than that. As I said, I think that overall the objective is an honourable one. As I have pointed out, I am the member for Copy and Paste here. I am not the author; I am certainly not the original author, I will put it that way.

Amendment carried.

Members interjecting:

The CHAIR: Order! We are making great progress here.

Members interjecting:

The CHAIR: Order! The next question before the Chair—member for Schubert, you need to pay attention, as we are about to vote again. The next question before the Chair is that clause 8 as amended be agreed to.

Clause as amended passed.

New clause 8A.

The Hon. V.A. CHAPMAN: I move:

Amendment No 5 [AG–1]—

Page 5, after line 28—Insert:

8A—Health practitioner must not terminate pregnancy for sex selection

(1) Subject to subsection (2), a registered health practitioner must not perform a termination of a pregnancy for the purposes of sex-selection.

(2) Subsection (1) does not apply to the performance of a termination if the registered health practitioner is satisfied that there is a substantial risk that the person born after the pregnancy (but for the termination) would suffer a sex-linked medical condition that would result in disability to that person.

I indicate that this is to provide for the prohibition of a health practitioner against terminating a pregnancy for sex selection. Members have raised concerns about the absence of a prohibition of sex selective abortions. As I stated earlier, I do not think anybody in this room supports sex selective abortions and we all accept that this issue needs to be addressed.

However, I do not consider that the member for Playford's proposed amendment—and we have talked about this—will adequately address those concerns. In particular, the amendment would make it an offence for any person who performs or assists in a sex selective abortion. This could potentially capture a pharmacist or other health practitioner whose only role is to dispense or administer medication and who is otherwise not involved in the decision-making process as to whether or not termination occurs.

I also have concerns about the defence proposed by that amendment that is foreshadowed. Currently, it provides that it is not an offence if the health practitioner is satisfied that there was a significant risk that the person born after a pregnancy, but for the termination, would suffer a sex-linked hereditary medical condition that would result in significant disability to that person. I am advised that there are sex-linked conditions that are not hereditary, which could nevertheless result in significant disability to a person.

The amendment I am proposing and I present for consideration to address the concerns of members who want to make sure that there is not an opportunity for sex selection, as we have had presented to us, that an expectant mother may take the view that she might already have female children and she does not want another female child and she wants a boy, or the other way around, then it is not acceptable that they be able to terminate a pregnancy just to be able to satisfy that aspiration.

I would suggest that the amendment proposed here will address these issues by ensuring that there is a workable provision which prohibits the practice of sex selection abortions but, importantly, will also make it clear that disciplinary action may be taken against a health practitioner in the event that they perform a sex selection abortion contrary to the act. I think there is clearly an appetite for it. I am proposing that we have a provision. I think this is the safest option. I have considered the member for Playford's position and have taken advice on it. Therefore, I will not be able to consider his proposal as being appropriate, but I commend amendment No. 5 standing in my name for consideration.

Mr BROWN: I would just like to respond. I would like to thank the Attorney for considering the amendment that I had drafted to another clause and to thank her for, I know, consulting widely with colleagues about this particular issue. I was motivated to move my own amendment after this very important issue was raised with me not only by colleagues in this place but also by people in my own electorate and their concerns about this particular issue.

I speak not just as a parliamentarian and a South Australian but as someone who has three beautiful daughters of my own. The idea that someone would seek to have a termination of a perfectly

healthy baby girl simply because of the sex selection I find particularly abhorrent. I know there are a number of members of the parliament who would do the same thing, so I thank them for their assistance.

I know this amendment the Attorney has moved is not exactly the same as that which I have moved myself, but I do think it achieves quite a lot compared to what I have put forward, so I indicate to the chamber that I would be happy to support the Attorney's amendment and withdraw my own, if hers is successful. I understand that my colleague the member for Light is likely to seek to have the word 'significant' added in, which I am also happy to support, if he should do so, but I will let him explain his reasoning behind that.

One thing I would ask the Attorney just to clarify to the chamber is that she stated that there were a number of disabilities that were sex-related but not necessarily hereditary, so I wonder if she might indicate to the chamber what some of those might be.

The Hon. V.A. CHAPMAN: Thank goodness the professor is here. To assist the member, my understanding is that in the non-hereditary category it can be a thing called the fragile X circumstance. It is mostly in boys, I am told. I can see the nurses nodding. They know what this is. My understanding is obviously they have an X and Y and they do not have two XXs, which we girls have, so we are a bit better than that, we can deal with this and they cannot.

The fragile X factor, apparently, can result in the infant having seizure disorders and also quite severe intellectual disability. It can be hereditary but it can also be spontaneous. If it is a non-hereditary fragile X factor which translates into these disabilities, then that would be a circumstance that would qualify in what we are covering. Otherwise, I assume it is just the usual haemophilia and all the other things you can get. Boys are usually the problem.

The CHAIR: I think we are getting sidetracked here, Attorney.

The Hon. A. PICCOLO: I would like to move an amendment to the amendment as follows:

Insert the word 'serious' after the words 'that would result in' in subclause (2)

This would make it consistent with the rest of the bill.

The CHAIR: So that would read, 'that would result in serious disability to that person'; is that correct?

The Hon. A. PICCOLO: Yes.

The Hon. V.A. CHAPMAN: Can I say that I agree to that amendment on the basis of the advice I have received. I should explain that the word 'significant' was considered in this regard. The health professionals need to be able to identify. To give an example—it helps me anyway—haemophilia or colour blindness may not be seen as serious or significant, or whatever adjective you want to use to identify that, because it is a treatable condition, whereas in the fragile X option that I have indicated a serious intellectual disability may well result. However, I am advised by the health professionals that that is sometimes very difficult to diagnose.

Perhaps we are talking about the hypothetical in many ways, because we do not actually appreciate that there are any sex selection practices happening in Australia; nevertheless, this is one of those pre-emptive strike additions and we are trying to do the best we can. I think we have an understanding of what we are talking about here: someone can be born with a disability that is eminently treatable and manageable during their life, and no-one is suggesting that would attract a defence in these circumstances.

Amendment carried.

Ms COOK: In relation to this amendment that introduces some parameters around gender selection and termination per se, I would like to make a contribution and put on notice that I do not support this amendment. I appreciate the work the Attorney has done and why she has done it, but in my heart I do not think she supports it either. However, sometimes we need to do the things we do in parliament.

I think it is dog whistling at best. In my career of nursing, I have never experienced coming into contact with women seeking termination purely on the basis of gender. I have spoken to dozens

of people working in reproductive medicine and health, in pregnancy services, and there is no occurrence of this. This is just not happening.

Some people argue, 'Well, then it's okay, just do it, because it doesn't mean anything,' but actually it does. It is a statement to the community that we think there are people out there in our community who are prepared to terminate a baby on the basis of what gender it is because they do not want girls or they do not want boys or they want girls or want boys. It is atrocious. That notion is wrong, and for that reason I will be voting no, and I want to place that on record.

The Hon. V.A. Chapman's new clause as amended inserted.

New clause 8A.

The Hon. R. SANDERSON: I move:

Amendment No 1 [Sanderson–1]—

Page 5, after line 28—Insert

8A—Registered health practitioner to provide information about alternatives and risks

(1) A registered health practitioner must—

(a) when providing advice to a person about the performance of a termination; and

(b) in any case—before performing a termination on a person,

provide the person with information about the procedure, alternatives to terminating the pregnancy and the physical and mental health risks associated with terminating a pregnancy.

(2) A registered health practitioner will be taken to have complied with subsection (1) if the practitioner gives the person information in the prescribed form.

This amendment is in response to multiple constituents contacting me. One in particular stood out. She lives in regret of her decision and believes that had she been given the appropriate and fulsome information she may have been able to make a different decision.

I believe that at the point of seeing a doctor to find out about an abortion, you should be given all the information about the health risks, the mental health risks, as well as the options as far as adoption, Centrelink payments, assistance and counselling. I know we have already passed the counselling legislation; this could be incorporated. There is no penalty—I removed that. It was in there originally and I removed it as it is not meant to be about penalising the doctor for not doing it; it is meant to be about informing people to make an informed decision. It is not about changing a decision but just making the right decision and being aware of all the facts in order to do that.

I believe the counselling could be incorporated into this information, whether it is a pamphlet or an online service through the health department. It is important to make sure people have information on the full risks and alternatives available to them before they make such an important decision.

The Hon. V.A. CHAPMAN: I certainly have had discussions with the member for Adelaide on her attempt to make sure someone who is embarking on the consideration of this procedure of termination needs to have information about alternates, that is, presumably to have the baby and to then consider what options might flow from that. I have previously said that it may be assistance from relatives with supervision, foster support, adoption, having the baby at home with them and raising the child and/or considering, for example, guardianship with another party. There are a number of options, including essentially having the child at full term and then considering options for the raising of that child separately.

I think they are all aspects to be considered in relation to the counselling, which specifically is already now required to be done. In reading out the New South Wales options, they have to consider the options, including when continuing the pregnancy (so that obviously includes adoption and foster care and so on), termination of the pregnancy (it is fairly clear what that is) and seeking pregnancy options counselling. We are already at a stage now where we have covered that they have to have access to the full gamut. It is then up to the expectant mother to then pursue that or take any notice of what advice they are given. I think we have dealt with that.

Another aspect of this amendment is to explain the physical and mental health risks associated with terminating a pregnancy. It is information about the procedure, alternatives to terminating the pregnancy, and the physical and mental health risks associated with terminating the pregnancy. I have dealt with the second, which is the alternatives, giving advice and having access; that is now covered. We are left with giving information about the procedure and what the physical and mental health risks are. These are prerequisite in the suite of obligations that the health practitioner has to give to ensure that there is informed consent before the procedure can take place anyway.

This is not a question of what advice you can get (I hope I am saying this right, professor. So far so good? Okay.) or of incorporating this in an information transfer or in a counselling session. This is an obligation of the health practitioner to explain what the procedure is before they embark on it. For example, if it is the medical option that oral tablets will be taken over a period of time, it has to be explained what the expected outcome of that will be and how it will occur, depending on the condition of the mother presumably and the advancement of the foetus. It has to be done within the nine weeks. There has to be a procedure for an ultrasound, a blood test, and I cannot remember what else, but there is a process that they have to go through. All of that procedure and risks need to be explained to the expectant mother.

If there is not the greatest impetus for a health professional to explain this and to do it comprehensively it is the fact that they pay probably the highest insurance premiums of any professional in the country. They have a very clear obligation to get informed consent. You cannot get informed consent if you do not give the information, so there is an obligation to provide it. You line up to AHPRA if you do not, that is, you contravene that.

Thirdly, let me tell you, because I am someone who has to deal with applications for things that go wrong in health procedures and their multimillion dollar claims, there are insurance obligations. Of course, as usual with these things, if you have a professional and you have insurance, you can bet your bottom dollar that the insurance policy makes it very clear that they might be paying out of their own pocket if they do not get the insurance cover, if they have not complied with all the obligations. There is a three-structured outcome and consequence for noncompliance.

Whilst I fully appreciate the member for Adelaide's concern here, that is a requisite before they can undertake such a procedure, whether it is medical or surgical, and I do not need to go through all the detail about what is required for the surgical intervention at a later time, that is after the nine weeks. Suffice to say, there are probably not many of us in this room who have not had some sort of surgical procedure for something at some time.

There are obviously risks with anaesthetic; there are risks for people who have pre-existing conditions, with comorbidity and other circumstances that may increase the level of vulnerability for things going wrong. These are all the things that the doctor and/or health professional needs to set out very clearly to ensure they have complied and that they are insurable and that they are not going to be fronting up before AHPRA.

I agree with everything the member for Adelaide has said in respect of making sure that happens, and there are other means by which the registered health practitioner must do that anyway. As to the alternatives, I think we have covered it in the list. As I indicated before, if there is other information, people can to go to the department website. If on the website there is something else that any members think should be added to assist a prospective person who is looking for a termination, having made that decision to progress it, then please let me know. I am happy to pass it onto the Minister for Health to add to the health department's services.

The Hon. R. SANDERSON: Just for clarification, the amendment that we passed earlier, from my understanding, was about requiring counselling. I am not wanting everybody to have to go to counselling to find out the information. I am wanting them to find all of the information they require in a brochure at the first point of call, at their local GP or wherever they have gone.

The women who have come to me and shared their very moving stories have made it sound to me that, when you go to a GP, you are in control, you are a working woman with a job, with a husband, with children already. You say you want an abortion. They just send you for an abortion.

You are not given any other information. You are not given any alternatives or any other opportunity to think about it. It is just all booked in and it is done.

Those I have met with have then lived with regret about that decision for decades afterwards. It is too late to find out at the time of going into surgery. I think it needs to be information that is readily available. You should not have to wait weeks or however long it would take to get a booking with a counsellor. As soon as you make that appointment with a GP to find out, you should be given all the information. If that is readily available, that is fantastic. From what I am being told from my constituents, it is not readily available and not given. If you go in and ask for an abortion, you are just sent for an abortion. Nobody gives you all of your options and your alternatives.

This might have been historical and maybe it has changed recently but I would like to make sure that people are given the facts and that the information is regularly updated, because the adoption legislation will be presented in March in this house, that will change adoption availability again as part of the Children and Young People (Safety) Act, so it is important that that is a regularly updated piece of information.

The Hon. V.A. CHAPMAN: I have just found the section in the Consent to Medical Treatment and Palliative Care Act 1995, and I think this will cover this, in relation to medical practice generally. It is part 3, section 15:

> 15—Medical practitioner's duty to explain
>
> A medical practitioner has a duty to explain to a patient (or the patient's representative), so far as may be practicable and reasonable in the circumstances—
>
> (a) the nature, consequences and risks of proposed medical treatment; and
>
> (b) the likely consequences of not undertaking the treatment; and
>
> (c) any alternative treatment or courses of action that might be reasonably considered in the circumstances of the particular case.

I suggest that the clear alternative to a termination is, of course, that the foetus is taken full term and a baby is born. In a matter such as someone presenting to say, 'I have to have a termination because I can't afford to have this baby, I haven't got any money,' clearly an alternative, I would suggest, would be, which would be within this duty of obligation, to say, 'Yes, there is financial support available in those circumstances and you are able to access A, B, C, D.'

This is required to be in its application for the continuation of this act, and that is the current law that makes that provision. It is specific as to what I had always understood are all the risks etc. that go with it, but also paragraph (c) I would suggest provides that.

Mr KNOLL: I rise to support this amendment from the Minister for Child Protection and note her strong interest, advocacy and leadership in this area, and it is something that is to be commended. Having sat around a cabinet table with her and listened to the sincerity that she has on this topic, I am quite proud to have watched what the minister has done and, from what she has pointed out, what she will continue to do.

I think over the course of this debate for many of us our hearts are becoming heavier as we contemplate the very difficult choices and the very difficult decisions that we have to make here, holding in our hands life and death, especially over the debates we had around clause 6 and a number of the scenarios that were mooted.

I understand we are dealing here with the Termination of Pregnancy Bill and I understand that what we are discussing is in what circumstances we believe that to be appropriate, and that is where the debate is focused. But in the back of my mind I cannot help but think that it is not the only pathway, especially when we know that, in terms of health risks to the mother post-viability, birthing a live baby is in many if not most circumstances the safest course of action for the mother.

Anything we can do to make sure that alternative pathways are put forward I am sure would be considered, and I am sure that there would not be too many people out there who would have a one-track mind when faced with these situations.

But I certainly commend it, and if the Attorney is saying that it is already in there I think that moving and passing this amendment will not do anything other than just ensuring that, in relation to

the practice which may have been cultural before, we in this parliament make it explicit, that it is something that we, on behalf of the people we represent, need to make sure happens.

For previous bills when we were discussing changes to foster care arrangements and guardianship of the minister arrangements, I canvassed my electorate in relation to those I know who have been adopted and those who would like to adopt, and, on all sides of the debate and with everyone I spoke to, that pathway, as distinct from some of the other pathways, was a preferable option and one that has led to much joy and better life outcomes for people.

It is an amendment that I will wholeheartedly be supporting on the basis that it sends a message from this parliament that we should make sure, as much as we can, that people have every bit of information they need to make a very difficult choice and that in doing this we make that explicit, rather than implicit, for the public more generally.

Ms WORTLEY: My question is to the Attorney. Is the informed consent—

The Hon. V.A. Chapman interjecting:

Ms WORTLEY: On the amendment, yes, but I have a query in relation to what you were saying in response to the member for Adelaide's comments. Is the informed consent verbal or is there anything in writing provided as well?

The Hon. V.A. CHAPMAN: The advice can be verbal. The consent form ultimately has to be in writing if it progresses, but I think you are asking about the advice.

Ms WORTLEY: The advice, yes.

The Hon. V.A. CHAPMAN: There is nothing I can see in the Consent to Medical Treatment and Palliative Care Act that requires the advice to be in writing. Of course, it is not only, 'This is the procedure and these are the risks.' As you can imagine, if you are an asthmatic or you have some other condition, then there would be different advice. Again, that is the medical practitioner's obligation.

Most of us will probably have some connection with some surgery at some stage. I do not think I have ever been to a doctor's or a specialist's—a physician who is about to do a procedure—who has not handed me a pamphlet with something, because it all helps with their potential insurance claim if something goes wrong. You look at it and it has pictures there and so forth. You have that as some sort of backup to what he or she is telling you.

Before you go into that procedure, you have to sign a form that you have received advice—I am just remembering now from the last one I signed. You have to put your full name and address. You are asked about 10 times what your name and date of birth is on your way in, but you have to have signed the form that actually says you have had the advice, you are aware of the risks and you authorise that treatment being progressed.

I think there is a bit of a disclosure somewhere along the line there, that you have disclosed if you have any other preconditions or something of that nature. The forms can be different because they are prescribed by the hospital that is providing the treatment, but all of those have to comply with the law here in relation to the practitioners and sometimes there are hospital obligations as well.

Ms WORTLEY: I ask this question because I know that, through our inquiry into medical mesh, part of the concern has been that, depending on who the medical practitioner is, that will determine the amount of information that you are provided with to make a decision. I am just questioning as to whether or not—I think you have answered clearly that it is not necessary for there to be any written information but that you would rely on the medical practitioner to provide all the information verbally; is that correct?

The Hon. V.A. CHAPMAN: Yes, that is what I am saying. It still can be written, but it is not mandatory to put it in writing. I am saying that, for obvious reasons that relate to the insurance and claims for medical negligence, etc., that it is sometimes very prudent to make it clear what the risks are. That is why when you look at those pamphlets there is a whole list of things that they say could go wrong.

Within that envelope you can get advice as well, if you have a precondition, to say, 'You really are seriously at risk if we put you under anaesthetic because you have a weak heart,' or something else, but you need to have that information. I would think that for a practitioner, anaesthetist or specialist who is about to go into this treatment it would be very prudent to make sure they have a summary of the advice they are giving, and then the acknowledgement in the consent.

If it comes to litigation down the track that there has either been a breach under the Consent to Medical Treatment and Palliative Care Act 1995, or any other legislation, and/or rules in relation to the professional standards to be complied with to retain their practising certificate, you would need to be clear. We now see in the modern world that standard being so high that prudent practitioners make sure that they do it.

Ms STINSON: I just want to thank the member for Adelaide for bringing this amendment. I do understand the member's intention with this amendment, and I appreciate the time she gave me a moment ago to explain to me the specific concerns that her constituents have raised; however, I will not be supporting the amendment. I am concerned that it creates unnecessary duplication, and I thank the Attorney for the additional information that she has provided in regard to what information is provided around informed consent.

Further, the amendment that was passed earlier in relation to counselling I think goes some way to providing an avenue for some of the concerns the member for Adelaide raises and is seeking to address. Specifically, the Attorney has mentioned twice that she would be willing to consider submissions from MPs about what should go in the flyer, the form that might be provided to women who are considering termination. This is obviously the flyer that would be designed to fulfil the obligations under the counselling amendment that we put forward earlier, but I certainly would support the member if she wanted to submit to the Attorney information about adoption.

Although the member for Adelaide and I have come to blows on several issues in the past, I think we are in furious agreement about adoption, and particularly adoption from care, but I can understand what the member is trying to achieve here and I do support her in that. So although I will not be supporting this amendment, I am hopeful that there may be other ways that the objective she seeks—that is, to inform people about other options including adoption—might be achieved through some other means. I am sorry I cannot support this amendment, but I appreciate the intent and what you are trying to achieve with this.

Ms HILDYARD: Thank you to the member for Adelaide, the mover of this amendment. I just have a brief question. I listened carefully to what you put forward in support of your amendment, but I also listened very closely to what the Attorney shared from the Health Care Act. I am just trying to understand what you see is not being provided, in the moving of your amendment, compared to the information the Attorney has furnished us with.

The Hon. R. SANDERSON: I thank the member for Reynell for the question. My understanding from constituents who have come to me is that when they have presented to a doctor saying they wish to have an abortion, they are simply referred directly to have an abortion. They were not given any information, they were not given any alternatives. Whether it was their emotional state—maybe it was explained in words but not given on paper that they could take home and then think about again.

When you are emotional you might not remember all the facts and all the information. Having something in writing that you could take home and discuss with your partner or that you can consider the next day, or before you go in for an operation, I think is quite important. I just looked up the SA Health website and found that, unfortunately, the adoption link says 'page not found error.' I have written to my CEO already to see that we can get that fixed. But there are many, many links.

If you go onto the SA Health website and search under 'abortion', there are about 30 different links. What I was looking for was something that is clear, concise and simple, such as the brochure I was given that was from the ACT government from 2001. I am sure it has been updated, but it made the risks very clear.

You would put there, 'Medical abortion, risks: bleeding to death; should be within 50 kilometres of a hospital,' and the different risks people have presented to me—for example, surgical, the time lines, other options, Centrelink payments that are available to you, adoption, where

you can get help, where you can get counselling. It would be just having it in writing and in a very simple format.

I just looked it up, and there are many different links, about 30 or 40. I do not think many people are ever going to really go through that many. If you give them a brochure, it is simple. Give it to them at the first point of call, not when they are going into hospital to have an operation or when they already have a prescription and it is a bit too late, when they already have the tablets and they have made the decision. I think it should be something as early as possible. An informed decision I think is always the best way to go.

I am uncertain at what point the Attorney-General's information is provided and in what form—whether it is just a series of a million links that are on the SA Health website. If English is your second language, if you are new migrant, if you are in an emotional state where you are not taking in information, it needs to be quite simple. I am just wanting to make it as failsafe as possible for people to make the right decision and have all the facts to do that.

Ms BEDFORD: Could the member for Adelaide explain to me what 'prescribed form' means at the end of her 8A(2), which also appears in the Attorney's 8(3)? Does that not cover written information as well?

The Hon. R. SANDERSON: Yes. That was explained to me as being flexible, so it could be in writing, or it could be online, or it could be a website you are directed to. It could be a QR code that you press, and then you get a brochure format online. It allows that in future, rather than opening the act again and specifying it has to be in writing, as technology changes and things change, it might be a podcast; I do not know. It could be all kinds of things. So 'prescribed form' leaves it in the regulations so it is more flexible without having to come back to the house to make any changes in the future.

The CHAIR: The member for Cheltenham was on his feet earlier. Are you happy? The deputy leader.

Dr CLOSE: Thank you. That western solidarity is holding up. There seem to be two problems, despite the good intention of this series of clauses and this amendment. One is that on one reading it is simply redundant because, as the Attorney has explained, there is already very clear informed consent required; there is full information that will be provided and the alternatives and the possible negative effects. So having it in this bill when it is something that is absolutely part and parcel of how doctors perform their business is redundant, and we do try to the best of our endeavours not to have bills that duplicate others unnecessarily.

On the other level, it is a little confusing, and that worries me even more. A redundancy that has no real harm is to be put up with this late at night on the third in a row, but I am concerned because it is confusing, particularly about the role of a GP. A GP is not performing a termination; a GP is referring. While GPs will provide lots of information and are extremely good at their profession, it is not common, as I understand it, for them to provide the legally sound informed consent; that is the obligation of the OB-GYN who is performing the termination.

I am concerned that if we put this in the already complex life of a GP gets one level more complicated, because they are having a legal obligation put onto them that is not currently the case, because they are not performing the termination. What they are doing is providing a referral. As I say, as I understand it, often GPs will provide that information. It may be that the Attorney, with the advice of her expert, can give some insight into whether this is the case, but I see a very real concern that this might make things more unworkable, which appears to be what we have spent much of this evening doing. Therefore, I indicate that I would not like to vote for this.

I have another problem with it, although it is not explicit enough to rule it out for support. Because the minister has referred to an adoption bill coming in, it seems to me that perhaps the reason that this possibly redundant provision is being suggested is a desire to make adoption more appealing than it may be currently, to change the balance of current considerations.

That may not be the intent, and we will see what the adoption bill says, but I am not quite sure why else there would be this apparent redundancy that may also in fact provide an additional

level of complexity for the different doctors involved in the process of going through to a termination. I am not sure if there is anything the Attorney would like to say.

The CHAIR: It is the member for Adelaide's amendment, so she can have the first opportunity, if she wishes.

The Hon. R. SANDERSON: I thank the member for Port Adelaide for raising these concerns. My amendment provides:

(1) A registered health practitioner must—

(a) when providing advice to a person about the performance of a termination…

So, if they are not providing any advice and they are saying, 'I can't help you with that, you need to go to the Pregnancy Advisory Centre,' or whatever, then they are not really providing advice. I do not see the harm in having brochures in the rooms of a doctor's surgery. There are so many brochures on diabetes, asthma—there are lots and lots of brochures and information.

It is really representations that have been put to me from women who have had an abortion who felt that they were not given adequate information. I do not know why; maybe they were and maybe they were emotional and did not hear it, but they do not recall being given information. They do not believe that they were given enough information to make an informed decision. That is why I am putting this amendment forward.

I know that the member for Torrens also raised the issues with mesh implants. Those doctors were also under the same obligation, yet how did this happen? How did so many women have silicone implants that were faulty and had to be removed? Why did those doctors not inform them as well? Just because a doctor has an obligation does not mean it is failsafe.

If there is a brochure or information that is produced by the state government, you would hope that it would always be updated and upgraded for new technologies and changes and that it would be readily available and trustworthy. That is what we want: trustworthy, failsafe information so that women making one of the most important decisions of their life are in possession of all the facts and that they are current and up to date at the time. That is the intent.

If it is already covered that is fantastic; that is fine, but as we have heard from the member for Torrens, there are other instances where that obligation of a doctor to give you full information is not failsafe and has failed previously.

The Hon. V.A. CHAPMAN: Other members have raised some technical weaknesses in relation to the application of the provision, but I just want to reassure the member that in relation to identifying the risks of the procedure—again, I think it is important to separate this—there is adequate provision under the legislation, and that is really detailing the procedure and the actual risks of the procedure. That is covered.

The secondary issue relates to someone who might say, 'I wasn't really sure when I was given this information that I had anything else to assist me to know what my other alternatives might be.' I think that is covered by paragraph (c). Because the amendment here is proposed by way of progressing once a piece of written information is in prescribed form, one option is that we have a look at identifying what might be a helpful document, especially as there is the early document of the ACT that the member has mentioned. I had a quick look at it when we had a discussion about this.

If there is some contemporary material that we might be able to pull together that identifies other alternatives that might be considered, that may be the way to look at this: to actually not proceed with an amendment but that some work be done in perhaps identifying what is available already. That will really be a matter to work on with the health minister, I suspect. I am happy to ask him, but of course the member may directly approach with any ideas that she has in that regard.

Let's have a look at what we are talking about here, because when it comes to the procedure and the risks of the procedure I am reminded by the health professional here that this is not something that you can just put in a pamphlet. It is an exercise that requires a two-way conversation. It is an exercise that means that the medical practitioner has to, for example, identify all preconditions and identify some history—had there been any termination before? Had there been any problems with other issues? That is a two-way street. Information is provided, and observations are presumably

recorded and tests done from which the practitioner can then give further information. So I think that is covered, but it is also not something that we can just put into a pamphlet.

I think the key issue here is what information might be available that could be compiled and easily retrieved for the purpose of giving advice on an alternative to a termination. I think there is some work to be done there. I am happy to have a look at that or to assist the member to discuss with the members of the health department as to what might be available there. I think that is where the key problem is in relation to a case that the member for Adelaide had raised with me regarding a concern about a subsequent regret in having termination some years before. I am happy to keep working with the member for Adelaide on that.

I appreciate the other members' respectful contribution to this. I know the member for Adelaide very well, obviously, and I do know how passionate she is about considering options, not just within the termination framework but in relation to providing children with a loving family and home, especially ones who have suffered the vulnerability of their biological circumstances. I think we need to go away and work on it, and I am happy to do that, rather than try to progress something that may not actually add anything at this point and for which we would need to work out what would go in the prescribed form.

Mr SZAKACS: Member for Adelaide, I have a question regarding the interoperability between clause 16 of the Consent to Medical Treatment and Palliative Care Act and this new clause. There is no doubt that this new clause will create a new standard for the provision of information and advice in regard to medical treatment insofar as a termination is concerned. This does not take away from the positive obligations upon a medical practitioner in discharging their duties under clause 16 of the aforesaid consent to medical treatment act.

What I am interested in, from a couple of different angles, is, firstly, whether now the positive discharge of obligations imposed upon a medical practitioner under the medical treatment act will only be considered to be discharged if that advice is provided in the prescribed form, or whether the additional obligations that the medical treatment act currently provides for will still need to be discharged.

The Hon. R. SANDERSON: I thank the member for his question. I have a copy of that act here. Of course, I trust parliamentary counsel to have considered other acts—that is their role when they do the drafting—however, I do not believe that there would be a contravention. When it was originally drafted there was a financial penalty, and I said that was not my intent. My intent is that women or people should be given the relevant information that is up to date so they could make their own decision. There is not a financial penalty for not doing it, so I do not see any reason why the Consent to Medical Treatment and Palliative Care Act would conflict with this amendment.

Mr SZAKACS: There is an obvious conflicting clause, and that is that advice under your amendment can only be discharged if it is in a prescribed form, whereas of course there is no prescription under the—

Mr Knoll interjecting:

Mr SZAKACS: Should I ask you, Stephan? Do you want to come down here? You can answer the question if you want. Just move the amendments in your own name next time, or let me continue asking the member for Adelaide.

The CHAIR: Member for Cheltenham, just continue on with your question.

Mr Knoll: Play the ball not the man, mate.

The CHAIR: Member for Schubert, order!

Mr SZAKACS: You think I am playing the man? Let's get started playing the man. Let's go for it.

The CHAIR: Order! Member for Cheltenham, back to the question.

Mr SZAKACS: I am trying. The obvious difference is the prescribed form. Under the consent to medical treatment act, there is no prescription. The advice or the information can be provided as the Attorney has advised in her answer, and almost entirely it is done through conversation. Your

amendment is that it has to be done in a prescribed form to discharge the duty. I am interested particularly in that clause. Do the obligations insofar as a termination per the medical treatment act now need to be in a prescribed form, or is that going to be a matter where this debate will be looked back on for some guidance if there is litigation because there is an inconsistency?

The Hon. R. SANDERSON: I thank the member for his question. My understanding is that the reason for using the term 'prescribed form' was to leave it open. If verbal is a prescribed form, then it would cover this and it would be the same. My preference would be that writing would be available, a written brochure or something online. I would prefer written because, from the women who have made representations to me, perhaps they were told at their initial consultation but they have no recollection because they were in an emotional state. They do not remember all the words, and they feel they were not given adequate information.

Whether that is the reality or not the reality, that is their recollection and their lived experience. So by having it in a prescribed form, my preference would be that it would be in writing and it would be a brochure that is produced by SA Health. It would be available at GPs and online, as well as a brochure that you could download and print yourself. In an emotional state while being given a verbal description of what could go wrong, I think there is no way you would be able to remember that unless you took a notepad and a pen and wrote down all your notes. I think it is much better to have that in writing.

Mr SZAKACS: One final point of clarification, member for Adelaide. You referred earlier on to a referral from a GP potentially to the PAC. Can I ask you specifically whether in your view that is advice insofar as your amendment is concerned, and secondly whether your answer, whether it is advice or not advice, is informed by advice that you have sought from SA Health, Crown or parliamentary counsel?

The Hon. R. SANDERSON: My advice was from parliamentary counsel and certainly from the lived experience of the women who have written, many of the people who filled in my survey and also those who have come and met with me. Whether you determine it advice, I do not believe that every single woman who goes to a GP would be referred off to the Pregnancy Advisory Centre. I do not know. They would be pretty busy if that is the case. I think there is one in Woodville.

I do not know if people go straight from a GP and then they are booked into a hospital. That is what has been represented to me as the procedure. It is simply that there are women who want more information who feel aggrieved that they were not given that information. I am wanting to make that available. I am putting it before the house. I am happy to have it voted on. You can vote either way, but that is the intent. There is nothing underhanded here. It is about giving people full information to make an informed decision.

Dr CLOSE: I truly do not mean to be pedantic. What I am concerned about—and I believe this was where the question from the member for Cheltenham came from—is the concern that has been raised with me by GPs who want to know if they might be sued if this goes through. That is why the question is about the definition of advice.

When a GP has a woman come in and say that she would like a termination, they have a conversation and a referral is given. Is that legally 'advice' under this, and therefore should, at a later date, the woman regret having had a termination, although she will also have received fully informed consent from the person performing the termination, could she come back and sue the GP because she did not have the consent that is required by this piece of legislation?

It is important. In a court case, *Hansard* is looked at to see what the intent of the bill was. It is not the complete story, but it is important to understand whether parliamentary counsel has given advice to you, as a crafter of this, to say we are not referring simply to a doctor giving a referral, or we are referring to a doctor giving a referral. That would be useful.

The Hon. R. SANDERSON: I thank the member for her question. For anyone who is reading *Hansard* in years to come, the intent of this is all about information; it is not about suing doctors. It is about having informed consent—literally informed consent, with physical information. If, in the instance that you gave, the person has been given the information before they have had the surgery, then they have received it. I am not saying every single person they ever saw had to give them the information or they could sue the one who forgot. They need to have had this information before they make a decision, and as early as possible is the preference.

My preference would be that it would be in the doctor's surgery along with the information on diabetes, heart attacks and asthma, and all the prevention things that you could do. The idea would be it is a piece of information that is readily available, it is online in a downloadable, nice brochure that you can easily read, and it is possibly in a multitude of languages so that people with English as a second language can understand it.

My concern is that the women who have come to me do not believe they were given that information at any point, and people who are in an emotional state making a very difficult decision do not seem to remember a verbal briefing on all the things that could go wrong. I think it is important to have it available in writing. Whether it is an online document that you download yourself or whether it is a brochure, I think it is important to have that information available.

Ms LUETHEN: I am mainly rising to make a comment about this in terms of acknowledging the member for Adelaide's feedback that she has had from her community, because certainly leading up to and during the safe access zones debate that we had in here, when I was listening to my local community, and certainly in terms of listening to concerns, worries or reservations that people have about this bill, several representations have been made to me by women who might regret their decision or who feel like they were pressured into the decision by someone.

It is my experience, based on the feedback I have heard from my community, that there are women who wish they had had more counselling or more information or more time to think through all their choices. I am grateful to the Attorney-General and others for pointing out why this particular amendment might not work, and I would like to be involved in the future if there is an opportunity to look at the information that we are providing to people so they can certainly make the best choice.

The committee divided on the new clause:

Ayes 17
Noes..... 29
Majority..... 12

AYES

Bedford, F.E.	Brock, G.G.	Cregan, D.
Duluk, S.	Ellis, F.J.	Knoll, S.K. (teller)
Koutsantonis, A.	Mullighan, S.C.	Murray, S.
Patterson, S.J.R.	Pederick, A.S.	Piccolo, A.
Sanderson, R.	Speirs, D.J.	Tarzia, V.A.
van Holst Pellekaan, D.C.	Wingard, C.L.	

NOES

Basham, D.K.B.	Bell, T.S.	Bettison, Z.L.
Bignell, L.W.K.	Boyer, B.I.	Brown, M.E.
Chapman, V.A.	Close, S.E. (teller)	Cook, N.F.
Cowdrey, M.J.	Gardner, J.A.W.	Gee, J.P.
Harvey, R.M.	Hildyard, K.A.	Hughes, E.J.
Luethen, P.	Malinauskas, P.	Marshall, S.S.
McBride, N.	Michaels, A.	Odenwalder, L.K.
Picton, C.J.	Pisoni, D.G.	Power, C.
Stinson, J.M.	Szakacs, J.K.	Teague, J.B.
Whetstone, T.J.	Wortley, D.	

The Hon. R. Sanderson's new clause thus negatived.

The CHAIR: Can I remind again the people in the public gallery that they must remain seated. You are very welcome here, but you must remain seated. I expect the interest is in who is voting on what side, but I can assure the people in the public gallery that these votes will be publicly available. That is why divisions are called. So please remain seated.

Clause 9 passed.

Clause 10.

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

Amendment No 5 [Speirs–1]—

Page 6, lines 5 to 19—Delete clause 10 and substitute:

10—Unlawful termination of pregnancy

A person who performs or assists in a termination knowing or having reason to suspect that to do so is not authorised by this Act commits an offence.

Maximum penalty: $20,000 or 7 years imprisonment.

This amendment will see the deletion of clause 10 of the bill and the substitution with what I believe to be a more straightforward clause. I guess you could describe it as a catch-all penalty clause that seeks to enforce a penalty on people who perform or assist in the termination, knowing or having reason to suspect that to do so is not authorised by this act. That would then create an offence which, as members would see, would involve a maximum penalty of $20,000 or seven years' imprisonment. I established those penalties on the advice of parliamentary counsel.

It is my firm view that we should have a more straightforward determination of the penalties, as outlined in the bill at clause 10. I think we should be looking to enforce penalties against anyone, not just unqualified persons but also people who would be deemed qualified in the performance of terminations, because they, too, can make errors intentionally or not intentionally, which would result in a termination occurring against the aims of this act. I move the amendment in my name and seek its support.

The Hon. V.A. CHAPMAN: I have taken advice on this matter because, as members know, the bill before us is one which actually is proposed to move from a criminal model to a health model. That is not to say that in this new standalone termination law that is proposed we do not have offences. There are two offences that are very important in this bill. One is against someone who is not medically qualified who purports to undertake or assist in a termination. That is prohibited. That is to make it very clear that we are moving to a medical model and medical professionals have to do it. That is critical.

The second offence is in relation to protecting against any coercion or duress for someone who is making a decision about a termination—either to make them have a baby or not to have a baby, as two of the options. The person in that circumstance may well be vulnerable. In fact, the member for Adelaide has raised in a previous discussion in this debate a situation where someone has felt under duress even by not having sufficient information as to what options they might have when they come to seek this procedure.

Yes, there is a place in the current bill proposed for offences, but in moving from the criminal model to a medical model, the principled position in that is that we are moving away from punishing an offence by either a person who performs the termination or assists, or the expectant mother themselves actually accepting a procedure or attempting to procure the abortion on herself. We actually have criminal offences for these things and the like that might assist, and we are actually moving away from that and saying to the health profession, 'This is the prescription within which we expect you to carry out this procedure and, in the circumstances, the extra levels of obligation that might apply in respect of this particular procedure.'

For this amendment to be accepted, I think we would actually be undermining the whole purpose of this legislation. We might as well stay in the Criminal Law Consolidation Act if we are going to have this approach. That said, if a person who is a medical practitioner were to terminate, knowingly in breach, apart from meeting the AHPRA option that is being considered, the aspect of this particular proposal I would be concerned about is that this is supposed to punish someone, as a profession, even if they have reason to suspect—whatever that means in a legal sense—that they are not authorised to carry out that procedure and therefore they have committed an offence.

I think I understand what the Minister for Environment is trying to achieve here. He wants a level of criminality to remain. The only other information I can add to that is to advise that medical practitioners and registered health practitioners who fail to comply with certain requirements and/or

conditions of their clinical registration may be subject to a range of registration-based offences as set out in the Health Practitioner Regulation National Law (South Australia) Act 2010.

Under the national law, practitioners may be subject to professional sanctions such as censure, loss of registration, financial penalties and, in some circumstances, even imprisonment. These offences are regulated by the Australian Health Practitioner Regulation Authority (AHPRA) referred to earlier. Practitioners may also be reported for malpractice and other conduct-based offences associated with disciplinary proceedings, such as restricting or revoking a practitioner's registration.

This position is already reflected in clause 13 of the bill, which provides that in considering a matter related to a registered health practitioner's professional conduct or performance, regard may be had as to whether the practitioner terminates or assists in the termination of a pregnancy contrary to the act. For the purposes of clause 13 of the bill, a relevant matter may include a notification made under the Health Practitioner Regulation National Law (South Australia) Act 2010 or a complaint made under the Health and Community Services Complaints Act 2004.

In circumstances where a medical practitioner or registered health practitioner fails to obtain the informed consent of a patient prior to a termination, the practitioner may be criminally liable, as their conduct may constitute an assault. There may also be circumstances where the conduct of a medical practitioner or registered health practitioner constitutes a criminal offence; for example, the failure to obtain the informed consent of a patient prior to the termination may be an assault. Those are those two circumstances. It is therefore unnecessary to create a specific offence for all persons who unlawfully perform or assist in the termination of a pregnancy.

I hope that assists the member to draw attention to other sanctions, and that is all part of the process of where we are moving from a criminal sanction model to a health model. With that, I indicate that on the advice I have received this provision will be opposed. I suggest that having it, at least in its current form, even with having reason to suspect would be very problematic in its application.

The Hon. D.J. SPEIRS: I appreciate some of the Attorney-General's contribution there. I have made it very clear in this house that I am fundamentally in favour of decriminalisation of abortion for the woman, but I am not in favour of walking away or somehow precluding people in the medical profession who do the wrong thing by this act from seeing them as guilty of criminal activity and being subject to sanctions under this act.

A woman who seeks an abortion and has a termination of pregnancy should absolutely not face any criminal sanction, and we know that has not happened for some 50 years or more. However, in my view, for a health practitioner who undertakes something that is contrary to this act the protection should be in place to sanction that person. The Attorney-General correctly outlines a range of practitioner guidelines and sanctions that could and might be available under the various codes that medical practitioners conduct their work under.

However, again, and as with many of the items we have discussed in this legislation, there is an opportunity to create a sense of completeness and prescription in this legislation, and that is what my amendment seeks to do.

Mr KNOLL: I agree with the member for Black's comments here in relation to the fact that this is a medical model that decriminalises women seeking an abortion. I think that is the thing this chamber has come to grips with many times over the course of this debate and that we are all in favour of—or mostly all in favour of. However, to suggest that this amendment would move away from a medical model is, to my mind, slightly disingenuous, given that there are penalties in here, under this clause 10, for people who are not qualified who perform abortions.

I struggle to understand the parallel that if you are unqualified you can be subject to a maximum penalty of seven years' imprisonment, where arguably you can suggest you have less knowledge or understanding, or ability to understand, that you are committing an offence, whereas if you are medical practitioner who is trained, who is likely or potentially a specialist in this field and who will, over the course of conducting their duties, understand completely and fully their obligations, they would not be subject to the same criminal penalty.

To me that is quite incongruous and, to my mind, a failing in the bill. If, as the Attorney states, this is a medical model, why is clause 10 there in the first place?

The Hon. A. KOUTSANTONIS: I was going to make almost exactly the same point as the member for Schubert.

An honourable member interjecting:

The CHAIR: Continue, member for West Torrens.

The Hon. A. KOUTSANTONIS: Thank for your protection, Mr Chair.

The CHAIR: Sometimes you need it.

The Hon. A. KOUTSANTONIS: This cooperation is going to their heads. It will revert back to form very, very quickly.

The CHAIR: Let's wait and see, member for West Torrens.

The Hon. A. KOUTSANTONIS: I will have you hanging by trees. I am interested in the Attorney's point about decriminalisation because, from what I can tell, there is no clause in the new bill that says abortion is now decriminalised. The function of moving it out of the Criminal Law Consolidation Act is a decriminalisation aspect, so I am not sure how inserting a clause that has reference to a penalty is recriminalisation of abortion.

I think the point the member for Black is making is that if you can have someone who is not authorised who performs an abortion receive a penalty, if an abortion that is not authorised by the act is performed by a qualified person, what is the penalty? I think the Attorney said that where there are professional standards and disciplinary procedures in place that would take care of that, but I do not know if there are any legal penalties in place for people who do that.

If a healthcare professional or a medical practitioner, or whatever the appropriate term is, who is qualified to do so conducts a procedure that they are not authorised to do under legislation, is the only penalty now professional standards? Are there no more sanctions in place in statute in South Australia?

The Hon. V.A. CHAPMAN: I am happy to answer that question. There are currently criminal offences up to life imprisonment for a woman who tries to abort herself, usually taking a toxin. There are separate offences up to life imprisonment for someone who procures an abortion currently past 28 weeks of pregnancy. They are criminal offences; they are in the Criminal Law Consolidation Act.

This bill is repealing that, and we are setting up standalone legislation which says, under these rules, terms and conditions, doctors and health professionals do it. We have an offence in that relating to non-medical people doing it to make sure that we reinforce that the new model is that only trained medical people and health professionals do it. That is the reason that is there.

We also recognise that, because the expectant mother may be in a vulnerable position in this whole exercise, she should not be under any duress, and therefore we have that protection for her. We have moved the criminal sanctions from the person who is being aborted and for the professional who is doing it and we put it into this new model. That is the first thing.

The second aspect is that we maintain the professional standards, and the agencies that I have referred to, AHPRA and the like, to administer the repercussions if the medical people do not do the right thing. I have also pointed out circumstances where, if they do not do some of those things, like obtain proper consent, then they may be subject to assault charges and other things anyway, but in any event AHPRA has power to, as I have pointed out, dismiss, suspend, discipline, obviously fine and, in some circumstances, imprison. That is the model we are moving to.

Somebody asked me about this recently: are there other circumstances where a medical procedure occurs that is prescriptive? The one I am familiar with is the provisions under the Mental Health Act which require electroconvulsive therapy (shock treatment as it is known in psychiatric treatment) to be done in a fairly prescriptive way. I cannot remember the full detail; I think it has to be two psychiatrists to examine the patients, conduct the assessment for the purposes of that, and certain processes are to be done. There is also a prohibition in that act I remember, which is still there, which says that there is to be no provision of surgery for mental health treatment of a patient.

Some of us are old enough to remember the procedures that used to take place in this area, such as lobotomies, which is a surgical intervention as abhorrent as it sounds, so we have a prohibition on that. We do not have criminal sanctions that go with the failure in relation to the health professionals in relation to these. We still retain a criminal code in relation to assaults, so for example, again, even if someone attempted to do surgical treatment on a mental health patient, I am sure there would be all sorts of references to whether there was an assault against somebody in that circumstance, especially if they did not have their signed consent.

Those protections are there are in a different way. I think what the member for Black is attempting to do is to say that he still wants there to be some consequence for a health professional, if they do not follow the rules themselves, by way of a penalty of up to $20,000 or seven years' imprisonment. I am suggesting that that is inconsistent with the model that we are developing and it is inconsistent even in other processes where there is an obligation on other specialties.

The second aspect I raise about it is this question of a person who is up for consideration for some prosecution on this has to have knowingly breached an obligation under the act or one of the conditions, or having reason to suspect. I have just never heard of that in a circumstance where the person who is breaching it even suspected that they might be in breach of the provision. It seems to be subjective, that is, the person themselves will be assessed about what they might or might not have suspected. I do not even know how you would prove that, frankly. I raise that because it seems to be a practical problem in its application, but the principal position is that we are moving to a health model scheme.

I think there are members in the parliament, because I have listened to the contributions they have made, who still take the view that the prescription being set into this legislation, which is largely in clause 6 and to some degree supplemented by a guide, I suppose, in clause 6A, is beyond what is acceptable. They do not consider that some of that should be available for an expectant mother, and that is their firmly held view. Whilst I do not agree with it, I respect that it is a firmly held view. I do not think this will help them to remedy that. That is also my point here.

I think there will be a difference of opinion on that, and I accept that it is firmly held, but this will not help relieve that. I do not see this as the answer, just to simply say, 'We are doing it for unauthorised people like non-doctors; therefore, why aren't we doing it for doctors?' To me, that is not a logical extension.

The Hon. A. KOUTSANTONIS: I notice in the New South Wales act, in section 10(3), it provides:

> This Act does not limit any duty a registered health practitioner has to comply with professional standards or guidelines that apply to health practitioners.

That same provision is in the bill before us in part 3—Miscellaneous, clause 13. The question I want to get to is: is there any act in Australia governing abortions that has penalties in place for qualified medical practitioners who perform abortions that are not authorised by the act or do they all uniformly have the same duty, that the 'act does not limit any duty a registered health practitioner has to comply with professional standards or guidelines that apply to health practitioners', keeping in mind our little discretion earlier today?

The Hon. V.A. CHAPMAN: The advice I have received is no. They all sign up to the national law obligations, and that is something we do here apparently in relation to the management of the conduct of health professionals. While if there is any further information we can get it, I am advised that AHPRA can impose a fine of up to $30,000 for unsatisfactory conduct, unprofessional conduct and professional misconduct. That is just to add to what I said earlier.

In clause 10 of our bill, non-professionals have penalties, and in Queensland and New South Wales they have that as well. I am obviously wanting that to continue because I think it is important that we maintain that.

The Hon. A. KOUTSANTONIS: Do any of the other acts in other jurisdictions have a financial penalty specified in the act, or do they all just refer to the national standards?

The Hon. V.A. CHAPMAN: They do not, except that in New South Wales and Queensland they have seven-year and five-year imprisonments for unqualified persons as per the proposal in this bill.

Mr MALINAUSKAS: Just a couple of important principles lead me to a question for the Attorney. First, I accept the wisdom that there should be a distinction between a penalty applied to a non-qualified person versus a qualified person. I think that is a legitimate distinction to make given that if an unqualified person attempted to engage in such a procedure they would inevitably cause harm, so I appreciate that distinction. I also appreciate the underpinnings of the Attorney's position that we are decriminalising something, why would we put something back that is consistent with a piece of criminal law?

My question for the Attorney is in regard to AHPRA. Notwithstanding my limited knowledge of the way AHPRA operates, that it is a completely arduous process and lends itself to being hardly timely—although that is probably equally true of the criminal justice system—if someone does the wrong thing under the law and AHPRA has the ability to terminate, suspend and so forth, given that in those circumstances there is an allegation against a doctor for not adhering or doing the right thing according to law, given that it is in law, how does that relate to how AHPRA would ordinarily conduct a judgement that was consistent with these guidelines?

Another way of asking that is, given that AHPRA would be asked to make a judgement about something that is governed by state law, does the fact that it is state law elevate the seriousness in which AHPRA would make a judgement around the conduct of that medical professional?

The Hon. V.A. CHAPMAN: I think I understand the question. The member might recall, and I am not sure, you may not have been in the parliament at the time, but under Minister Hill's time—and I look at you; you were probably the architect of it—we entered into a whole lot of schemes for national management of professional standards for different medical specialties, and I remember very interesting debates on that.

In any event, essentially what we did was to try to sort of harmonise this national scheme. We all signed up. We kept some exceptions back, and I often think of this because we kept an exception on optical. We have a special exemption in South Australia which requires that if you want to have cat's eye or any of those other types of lenses that often young people use, you have to get a prescription. So we actually retained the right to have some exceptions, we say, to set up some high standards.

Nevertheless, generally the national rules apply and there is consistency and all the arguments were put as to how that would work. My recollection in doing that is that the state disciplinary boards for the agencies still maintained a role in carrying out that. I am advised that the Australian Health Practitioner Regulation Agency (AHPRA) sets all the process there. Yes, we have boards for each of the disciplines back here in South Australia, but the body that sets the rules and actually assesses the consequences for a breach I understand is AHPRA.

Mr MALINAUSKAS: I appreciate that my question probably was not well articulated, but that is what I am trying to get a sense of. In this case, we have the law of the state that will govern the circumstances under which a termination should or should not occur. Given AHPRA ordinarily conducts examinations versus their own guidelines, inconsistent with their own procedures and processes, how does that relate? I am trying to get a sense from the Attorney.

Maybe if I put it more plainly. The necessity for this amendment from the Minister for Environment, in at least my mind, would be diminished if AHPRA gave due credence to the fact that they were not only making a judgement consistent with their guidelines but indeed making a judgement against the law that had been passed by the parliament.

The Hon. V.A. CHAPMAN: I understand that, yes. The answer to that in short is, yes, that is precisely what they do. We have a situation where our own DPP would have to be involved if it is a prosecution as a criminal offence in relation to AHPRA. If they are going to go across to state law, there is a breach anyway—for example, a doctor fails to obtain informed consent, they may breach the AHPRA rules but they also might be prosecuted under state criminal law still for assault.

Mr MALINAUSKAS: Let's just keep the example—

The Hon. V.A. CHAPMAN: Sorry, if I could just perhaps finish there, AHPRA cannot assume responsibility in relation to state criminal law. They are not an arbiter of that at all; they are an arbiter of the obligations in relation to the standards imposed. This statute is setting up a model which they are to operate in South Australia: you need two doctors, the time frames, all those things. If there is a breach of that in relation to the implementation of the discipline—that is, not punishment but the actual specialty—then AHPRA comes in to apply that. So, yes and yes, if I can clarify that.

Ms MICHAELS: Can I seek clarification from the Attorney on the answer to the member for West Torrens on other states and any penalties, in particular WA, which I understand has a penalty of $50,000.

The Hon. V.A. CHAPMAN: I will just ask my adviser because she says no. Could you clarify the reference?

Ms MICHAELS: This is section 199 of the—

The Hon. V.A. Chapman interjecting:

Ms MICHAELS: It is an offence of Abortion, it is titled. Section 199 in the WA criminal code states:

> (1) It is unlawful to perform an abortion unless—
>
> (a) the abortion is performed by a medical practitioner in good faith and with reasonable care and skill; and
>
> (b) the performance of the abortion is justified under section 334 of the Health (Miscellaneous Provisions) Act 1911.

A penalty of $50,000 applies.

The Hon. V.A. CHAPMAN: I think you said it is under the Criminal Code, which is equivalent to our Criminal Law Consolidation Act.

Ms MICHAELS: Correct. There was a question from the member for West Torrens about any other penalties in any other states for a medical practitioner. This does impose a penalty if the medical practitioner does not perform the abortion in accordance with their health care act.

The Hon. V.A. CHAPMAN: It is because Western Australia has not decriminalised. Of all the states that have actually gone to the medical model, none of them have incorporated a criminal offence in the medical model. Western Australia is still the same as we are here—with the criminal model.

Ms MICHAELS: I understood the member for West Torrens was asking whether there were any penalties in any other state for medical practitioners who did not perform abortions in accordance with relevant regulations and healthcare acts.

The Hon. V.A. CHAPMAN: Let me be clear: on my understanding of what he said and asked—and if I have misunderstood, I am sorry—all the states that have moved to this model are not employing a criminal sanction in this model anywhere in Australia. Western Australia is still like us, with a criminal model. You have just quoted from the Western Australian criminal code, which is the equivalent of our Criminal Law Consolidation Act. They are in exactly the same structure that we are. I cannot remember when they established theirs, but they are in exactly the same structure.

Dr CLOSE: The principle concerns me because, as you have pointed out, if we move from a criminalisation model to a medical model—no other state has taken penalties, particularly with the possibility of imprisonment—we would be the only one to move to a medical model but drag with us criminalisation. So that is clear. For that reason, I oppose this.

I am concerned, particularly in light of the amendment that was passed earlier this evening—which became clause 6A, which lists various considerations—that the weight of that was debated in debates. Is it just taking guidelines into the legislation, but it is not exhaustive even though it is mandatory? I suspect there will be legal opinion that will try to sort out some clarity around what our act, should it become one, actually requires of doctors. Given that that is there in particular, that makes me very concerned about a requirement to not have reason to suspect that you have not acted.

So you have this mandatory list, and you must not have any reason to suspect that you are not complying with the law. What this adds up to for me is a serious risk of reducing access because many doctors will say, 'I can't. This is now too risky,' and I invite the Attorney to say whether she shares that view, or whether I am tired and overconcerned.

The Hon. V.A. CHAPMAN: We are probably all tired, but can I say that, in my personal view, I do not think clause 6A will have much work to do. Whether it actually becomes a feature of greater risk for doctors because, although it has 'mandatory considerations', it simply says there has to be some regard given to these factors. In any one case that they are looking at for a prospective termination, most of them will not apply. Nevertheless, I do not think it will actually be of much use. It is an inconvenience, and we have heard all the professions' views on that. It could be even more confusing for a doctor trying to diligently go through the list and think, 'Am I doing this and that' and all that exercise. I do not want to reflect on the vote in relation to that; I just personally do not think it is going to have much work to do.

If doctors are wanting to make sure that they have complied with the act, they will have read the list and thought, 'Okay, none of those apply to the circumstance I am looking at,' and they may have gone anyway to their Late Abortion document and thought, 'I better just check and see what our professional body says about that,' and 'Actually, that doesn't really apply to me, so it's not going to be much help in making the assessment that I have to deal with.'

On the other hand, it might be quite useful. I am simply making the adding of that into that legislation in the way it has been drafted but, as I say, I am not sure it will be much use. In any event, that is probably why I do not think it is going to be much comfort for those who think it is going to in some way narrow or impede the provisions of clause 6.

Therefore, I suppose an extension of that is whether there is any likelihood that doctors might be inadvertently caught in that, especially in the way this is drafted, and having reason to suspect that they might be punished. I would not say that I would be that worried about that aspect of it from the point of view of introducing this. There are other reasons why I would object to it.

What is concerning from what you have said is whether in fact something like this might actually persuade somebody who is competent and capable of undertaking this procedure to go and do something else in the health world and not avail themselves of doing that and not provide that service. That would concern me, because this is not a pretty subject. It is not the easiest thing. I am sure lots of health procedures are not easy, but they are not shrouded with the same level of even potential social stigma still.

I think the professionals who work in this area and provide this service are obviously highly skilled but I also think they are very brave in the sense that they can sometimes be ridiculed and treated in a manner which I think is really sad. Anything that might dissuade them from going on to provide this service I think would be very, very disappointing, but I do not think this piece of legislation will be the trigger that is the concern that has been otherwise expressed.

The Hon. A. KOUTSANTONIS: If I can just ask the Attorney-General, just for my own comfort, and I am sorry for labouring on this point: what is the penalty for a doctor who performs an abortion for the purpose of sex selection as the bill currently stands amended?

The Hon. V.A. CHAPMAN: I am advised that if a medical practitioner in those circumstances proceeded with a sex selection termination contrary to the prohibition, that would be a sanction that AHPRA would determine as to unsatisfactory conduct, unprofessional conduct or professional misconduct. It can impose a fine of up to $30,000 and there are obviously all of the other disciplinary processes it can take, which are either to go to the health complaints authority and police, of course, if it is actually an assault or something of another nature; secondly, to receive undertakings; third, conditions on practice; fourth, a caution; fifth, supervision; sixth, reprimand; and of course cancellation of registration.

The Hon. A. KOUTSANTONIS: Again, I am sorry for labouring this: they sound more like civil penalties without any criminal sanction, other than you mentioned a referral to police.

The Hon. V.A. CHAPMAN: Where in fact the misconduct results in an assault or something of that nature would be, obviously, why that is in the list. The member said, 'sound like civil penalties'. Western Australia is still to consider this, but we, along with the rest of the states, with this bill are moving to a medical model. So whether you want to describe them as civil penalties, it is now a

professional misconduct issue, if there is a breach in relation to a procedure, just as with any other procedure of a medical practitioner.

As I say, there are some who take the view that although they are saying to me, 'I want there to be decriminalisation; we agree with that,' they still want criminal sanctions on these people if they do not do the right thing in terms of professional standards. Yet they are not asking for that in other areas of professional misconduct. It may be a validly held view. I think the member for Black obviously thinks there should be a criminal sanction in this bill, in this health model. I do not agree with that. Other states anywhere in Australia that have adopted the health model have not agreed with it.

I think there is a level of nervousness when we do move from a criminal sanction, which we have had for 50 years, to a health model. Of course, we want to underwrite that with protections and understand that there is a process there for someone to be dealt with if they do not do the right thing in a professional way. That is part of the idea of moving away from having a threat of a criminal sanction over doctors and nurses who have had this position.

In fact, I think one of the speakers suggested that there has not ever been a prosecution in relation to this, but there has been, and you can look at the report from SALRI. That does not mean it is common, but I make the point we are moving from a criminal section with this proposed bill to a health model sanction, and nowhere else in Australia have the states that have done that applied a criminal sanction.

I know it is hard for some members to accept that. I think the most dangerous would be if we moved from a criminal sanction to nothing, and that is why I am embracing what I think is an important process here that we do not just let this be at large. This is a serious medical procedure and it needs to have proper medically trained people to deal with it and areas of specialty that sit around it.

They have to be lined up like they do in any other professional capacity of medical treatment and surgical intervention with the standards that have been set at the professional level and professional misconduct. The disciplinary consequences that come with that are there across the board in relation to professions, and not just the medical profession; obviously there are layers of this for lawyers and other professions.

But here we are talking about vesting this responsibility with trained medical and health professionals and they have that level, as I was explaining to the Leader of the Opposition, through the AHPRA process for the compliance mechanisms for those professional standards. That is the model we are moving to and if that makes people feel a little bit uncomfortable—as I say I think clearly the member for Black feels that there has to be some punishment still for doctors who do not comply or even think they might not comply with some provision under this. I do not know of any other procedure that attracts that either, where you have a health professional standing, but there may be, but I am not aware of any.

The committee divided on the amendment:

Ayes 20
Noes..... 26
Majority..... 6

AYES

Brock, G.G.	Brown, M.E.	Cowdrey, M.J.
Cregan, D.	Duluk, S.	Ellis, F.J.
Harvey, R.M.	Knoll, S.K.	Koutsantonis, A.
Luethen, P.	Michaels, A.	Mullighan, S.C.
Murray, S.	Patterson, S.J.R.	Pederick, A.S.
Power, C.	Sanderson, R.	Speirs, D.J. (teller)
Tarzia, V.A.	van Holst Pellekaan, D.C.	

NOES

Basham, D.K.B.	Bedford, F.E.	Bell, T.S.
Bettison, Z.L.	Bignell, L.W.K.	Boyer, B.I.

NOES

Chapman, V.A. (teller)	Close, S.E.	Cook, N.F.
Gardner, J.A.W.	Gee, J.P.	Hildyard, K.A.
Hughes, E.J.	Malinauskas, P.	Marshall, S.S.
McBride, N.	Odenwalder, L.K.	Piccolo, A.
Picton, C.J.	Pisoni, D.G.	Stinson, J.M.
Szakacs, J.K.	Teague, J.B.	Whetstone, T.J.
Wingard, C.L.	Wortley, D.	

Amendment thus negatived.

The Hon. A. PICCOLO: I voted against that amendment, and I would like to explain why. First of all, I was not comfortable with some of the wording of the clause itself because I think it was a bit clumsy, and I take on board some of the concerns expressed by the Attorney-General. Also, I am not sure I agree with the level of penalty. I would have to say, though, that I strongly object to having one law for the professions and another law for other people. As a northern suburbs boy, I object to entrenching laws that actually create and perpetuate laws where, if you are an ordinary person, the criminal law applies. I will get to the point about the health model in a second, because I have heard it all day.

Secondly, if you are in a profession, you go through a separate model. Somehow your behaviour is less criminal, when it is quite clear that the intent of the bill was to address not professional misconduct—which I can understand the professions doing—but behaviour where a person knowingly breaks the law, and that is why I opposed this amendment.

Putting aside the issue of a complaint to police, because consent may be in this provision, I do object that we have new provisions in laws that perpetuate the difference for ordinary people, particularly people in my area. They are subject to one form of law where we do not try to find non-criminal models for their behaviour, while people who are generally professionals and are wealthy are subject to different sanctions. I probably would support further amendment because I do find provisions like this quite offensive.

The Hon. V.A. CHAPMAN: Can I try to provide some assistance to the member. In going to a medical model, we are making it very clear that a termination is a medical procedure. It has a proposed act all of its own for what is to happen here. The sanction against non-medical people is to make it very clear that they are not allowed to participate in this procedure. This is a medical procedure. It requires medical training and expertise to carry it out. Amateurs like you and me are not allowed to do it, and if they try to do it we are saying as a parliament that they will be punished for attempting to do that.

In relation to the question of saying that in some way this creates two standards of a professional disciplinary approach as distinct from a criminal approach, let me use lawyers. Nobody likes lawyers, except Andrea and I, of course. Lawyers have disciplinary action for breaches of code of conduct in relation to the standard of the application of the service that they do, in relation to knowingly not holding a trust account when they should and putting money through their office account, doing anything other than complying with the requirements that are set around their professional obligations. They have consequences.

But if they actually steal the money or use it for their own benefit, then they obviously can be charged with criminal offences just like anyone else. I think it is important to understand that it is actually a double whammy for professionals. You can be hit just like any other person in the community if you break the criminal law. In relation to a professional standard, though, there is also a privilege to practise. That can be taken away if they do not comply with the standards imposed by that profession.

In asking people to do a certain procedure like a termination, we are setting the rules about how they do it. We are saying that amateurs are not welcome, and if you try to do it there will be a penalty. We are getting that select group of qualified people to do that job, and they will lose the privilege to do that job as part of their profession and/or be sanctioned in the other way as I have said if they do not comply with that.

If there is misconduct—I will give a very simple example of proceeding with something without obtaining the informed consent—they may well find that it is referred to the DPP for a prosecution for assault as well. I just wanted to make that clear. I am not in any way advocating for some kind of separation of liability in respect of criminal sanction for the same conduct between a professional and a non-professional person.

The Hon. A. PICCOLO: I think the Attorney-General and I are going to have to agree to disagree because I do not accept her explanation. I do not accept it to an extent, for two reasons. One is that it is not a criminal offence by virtue of the fact of the way we have treated this matter. We have defined it as a non-criminal offence, which we choose to do in other places in non-professional life. We do have sanctions and choose to have criminal offences, so we create a body of law for professionals that is different from non-professionals.

The Hon. V.A. Chapman interjecting:

The Hon. A. PICCOLO: Let me finish, please. I did not interrupt you. We do create a body of law that is actually in its entirety different from non-professional life, and we criminalise a lot of behaviour in non-professional life, and we use a different process for professional behaviour and professional life. We do that, and we have done it for a long time. We still do it, but that does not mean we have to agree that entrenching that sort of distinction is appropriate.

Getting back to the medical model, or the health model, whatever you would like to call it, I understood that to mean that in terms of the woman involved—or person, as the act says—we want to make it very clear to remove the stigma of that action, etc. It is not an issue, and I understand that and I support that, but I never understood that to decriminalise, if you like, the behaviour or intentions of a woman's actions actually means everything is decriminalised, that the whole process is decriminalised, in a sense, and every party to it is decriminalised, which you are suggesting is the appropriate way to do it. That is certainly what I understood you to say.

In that regard, what we are doing, putting aside the one example you have provided about non-consent, in the case where consent is not an issue but where the medical practitioner still knowingly acts—not the second case, which I agree; the second limb of that one is a problem—we are putting them beyond the criminal law by virtue of the way we are defining this issue. We say it is not a criminal offence, therefore it is not a criminal law.

What I am saying is that in non-professional life we do not do that. We criminalise behaviour if you break the law in non-criminal life, so we do create a different standard for people in the professions. To some extent, I am not sure why a doctor who breaks the law in this case should not be subject to criminal sanctions—not the woman; we have all agreed that should be removed. The actual termination of a pregnancy should not be a criminal offence. We have set up a model and parameters, which you have acknowledged, for that to happen. What I do not understand is if somebody knowingly breaches that law, as distinct from some things that are about procedures or professional behaviour. I just find it inappropriate.

It is going to be a circular argument. I know what you are going to say to me in a second: you have professional misconduct, etc., all those sorts of things, but those things are different. That in itself is an example of how we use law differently for professionals as compared with non-professional people. We criminalise the non-professional person's behaviour—which I agree with—but if a doctor does the same thing it is treated differently. A person who does an act in this case can be treated one way; a person who does the same act will be treated differently. That, to me, means we have two laws and two standards. The only difference is that one is a non-professional and one is a professional. They commit the same offence.

Mr COWDREY: Point of order: with the utmost respect—the member for Light, I respect you, as you well know—I am not sure of the relevance to the debate at the moment. I would be very happy to have this principled debate at another time perhaps, but if we could get things moving, given the time, that would be fantastic.

The Hon. A. PICCOLO: The proposed 10A is actually going to deal with this issue in a slightly different manner, and I think it is important to set the framework for that.

The Hon. V.A. Chapman interjecting:

The Hon. A. PICCOLO: No, I understand that, but I am suggesting that is why it is relevant.

The CHAIR: What has just happened, I think, is the member for Light rose to speak and explained to us why he voted against the previous amendment, which, given the hour, is stretching things a bit. But, member for Colton, it is not for you to say that we should hurry up given the time.

Mr Cowdrey interjecting:

The CHAIR: I understand you are trying to be helpful but I do not know—

Members interjecting:

The CHAIR: Order! I do not know that we have had such a significant moral issue debated in this place for some years and, for that reason, I am giving everybody every opportunity.

The Hon. V.A. CHAPMAN: I am more than happy to have further conversations with the member for Light on this philosophical difference, but if I could just leave you with this thought. We do ask doctors to undertake a number of things. The example that has been given to me by the adviser is, if a doctor performs heart surgery and kills the patient, then we do not automatically send them off to be charged with manslaughter or murder. What he is subject to, though, is potentially unprofessional conduct or misconduct and has those processes of application, if he has failed to do a number of things in relation to professional standards for heart surgery.

That is the model we are moving to but we are setting out a certain set of rules in relation to termination of pregnancy. I think everyone in this room recognises that it is a very sensitive subject. We could have just put this into any other health bill, but it is being given a standalone process. After 51 years, if it is the will of the parliament to move to this new medical model, as has happened around the country—and where it has happened they have put it in a standalone and they have moved to that process without a criminal sanction—I am just asking that we be consistent with that.

I think some have the view, and perhaps you do, sir, that if there is a relaxation of the criminal sanction, in some way the health professionals doing terminations are going to get it easier. Compare that with the layperson, or the inconsistency with the layperson. The layperson is not a professional, does not have sanctions and is not able to be sanctioned because they are not a professional. I hope that helps. If it does not, I am happy to have that conversation with you. But clause 10 is to have sanctions against people who come in as amateurs and non-professionals to do this. I do not think I have heard any question or concern about that, and it exists in every other piece of standalone legislation around the country, so I ask, Chair, that you put the clause.

The CHAIR: Thank you, Attorney, for that instruction.

The Hon. V.A. Chapman: Request.

The CHAIR: Request, yes. I will put the question. The question before the Chair is that clause 10 stand as printed.

Clause passed.

New clause 10A.

Ms MICHAELS: I move:

Amendment No 1 [Michaels–2]—

Page 6, after line 19 Insert:

10A Unlawful termination by registered health practitioner

A registered health practitioner who performs or assists in a termination that is not authorised by this Act commits an offence.

Maximum penalty: $20,000

This amendment inserts a new clause 10A and follows on from this discussion. We now have a clause 10 which deals with unqualified persons. My clause is similar to the member for Black's in that it is dealing with unlawful terminations by a registered health practitioner but it is different in some of the wording, which I think may alleviate some people's concerns.

My amendment reads that a registered health practitioner who performs or assists in a termination that is not authorised by this act commits an offence. It does not deal with having a reason

to suspect. It does not impose a gaol term, an imprisonment, simply a $20,000 maximum penalty, if a medical practitioner or health practitioner performs a termination that is not authorised by the act that we may pass at the end of this deliberation.

I cannot for the life of me understand how we can go through some 20 hours, I suspect, of debate on what we think is an appropriate termination and have no consequences for a medical practitioner who fails to act in accordance with what we as a parliament have determined to be appropriate. It is as simple as that.

Breaches of this act are not simply medical malpractice. We do not have a state-based act that says this is how we have to perform heart surgery and therefore there are no state-based consequences and no offences. We are putting this act in place, if we do pass it. Chair, as you said, this is very difficult piece of legislation, a very serious moral issue. To pass it without having any consequences for a medical practitioner or a health practitioner who does something contrary to this bill, to me, defies logic.

It absolutely defies logic to have nothing in terms of the consequences for a breach of that. If a medical practitioner decided on his or her own to perform a termination at 24 weeks without a second practitioner, they have breached the legislation. There are no consequences for that by this bill. This parliament is imposing no consequences for any medical practitioner or health practitioner who breaches this legislation.

I understand the Attorney talking about the AHPRA consequences and the disciplinary procedures, but that is outside of the control of this parliament. We have no say on that. As a legal practitioner who has been involved in disciplinary procedures of other solicitors, I can tell you that disciplinary procedures of any professionals are hit or miss. I have seen legal practitioners who have been convicted of criminal offences who still have their practising certificates. I do not want to rely on AHPRA to say whether a medical practitioner has or has not does something wrong. I want a penalty imposed in this legislation to say that this parliament takes this seriously enough and there are consequences.

The Hon. V.A. CHAPMAN: I thank the member. I actually agree with her. I think there have to be consequences for what clearly would be misconduct in relation to a deliberate breach of the terms of the instructions that we have set out in this legislation. Yes, this parliament has had and continues to have a role. We actually signed up, as a state, by laws we passed in this parliament to the national scheme—a very sophisticated scheme to deal with the disciplinary approach.

They have power to already fine up to $30,000, so it is way above actually what you have put in this sanction. So we have already signed up to that. We are a party to it. We have joined into it, and we have a sanction procedure for that misconduct. Yes, I agree there should be consequences. The structure that we have signed up to, as every other state that has moved to this model has signed up to, has also insisted that we have consequences by virtue of that process. That is why the inclusion of this provision does not add to that.

But I absolutely agree with the member that there must be consequences. I could read out the list again, but I think the member understands the structural arrangement, which includes a fine power of up to $30,000. I just say that the intention is clear. I agree with it, but it is covered. We have not introduced any such extra provision like this anywhere else around the country where we have moved to the health model.

Ms MICHAELS: I understand the Attorney's comments on AHPRA and our role in that as a state. That is very separate and very different from what I think needs to be consequences in this specific bill to deal with these specific provisions. We have spent a very long time trying to get to this point—years, decades to get to this point—and I do not want to see it watered away without having consequences imposed by this parliament in this legislation.

Mr MALINAUSKAS: If I may, Mr Chairman, in the context of my question, I voted against the amendment from the Minister for the Environment because I saw the amendment as being inconsistent with the overarching principle that I think the bill is seeking to achieve: the decriminalisation of the termination of pregnancies.

The amendment from the member for Enfield is different in nature. Notwithstanding the arguments around AHPRA, which I appreciate and largely endorse, I am interested in the Attorney's response to the fact that this amendment does not breach the principle of trying to remove criminality in the same way that the Speirs amendment did, and maybe if the Attorney could address that question.

The Hon. V.A. CHAPMAN: I am not sure whether having an imprisonment term or not makes the difference as to whether there is a criminal sanction as such, but it would be relevant to the amount as to whether it is in the Criminal Law Consolidation Act or some other sanction.

Here is the practical problem: I do not even know how we would work. We have signed up to the national scheme in relation to consequence, in relation to a failure to comply with the rules and regulations in the professional conduct of a procedure. If we have some extra provision, which is state based, do we go off to the Magistrates Court and prosecute under this act for the $20,000 fine? And, at the same time there is a disciplinary inquiry in AHPRA.

This is where it starts to get complicated because we have a model that suggests that we sanction by virtue of the withdrawal of the privilege of practice and/or limitation on it or supervision and all those things as the model and yet we are putting another sanction over which in some way or another has to be enforced through our state system. On top of that, it may also have a criminal sanction, of course, if the conduct is actually criminal.

To use a general statement, the signing up to the federal scheme, which the other states that have signed up to this have endorsed do not have a separate state sanction. We have joined up so that we can have uniformity. We can have an approach that is taken by the professionals at that national level with uniform application. We have accepted all the principles of that from this parliament and we have done so in a manner which the other jurisdictions are now employing for the purposes of their sanction in relation to those medical practices, including the termination process.

The only other thing apart from being struck off—I am advised that the continuum between proper conduct and unprofessional or unacceptable conduct in that sense is sometimes difficult to determine from an evidentiary point of view because of the nature of the professional obligations of what they are doing and the guidelines and so forth. That is why we have an AHPRA body that is filled with professionals, which can sometimes be supplemented for hearings, for them to be able to make their determination, because it is a complicated process in relation to those professional standards.

Anyway, we went through the state arrangement and we joined up to the federal scheme. If we introduce this as an extra sanction we could have two sets of proceedings going against the person at the same time. That clearly would not be desirable. As I say, potentially, if they have also actually broken the criminal law, they might have a third set of proceedings. That would go ahead anyway, and quite often, as the member would be well aware, being involved in legal professional misconduct matters. Usually the arrangement there is that the criminal proceedings progress first. With lawyers, of course, there may be some conduct by the Legal Profession Conduct Commissioner and/or then the tribunal and/or you front up to the Chief Justice in the Supreme Court to get struck off. There is a process for all the different professions.

The sanction of being struck off is obviously a fairly significant penalty in itself. We do want professionals to do this and provide this service, but they are also on notice that AHPRA will deal with them and, in this instance, they can get a penalty of up to $30,000. I think we have covered the field with the federal arrangement.

Sitting extended beyond midnight on motion of Hon. D.C. van Holst Pellekaan.

Ms MICHAELS: I come back to the Attorney's comments just then, which I do not follow on the basis that a medical practitioner, for example, who is convicted of a sexual offence against a patient will inevitably have two proceedings going against them. The public can cope, the DPP can cope, AHPRA can cope. As you have just said, legal professionals will have criminal proceedings and conduct proceedings at the same time, so I cannot accept the sense of that logic.

The Hon. V.A. CHAPMAN: In short, sexual offences are not in this procedure; the clinical practice is. Unfortunately, we have two sets now. Leaving aside the criminal sanctions for criminal conduct, we have two sets of sanctions now to apply to the same doctor or health professional who breaches the rules, and they can be going at the same time. I have never heard of that before.

The committee divided on the new clause:

Ayes 18
Noes..... 28
Majority..... 10

AYES

Brock, G.G.	Brown, M.E.	Cregan, D.
Duluk, S.	Ellis, F.J.	Harvey, R.M.
Knoll, S.K.	Koutsantonis, A.	Michaels, A. (teller)
Mullighan, S.C.	Murray, S.	Patterson, S.J.R.
Pederick, A.S.	Piccolo, A.	Power, C.
Speirs, D.J.	Tarzia, V.A.	van Holst Pellekaan, D.C.

NOES

Basham, D.K.B.	Bedford, F.E.	Bell, T.S.
Bettison, Z.L.	Bignell, L.W.K.	Boyer, B.I.
Chapman, V.A. (teller)	Close, S.E.	Cook, N.F.
Cowdrey, M.J.	Gardner, J.A.W.	Gee, J.P.
Hildyard, K.A.	Hughes, E.J.	Luethen, P.
Malinauskas, P.	Marshall, S.S.	McBride, N.
Odenwalder, L.K.	Picton, C.J.	Pisoni, D.G.
Sanderson, R.	Stinson, J.M.	Szakacs, J.K.
Teague, J.B.	Whetstone, T.J.	Wingard, C.L.
Wortley, D.		

New clause thus negatived.

The CHAIR: Could members find their places, please. We still have some work to do tonight. The member for West Torrens has the call.

New clause 10B.

The Hon. A. KOUTSANTONIS: I move:

Amendment No 2 [Koutsantonis–1]—

Page 6, after line 19—After clause 10 insert:

10B—Foetal tissue

Despite the *Transplantation and Anatomy Act 1983*, or any other Act or law, a person must not enter into a contract or arrangement for the sale of foetal tissue obtained as a result of a termination.

Maximum penalty: $20,000.

Amendment No 2 standing in my name has a 10A and 10B. I wish to proceed only with 10B.

The CHAIR: But it will be known as 10A.

The Hon. A. KOUTSANTONIS: But will be known as 10A if successful. The purpose of this amendment is:

Despite the *Transplantation and Anatomy Act 1983*, or any other Act or law, a person must not enter into a contract or arrangement for the sale of foetal tissue obtained as a result of a termination.

The purpose of this amendment is, given the parliament has said what it has said about late-term abortions, there has been, unfortunately, in some jurisdictions around the world a lucrative trade. I have no concerns about medical research. What I do not want to see, though, is to profit from this matter.

You will see that this measure was originally linked to all surgical terminations being performed in public hospitals rather than in clinics for profit. That was defeated by the parliament.

What I am attempting to do here is, given the parliament has taken a threshold decision to allow late-term abortions, we have now a process where there will be foetal matter in the possession of facilities that run and perform these services. The question then becomes: what should it be used for?

I imagine for some of the later term abortions or stillbirths there will be the ability to perform burials, but for the earlier term abortions the matter, the foetal tissue, should be used only ethically. I view that as a matter that this parliament should take very, very seriously. Some members have approached me about whether or not I would agree to an amendment to allow medical research. I have done my research on this particular clause, and the clause is clear: nothing stops this material being donated or given.

What stops it is a contract being signed for a fee, to profit. So, if there is life-saving medical research required that can be used on the foetal tissue, well, unfortunately, given the reforms made by the Attorney-General and the government, there will be more of it. Do we perhaps ensure that there is no trade in it and adopt this amendment? Again, I apologise to the house. These are not matters that we would normally be confronted with, but here we are.

I am happy to take any questions on it. I do hope that the proponents can see fit to accept amendments like this. I think they are ethical. I do not look to make a political point about this. I am just simply saying that if we are going to have these procedures, what do we do with the remnants? Families may decide first and foremost that they wish to have a traditional funeral. For those who do not, obviously we want to ensure that is dealt with in the most ethical way.

The most ethical way I can see to try to get some unanimity here in the parliament on this matter is just to ban the sale and profit. Again, I point out that I know that many members, proponents of the bill, want to be able to confidently say that it could be used for medical research.

My key aim here is to stop the profit or trade in this matter. I commend the amendment to the committee. I think there might be an amendment to the amendment by the member for Waite. It seems to me to be eminently sensible. I will let him explain that and I am happy to take any questions from members.

Mr DULUK: As the member for West Torrens has foreshadowed, I move:

After the word 'person' insert the words 'and/or legal entity'.

The amended amendment would read:

Despite the *Transplantation and Anatomy Act 1983*, or any other Act or law, a person and/or legal entity must not enter into a contract…

The CHAIR: Member for Waite, do you want to speak to that or is it self-evident?

Mr DULUK: It is self-evident, sir.

The Hon. V.A. CHAPMAN: Are we referring to the hospital?

Mr DULUK: Currently, Attorney, it says 'a person must not enter into a contract or arrangement for the sale of foetal tissue' and my amendment says 'a person and/or legal entity'.

The Hon. V.A. CHAPMAN: I understand what you are seeking; I am just asking what are we referring to here as 'legal entity'? Are we talking about the hospital or are we talking about some other corporate structure?

Mr DULUK: A corporate body.

Amendment carried.

The CHAIR: We can now vote on the amendment as amended. Attorney.

The Hon. V.A. CHAPMAN: I do have some questions of the member for West Torrens. I am just trying to look through the Transplantation and Anatomy Act 1983, which has been referred to in here. This is the legislation which basically provides for allowing the removal of human tissue for transplantation or post-mortem examinations, and for the regulation of schools of anatomy and other aspects.

I was actually looking for how we dealt with the embryonic tissue in relation to the research request undertaken. First we started with the embryos and the use of embryos for research, and then during the course of that debate, I recall there was a question of the capacity to access stem cells from the tissues that were born with a baby, and the use of those for research purposes. I do not think that it is referred to in this legislation.

I would have to have a look at what it is in and get some advice on whether this act is relevant at all, or whether other legislation is. I think what the mover is saying is that he has researched this, which I assume means he has had a look at this act—and there does not appear to be anything that stops contractual arrangements for the sale of tissue or body parts or anything of that nature. You have described it as 'foetal', and I am not sure that necessarily means that there is not other legislation that would cover that, so I would certainly have to have a look at it.

I think I understand the intent of this and that is that you want to be able to introduce some sanction against someone being able to sell or make some profit out of the use. I just alert the member to the fact that I can recall in this parliament that we canvassed the issue in relation to afterbirth and the like and use for research. Of course, that was controversial as well because obviously embryos under our embryo legislation are also given certain protections, but they also only have a certain storage time, for example. I think it is still 10 years that embryos are kept and then, if they are not utilised by the parties, they are actually thawed and disposed of. In fact, that whole controversy around use of that tissue for the purposes of research was the subject of fairly emotional legislation here.

I am not sure that it is just this legislation, but I do not think this is the area that actually relates to this at all. I would certainly have to have a look at it before I could consider giving any useful response as to whether this is actually necessary and/or appropriate. I will just make some inquiries as to whether anyone has found this in any of the other structures that we have set up in the other states.

In the meantime, could I ask the member this: I think he said that this was a problem in relation to sale in some other places. Was I assuming that this is not in Australia? Perhaps the member could enlighten us as to where he is aware that this is occurring.

The Hon. A. KOUTSANTONIS: I understand in the United States, in North America and some European jurisdictions. Depending on where the termination of the pregnancy is procured, there is a trade in this matter. My personal view is all these procedures, if we are to have them, should be done in public hospitals by government-employed doctors and medical practitioners employed by the state. The foetal tissue should be disposed of, firstly, by parents as they see fit. If not, I am fine for it to be given for medical research.

My concern is that we do not begin a burgeoning trade in this matter in Australia, that we maintain the high ethical standards we have had for the last 50 years about how this matter is treated and that we maintain that this parliament will not tolerate the profiteering off foetal tissue derived from a termination. If there is legitimate medical research to be conducted in the interest of the advancement of medical science, okay.

The parliament has taken the threshold position that we are going to allow more late-term abortions. There are examples the Attorney has spoken of, of young children who were having terminations rather than births, so we will see how they are disposed of. Again, I am not attempting to be in any way controversial. I just think it is a pretty self-evident clause that should be in our statute to prohibit profiteering from this procedure.

The Hon. V.A. CHAPMAN: I think I have found the answer for the member for West Torrens. Assuming for the moment the Transplantation and Anatomy Act 1983 does apply for what he views, section 35 under part 7 of that act prohibits the trading in tissue. I will just read it:

35—Certain contracts to be void

(1) Subject to this section, a contract or arrangement under which a person agrees, for valuable consideration, whether given or to be given to himself or to another person—

(a) to the sale or supply of tissue from his body or from the body of another person, whether before or after his death or the death of the other person, as the case may be;

(b) to the post-mortem examination or anatomical examination of his body after his death or of the body of another person after the death of the other person,

is void.

(2) A person who enters into a contract or arrangement referred to in subsection (1) is guilty of an offence.

Maximum penalty: $20,000.

Then there are other various subsections as to the application of that. I would suggest that it has already been covered, assuming the member is right in that only the Transplantation and Anatomy Act would cover that. It appears to be, because you are talking about foetal tissue. Perhaps you have a legal mind that has already identified the $20,000, but I think it is exactly the same as what you are proposing here.

The Hon. A. Koutsantonis: As I said, I am a Justice of the Peace with 25 years' service.

The Hon. V.A. CHAPMAN: Excellent. Well, I am sure that has stood you in good stead, and perhaps if you had read the whole act you might have found that bit and we would not have wasted another 15 minutes on it. I respect the fact that it has been raised, and I just point out it is already covered. Therefore, if the member would like to withdraw it, I am happy for him to do so to acknowledge that.

The Hon. A. KOUTSANTONIS: Thank you for your helpful suggestion—no, I will not be withdrawing it. Again, thank you for your wisdom, but I think if it is already done then the amendment is harmless. Let's put it beyond doubt in case there is some legal interpretation. The Transplantation and Anatomy Act might mean people who were already alive and have died rather than foetuses that have been aborted. So just to remove all the doubt how about we just insert this. I can assure the Attorney-General proponents that this will not slow down any abortions. This is just about an ethical standard about what we do with the remains.

I am not attempting here, as the member for Lee said, to roll marbles underneath someone trying to have a late-term abortion. All I am saying is let's treat the remains with an ethical standard, and that ethical standard includes medical research. I am just saying do not profit from it. If it already exists in other legislation, let's make it clear here.

The Hon. V.A. CHAPMAN: The more I read the more difficult it gets. There are other subclauses (3), (4), (5), (6) and I think (7)—I have not even got to (7) yet—but it also sets out another penalty if there is a publication or dissemination of various information about presumably advertising for the selling or buying in Australia. Somebody has obviously gone to a lot of work on this, and perhaps I am a little bit more comprehensive in dealing with this.

The little bit that the member for West Torrens, with respect, has put into this proposal is already catered for but there is also a whole lot of other things. I am trying to be helpful here. This is not only covered, but it is comprehensively covered in other ways and I just urge the member to have a look at that. That is the best I can do.

Ms MICHAELS: Can I just ask if under the legislation you were referring to, Attorney, does a foetus qualify as a person under what you were talking about before?

The Hon. V.A. CHAPMAN: If there is any tissue that is referred to taken from a body. Foetal tissue has been identified in this bill by the member.

Ms MICHAELS: In the transportation.

The Hon. V.A. CHAPMAN: The act states, 'to the sale or supply of tissue from his [or her] body or from the body of another person'.

Ms MICHAELS: When you say 'another person' does that include foetal tissue—

The Hon. V.A. CHAPMAN: Yes.

Ms MICHAELS: —because it refers to a person?

The Hon. V.A. CHAPMAN: Yes—no.

Ms MICHAELS: Does it? That is the question.

The Hon. V.A. CHAPMAN: Let me just read it again. The void application of the contract relates to where valuable consideration is given and a person agrees:

(a) to the sale or supply of tissue from his body or from the body of another person,

I think it is fairly clear it is tissue.

The Hon. A. Piccolo: No. In that act how is a person defined?

The Hon. V.A. CHAPMAN: Oh, I see.

The CHAIR: Rather than everybody yelling out—

The Hon. A. Piccolo: Sorry, Mr Chairman.

The CHAIR: Thank you. I think—

Mr ODENWALDER: I am happy to ask the question.

The CHAIR: Member for Elizabeth could you clarify the question.

Mr ODENWALDER: Just to clarify the question, in the act that the Attorney is referring to, does a foetus qualify within the definition of 'a person'?

The Hon. V.A. CHAPMAN: That is a very good question, but it says here a 'prohibition of trading in tissue'.

Mr ODENWALDER: Where is 'tissue' defined?

The Hon. V.A. CHAPMAN: I am not the one who has researched this act. It is referred to here in the member for West Torrens' amendment: 'Despite the Transplantation and Anatomy Act 1983,' etc., and I am indicating that I have looked at the act that you have referred to and it has identified a whole section on the prohibition of trading in tissue. I can go back and see if there is some definitions in it, but I would urge the member, if you would like to promote this as a—

The CHAIR: Attorney, the member for Lee is on his feet.

The Hon. S.C. MULLIGHAN: I am presenting myself as an amicus curiae for the Attorney. The definition of tissue is: 'includes an organ, or part, of a human body or a substance extracted from, or from a part of, the human body'.

The CHAIR: Thank you for clarifying that, member for Lee. Was that Wikipedia?

The Hon. S.C. MULLIGHAN: No, that is the act. I tried Facebook, but it was removed.

The CHAIR: There was nothing there.

Mr SZAKACS: Member for West Torrens, I just would like to get my head around the current situation, if I could. While it has been presented with the moot point that more late-term abortions may occur as we limp towards the third reading of this bill, the fact is that foetal tissue is currently generated as a result of terminations in this state, as limited or otherwise by the existing criminalised framework. What is the law as it currently stands? Is the sale of foetal tissue allowed in this state and, if it is allowed in the state, are you aware or can you point to a concern or a market therein? Foetal tissue is created now. This is a new provision, and I would like to know what currently happens and whether it is legal or illegal.

The Hon. A. KOUTSANTONIS: My understanding is currently the Criminal Law Consolidation Act is silent in terms of termination and the sale of body parts. Maybe the Transplantation and Anatomy Act speaks to it, but the definition does not include the term 'foetus' in the act. The reason it does not include the word 'foetus' is that the Transplantation and Anatomy Act 1983 did not contemplate the sale of foetuses. I am assuming—again, these are assumptions—that what currently happens in our public hospitals is that that matter is used for medical research or disposed of. I do not believe that SA Health enter into the sale of this matter.

An honourable member: What about individuals?

The Hon. A. KOUTSANTONIS: Individuals? I do not believe any mother of a terminated baby would ever sell the tissue. I am talking about an entity or an individual who is part of an operation

that offers these services and, once the termination is completed, that matter remains at the facility and, rather than disposing of it through a medical research grant at either a public hospital or university, that is then sold for commercial use. All I am saying is that I want to prohibit that commercial sale.

My understanding is that thus far, for the last 50 years, this has been silent. All we have had since 1983 is the Transplantation and Anatomy Act. Since we are, let's face it, liberalising abortion, regardless of your view of it, there is going to be this tissue, so what do we do with it? My instincts are that for the later term abortions there will probably be a majority of them that will be given to families to bury.

For the earlier term abortions, closer to 22 weeks or before 22 weeks, depending on the size of the matter, the practicalities of how it is disposed may remain with the institution that performs the abortion. I am not saying that what they do with it should be prescribed. I am saying that they cannot sell it or enter into a contract to sell it. That is what I am attempting to do.

Mr SZAKACS: Thank you, member for West Torrens. I take comfort that within the existing criminalised framework where termination is to occur and that foetal tissue is within a legal framework which is silent on sale, there is not an allegation or a concern that there is a widespread market—

The Hon. A. Koutsantonis interjecting:

Mr SZAKACS: Well, that they are not aware of, and I take comfort that this is not an amendment that has been put forward to remedy a situation which has been put that is stark. One concern I have is that it talks about sale but I am interested in what may be the case. I am not aware, and you may not be either because of this not being widespread, but sale is different from reasonable consideration—as difficult as this might be to discuss—where costs may be incurred, where a family chooses to donate tissue for research.

Those costs may be incurred by either the individual personal donor, they may be incurred by the research institute, be it, in the case of the member for West Torrens' argument, a public hospital, a public research institution. I would be very hesitant and concerned about any limitations that this amendment would bring to cost recovery or for reasonable consideration outside of what would be, as you have put, profiteering or a market.

The Hon. V.A. CHAPMAN: I can provide something further if this assists because I think I have outlined that assuming the Transplantation and Anatomy Act applies, there is a comprehensive set of provisions under part 7, section 35. I invite the member to have a look at that. With the professor here, I have asked her to give some indication as to what happens to foetal tissue at present in South Australia.

At the moment, with regard to that foetal tissue—and I understand it is similar if someone were to miscarry naturally—after 20 weeks, in relation to a termination, the parents can organise a private funeral, burial or cremation, and that is facilitated. In the alternate, the hospital cremation is organised by the funeral home at a low cost to the hospital. That is what actually happens at the moment.

I suppose there is absolutely no data. I think even the member has no evidence to suggest that there is some kind of trade of this tissue or any foetal tissue in South Australia or Australia, from what has been said, but I just want to reassure the house that this is currently how this is dealt with. We are talking about a procedure that takes place in a hospital and you can have a different view about a public hospital or a private hospital, but this is a practice which is offered in both circumstances, whether it is at the Burnside Memorial Hospital or the Women's and Children's, this is the same process that occurs.

In the absence of there being any evidence of any issue about this, there is a whole section on these contracts if this act applies that void the contract, punished by a fine of up to $20,000 for entering into that or attempting to do that and then a whole lot of other aspects that apply to that. I encourage the member to have a look at that and if there is some pressing need to deal with it otherwise, I would encourage him to do perhaps a tiny bit more research as to whether this is necessary.

I simply have not had an opportunity to identify whether creating another offence, essentially, in this act is going to complicate the other because if we are talking about the same thing, then it

may be that all these other qualifications and extra aspects should be in the other, if it is going to be replicated or if that is even practical to do so. I do not think I can assist any further. I cannot support it in the current form.

The Hon. A. KOUTSANTONIS: Again, thank you for the helpful tips from the Attorney-General. To answer my friend the member for Cheltenham's question, my understanding is that this matter is very valuable, and it is very valuable for medical research. I make no accusation of SA Health. I believe what the Attorney has said about the way these matters are disposed of now. What we do not know is what these regulations will look like. We do not know what prescribed facilities will look like and how many there will be, if there will be any. The Attorney is talking about the current practice and legislation that govern abortion and that were established in 1970. This is now a new act.

The Hon. V.A. Chapman interjecting:

The Hon. A. KOUTSANTONIS: No, I am talking about the Criminal Law Consolidation Act and abortion. I am positive that my amendment places no financial burden on families who wish to donate products because I imagine the institution that would take the products for medical research would cover all of that, if there was a cost, and that would not be covered by it. You are not getting a benefit; they are just covering the costs of transportation. It is not a sale. That is what the Attorney has said.

There is no definition of a foetus in the Transplantation and Anatomy Act 1983. To my mind, a very good lawyer before the right judge could probably argue that a foetus is not a human and therefore the act does not apply. All I am doing is attempting to add another prophylactic here to make sure that, if there is this trade, we have a catch-all.

I am not attempting to stop medical research; I do not want to stop medical research. I am trying to stop late-term abortions. It did not work. We lost and you won. Now that you have won, what we are asking is that we do not trade in the product of late-term abortions, or any abortions for that matter, for profit. Medical research is fine, especially if it is donated. Remember, the amendment is about 'entering into a contract or an arrangement for the sale' not 'the gifting of'.

Mr PICTON: This is a matter on which I have had a number of discussions with the member for West Torrens this week. I know that he has very good intent in terms of introducing this. It is something where I have raised a number of concerns, which I outline my issues with.

On the face of it, I think nobody wants to see a situation that I think the member for West Torrens is trying to prohibit, where people are profiteering from foetuses. I do not think that there is significant or much evidence that that is occurring, but I do not buy that just because there is not evidence that we should not necessarily prohibit something in the law.

However, one thing I have raised concerns about—and I will out myself as the member the member for West Torrens mentioned earlier—is what the impact might be for medical research. Obviously, we have a very important medical research community in South Australia, and substances such as stem cells, etc., are used. There has been a debate on this subject over the past two decades in Australia about the use of these.

There was a concern from me as to whether the way that this has been worded may outlaw contractual arrangements that people have in place, where there are financial arrangements in place with research organisations, about foetal matter that is used for the subject of research. I discussed with the member for West Torrens whether there could be an amendment put forward, and we went back and forth around that.

Ultimately, I was hoping that maybe we could come to an arrangement that everyone was happy with, but we could not do that. I am now particularly interested in what the Attorney has brought to our attention, in how a lot of this is covered under the Transplantation and Anatomy Act 1983.

We have had a discussion in terms of the definition of 'tissue' under that act, which I think is a very broad definition, including 'an organ, or part, of a human body or a substance extracted from, or from a part of, the human body'. Not meaning to put in an amicus brief like the member for Lee, I would argue that that would include the matter we are talking about. Where it outlaws contractual arrangements in section 35 in the same way I think the member for West Torrens is trying to do, it

then goes on to have an exemption in relation to medical or scientific purposes. The sale or supply of those tissues under section 35(1) is prohibited, but section 35(3) provides:

> (3) Subsection (1) does not apply to or in relation to the sale or supply of tissue (not being tissue obtained under a contract or arrangement that is by subsection (1) void) if the tissue has been subjected to processing or treatment and the sale or supply is made for use, in accordance with the directions of a medical practitioner, for therapeutic, medical or scientific purposes.

So our current law that covers this area does have an exemption in place for scientific research. I would be concerned that putting through this amendment as it is may seek to limit the research that currently may occur under that exemption in the Transplantation and Anatomy Act. Therefore, I do not believe I can support it in those terms, unless we have some assurance from the government that there would not be issues with any of our major research institutions, that the contractual arrangements they have in place with research would not fall afoul of that new provision.

The ACTING CHAIR (Mr Cowdrey): Member for West Torrens, are you looking to respond?

The Hon. A. KOUTSANTONIS: I have sought advice about this because I know that the member for Kaurna is not attempting to frustrate my amendment in any way. I think he agrees with what I am attempting to do, but he just wants to ensure that medical research can continue. I am not sure what amendment to my amendment would improve or make clearer other than specifically saying 'medical research'.

If that assists the committee, I am happy to contemplate it if someone wants to move it. But in the absence of an amendment like that, all I am attempting to do is stop the sale. I am not attempting to stop the transfer of this matter to any other institution, as long as it is not for consideration of profit. It is simple. That is why it is worded this way.

Mr Picton: Parliamentary counsel drafted it that way.

The Hon. A. KOUTSANTONIS: I do not want to mention parliamentary counsel; that is not fair. But I do think that if there is an amendment the government wishes to move, the government is telling me and the committee that this is covered already in the Transplantation and Anatomy Act 1983 and therefore it is unnecessary. The member for Enfield asked if a definition of a foetus is in that act. It is not, so we have to assume that the definition of human tissue is sufficient to cover a foetus.

I suspect we are all pushing on the same open door here, that this amendment does absolutely no harm to the Transplantation and Anatomy Act and does absolutely no harm to medical research. The only harm it does to anyone is a market in foetuses that have been aborted. That is it. That is my intent.

The Hon. V.A. Chapman: Okay, well, put it.

The Hon. A. KOUTSANTONIS: We will put it, yes.

The committee divided on the new clause as amended:

Ayes 19
Noes 27
Majority 8

AYES

Bedford, F.E.	Brock, G.G.	Brown, M.E.
Cowdrey, M.J.	Cregan, D.	Duluk, S.
Ellis, F.J.	Gee, J.P.	Knoll, S.K.
Koutsantonis, A. (teller)	Malinauskas, P.	Michaels, A.
Mullighan, S.C.	Murray, S.	Patterson, S.J.R.
Pederick, A.S.	Piccolo, A.	Speirs, D.J.
van Holst Pellekaan, D.C.		

NOES

Basham, D.K.B.	Bell, T.S.	Bettison, Z.L.
Bignell, L.W.K.	Boyer, B.I.	Chapman, V.A. (teller)

NOES

Close, S.E.	Cook, N.F.	Gardner, J.A.W.
Harvey, R.M.	Hildyard, K.A.	Hughes, E.J.
Luethen, P.	Marshall, S.S.	McBride, N.
Odenwalder, L.K.	Picton, C.J.	Pisoni, D.G.
Power, C.	Sanderson, R.	Stinson, J.M.
Szakacs, J.K.	Tarzia, V.A.	Teague, J.B.
Whetstone, T.J.	Wingard, C.L.	Wortley, D.

New clause thus negatived.

Clauses 11 and 12 passed.

Clause 13.

The Hon. V.A. CHAPMAN: Chair, if I may inquire as to whether I am the only one left standing as far as the amendments to this are consequential.

The CHAIR: It could end up that way, Attorney.

The Hon. V.A. CHAPMAN: I refer to amendment No. 6 standing in my name which provides:

After inserted paragraph (c) insert 'or'

(d) contravenes section 8A

The CHAIR: Attorney, could you take your seat for a moment. We are checking with parliamentary counsel on the procedure here because we have two amendments. Member for Lee, you get to move your amendment first which is on schedule (17), amendment No. 2.

The Hon. S.C. MULLIGHAN: I move:

Amendment No 2 [Mullighan–1]—

Page 6, line 31 [clause 13(1)(a)]—Delete 'section 5 or 6' and substitute:

section 5, 6 or 6A

I believe it is a consequential amendment and I encourage all to support it.

The CHAIR: The member for Lee has moved his amendment. Are there any questions to the member for Lee?

The Hon. V.A. CHAPMAN: I indicate that I consent to the same.

The CHAIR: Thank you, Attorney. In that case, I will put the question. The question is that the amendment moved by the member for Lee be agreed to.

Amendment carried.

The Hon. V.A. CHAPMAN: I move:

Amendment No 6 [AG–1]—

Page 6, after line 34 [clause 13(1)]—After inserted paragraph (c) insert 'or'

(d) contravenes section 8A.

Again, this amendment is consequential.

Amendment carried.

The Hon. V.A. CHAPMAN: I move:

Amendment No 1 [AG–3]—

Page 6, after line 34 [clause 13(1)]—After inserted paragraph (c) insert:

or

(d) contravenes section 6A.

It is again consequential.

Amendment carried; clause as amended passed.

Clauses 14 and 15 passed.

New clause 15A.

Ms LUETHEN: I move:

Amendment No 2 [Luethen–1]—

Page 8, after line 32—Insert:

15A—Annual report

(1) The Minister must, on or before 30 April in each year, ensure that a report relating to services provided in connection with the performance of terminations for the last calendar year is prepared and provided to the Minister.

(2) The report must contain—

(a) information in relation to each termination performed in the calendar year which must include the age of the pregnant person and the gestational age of the foetus at the time of the termination; and

(b) other information (including data and statistics) of a kind prescribed by regulation or determined by the Minister.

(3) The Minister must, within 12 sitting days after receiving a report under this section, cause copies of the report to be laid before both Houses of Parliament.

I will just point out, if anyone has not seen the update, it is changing the annual report from the financial year to calendar year, just to give the people who do the reporting more time for the preparation. As further explanation, this amendment means the state government would have to publish the detailed statistics of every abortion at the end of each calendar year.

This amendment inserts a new section 15A into the bill to require an annual report to be provided to the minister each year in relation to services provided in connection with the performance of terminations. Specifically, the amendment requires the annual report to provide information, including the number of terminations performed each year as well as the age of the pregnant person and the gestational age of the foetus at the time of the termination.

The amendment also requires the minister to cause copies of the report to be tabled before both houses of parliament each year. The collection and maintenance of data and statistics relating to terminations of pregnancy is currently managed by Wellbeing SA, which publishes an annual report on pregnancy outcomes each year. While copies of the report are tabled before both houses of parliament as a matter of convention, there is currently no legislative requirement for this to occur.

Some constituents in my King community have expressed reservations that if this legislation is passed the public may lose transparency, over-reporting, that late-term abortions may increase and that doctors may go rogue with their decisions. The maintenance and collection of information relating to the performance of terminations of pregnancy is vital to public health planning and service provision. It is also recognised as a matter of considerable interest to the public. Additionally, it helps us to gather and compare data over time on this critical health matter.

Accordingly, these amendments will ensure the data and statistics in relation to terminations of pregnancy continues to be collected and published in South Australia and will provide greater transparency in the reporting process. This amendment protects the information for the future. There is no intention that the data gathered include or publish any personal details of persons who have accessed the health service.

In summary, it provides comfort to those who have some reservations with the bill and allows us the data needed for evaluating performance of the legislation. I hope members will support this amendment.

The Hon. V.A. CHAPMAN: I indicate that I support the amendment.

Mr McBRIDE: If I may just add a few points—I have not spoken on this at all—and then I will ask a question of the Attorney or the mover, who may like to comment. First of all, it is well known

around my region that my conscience vote for this abortion act is that I am very proactive and pro-choice. I am very supportive of women and their choice about pregnancy, family planning and the issues they might surround themselves with in giving birth, as women do.

I also belong to a very conservative electorate where they are very pro-life and believe in the life of a baby right through the term of pregnancy generally. In my electorate we are willing to concede that the rules that used to be in place for a pregnancy between 22 weeks and six days was acceptable and beyond that was always a question mark for me.

The reason I am talking on this point here in this review is this is where I believe my answers and solutions will be found for those who really do question this act. I will commend everyone at the end of my speech, but I do commend the fact that we have started off with a bill that is very open and there to be questioned and amended—

The CHAIR: Member for MacKillop, I have been very amenable today, this is sounding very much like a third reading speech to me.

Mr McBRIDE: I just want to explain my question. I will come to my question in a minute and then I will explain where I am going. In regard to the review that the member for King has moved, and is to be accepted by the Attorney-General, the review is the opportunity for whatever is the concern of those who are opposed to this bill to be highlighted to parliament to question and change.

The amendment the member for King has brought in is something that is already in place on a 12-monthly basis on all abortions: why the abortion, the age of the abortion and some other statistical data. Then, after four years, it is up for review to see whether the act should be reviewed as to whether it is working or not, and whether it is acceptable to the public or whether it is not acceptable.

This is where I find that those who are very much in favour of abortion and for the woman's rights, then I am hoping to say at the end of this process, after the third reading, after going through the upper house again and perhaps coming back here if there are any further amendments, that there is still a better process in place for women to have an abortion than under the old 1968 or 1969 act that was in place and that it is more opportunistic for women to terminate their pregnancy if those dire situations happen, particularly after the 22 weeks and six days.

There are a couple of things that are important. All these amendments are being moved through here. One thing that is really quite surprising is that we have GPs who go on to be professional obstetricians or medical practitioners, who spend four to seven years becoming those experts in this field, and not only that but right across the medical spectrum, and some of the dialogue we have heard so far is that they are being questioned like they are not honourable and perhaps need us as an institution to harness their activities. One of the things that is really noted and really unfortunate, was said to me—

The CHAIR: Member for MacKillop, I am going to have to bring you back to the amendment at hand. You are quite able to make a third reading speech when the time is appropriate, but I ask you speak to the amendment. If you have a question for the member for King, now is the time to ask it.

Mr McBRIDE: I will come back to the question, Mr Chair, to the Attorney-General or the member for King. If my electorate has concerns about the whole process beyond 22 weeks and six days not working, that it could be or may be abused, that maybe abortions will be taking place that are not tolerable or palatable to this chamber or to the general population, can either the Attorney-General or the member for King give me and my electorate the confidence that what the review will do is keep all abortions above board and for the right purposes?

The Hon. V.A. CHAPMAN: I think we are referring to the annual report, although with the foreshadowed next amendment—which, of course, is to conduct the review—they are in some ways in tandem because, to enable a constructive and effective review to take place, the data obviously needs to be in that.

I support this initiative. I understand there is some discussion about whether it will be in three years rather than four years, or something of that nature, and I am in the hands of the house in that regard; I do not have any objection to being either year in that. However, I think yes, especially

in a circumstance where there is a new structure, even though it might be around other areas in the country—New South Wales, Queensland, etc.—the fact is that it is new here, and therefore I think we do need to collect some of this extra data.

It may be that we even need other statistics—I cannot think of any at the moment—in addition to all the others that are there. I had not actually been aware, until the member mentioned it, that the reporting to the parliament is not actually mandated. I am not quite sure under what power the parliament currently receives those reports, but we certainly have them as a tabled report and they are kept in the records here in the parliament. In any event, I will get onto that Clerk at some stage to find out why he is accepting documents where there is no authority to do so. However, this is going to remedy it, so that is excellent.

Will that give assurance to the member for MacKillop and the constituents in MacKillop? I would hope a review process will assist all members all across the state to have some reassurance that we are keeping tabs on this. We are collating data to try to identify that. It has not happened in any of the other states, but it might happen here. We need to be able to do that. We need to be able to test whether there is a particular age group that is vulnerable in this area, whether there is any increase in late-term abortions, etc., and the purpose for which they are undertaken. Some of that data is already collated.

This is a more sophisticated regime, and I hope it will give a better basis for the review to be undertaken. Again, with new legislation if a review suggests a number of recommendations for improvement, then it is a matter for the parliament of the day to consider those. I have no problem whatsoever in shining a light on this legislation. Even though as a parliament we may not have legally been required to either acquire or receive them, we have these reports, and I think they have been very valuable on keeping an eye on a sensitive procedure from the community's point of view.

New clause inserted.

Clause 16.

Ms LUETHEN: I move:

Amendment No 3 [Luethen–1]—

Page 8, lines 34 to 36 [clause 16(1)]—Delete subclause (1) and substitute:

(1) A review of this Act and Part 5A of the Health Care Act 2008 (including the administration and operation of this Act and that Part) must be conducted on the expiry of 4 years from the commencement of this section.

(1a) Without limiting subsection (1), the review must consider—

(a) the prevalence and practice of sex-selective terminations in the State; and

(b) the operation and application of section 6 and 6A of this Act, and the application and operation of comparable legislative requirements in other jurisdictions.

(1b) The person who conducts the review must not be a public sector employee (within the meaning of the Public Sector Act 2009).

To highlight to other members, just to ensure that they have seen the latest change, in (1a)(b) we have updated the first sentence to say 'section 6 and 6A of this Act' to reflect the change that happened earlier on in the process as we have been going through the bill.

As an explanation, the review is to give community members full transparency over data and statistics of the termination outcomes in the future, and to give community members visibility of outcomes related to specific concerns raised by community members, such as sex selection. I filed these amendments to legislate expanded reporting and review provisions.

This opens up the door in the future for a comprehensive review of the outcomes of the updated legislation. This amendment seeks to delete and substitute clause 16(1) of the bill, which makes provision for a statutory review of the proposed act and part 5A of the Health Care Act 2008 to be conducted after four years of commencement of the section. The amendment makes two key changes to the statutory review.

First, the amendment provides that the person who conducts the review must not be a public sector employee. This will ensure greater independence and transparency concerning the review process, which is considered to be particularly important, given the sensitive nature of the reforms.

Secondly, the amendments provide that, without limiting the range of matters that may be considered, the review must specifically consider the prevalence and practice of sex-selective terminations in the state, and the operation and application of section 6 of the act, including the operation of the requirement that medical practitioners consider that a termination can be medically appropriate as per the requirements agreed to in clause 6 and the application of comparable legislative requirements in other jurisdictions.

These issues have been raised as matters of particular interest to members, and it is appropriate that these issues should be reviewed and reported on further as part of the four-year statutory review of the act. The four-year term has been chosen after reflecting on earlier discussion held in the Legislative Council. I hope members will support this amendment.

The Hon. V.A. CHAPMAN: I indicate that I will be supporting this amendment.

Dr CLOSE: I indicate some concern about this amendment, and I mean absolutely no criticism of either the member or the Attorney in saying that, nor of the bill as it arrived here. I am concerned—and I would like to put that on the record—that these issues are immensely difficult and cause a high degree of elevated trauma within the political sphere and within the community for people who are deeply engaged in this matter.

I am concerned about a regular review of this act, creating a regular cycle of going through elevated lobbying, elevated anticipation of change, which, as we have seen, is difficult to get through and takes a long time—I do not mean the hours tonight; I mean the years since this act was first brought in. I am concerned that by creating a four-yearly review we may risk getting into a cycle of expectation and heightened concern within the community, which often has led to antagonism between people of different views and then disappointment or not.

My preference would be that a government having this report is excellent and a government reaching a view over a period of time or a private member reaching a view, having seen the reports over a period of time, feels that it is now appropriate to engage in a review and contemplate again the conditions of the act, would do that in a time that was most likely to benefit not only the parliamentary discussion but also the discussion that occurs in the community.

We need to not overlook the degree of emotional work that has been done by people in the community associated with our debates in this chamber. With that, I indicate my concern. I would be interested to hear if there are any other comments or questions?

Ms LUETHEN: Thank you for raising those concerns. I certainly acknowledge this has been a very complex and sensitive subject. Am I able to ask a question as well?

The CHAIR: Of the Attorney.

Ms LUETHEN: Not of the Attorney. I am just wondering, member for Port Adelaide, if in your thinking there was any other term that you think would be more appropriate given the comments you have made?

Dr CLOSE: No. I think it is best satisfied by opposing the amendment and, in fact, the clause and removing that from the bill. That is probably the way to deal with it and then enable the executive or a private member to address a reconsideration at a later date.

Mr COWDREY: For my confirmation, the clause as it currently reads just asks for a review in four years, not a four-yearly review?

The CHAIR: If I may read: a review must be conducted on the expiry of four years from the commencement of this section.

Mr COWDREY: So one review as opposed to a four-yearly review?

The CHAIR: One review after four years, yes. We have clarified that. Member for King, are you happy?

Ms LUETHEN: Yes.

Amendment carried.

The CHAIR: The next question before the Chair is that clause 16 as amended be agreed to.

The committee divided on clause 16 as amended:

Ayes 17
Noes 27
Majority 10

AYES

Basham, D.K.B.	Chapman, V.A. (teller)	Cowdrey, M.J.
Gardner, J.A.W.	Harvey, R.M.	Knoll, S.K.
Luethen, P.	Marshall, S.S.	McBride, N.
Mullighan, S.C.	Patterson, S.J.R.	Pisoni, D.G.
Power, C.	Sanderson, R.	Tarzia, V.A.
Teague, J.B.	van Holst Pellekaan, D.C.	

NOES

Bedford, F.E.	Bettison, Z.L.	Bignell, L.W.K.
Boyer, B.I.	Brock, G.G.	Brown, M.E. (teller)
Close, S.E.	Cook, N.F.	Cregan, D.
Duluk, S.	Ellis, F.J.	Gee, J.P.
Hildyard, K.A.	Hughes, E.J.	Koutsantonis, A.
Malinauskas, P.	Michaels, A.	Murray, S.
Odenwalder, L.K.	Pederick, A.S.	Piccolo, A.
Picton, C.J.	Speirs, D.J.	Stinson, J.M.
Szakacs, J.K.	Wingard, C.L.	Wortley, D.

Clause as amended negatived.

The CHAIR: What I am going to do now is put clause 16 as printed.

Mr PICTON: Point of clarification: I thought what we just voted on was putting clause 16.

The CHAIR: No, what we just voted on was clause 16 as amended. The amendment had been successful, so we voted on—

Mr PICTON: So is this now a vote on the original clause 16?

The CHAIR: I have decided to do that because you as a committee need the opportunity to vote on clause 16, otherwise it would be knocked out completely.

Mr COWDREY: Is there the ability to recommit the first amendment in reference to the annual reporting and for it to be considered separately?

The CHAIR: The annual report was amendment No. 2 and that was carried. Amendment No. 3 dealt with the review after four years.

Mr COWDREY: Okay, so that vote was just on that?

The CHAIR: That amendment got up as well, but what this committee has just done is knocked out clause 16 as amended.

Mr COWDREY: Correct, so both of those amendments now do not exist?

The CHAIR: No, the first one does because that was clause 15A. So clause 15A exists and the annual review exists, but the four-yearly review as an amendment to clause 16 has just been knocked out because clause 16 as amended was defeated. What I am going to do now is put clause 16 as printed.

Clause negatived.

Remaining clause (17), schedule and title passed.

Bill reported with amendment.

Third Reading

The Hon. V.A. CHAPMAN (Bragg—Deputy Premier, Attorney-General, Minister for Planning and Local Government) (01:23): I move:

That this bill be now read a third time.

Firstly, I thank all colleagues for their participation in the debate and the very arduous task of having to consider quite an emotional issue for very many of us, and for the civility with which you have conducted yourselves—I say that to all members—in dealing with this difficult matter. I think this is a historic day for women and I think it is a historic day for the transformation of our management of this particular area of law. We have brought it into the 21st century. We have now made provision for women so that they do not have to go interstate to have a service that is otherwise available to other women across the country. Western Australia is still yet to deal with their matter, but I think that it is important.

I want to say this is in recognition of all those women who have undertaken terminations within the envelope of it being, firstly, illegal and then unlawful since 1969. There are many women, sadly, who have died as a result of complications with terminations when it was an act which was an assault, illegal and unacceptable. I think that is tragic. I think we all know of generations who have suffered in relation to that.

We do have a responsibility to make sure that we have the best available medical care for women who are pregnant in whatever way they and their partners and families want to develop with that pregnancy: to take it full term, to enable them to be able to raise those children and have the joy and privilege of children, or whether in circumstances a termination of that pregnancy is justified and the intervention needs to be regulated. It is a tough decision for these women and their partners and husbands to make.

The people who provide this service in counselling and in the administration of medical and surgical procedures are largely health professionals, but there are a number of other counselling and other services. There are also families who wrap their support around women who go through this procedure, and it is not just the physical procedure but the trauma of the decisions that are made.

I want to commend those women who have gone before. Some have died, some have lived with shame and some have faced a circumstance of prosecution. I think it is a wonderful day, that we have been able to achieve what I think is a piece of legislation that is not only groundbreaking but is in the tenor of an accommodation of a number of concerns that have been raised, so I have been pleased that we have been able to advance that very quickly, if I may say.

I just want to commend some extraordinary people. I start with Emily and the team from Legislative Services, led by Jo Martin in the Attorney-General's Office. I think they have done a stellar job in being able to bring us through the legal complications of this. We also have Professor John Williams and the team from the South Australian Law Reform Institute—months and months of work from them. We appreciate that compendium that they presented to us. There is Chris Moy from the AMA and his advisers, and Rosalie Grivell with the college. These people have not only provided advice, but they have made themselves available.

We have the Law Society of South Australia. Brigid Coombe and Dr Barbara Baird lead the charge with the SA Abortion Action Committee. There are a lot of others. Dr Judith Dwyer, for one, I think has provided excellent information to help us non-medical amateurs in the sense of that area of expertise to be able to navigate our way through this, and the health professionals themselves. I acknowledge those who work in this area and still undertake a very difficult task, not because of the history, necessarily, of the procedure, but because they are called upon to give counselling, advice, assessments, undertake the procedure and support women and their partners and families through this.

It is hard work, and when I hear of the process that is undertaken to deal with a late-term abortion for a family—and often that involves the woman, the partner and a whole team of people who are sitting around the table to try to help navigate that—it is obviously an extremely distressing circumstance. Honestly, I really feel that the work they do in being able to get that couple or that

family through that situation is tremendous, and we really do owe a lot to them for undertaking this work. Clearly, it is only a few at the very high end of the specialties who are working in this area, and I think we should be very grateful for that.

I also just wish to acknowledge a number of other academics, of course. We have had the professor here to also give us advice through all the technicalities, and there is a whole army down there in the Department for Health and under Minister Wade who have really supported the development of this structure as the health model. Without their work and administration we really would not have been able to progress this, so I do thank them for that.

Finally, to all of you, I hope you all get a reasonable night's sleep, and I am deeply grateful for the consideration of the parliament and your support in passing this bill.

Mr KNOLL (Schubert) (01:30): My three minutes start, I think, now, member for Badcoe. I just wanted to explain the decision I am about to make. I think the bill we have arrived at here is better than the bill we started with. There have been lots of steps forward that have been taken, and I think each member is now going to look at themselves and, if they have been on various sides of this debate over the course of the last three days, about where they are now going to vote.

Even though this bill is better than it began, having wrestled with it over the past few hours I still cannot support the bill in its current form and, as such, I will not be supporting the third reading. Notwithstanding that, I am happy to see a lot of the good parts of this bill, including decriminalisation, get up in what I think will be a positive vote, and those changes can continue on.

Ms HILDYARD (Reynell) (01:31): I rise to make a few brief comments as around 22 hours of debate is close to conclusion. I wanted to start by saying, in agreement with the Attorney-General, that it is indeed a historic day—or a historic night, perhaps. We have made history, and I wanted to reflect on that and say that all progress, all progressive change in history, is made by people working together and relentlessly working together, sometimes over many, many years.

In saying that, I want to deeply acknowledge and thank the many, many women and their supporters who have worked on this for decades, to progress this change for decades, on whose shoulders we stand tonight. I wanted to sincerely thank the Attorney-General for her courage, her leadership and her strength throughout this debate. It has been extraordinary, and I thank you for bringing this legislation to the parliament. I absolutely thank you for the way you have conducted yourself throughout this debate and the wisdom you have shared so calmly and so eloquently. I wholeheartedly thank you for that and also for your camaraderie and willingness to work together on this bill.

I wanted to thank all my colleagues. Of course, when I say that, there are particular parts of this bill that we have not all agreed upon—in fact, many that we have not agreed upon—but I wanted to say, first of all, thank you to all my parliamentary colleagues because I utterly believe that every person has come to this debate with very deep thinking and searching their hearts, their minds and their souls to work out what they believe is the best way forward on this actually very difficult piece of legislation. I really wanted to thank everybody for the spirit in which they have come to this debate.

I also want to thank a number of my colleagues and friends: the member for Port Adelaide, the member for Cheltenham and a number of other members, including a number on the other side of the house. We have worked very closely together on this bill, and I want to say thank you to everybody for that.

I also want to briefly mention those from the other place who have contributed and also fought for this well into particular evenings. I say thank you to the Hon. Irene Pnevmatikos, the Hon. Michelle Lensink, the Hon. Tammy Franks, the Hon. Connie Bonaros, the Hon. Stephen Wade, the Hon. Ian Hunter, the Hon. Kyam Maher and a number of other colleagues there who also worked together closely to progress this incredibly important change.

I also want to thank and acknowledge the tens of thousands of South Australians who shared their views about this incredibly important bill. I think it is a tribute to our democracy that so many people took the time to engage and to share their views so openly and, in most cases, respectfully. They actually took the time to engage in various aspects of this bill and the difficult issues that we confronted. I know it would be the same with many other members. I certainly took the time to listen to people and to think about where people were coming from, as did many members of this house. I

think it is a great tribute to our democracy that so many people engaged in the debate on this really important reform. To all those people, I wholeheartedly say thank you.

I particularly want to thank a number of people from particular organisations who are here with us tonight and who have been here for the long haul. When I say the long haul, yes, tonight in the chamber and previous nights in the chamber, but also in providing incredible advice, research, opinion, counsel and a willingness to answer questions at any time of the day or night about particular aspects of this bill.

I particularly say thank you to all at SALRI, to all at the AMA, to the incredible women at the South Australian Abortion Action Coalition and all of their supporters. Thank you particularly to Bridget, Judith, Barbara and the many others, and also to the many other organisations and people who have contributed to help all of us get to where we have arrived at today.

It is incredible change that we have achieved. It is incredible progress that we have made and I again thank everybody for considering it so deeply. In closing, I also want to say thank you to all the advisers and all the staff here in Parliament House who have helped us through the very many hours of this debate. Thank you.

Mr COWDREY (Colton) (01:37): Without reflecting on a vote of this house, I think it is fairly clear that there is enough support for the bill to pass, and I concur with the sentiments of the member for Schubert that the bill is improved from when it entered this place. I will be supporting the third reading and I do so for the following reasons. I believe the vast majority of South Australians and my community support the decriminalisation of abortion services in South Australia and I share that view. We are one of the last jurisdictions to make the shift from the criminal code to the health code.

I also believe in providing more equitable services, given that pre-22 weeks and six days gestational terminations have been, for all intents and purposes, legal in South Australia for nearly 50 years. I think this house would be doing itself a disservice to regional South Australians if we did not pass this aspect of the reform.

I made it clear in my second reading contribution that my primary concern for members of my community and me related to ensuring that late-term abortions continue to be rare and only performed in the most serious of circumstances. I note the amendment to the bill by the Attorney and recognise that this goes some way to providing a more prescriptive definition of the circumstances where a late-term abortion may be accessed. In my best efforts to reflect the concerns of my community, I supported an unsuccessful amendment, which would have further defined those circumstances.

I have also supported a range of amendments that I believe improve the bill, including one that explicitly rejects abortion for the purposes of sex selection. Again, while I do not believe that this practice is happening in our society today, I have no issue with this parliament specifically outlining opposition into the future.

The addition of the reporting provisions provides me with confidence that, into the future, we can ensure that the intent of this bill translates into practical application, that late-term abortions continue to be rare and only performed in the most serious of circumstances. I can only demonstrate compassion and empathy for those faced with these difficult situations, particularly in the circumstance of a significant abnormality diagnosed mid-term, most likely at or after the morphology scan. For those parents, the only thing that they are hoping for is a healthy and happy baby.

This situation, however, is an area of the bill where I have personally been conflicted. While I recognise that serious foetal abnormality may put babies' lives at risk and severely limit or erode all quality of life, I think we have to be incredibly careful with how this category is applied in practice. I think everyone in this chamber knows that I do not see myself as physically disabled. I know many of my colleagues simply see my ability and who I am as a person, not my congenital amputation. But, in reality, there was an increased burden on my parents that would not otherwise have existed. I know for a fact that they do not see it that way and that many in similar circumstances to mine lead full and happy lives.

While I do not believe that my situation or anything close to it would fit the words used in the bill, I do have a request for the Minister for Health: when drafting the regulations for this bill he

requests that a high-level description for any termination post 22.6 weeks on the basis of foetal abnormality be included in the annual report. I simply want this parliament to be assured that, over time, the category does not have unintended consequences and that we continue to embrace and respect difference and disability in our community.

While this bill is not perfect—and in reality you quickly learn in this job that no legislation ever is—I am pleased that this debate has been for the most part incredibly respectful and that considerable time and attention has been devoted to this incredibly important social change.

The Hon. A. KOUTSANTONIS (West Torrens) (01:41): That is one of the bravest contributions I have ever heard in this house, and I have been here since 1997. I commend the member for his contribution. It was exceptional.

I would like to pass on my congratulations to the Attorney-General. I think she conducted herself exceptionally well, better than I thought she would. She did very, very well. That is a compliment, trust me; we have known each other a while. I have to say that she has done an exceptional job, because I thought she answered our questions quite diligently, which I was impressed with. I was not expecting it, so I thank the Attorney-General for actually taking the time to answer our questions. It was a very, very long debate.

I would like to thank the 5,000 people who marched in support of the sanctity of human life. I would like to thank the Australian Christian Lobby for the work that they have done. Christopher, to you and your members, thank you very much for all that you have done. To the faith-based organisations, from the Catholic Church, the Greek Orthodox Church and the Anglican Church to all the faith-based groups that have reached out to us, thank you again for your contributions. Thank you for the work that you have done to try to promote what people in your community and our community want to see in this bill.

I want to point out that my opposition to the late-term amendments moved by the Attorney-General—well, by the Hon. Michelle Lensink in the other place—were not, in my mind, about trying to prescribe an obligation for women as some form of misogyny; it was out of a heartfelt desire to try to save as many lives as possible. Again, that is very typical in these debates, where we can actually come together and acknowledge that good and well-meaning people, as the Leader of the Opposition has said over and over again, can come to different conclusions over the same issue, without vitriol, without abuse and without there being childish attacks on Twitter. By and large, I think this parliament has conducted itself exceptionally well.

To the people who are disappointed with the amendments, I apologise we were not able to get the sufficient votes. That is democracy. That is how it works. The system is not perfect, but it is better than any other system in the world. I also want to thank Minister Speirs for the amendments he moved, my colleague the member for Lee for the amendments he moved, my colleague the member for Playford for the amendments he moved, the member for Davenport, who moved his amendments, and of course all other members who moved their amendments, people who put detailed thought into this process.

In the end here, we have a piece of legislation that is unique to South Australia. It is different from what has occurred in other states because it is uniquely about what this parliament has now decided. I am assuming, by the words of the Attorney-General in welcoming this as a historic event, that the government will accept the bill as is in the upper house and this will be the final piece of legislation, but we will see what the upper house does with it. I understand it is a matter of conscience, but I am assuming that from the remarks of the Attorney-General.

I have never brought legislation into this parliament to ban abortion. I support decriminalisation of abortion, and I lament that, if the Attorney-General or the other movers had brought a piece of legislation into this parliament that simply took it out of the Criminal Law Consolidation Act and put it here, this debate would have been over in five minutes and we could have had another piece of legislation debating the other aspects of abortion reform. However, for whatever reason, the two issues were linked, which puts us in very difficult positions.

I understand that the member for Schubert, in his last vote on this matter as he departs from this parliament at the election, is now conflicted, as I do feel. I do support decriminalising abortion. I do not believe that women should be navigating the Criminal Law Consolidation Act to have access to abortion. I do not think anyone in this parliament does. However, we are being asked also to

consider the liberalisation of late-term abortions, and that is very difficult for people like me and others in this parliament.

So I ask for understanding. It is a conscience vote. I thank our leader and deputy leader for the understanding that they have given us all in the parliament, for the way we have conducted ourselves. We are coming out of this more united, I think, than we were when we came into it. We have listened to each other, we have heard each other, we have disagreed with each other and we go on stronger. I am not disappointed in my colleagues who voted differently from me. I hope they are not disappointed in me. But I exercise my conscience, and I unfortunately cannot support the bill in its current form.

The Hon. D.J. SPEIRS (Black—Minister for Environment and Water) (01:47): I thank all members for their patience through this process over the last few days. Matters of conscience in any parliament in the Westminster system are incredibly difficult. They put pressure on us as individual representatives within our constituencies. They put pressure on relationships within our parties and across the house. They create unusual and fleeting alliances between members of parliament who might not normally have such alliances as part of the day-to-day course of business in the adversarial system in which we operate in here.

For me, as someone who chose to move a number of amendments and essentially go up against the Attorney-General, a cabinet colleague and a friend, that is particularly challenging, particularly when it is this Attorney-General. But we did so, and not just the Attorney-General and I. Across nearly all the amendments that were moved and the many clauses that were analysed, I think we did so in good faith and in good humour. I think that everyone who has been involved in this debate, almost all the 47 members of the House of Assembly here in South Australia, has conducted themselves with a great deal of dignity. They have represented their constituents well, and they have done so to the best of their ability.

Many of the clauses that were debated were complicated, with multiple impacts across the wider bill. I was speaking to the Clerk earlier and looking at the papers that he had in front of him. While our clerks are incredibly learned officials within this parliament, it was no doubt a professional development exercise for them. Of course, having announced his upcoming retirement, it was also an opportunity for the Deputy Speaker, the member for Flinders, to really challenge his role in chairing. I want to pay particular tribute to the Chair of Committees for that contribution.

As the member for West Torrens said, it becomes very hard for people when they have to rely on and trust their own conscience. They have to work through so many different issues. For me, I said in my second reading speech, very up-front, that I desperately want to support the decriminalisation. I do support the decriminalisation of abortion in this state, and my attempts through moving a range of amendments were not done in a way that sought to be misogynistic. I did not seek to belittle or degrade women in any way whatsoever. I believe passionately in gender equality.

However, I did want to put life and the opportunity to create a pathway to life for some more people at the heart of my decision-making, so I do struggle with supporting a bill that has, I believe, a set of restrictions that are not tight enough for me and my conscience to support. I do so with a heavy heart, because I thought at some points during this debate we would get there. We have not, for me personally, but I do celebrate the fact that abortion will be decriminalised and moved to the health code in South Australia.

I think that is a good thing. Many aspects of this legislation have been very good and will allow South Australia to move forward with this piece of legislation. Like the member for West Torrens, I hope that the regime that has been established in this house, building on what has already passed through the Legislative Council, will be honoured and move into law in South Australia.

The Hon. S.J.R. PATTERSON (Morphett—Member of the Executive Council, Minister for Trade and Investment) (01:52): I would like to add to the comments that others have made in this house reflecting on the third reading speech. I think it has been a very respectful debate. It has shown that all members of parliament have taken an interest in it. For me, in my second reading speech, from speaking with my community but also from my conscience, I said that I could see the way forward for decriminalisation; I supported that if it was a like-for-like transition out of the Criminal Law Consolidation Act into health law.

After that, adding to that was the scrutiny about other aspects to it. I spoke about how protecting the life of a viable foetus after 23 weeks was important to myself. I also believe the conscientious objection for doctors is really important for those who have trouble reconciling their professional judgement with their moral values or their conscientious thoughts. We need to find a way through for that as well, for them to be able to stay in practice because, as I said in my second reading speech, they are drawn to the health profession because they care for people, and I think we need to keep those people in the profession where we can.

I am pleased that we were able to make amendments to this bill to allow for that to be the way through. I am also pleased, as I said in my second reading speech, to put something in place around sex selection, that as a state we were able to realise that that is not something that we want to have occur in South Australia. I think that is a good thing in terms of trying to find that way forward for a viable gestation.

Had the parliament supported the Minister for Environment and Water on protecting the physical health of the woman who is bearing the child, I really struggled with the mental side. I think that needed to be in place for me. Had that been in place, as I said, I think that would have gone a long way to comfort a lot of people in my community.

As I said, the decriminalisation aspect I support. From that point of view, I think the way forward in this is a good thing going forward. I acknowledge the great work that the Attorney has done in bringing this to the parliament. She has been very respectful in the way she has gone about this debate and I commend her for the way she has gone about it.

The Hon. S.C. MULLIGHAN (Lee) (01:55): I rise to make a brief contribution at the third reading of this bill. I echo the sentiments that have so far been put on the record in the course of this third reading debate, recognising the extraordinary efforts that have gone into the preparation of the work that has informed this bill—the preparation of the bill, the campaign in favour of the bill. This has been an extraordinary amount of work outside the parliament before it has made its way here, firstly in the other place and this week in here.

I also echo that sentiment that these sorts of conscience issues and this conscience issue in particular is something that I certainly do not look forward to having to deal with. I was looking forward to dealing with the freedom of information bill this week, if I am honest with the parliament.

The Hon. V.A. Chapman: Do you want to start?

The Hon. S.C. MULLIGHAN: I gratefully accept the Attorney's offer to commence it immediately afterwards. Because these are such difficult issues, I am extremely grateful for the amount of effort that people have put into providing us with their views and advice on the bill, whether it has been from campaigners, organised groups such as the coalition in favour of this bill or other interested groups such as churches, individual constituents and people from other parts of the state and the country. It has all been extremely useful, valid and valuable feedback.

I also appreciate, as I have said in other parts of the consideration of this bill, the advice that we have had from the doctors, and not just from the AMA and the information that has been provided to us from the royal college but also other members of those organisations which have put slightly different or completely different views. In the end, it has been left up to each of us to form our own judgement on the bill. As I have said a number of times, I wholeheartedly support and share the desire to see this area of the law decriminalised and moved into the healthcare regime. That is entirely appropriate and long overdue.

As I mentioned earlier in a different part of this debate, I am also very comfortable with the change and recodification of the bill in regard to clause 5 and early-term terminations, if I can put it as clumsily as that. The issue for me, as I have said in my second reading speech and during the course of the committee stage, has always been the late-stage terminations. I did some work and tried my best to try to provide some better specifics around that and I am grateful that the chamber has accepted those.

I know that not everyone was thrilled that I did that, but the threshold issue for me was not quite the same as what has been expressed by, say, the member for West Torrens or the Minister for Environment and Water. But the capacity to access a late-stage abortion without a gestational limit, I have tried to provide the best strictures around that but I have not been able to satisfy myself and make myself comfortable with that part of the bill.

It is regrettable for me personally that that means that I will not be supporting the bill at the third reading stage because I wholeheartedly support those other two parts of it.

If I have read the room correctly, I think that the bill will succeed probably comfortably, and I think that is a good thing. It recognises the extraordinary work that has been put into it. It validates the campaign. It gets that important change, the decriminalisation, that we all know is long overdue. So I congratulate those who are to be successful in a short period of time, but I regret that I cannot support the bill.

Dr CLOSE (Port Adelaide—Deputy Leader of the Opposition) (02:00): I appreciate I am not in my seat. I hope that I have the indulgence of the chamber not to rearrange everybody. I speak today clearly to indicate that I support this bill, and I thank all the people who have been involved in getting it this far. Everyone who has spoken and said that they are not supporting the third reading seems to assume it will get through. I do not want to be superstitious, but let's assume that this is going to pass.

This is not quite the bill I had hoped for. This is not quite the reform that I think many people, but not all, had been looking forward to, but it is a very, very important day—morning, night—for us here in South Australia. What we have done is decriminalise abortion. We have done this for the first time looking at this area of law since 1969. That is only slightly less time than I have been alive.

We have done this, hour after hour, thinking through every single clause. There are great steps forward here—not only decriminalisation but also that women in rural areas will particularly be advantaged by this, only having to see one doctor in the early weeks when they are seeking a termination. That is an enormous leap forward for the women of this state but, in particular, rural and remote women, and I am delighted to see that.

We now for the first time will be able to have later term abortions legally considered in South Australia. Why do I say for the first time? Because there is the deep ambiguity over the 28 weeks and whether in fact 28 weeks is the cut-off or whether it is viability, which is now deemed to be earlier. That ambiguity goes. It is now going to be possible, if this bill becomes law, for a woman to seek an abortion for a variety of legitimate, distressing, weighty reasons and for that not to be subject to criminal sanction and for that not to be something that means she has to get on a plane and go interstate. That is a very important reform.

What we have done today is recognise that the world is difficult and that women face difficult decisions about pregnancies. We have not kept the idea that everything should just be lovely. We have all agreed—even those who are now saying that they will not vote for the third reading—that criminalising abortion is not the way we choose to be in our society. If it is true that this bill is going to go through and it is going to be become law, then we have made it possible for women to feel safe in going through one of the most difficult experiences of their lives.

I am grateful for all the people here on both sides of the chamber who have made that possible, and I am very grateful for the community, and I am looking at the gallery because many members of the community have stuck it out here to show their support for what we have done. I am grateful to you. I am grateful to all the people you represent. Despite having a share of disappointment in my heart, I am reminding myself that this has been a great day for us.

Ms COOK (Hurtle Vale) (02:03): I, too, would like to celebrate hopefully in the anticipation of the successful passing of this bill very importantly decriminalising abortion, which is an enormous step for women and families who are experiencing this terrible decision in their life, very traumatic, and also, however, for the clinicians, who play a huge role in supporting and providing comfort and care to people undergoing abortion treatment.

It also is an extremely difficult time for a clinician to support people through this process, but the staff at the Pregnancy Advisory Centre and at other regional outposts do that with enormous dignity and enormous compassion. I would like to take the opportunity to thank all the clinicians who have, over the years, under the shroud of criminalisation, provided such love and support.

As I have stated, it has been challenging as a woman to sit and have the capacity to make those decisions questioned and have some restrictions being placed on that decision-making process, but these things will be worked through and women and others undergoing abortion

services will work through those processes and the carers, supporters and clinicians will support people through that.

I am very pleased to be part of a parliament that has worked together so well to get to this point. I would like to acknowledge the Abortion Action Coalition, who have been absolutely relentless over the past few years in getting us up and about and able to be strong with you. To Bridgett, Barbara, Nola, Judith and the crew, thank you so much. To all the other supporters who are here today, thank you so much for helping us to be your voice and the voice of women and families in our community.

May no woman or person accessing abortion services again be under the shroud of criminalisation and may no-one ever again have to travel alone in a car or plane for hours and hours by themselves without their family member, without their loved one to provide them support at the most difficult time of their life.

Thank you to my colleagues. Thank you, indeed, to the Attorney-General with whom I have worked really closely for the safe access zones legislation as well and now we have done the whole piece. Thank you very much and well done, everyone.

The house divided on the third reading:

Ayes.....29
Noes 15
Majority 14

AYES

Basham, D.K.B.	Bedford, F.E.	Bettison, Z.L.
Bignell, L.W.K.	Boyer, B.I.	Brown, M.E.
Chapman, V.A. (teller)	Close, S.E.	Cook, N.F.
Cowdrey, M.J.	Gardner, J.A.W.	Gee, J.P.
Hildyard, K.A.	Hughes, E.J.	Luethen, P.
Malinauskas, P.	Marshall, S.S.	McBride, N.
Odenwalder, L.K.	Piccolo, A.	Picton, C.J.
Pisoni, D.G.	Power, C.	Sanderson, R.
Stinson, J.M.	Szakacs, J.K.	Treloar, P.A.
Wingard, C.L.	Wortley, D.	

NOES

Brock, G.G.	Cregan, D.	Duluk, S.
Ellis, F.J.	Harvey, R.M.	Knoll, S.K. (teller)
Koutsantonis, A.	Michaels, A.	Mullighan, S.C.
Murray, S.	Patterson, S.J.R.	Pederick, A.S.
Speirs, D.J.	Tarzia, V.A.	van Holst Pellekaan, D.C.

Third reading thus carried; bill passed.

Personal Explanation

MEMBERS, ACCOMMODATION ALLOWANCES

Mr ELLIS (Narungga) (02:12): I seek leave to make a personal explanation.

Leave granted.

Mr ELLIS: I would like to take this rather unconventional time to inform the house that yesterday I was charged with alleged offences arising from the recent ICAC investigation into the country members' accommodation allowance. I am completely innocent, and I will be vigorously defending these allegations to the full extent of my resources and the law.

I repeat now what I have said previously, and my position has not changed. I have never acted dishonestly. Any error in a claim form completed by a relatively inexperienced member was

simply that: an error. There is a significant difference between an error and any proof beyond reasonable doubt of a crime in a court of law. These were the result of genuine errors by a new member, for which I have already apologised.

I make this statement now noting that there have been no public statements from the ICAC or the DPP because I have nothing to hide. My conscience is clear. My constituents and those who know me know that I am not and never have been a dishonest person. The allegations are contrary to who I am and what I stand for. I have great faith in the judicial system of this state, and I look forward to being exonerated by an impartial court, free of influence from other arms of government.

Conforming to established precedent, yesterday I informed the Premier that I will be suspending my Liberal Party membership immediately and sitting on the crossbench while attempts are made to prove the disputed allegations.

I am immensely proud of everything the government and I have achieved in Narungga over the past three years. To be clear, I have significant unfinished business which I intend to complete. I will not be resigning or put off from the task of continuing to represent, and in 2022 being re-elected to represent, the electorate that I love.

These charges are mere allegations, not proof of what is alleged against me. We all know from everyday life that allegations are easy to make but that they need to be proved based on evidence as opposed to supposition or innuendo. I have the benefit of the presumption of innocence, and I ask our friends in the media to remember and honour that and report on this matter fairly and ethically.

As the matter is now before the courts, I will not be making any further statements. I ask for privacy as my family and I deal with these challenges that are to come.

At 02:14 the house adjourned until Tuesday 2 March 2021 at 11:00.

Answers to Questions

COVID-19 HOTEL QUARANTINE

In reply to **Mr PICTON (Kaurna)** (17 November 2020).

The Hon. J.A.W. GARDNER (Morialta—Minister for Education): The Minister for Health and Wellbeing has been advised:

1. As at 25 November 2020, five security guards have been terminated following investigations undertaken by MSS Security.

As at 25 November 2020, 94 security guards have been stood down, following investigation from MSS Security and are still employed with MSS Security or the sub-contractor, however, they no longer operate in medi-hotel operations or in the SA Health hospital portfolio.

2. MSS was awarded the across SA Health Security contract in April 2019 via an open market tender approach. The value of the procurement is $29.7 million (ex GST) per year and $148.7 million (ex GST) over a five-year contract term. A variation to the contract was executed in 27 April 2020 for the provision of additional service requirements at COVID-19 medi-hotels. A further three variations were executed to capture further medi-hotels sites and further services. The value of the four contract variations to support the delivery of medi-hotel services is $25.5 million (ex GST).

3. The Department for Health and Wellbeing contract with the private security company requires the company to ensure that all security officers have all relevant and ongoing training for the provision of security services across all SA Health sites.