LEGISLATIVE COUNCIL

Thursday 20 September 1984

The PRESIDENT (Hon. A.M. Whyte) took the Chair at 2.15 p.m. and read prayers.

PRICES ACT AMENDMENT BILL

His Excellency, the Governor's Deputy, by message, intimated his assent to the Bill.

PETITIONS: X RATED VIDEO TAPES

Petitions signed by 206 residents of South Australia praying that the Council will ban the sale or hire of X rated video tapes in South Australia were presented by the Hons J.C. Burdett and K.T. Griffin.

Petitions received.

MINISTERIAL STATEMENT: ROXBY DOWNS BLOCKADE

The Hon. C.J. SUMNER (Attorney-General): I seek leave to make a statement about a question I answered yesterday regarding the Roxby Downs blockade.

Leave granted.

The Hon. C.J. SUMNER: Yesterday the Hon. K.T. Griffin asked on notice questions in relation to the blockade, as follows:

In relation to each person arrested during the current Roxby blockade:

1. What is the city or suburb of his or her address and the age and occupation of that person?
2. What offences have been charged, what are the dates of those offences, what convictions have been recorded, what charges are still outstanding and what penalties have been imposed?

In this Council yesterday I supplied the honourable member with certain information provided by the Police Commissioner in answer to this question. I referred to a legend of offences charged. There was a mistake in the information contained in the legend. The legend should have read:

Legend:

C.A.	Commonwealth Acts
C.L.O.	Criminal Law Consolidation Act (assault)
C.O.	Common Law—breach of the peace
N.C.O.	Narcotics Act
P.O.	Police Offences Act
	Section 7 Disorderly behaviour
	Section 17 Unlawfully on premises
	Section 17A Unlawfully on premises
	Section 18 Loitering
	Section 43 Wilful damage
	Section 75 Suspected person
R.T.O.	Road Traffic Act

QUESTIONS

ASER DEVELOPMENT

The Hon. K.T. GRIFFIN: I seek leave to make a brief explanation before asking the Attorney-General a question about the ASER development.

Leave granted.

The Hon. K.T. GRIFFIN: I have given notice that on 16 October I will ask certain questions about some documentation in respect of the ASER development. I noticed, driving out of the car park, that at the western end of the railway property some development at least is commencing. This suggests that maybe the extensive documentation envisaged by the heads of agreement that was tabled by the Government in March or April this year has now been completed. That documentation includes the documents to which I referred in the question on notice and also a variety of other documents that are to some extent consequential on the principal agreement between the State of South Australia, Kumagai and the South Australian Superannuation Fund Investment Trust. Perusal of the heads of agreement that were lodged demonstrates that a number of documents such as leases and subleases as well as the trust deeds were to be made on terms agreed between the parties.

During the Committee stage of the consideration of the Adelaide Railway Station Development Bill the Attorney-General indicated that quite a significant amount of the documentation was still in the course of negotiation. Some of that documentation will necessarily become public because, in respect of, say, leases and mortgages, they will be registered on the title, if and when it is issued. I presume that at least the Crown Solicitor's Office has been involved in the negotiations in respect of final documentation. I would expect, also, that the Attorney-General has been involved at least on matters of principle. My desire is to ascertain the extent to which the Attorney-General has been involved and the extent to which the matters have been agreed betweeen the Government and the various parties.

At the time of the debate on the Bill earlier this year Foreign Investment Review Board approval had not been given. In the context of that explanation I ask the Attorney-General the following questions:

1. Has he been involved in the finalisation of the documents required and envisaged by the heads of agreement that the Government tabled earlier this year?

2. If he has been involved, what is the extent of that involvement, and is he able to indicate what documents have been finalised as a result of that involvement?

3. Has Foreign Investment Review Board approval been granted and, if it has, what are the terms of that approval?

The Hon. C.J. SUMNER: I will ascertain the information for the honourable member in relation to the status at present of the Foreign Investment Review Board decision and of the documents that must be finalised for this project. Legal advice on this topic is provided to the Government by the Crown Solicitor. I have not been involved in the detailed finalisation of the documents as that is a matter for the Premier, who is the Minister responsible and who, when it is appropriate, seeks the advice of the Crown Solicitor. As to the individual questions that the honourable member has raised, I will seek that information and bring back a reply for him.

RACIAL DISCRIMINATION

The Hon. C.M. HILL: I seek leave to make a brief explanation before asking the Minister of Ethnic Affairs a question about possible racial discrimination against the Italian community.

Leave granted.

The Hon. C.M. HILL: I received three telephone calls this morning from members of the Italian community who are concerned about an advertisement that came over the radio last night in Adelaide publicising a well-known brand of toilet paper. It was heard at approximately 7.35 p.m. last evening. The script was spoken by a person with a broad Australian/Italian voice. Some words were spoken in Italian, and reference was made to 'Roma' in the advertisement. More importantly, the advertisement script and the general tone of the speaker, a certain emphasis in the form of the

advertisement and by the speaker, seriously offended the people who have been in touch with me. They found the advertisement degrading and insulting, and indeed they believe that it is a clear example of racial discrimination.

I can supply the name of the radio station to the Minister. I believe that the matter should be officially looked into at Government level. Will the Minister investigate the matter to ascertain whether, in his view, the advertisement would offend members of the Italian community and, if so, will he take whatever action he can against the offending parties and report back to the Council in due course?

The Hon. C.J. SUMNER: I did not hear the particular advertisement. As the honourable member realises, there is presently before the Council the Anti Discrimination Bill, which includes a revamped and updated provision dealing with racial discrimination. When that Bill is passed complaints of racial discrimination will be able to be referred to the Commissioner for Equal Opportunity; that is something that cannot happen at the moment although there is in place a Commonwealth Racial Discrimination Act for which the Commissioner for Community Relations is responsible under the Human Rights Commission in Canberra.

So, that might be an avenue that can be pursued in the light of the honourable member's remarks. Also, if it is a matter that has been broadcast over a radio station, then the Australian Broadcasting Tribunal may have some jurisdiction. If it is an advertisement then it may be that it can also be referred to, I think, the Advertising Council responsible for standards in advertising. In the light of the fact that the Commissioner for Equal Opportunity does not yet have in South Australia—but hopefully will have soon—the responsibility for investigating complaints such as those raised by the honourable member, I think that the best course for me is to refer the honourable member's question to the Ethnic Affairs Commission, which can then make some inquiries to see whether any of the courses I have outlined are appropriate.

ENERGY PLANNING

The Hon. I. GILFILLAN: Has the Minister of Agriculture a reply to a question I asked on 2 August concerning energy planning?

The Hon. FRANK BLEVINS: The replies are as follows:

1. Since early March 1984.

2. Because the report's recommendations are still under consideration.

3. The Scott Review and the Stewart Committee did not operate in isolation from one another, despite their quite different terms of reference. The Stewart Committee and the Steering Committee for the Scott Review had some members in common and the Chairman of the Stewart Committee had three meetings with the W.D. Scott team.

4. When a course of action has been determined.

5. When Cabinet determines it should be.

TRUCK LOAD RATING

The Hon. I. GILFILLAN: Has the Minister of Agriculture, representing the Minister of Transport, a reply to a question I asked on 21 August concerning a truck load rating?

The Hon. FRANK BLEVINS: My colleague the Minister of Transport advises that Mr Shore replaced the four cylinder diesel engine in his Isuzu vehicle with a Holden V8 petrol engine. The Advisory Committee for Load Rating (ACLR), which includes representatives from the Vehicle Manufacturing Industry and the Transport Operating Industry, considered that the fitting of this V8 petrol engine was not acceptable. The committee was and still is of the view that the Holden engine increased the top speed potential of the vehicle and as such it was not satisfactory for carrying more than a minimal loading in the general traffic flow. The ACLR recommended a reduction in the load rating capacity of this vehicle as follows:

	Previous Rating	Recommended New Rating
Unladen Mass	2 650 kg	2 650 kg
Gross Vehicle Mass (GVM)	5 790 kg	2 650 kg
Gross Combination Mass (GCM)	7 100 kg	2 650 kg

The Registrar of Motor Vehicles accepted the recommendation and reduced the load rating of the vehicle accordingly as from 31 May 1983. Representations were received with regard to the new rating of the vehicle, including those from the honourable member. My colleague arranged for further opinions to be sought with regard to the load carrying capacity of this vehicle and after protracted investigation the Registrar of Motor Vehicles, when evaluating all of the information provided, decided to accept the load rating for Mr Shore's modified vehicle as nominated by the manufacturer, that is, GVM 5 790 kg and GCM 7 100 kg. These load ratings were recorded on the register as from 24 July 1984. It must be pointed out that the load rating of commercial vehicles which have been modified and as such do not conform to the manufacturer's specifications require expert professional assessment to ensure that modified vehicles meet road safety design standards. On rare occasions there are differences of opinion by the experts on the load rating of modified vehicles and such was the case with the modified vehicle owned by Mr Shore.

My colleague also advises that the fine Mr Shore incurred was because of an overloading offence that was committed on 13 May 1983 and has no relevance to the subsequent load rating aspects. At the time the GVM of his vehicle was 5 790 kg but when detected he was carrying a load of 7 920 kg. The court imposed a penalty of $33.25 plus $15 costs, with two months to pay and a period of two days imprisonment for default. There is no question of Mr Shore being treated with insensitivity. The original load rating assessment of Mr Shore's modified vehicle was made in good faith by a group of experts and was based upon road safety considerations. Likewise, the second opinion was given by an expert in good faith and was based upon road safety considerations and was sufficient to persuade the Registrar of Motor Vehicles to change the load rating of Mr Shore's vehicle. In these circumstances there is no reason to consider the payment of any compensation to Mr Shore.

RATING OF ELECTRICAL APPLIANCES

The Hon. I. GILFILLAN: Has the Minister of Agriculture, representing the Minister of Mines and Energy, a reply to my question of 29 August about the rating of electrical appliances?

The Hon. FRANK BLEVINS: The replies are as follows:

1. Yes.

2. Some opposition by refrigerator manufacturers has been expressed, largely based on claims that the cost to the industry would be substantial and that it will not achieve significant improvements in energy efficiency.

3. and 4. The decision by the Australian Minerals and Energy Council to institute an energy labelling programme,

initially for refrigerators and freezers, was based on rigorous analysis of the cost and benefits involved with such a scheme. There are several problems currently being addressed, including detailed discussions with each company, development of a code of practice as a basis for implementation, finalisation of the required Australian standards, and arrangements for a pilot-testing programme of refrigerators and freezers. These actions should enable the outstanding issues to be resolved.

EGGS

The Hon. ANNE LEVY: I seek leave to make a brief explanation before asking the Minister of Agriculture a question about eggs.

Leave granted.

The Hon. ANNE LEVY: Some time ago the marketing of eggs in South Australia was changed in that the design of the papier-mache container was altered. The new container, which is now widely available, does not have the holes in it that the old container had and, as a result, is much harder to break in half for a buyer who wants only half a dozen eggs instead of a full dozen eggs. I have been approached by people who are concerned about this and who do not wish to run the risk of breaking eggs in dividing a dozen pack into two half dozen packs.

Although in some retail outlets the staff will divide a dozen pack into two half dozen packs, it is not always possible to readily find staff to do that. I am even informed that in some places retailers refuse to divide dozen cartons into two half dozen cartons. There are many people who do not wish to purchase one dozen eggs at a time. People who live on their own and those who for medical reasons have been told to cut down on 'cholesterol containing' food—and eggs are known to be very high in cholesterol—do not wish to buy a full dozen eggs at a time. This is because it may well take one month to get through a dozen eggs, and after that period of time the eggs could hardly be classed as fresh, even if kept correctly in a refrigerator. Will the Minister of Agriculture inform the Council whether the Egg Board is aware of the disquiet which has been expressed by many people who wish to purchase half a dozen eggs at a time, and whether the Egg Board is taking measures to enable such people to purchase the number of eggs that they require?

The Hon. FRANK BLEVINS: The Hon. Ms Levy was kind enough to give some notice of this question. In fact, I would go as far as to say that almost every day for the past fortnight the Hon. Ms Levy has advised me that she was going to ask me this question. Being very efficient I took the precaution of contacting the South Australian Egg Board to find out exactly what was going on in this sector of the industry.

Members interjecting:

The Hon. FRANK BLEVINS: No, it is not—believe you me.

Members interjecting:

The PRESIDENT: Order!

The Hon. FRANK BLEVINS: Indeed, the Hon. Ms Levy is quite correct. Over the past 12 months there has been a considerable change in the packaging of eggs which has brought about some undesirable effects. Over the past 12 months the manufacture of one dozen egg cartons has changed due to a national purchasing plan operated by the Australian Egg Marketing Council. All State egg authorities have combined to place an order far in excess of 100 million units per year over the next three to four years. This has resulted in the installation of new equipment to manufacture the latest style papier-mache carton which provides greater protection for the egg through the retail marketing process.

One major difference between the new type carton and the older type is that it is much more difficult to cut it in half to provide two half dozen packs. The results have been cracked eggs plus a very unsatisfactory egg display at retail level. The problem has been identified for some time and the Egg Board is well advanced in the placement of a specialised six egg pack on the market.

Surveys are being made of retail outlets to establish the number that require the new half dozen pack and the approximate volume required. The surveys are being examined by the Board's marketing and promotions advisory committee and, upon establishment of the details, the Egg Board will proceed with the introduction of a six egg pack. The drawback with the smaller type pack is that the cost per dozen equivalent will be greater than that of the single one dozen pack. These costs will be generated by the cost of the pack plus the cost of actually packing eggs into the packs.

The majority of grading and packing equipment operating in South Australia will not automatically pack the six egg carton. Taking these factors into account, the cost involved should be no more than 2 cents per six egg pack or 4 cents per dozen equivalent. The extra cost will, I believe, not discourage purchase of the new pack, because the risk of breaking or cracking eggs while taking the pack home will be greatly reduced. Initially, the six egg pack will be introduced in the 55 gram or large egg grade. This is the grade for which there is greatest demand. Future developments will depend on demand for the pack.

QUEEN ELIZABETH HOSPITAL

The Hon. L.H. DAVIS: I seek leave to make a brief explanation before asking the Minister of Health a question about the Queen Elizabeth Hospital.

Leave granted.

The Hon. L.H. DAVIS: In Question Time yesterday the Minister of Health (Hon. Dr Cornwall) made an extraordinary, unprovoked, vicious and cowardly attack on the administration of one of Adelaide's major public hospitals. In response to my suggestion that there had been a 4 per cent increase in in-patients and out-patients at the Queen Elizabeth Hospital over the past financial year and that the hospital had budgetary difficulties, the Minister claimed that there had been a 2 per cent overrun in the 1983-84 budget. He went on to say:

> It is impossible to conclude that that very large overrun . . . could possibly occur unless there was incompetence or connivance. It is not possible for me or senior Health Commission officers to say at this stage whether it is incompetence, connivance or a mixture of both.

The Queen Elizabeth Hospital is administered by a board, chaired by a highly respected businessman, Mr Trevor Prescott; its membership includes Mr Peter Kirk, an accountant with a well known international firm of accountants; Mr John Dyer, Mayor of Woodville; a well known Adelaide lawyer; and representatives from the hospital staff. The hospital Administrator, Mr Bill Layther, is highly regarded in health administration circles.

The Minister's outburst is yet another in a series of irrational attacks on the health sector. His allegation of connivance is a direct attack on the integrity and honesty of the board and the administration of the Queen Elizabeth Hospital. Indeed, it has been suggested to me that the Hon. Dr Cornwall is rapidly becoming known as the Captain Queeg of South Australian politics.

The facts are plain. Since the Queen Elizabeth Hospital was incorporated in 1979 it has not, with the exception of 1983-84, overrun its annual budget. In fact, the Hon. Dr Cornwall, on one occasion when he was shadow Minister of Health, visited the Queen Elizabeth Hospital, complimented administrators on their financial efficiency, and asked the administration how it could achieve its budget target when other public hospitals in South Australia had difficulty in doing so. The admitted overrun in the 1983-84 budget was due primarily to the unexpected 4 per cent increase in in-patients and out-patients, and presumably the introduction of Medicare had some impact in the second half of that financial year. My questions are:

1. Will the Minister come out of cowards castle and repeat his highly defamatory remarks regarding the incompetence and/or connivance of the Queen Elizabeth Hospital administration outside the Council and, if not, why not?

2. Clearly, on a matter of such importance, the Minister would have had discussions with the Chairman of the Health Commission, Professor Gary Andrews, and senior Health Commission officials. In view of his statement of yesterday, does the Minister stand by his allegation that senior health officials share his view that incompetence and/or connivance were the reasons for the 1983-84 budget overrun at the Queen Elizabeth Hospital?

3. Does the Chairman of the Health Commission, Professor Gary Andrews, share the view that the Minister expressed yesterday?

4. Does the Minister accept the fact that there was an unexpected 4 per cent increase in patients during 1983-84 at the Queen Elizabeth Hospital and that this was a major factor for the budget overrun at that hospital?

The Hon. J.R. CORNWALL: There was some extravagant and personally insulting rhetoric in that lot. It seems that—

The Hon. Diana Laidlaw interjecting:

The PRESIDENT: Order! Yesterday, we had interruptions continually during Question Time, and I ask honourable members to desist from their continued interjections.

The Hon. J.R. CORNWALL: It seems that the tactics of personal smear that have been adopted by the Leader of the Federal Liberal Party must be contagious. Leaving aside the personal attacks and the extravagant rhetoric, I turn to more serious matters. The first is the overrun of the Queen Elizabeth Hospital's budget. The fact is, as I said yesterday, that, notwithstanding a negotiated budget supplementation of $500 000, the Queen Elizabeth Hospital eventually overran its 1983-84 budget by an additional $1.3 million. That is intolerable; no hospital can be allowed to overrun its budget by something in excess of 2 per cent without remedial action being taken by the South Australian Health Commission.

I stayed right out of this until the matter was raised in this Council yesterday. It was properly a matter for the Chairman and Deputy Chairman of the South Australian Health Commission, for the Executive Director of the Western Sector of the Health Commission, and for the Health Commissioners themselves. The matter was handled, in the first instance, by the Executive Director of the Western Sector and by the Deputy Chairman of the Health Commission, who is acknowledged to be among the best qualified health planners in this country. Their advice was along the lines that, first, there had been some strange bumps in the activity statistics that were presented during the year by the Queen Elizabeth Hospital. At one stage, the suggestion was that there had been a 25 per cent increase in the number of patients being seen at the hospital. That clearly was wildly inaccurate.

Immediately, the most senior and most competent people in the Health Commission—and by any standards those senior people are among the best that one could find anywhere—advised that the statistics could not be validated. Also, during this period additional budget supplementation was negotiated on the basis that there may have been a marginal increase in patient activity at the hospital. They also took action at that point to make sure that there were assurances and, hopefully, that mechanisms were put in place to ensure that the hospital did not overrun its budget by more than the negotiated $500 000. There were repeated assurances in writing—and they are on file—from the hospital month by month, indeed in some cases week by week, that the matter was well under control and that the hospital would not exceed its budget allocation and supplementation. In fact, the overall result at the end of the year, if one takes into account the supplementation, was an overrun in total of $1.8 million.

The Hon. L.H. Davis: What about the other hospitals?

The PRESIDENT: Order!

The Hon. J.R. CORNWALL: The Hon. Mr Davis interjects, as is his wont. He is a very rude fellow. He will have a chance to ask additional questions; 20 minutes of Question Time is left. Contrast that overrun of $1.8 million with the Royal Adelaide Hospital, which has a budget approaching $110 million, far bigger than most Government departments. The Royal Adelaide Hospital, which was denigrated earlier this week—

The Hon. R.J. Ritson: You gave it an extra $4.5 million before.

The Hon. J.R. CORNWALL: That is nonsense, and the Hon. Dr Ritson is parroting things that he knows nothing about. The Royal Adelaide Hospital came in, in that $110 million, within a few thousand dollars. Numerous devices, ways and management tools are available to hospitals to ensure, once undertakings have been given and commitments made, that they come in on budget. Budget supplementation is not unusual. In 1982-83 we inherited, of course, a crisis situation in the major public hospitals, and we supplemented most of the budgets. The Queen Elizabeth Hospital did not request, and it did not receive, supplementation in that year. Here we have a situation—

The Hon. L.H. Davis: You didn't call it incompetence and connivance, did you?

The PRESIDENT: Order! The Hon. Mr Davis must cease interjecting. He will have the opportunity to ask questions.

The Hon. J.R. CORNWALL: The Hon. Mr Davis interjects rudely again, as is his wont, and says that in 1982-83 when I became Minister of Health I did not call the representations of distress from hospitals that were made to me incompetence. I did not call them incompetent, because the hospitals had been set impossible targets by the previous Administration. It was during the Tonkin interregnum, as I said yesterday, that the heart was cut out of the hospitals, and half their spirit as well. They were in a crisis situation, and the budgets were supplemented overall by almost $5 million. Since then, as I also said yesterday, an additional $3 million has been injected. Altogether $8 million of new money, over and above what was available from the last Tonkin Budget, has been given to the major public hospitals. That was negotiated, it was deliberate, and it was part of a return to excellence in management. One can contrast that situation with a situation in a hospital which, despite repeated assurances and after having all these matters drawn to its attention, still blew its budget by in excess of 2 per cent.

Let us consider the background against which this quite extraordinary budget overrun occurred. Some time about the middle of the Tonkin interregnum, the Health Commission produced the metropolitan Adelaide hospital planning framework. It was undertaken by one of the most senior and most competent people in health administration in this State. That document pointed out that there were about 6.5 beds per 1 000 head of population in the public hospital area and that, ideally, from a management point

of view, we should be able to cope with 4.5 beds per 1 000 head of population. Indeed, it was pointed out that some time beyond 1990 it may be desirable to reduce that ratio to four beds per 1 000 head of population. Various scenarios were investigated, and we must remember that this document was produced during the period of the Liberal Government. Notwithstanding that—

The Hon. L.H. DAVIS: I rise on a point of order, Mr President. The Minister is simply not directing his remarks to the four questions that I asked.

The PRESIDENT: Unfortunately, I have no authority to direct Ministers on how they should answer questions.

The Hon. J.R. CORNWALL: Thank you, Mr President. This is a matter of very considerable moment; I would not have thought that the Opposition would attempt to muzzle me in all the circumstances. Notwithstanding that there was a very incompetent Government in office at that time, the metropolitan Adelaide hospital planning framework was produced, and it was an excellent document. However, clearly there were controversial matters. For example, the document suggested that it might be possible and even desirable to reduce the number of beds at the Queen Elizabeth Hospital from 700 to 500. It made particular reference to the 86 private beds in private rooms at the Queen Elizabeth Hospital, and made quite strong recommendations as to what the situation should be over the next decade. Clearly, it was a controversial document.

Thus, I was not prepared to accept it without an independent assessment. For that reason, as well as for other very good reasons relating to quality assurance, the metropolitan Adelaide hospital planning framework was referred to the Sax Committee for assessment as one of the committee's specific terms of reference. That committee, of course, was chaired by Dr Sid Sax, who is acknowledged to be without peer in this country as a hospital and health administrator. Of course, the Sax Committee—

The Hon. L.H. Davis: The public will see you for what you are—a coward.

The PRESIDENT: Order!

The Hon. C.J. SUMNER: I rise on a point of order. I ask the honourable member to withdraw that statement: it is clearly unparliamentary.

The PRESIDENT: The honourable member has been asked to withdraw the word 'coward'.

The Hon. L.H. DAVIS: Mr President, I do not consider the word 'coward' to be unparliamentary.

The PRESIDENT: It is not really a question of whether that word is unparliamentary. That was not the question asked of me. There was an objection to the wording, and the honourable member was asked to withdraw.

The Hon. L.H. DAVIS: I have already used the phrase 'cowards castle'. I will stand by that. However, I am quite happy to withdraw the word 'coward'.

The Hon. J.R. CORNWALL: Perhaps before I go further, to put their little minds at rest I will make very clear that there is nothing that I said yesterday or today in this Council that I would not be happy to repeat anywhere. I will return to the very important matter of the Queen Elizabeth Hospital. The Sax Committee recommendations have been the subject of an ongoing and very comprehensive exercise by the Health Commission. In fact, the responses have been completed, they are in the word processor, and they will be released publicly well before Christmas. So much for that.

As well, at this moment a major role and function study is occurring at the Queen Elizabeth Hospital, and hospital representatives are active participants of the group that is conducting that study. That is the general background to a level of paranoia that has quite unreasonably built up in some sections of senior staff at the Queen Elizabeth Hospital. It seems that they will not accept the fact that the role assigned to the Queen Elizabeth Hospital at the time of its construction in the 1950s is not in some ways suitable or relevant to the 1980s and beyond. At every step I have tried to take the most constructive attitude possible. For that reason we are considering the hospital's continued and guaranteed role as a teaching hospital, a centre of excellence and, perhaps most importantly of all, a major community hospital in the best sense serving all the people of the western suburbs. It is my hospital. I am very proud to say that I am a resident of the western suburbs.

Members interjecting:

The PRESIDENT: Order!

The Hon. J.R. CORNWALL: The sooner some people at the Queen Elizabeth Hospital stop trying to imagine that it is a third-rate Flinders Medical Centre and realise that it ought to be, and must be, for the next generation, a first-rate Queen Elizabeth Hospital within the general terms that I have outlined, the better. Let me say, with regard to whether or not I had discussions with the Chairman of the Health Commission and whether or not he shared my view, that I not only had many discussions with the Chairman and Deputy Chairman of the Health Commission but also had discussions with the Commissioners. You will recall, I am sure, Mr President, that very early in my period as Health Minister I appointed the Alexander Committee to review the operations of the Commission—that is, the Commissioners and the approximately 300 people who are in the Westpac building at 52 Pirie Street and who administer the vast and complex health system. I might add that they do it at about 1 per cent—

The Hon. R.J. RITSON: I rise on a point of order. The Minister is abusing the Parliamentary process by preventing himself being questioned properly on this matter. You can see his fear and anxiety in his need to talk out the rest of Question Time.

The PRESIDENT: I think that that is a matter that the honourable member ought to address to the Standing Orders Committee, if it is ever reconvened. The honourable Minister of Health.

The Hon. J.R. CORNWALL: You will be aware, I am sure, Sir, that as a result of that committee, the Commission, that is the Commissioners who comprised the Commission, was changed and instead of the rather large number of part-time Commissioners and a full-time Chairman, as existed under the previous Administration, we now have a Chairman, Deputy Chairman and three part-time Commissioners. Those three part-time Commissioners are Dr Brendon Kearney, one of the most senior and respected hospital and medical administrators in the State—

The Hon. R.J. RITSON: I rise on a point of order. The Minister should know that the unions are meeting right now at the hospital and he should be down there finding out what is going on.

The PRESIDENT: I cannot accept that as a point of order. The honourable Minister of Health.

The Hon. J.R. CORNWALL: Then there is Commissioner Mary Beasley, who is a Public Service Commissioner, and Mr Rick Allert, who is one of the most senior, competent and respected accountants in South Australia. Their advice was that action had to be taken at the Queen Elizabeth Hospital regarding its budget overrun. The actions that have been taken are those recommended by the Commission and its Chairman, so at no stage, and I stress that, have I been involved in any direct action or in taking any decisions. I have been very happy to go along with the recommendations of the Commission.

What I would say is that, because of the significance of the proposed action, I took the matter to Cabinet, explained what the Commissioners and the Health Commission were proposing and asked Cabinet to note it, so it is not a

decision which in any way has been taken by me. It is not an action which has, in any way with regard to the budget, been taken by me. It has been taken on the very best, most professional and most competent advice available.

Members interjecting:

The PRESIDENT: Order!

The Hon. J.R. CORNWALL: I conclude by saying that the future—and I believe that it is a very bright future—of the Queen Elizabeth Hospital is assured. I am taking no action and I am initiating no action that will result in any major changes at the Queen Elizabeth Hospital. No major changes will be initiated at least until the major role and function study, in which the hospital is participating and from which we would expect major and considered recommendations, is undertaken.

I might add that the Mayor of Woodville, Mr John Dyer, who I am happy to call a friend, who is a well respected and distinguished citizen of the western suburbs, whom I have known for very many years and whom I appointed to the Board of the hospital—the Mayor of Woodville is a Ministerial appointment to that hospital let me stress—is a participant, a member of that role and function study. So there is no question that we have not done everything that is reasonable to ensure that the proud traditions of the Queen Elizabeth Hospital are maintained and that its role is enhanced in every reasonable way possible.

Whether that will involve a reduction in bed numbers, and reorganisation of clinical activities or research activities, frankly I do not know and it would be supremely arrogant of me to suggest that I had any of the answers. What I do know is that arising out of this role and function study there will be a renaissance at the Queen Elizabeth Hospital and, like the other hospitals, it will be born again.

The Hon. J.C. Burdett: What a disgraceful performance!

The Hon. J.R. CORNWALL: Poor old John! Of course, he has Mr Oswald, Mr Ingerson, Legh Davis and all manner of people breathing down his neck for the job of shadow Minister. He interjects and says, 'What a disgraceful performance.' I think that I have demonstrated in the past half hour, if nothing else, that I have an empathy with the Queen Elizabeth Hospital and a reasonable command of my portfolio area.

The Hon. L.H. DAVIS: I have a supplementary question. Notwithstanding the 30 minutes during which the Minister spoke, he answered only one of the four questions I asked. Therefore, will he answer the other three questions, as follows:

1. Will he stand by his allegation that senior health officials share his view that incompetence and/or connivance were the reasons for the 1983-84 budget overrun?

2. Does the Chairman of the Health Commission, Professor Gary Andrews, share his views?

3. Does he accept the fact that the unexpected 4 per cent increase in patients during 1983-84 was a major factor in the budget overrun at the Queen Elizabeth Hospital?

The Hon. J.R. CORNWALL: The views I expressed yesterday, which I am perfectly happy to repeat today, were based on advice I was given. I did not name names, unlike the Hon. Mr Davis. The only person I mentioned today was the Mayor of the City of Woodville, because of his distinguished contribution, both to the board and to the role and function study. I say yet again, in answer to the supplementary questions, that the views I expressed yesterday were based on advice that I received from the most senior officers in the Commission. That advice was tendered after due consideration by all of the Health Commissioners.

ABORIGINAL LANDS TRUST ACT AMENDMENT BILL

Adjourned debate on second reading.

(Continued from 19 September. Page 953.)

The Hon. K.T. GRIFFIN: The Opposition supports the Bill; that support was indicated also in the other place where the Bill was introduced. We believe that it is important to give some priority to giving additional powers to members of Aboriginal communities to enable them to control the availability of alcohol on lands that come under their control. There is a regulation-making power in the Pitjantjatjara Land Rights Act which, to some extent, covers a different aspect of the problem. There is also a provision for regulations in the Maralinga Land Rights Act that is yet to be proclaimed.

In respect of the Pitjantjatjara lands, somewhat different legal problems have been recognised by this Government, as well as having been recognised by the previous Government, namely, the question whether or not any parts of the Pitjantjatjara lands were public places for the purposes of the Police Offences Act, the Road Traffic Act, and similar legislation. To some extent that was also recognised in the Maralinga land rights legislation. With Aboriginal Lands Trust lands there is a different problem because the Aboriginal Lands Trust is a structure for the holding of lands vested in it for the benefit of Aboriginal people who either have a direct and traditional interest in those lands or who have acquired some other sort of interest in those lands.

The Aboriginal Lands Trust holds lands around South Australia, both in the closer settled areas as well as in the more remote areas, particularly Yalata. There is no power under the Aboriginal Lands Trust Act for it to make extensive regulations that would control access to those lands, practices that occur on them, and items such as alcohol and drugs, because the Aboriginal Lands Trust holds the lands as though it were a private landholder.

To that extent those lands are treated no differently from the small or more extensive holdings of other private citizens in South Australia. That is really where the difficulty lies in respect of the problem of alcohol abuse. The Bill seeks to allow a proclamation to be made in consultation with particular Aboriginal communities, and obviously in consultation with the Aboriginal Lands Trust, to make regulations that will enable the use of alcohol to be controlled on specified lands of the Aboriginal Lands Trust. That means that, for the purposes of the application of the Public Intoxication Act to the lands of the Aboriginal Lands Trust, the lands become public places.

The second reading explanation drew attention to the possible difficulty of a conflict with the Commonwealth Racial Discrimination Act in the way in which this problem is treated. I appreciate that point of view.

In Government we believed that there was a problem even with the Pitjantjatjara Land Rights Act in the context of the Commonwealth Racial Discrimination Act. That problem was highlighted in a South Australian Supreme Court case that has only recently been heard by the High Court, which has not yet handed down its decision. In that case the Liberal Government sought from the then Prime Minister an undertaking to amend the Commonwealth Racial Discrimination Act to ensure that no part of the Pitjantjatjara Land Rights Act was void as a result of any conflict between the Commonwealth and State legislation.

As it turned out the Commonwealth did not indicate that it was prepared to so legislate. It seems to me that that is the best way of dealing with the problem that we have with Aboriginal Lands Trust lands.

I am not convinced that the way in which this Bill seeks to apply the Public Intoxication Act to lands held by the Aboriginal Lands Trust will, in fact, avoid the conflict with the Commonwealth legislation. I presume, notwithstanding my hesitation, that the Government has obtained its own advice and, even if the matter is arguable, that it is prepared to at least attempt to deal with the problem in this way. For that reason I am prepared to support it.

The difficulty is that the Public Intoxication Act presently applies to public places, although it does not apply to private property. This Bill will apply the Public Intoxication Act to private property held by the Aboriginal Lands Trust and, to that extent, it is discriminatory. I do not criticise that at all: I merely draw attention to that point. I also make the point that in making a proclamation the Government should be particularly careful that it does not declare certain lands of the Aboriginal Lands Trust to be the subject of the Public Intoxication Act where the land itself would be a private home.

I think there are very real dangers in applying the Public Intoxication Act to private property and, therefore, I suggest that the Government watches that point and applies it by proclamation only to those lands that can be regarded as public property or in the nature of public property. One other area of concern—the powers of authorised officers under proposed section 16a—has been the subject of consultation with appropriate Ministers.

I have no difficulty with the concept of authorised officers being appointed specifically to deal with lands of the Aboriginal Lands Trust declared by proclamation to be subject to the Public Intoxication Act, and to that extent it will be no different from any other public land in South Australia. However, I do have a difficulty with the additional power being given to an authorised officer who may not necessarily be a person trained in any aspect of civil liberties and the rights of citizens; that officer will have in certain circumstances the power, on reasonable suspicion that alcohol or a drug is in any premises or vehicle, to enter and search those premises or that vehicle using such force as is necessary for the purpose, with the power to stop any vehicle for the purpose of carrying out a search and with the power to confiscate and dispose of alcohol or a drug so found.

They are wide powers about which I have always been particularly sensitive within the general community and about which I am equally sensitive in giving to persons who might not have adequate training to exercise those significant powers. What I intend to move by way of amendment as a result of consultation with appropriate Ministers is that the authorised officers who may exercise those additional powers of search and entry by force are to be appointed with the concurrence of the Commissioner of Police. That means only that the authorised officers who operate on lands of the Aboriginal Lands Trust will be appointed after consultation with the Trust and the Aboriginal community where they will operate and with the concurrence of the Commissioner of Police. I believe that that is an appropriate safeguard.

The other area that I understand is likely to be the subject of attention—and the Minister might care to just affirm that—is that the authorised persons will undergo training either before or at the time of appointment, that the Police Department will be involved in training and that a police and Aboriginal aid system is being planned. It would be appropriate for the Minister to say whether that is the position when he closes the second reading debate. Subject to the amendment to be moved, I want to facilitate the Bill's passage through Parliament this afternoon. I appreciate the willingness of the relevant Government Ministers and the Minister responsible in this Council who has shown a willingness to discuss that difficulty. I support the second reading.

The Hon. J.R. CORNWALL (Minister of Health): I thank the Hon. Mr Griffin for his very positive contribution and also for the co-operation that he is showing to this side of the Council in trying to ensure that the legitimate interests of all parties involved in this legislation are well served. I welcome the Bill, and as Minister of Health I have said that part of the answer—by no means all of it, of course—to the alcohol problems in the Yalata community lies with community control and that there is no real hope that these matters will be solved other than by the community itself accepting the responsibility. The community has now clearly indicated that it is willing to accept that responsibility. Not only has it made clear that it is anxious to co-operate with the police in the area but also it has asked that they be available whenever it is appropriate.

So, there is much goodwill on both sides. Both my colleague, the Minister of Aboriginal Affairs, and I believe that it will be necessary to have police officers in the area who are sensitive to the problems and who show a sympathy for and to a certain extent empathy with the people of the Yalata community. Most of the reports that we have had to this point indicate that that is the case—that the police have behaved not only in a most responsible way when summoned by community leaders but they have also behaved in a very sympathetic and empathetic way.

The community itself has asked for this legislation. Some misgivings have been expressed by the Hon. Mr Griffin with respect to authorised officers, because this legislation goes significantly further than the Public Intoxication Act passed by this Parliament in the last session and proclaimed as recently as 3 September. There are authorised officers under that Act, but the Hon. Mr Griffin has correctly pointed out that they do not have the powers of entry and search that will be available to authorised officers under this Bill.

The honourable member has been seeking to ensure that there is a high measure of responsibility in the selection, training and appointment of those authorised persons. The honourable member has produced an amendment that goes a long way to overcoming those potential problems and, at the same time and just as importantly, it does so without in any way treating the citizens of the Yalata community as being in any way inferior to the citizens of Adelaide or any other area in South Australia. I pay a due compliment to the Hon. Mr Griffin.

In conclusion, I assure the Council that over and above the proposed amendment on file, under the Public Intoxication Act provisions, anyone who is selected as an authorised officer will undergo suitable and adequate training and that the Police Department will be involved in the training and will be consulted on appointments before they are made. I also point out to the Council, as a matter of substantial interest which is at least indirectly relevant to the Bill, that the police Aboriginal aid system, which was talked about some time ago, is now in a stage of reasonably forward planning. In the foreseeable future, in addition to the authorised persons, it may be that we will see police Aboriginal aides operating with respect to this legislation and other areas of the law in and about the Yalata community.

Before concluding, I make it clear that the Aboriginal Development Commission has made immediately available a sum of $100 000 which the Minister of Aboriginal Affairs tells me will be used to establish at least an interim sobering up centre. It is a matter of interest that it will be only the second sobering up centre in the State—the other one being located in Osmond Terrace. The sobering up centre will be staffed principally by WOMA personnel; that is, of course, an Aboriginal sobriety organisation. This is a major step in the right direction. As I have said before on many occasions, the alcoholism and alcohol related problems of Yalata and

in all other Aboriginal communities around the State are a symptom of some very major underlying problems, rather than the exclusive problem itself. Nevertheless, combined with other initiatives that I hope can be put in train in the health area in the near future, along with the sorts of improvements and improved attitudes which are occurring around the country and, of course, the land rights issue in the case of the Yalata people, it is possible to be cautiously optimistic.

Bill read a second time.

In Committee.

Clauses 1 and 2 passed.

Clause 3—'Application of the Public Intoxication Act, 1984, to the Lands.'

The Hon. K.T. GRIFFIN: I move:

Page 1, line 32—After "authorised officer" insert "appointed with the concurrence of the Commissioner of Police".

New section 16a (1) *(c)* empowers a member of the Police Force or an authorised officer to exercise significant power. That is being modified to the extent that the authorised officer (who is allowed to enter premises or a vehicle to search them and to use such force as is necessary, to stop any vehicle for the purpose of carrying out the search, or to confiscate or dispose of alcohol or a drug) is an authorised officer who is appointed with the concurrence of the Commissioner of Police.

There is no discrimination in my amendment. The fact is that the power in paragraph *(c)* is much wider, as the Minister has said, than that contained in the Public Intoxication Act. I think it is appropriate that, if those wide powers are to be exercised, they are exercised by persons who have had some training in the recognition of civil rights. That is why, if there is the added safeguard of appointment with the concurrence of the Commissioner of Police, I believe that that objective is achieved. I understand that the Minister of Aboriginal Affairs is happy with the amendment. I appreciate that he has been able to come to that informal agreement with a view to facilitating passage of the Bill.

The Hon. J.R. CORNWALL: In summing up the second reading debate I indicated that there had been a significant measure of co-operation between the Government and the Opposition. I can do no more than to say we accept the amendment. We thank the Opposition for its co-operation in expediting the passage of this Bill, which is very significant for the Yalata people.

Amendment carried; clause as amended passed.

Title passed.

Bill read a third time and passed.

CRIMINAL INVESTIGATION (EXTRA-TERRITORIAL OFFENCES) BILL

Adjourned debate on second reading.

(Continued from 18 September. Page 886.)

The Hon. C.J. SUMNER (Attorney-General): In replying to the debate on this Bill, I thank the Opposition and the Hon. Mr Griffin for their support for the measure. The honourable member raised two questions: first, whether the provisions relating to search warrants in this Bill are to apply to all search warrants or only those under the Bill. I believe that clause 4 makes it quite clear that the procedure relates only to warrants issued under the Bill. The procedure for obtaining warrants under the Police Offences Act, any other Act and general warrants are not affected by the legislation. Of course, that would be the same in each participating State.

The Hon. Mr Griffin also queried whether there is any provision in the Bill whereby a police officer may be supported by other police officers in the exercise of his powers. I believe that clause 5(1) of the Bill makes that position clear; namely, that a police officer can call other police officers to support him in the exercise of his powers under the Bill. I think they are the only outstanding matters.

Bill read a second time and taken through its remaining stages.

FAMILY RELATIONSHIPS ACT AMENDMENT BILL

Adjourned debate on second reading.

(Continued from 13 September. Page 841.)

The Hon. C.J. SUMNER (Attorney-General): I sought leave to conclude my remarks on the second reading debate of this measure, and will now do that, although I indicate that the Government is considering the comments that honourable members made during the debate and, in particular, the amendments that have been placed on file. The issues will be further considered in Committee. Further, the Select Committee, which has been proposed by the Hon. Mr Griffin, will be considered by the Government and a response will be provided when we resume the sittings.

I therefore at this stage take the opportunity to discuss some of the issues raised by honourable members so as to at least conclude the second reading debate and then to allow more discussion in Committee, given that there is no dispute about the necessity for a Bill of this kind. I emphasise that the Bill is of limited scope in that it only determines the status of children born by AID and IVF procedures, there already being in the community children who have been born by those procedures and whose status legally is still in doubt.

During the debate many honourable members have used this Bill as a vehicle through which to express wide ranging concerns about the AID and IVF programmes. I found many of the contributions thoughtful and well worth while, although it may be that in the ultimate analysis there are some differences of opinion about where we should go on this topic. Nevertheless, this debate was good, in contrast to some of the other contributions that we have to undergo sometimes in this Chamber. All honourable members recognise that this is an important issue. The general question of medical procedures in this area is difficult. It raises important moral and ethical questions for people and, in addition, important practical questions in the hospital.

The Hon. K.T. Griffin: And legal.

The Hon. C.J. SUMNER: And, as the honourable member says, important legal questions, the law having to come to grips with changes in science and in medical knowledge. The debate identified well the many issues with which we have to be concerned. As I said, the Government will respond to the Hon. Mr Griffin's private member's motion on a Select Committee when we resume, but I will address one or two issues that were raised in this debate.

First, the honourable member said that the Bill presumes that the IVF programme should be available to *de facto* couples. I point out that the Bill is concerned only with the legal status of children born as a result of fertilisation procedures, which include both *in vitro* fertilisation and artificial insemination by donor. While no children have been born to *de facto* couples as a result of IVF procedures to date, it is not possible in relation to AID to be sure that no children have been born to *de facto* couples; it is quite possible that children have been born to *de facto* couples as a result of AID procedures.

The Hon. K.T. Griffin: Is any information available in relation to that?

The Hon. C.J. SUMNER: No, unfortunately we do not have any specific information on that, and I do not think that it will be possible to obtain any specific information because AID procedures, unlike IVF, do not require sophisticated medical intervention. AID can be effected by very simple means away from hospitals and even away from doctors' surgeries. AID procedures have been carried out, at least in doctors' surgeries, over the past few years. It is a simple procedure and it may even be that procedures have been carried out outside doctors' surgeries. In the sense that this Bill deals with *de facto* couples, it may be that there already is a problem about the legal status of children born in *de facto* relationships as a result of AID procedures to date, and doubts about paternity and the like that may arise.

The Hon. K.T. Griffin: Maybe that can be resolved by looking at the births, deaths and marriages registration, making it conclusive that the person named on the certificate is the father. I have not looked at that, but maybe it is an idea.

The Hon. C.J. SUMNER: There may be alternative ways of dealing with that issue, although I am not at the moment dealing with the substantive issue of whether procedures should be available to *de facto* couples, which is an issue that we will consider when the honourable member moves his amendment on our return. All that I am saying now is that to completely exclude *de facto* couples from the legislation may give rise to a hiatus with respect to some children already born, at least by AID procedures, if not by IVF procedures. It, therefore, is quite possible that a child has been born to a *de facto* couple by an AID procedure. The donors of semen in those cases should not be regarded as the legal fathers of children born by these procedures; the legal father should be the social father.

I emphasise that the Bill does not give approval to IVF or AID procedures being available to *de facto* couples. All it provides is that, if those procedures have been used for *de facto* couples, this is the legal result. That is the distinction that must be borne in mind when debating the issue, because the substantive debate as to whether the process should be available to *de facto* couples is really an issue separate from that on which this Bill centres.

The honourable member also criticised the clause that provides that the consent of a husband to his wife undertaking IVF or AID procedures is to be presumed unless evidence is given to the contrary. At common law there is a presumption that a child born to a married woman is the child of her husband. This presumption is rebuttable by evidence to the contrary, including evidence of the husband's infertility. If the presumption is rebutted, the social father is not the legal father. This Bill extends this presumption to apply in cases where fertilisation procedures have been used, so that the social father will be the legal father unless evidence as to his non-consent is provided. I point out that this provision was agreed to by the Standing Committee of Attorneys-General—or at least by all those Attorneys who actively participated in this debate—and is included in the New South Wales and Victorian Acts.

The Hon. Mr Griffin objected to a *de facto* husband being designated the father of the child if the woman is separated from her legal husband and living with a *de facto*. The provision in the Bill places a couple who bear a child following a fertilisation procedure, in the situation outlined above, in the same position in which that couple would be if the child had been conceived naturally. It is necessary to specify which man is to be the legal father of the child. That relates to the point I made previously—that the Bill deals with the status of children rather than the merits or otherwise of people's *de facto* relations taking advantage of the relationship. I reiterate that it might not be possible in any event, even if it is considered desirable, to prohibit at least AID procedures from being available to *de facto* couples. I believe that that would provide almost insuperable obstacles by way of enforcement, because it is not a difficult procedure.

What I am saying is that, if there is a *de facto* relationship and if these procedures have occurred, the Bill provides that the social father should be deemed to be the father of the child, and that may occur even though there is a legal husband. That would be the same situation as that which would occur if fertilisation happened by natural means. It does not alter a pre-existing situation: all it provides is that, if these procedures occur, certain legal consequences flow.

A number of other issues were raised. The working party report on IVF and AID in South Australia, the so-called Kelly-Connon report, was referred to. The Minister of Health has extended the time for comment on this report to 31 October 1984. The question of surrogacy was raised by the Hon. Mr. Griffin and the Hon. Mr DeGaris. The Hon. Mr Griffin seems to be of the opinion that surrogacy should not be contemplated, but the Hon. Mr DeGaris seems to have a more liberal view and in his amendment specifically provides for surrogacy, albeit with certain interventions of the Attorney-General, but I am not sure whether the Attorney-General would be particularly enthusiastic about that. The amendments proposed by the Hon. Mr DeGaris and the Hon. Mr Griffin will be considered in due course by the Government.

Allow me to say that, when we considered the Kelly-Connon report in Cabinet, we took a view against surrogacy being allowed. That was the recommendation of the Kelly-Connon report, although it is not a recommendation that is universally accepted. I believe that the Waller report, for instance, contemplated surrogacy in some circumstances.

The Hon. Anne Levy: No, it was totally opposed.

The Hon. C.J. SUMNER: I see. As the Hon. Mr DeGaris indicated, there are differing views on surrogacy. The destruction of embryos was another matter raised by the Hon. Mr Griffin. That, of course, is one of the broader ethical or moral questions raised by these procedures. Again, that matter was referred to in the Kelly-Connon report and it will be considered further once the comments on that report have been received by the Minister of Health. If it is decided that this Council should proceed with the Select Committee proposed by the Hon. Mr Griffin, that matter could be considered by that committee.

The Hon. Mr DeGaris raised the question of the Sex Discrimination Act, and it is in relation to that Act that the debate on *de factos* being unable to participate in these procedures really arises. I think it would be true to say that it may well be the case that the honourable member's amendment preventing the use of these procedures in hospitals by *de facto* couples may well run foul of our Sex Discrimination Act. His amendment purports to exclude the operation of the South Australian Sex Discrimination Act, but it may also run foul of the Commonwealth Sex Discrimination Act. To that extent, the proposed amendment may well be invalid as inconsistent with the Commonwealth Act. That is another issue that the Government will consider. I understand that to date IVF procedures have not been available in the hospital system to *de facto* couples or to single people, but I repeat that no such guarantees can be given that those procedures have not occurred in AID programmes or procedures elsewhere. The amendment will be addressed specifically in Committee, but I merely point out some difficulties that may arise apart from the question of principle, which is an important question that I will further address when the Government has considered the honourable member's amendment in more detail.

The Hon. Mr DeGaris asked nine questions during the debate to which he requested answers. These questions were not directly related to the matters dealt with in the Bill but were part of the wider debate on IVF and AID procedures to which this Bill has given rise. The honourable member referred, first, to the need for records of the genetic origins of a child. The Government acknowledges the need for such records. Secondly, the honourable member asked who will keep records if records are kept. At present, in the AID programmes conducted in two major hospitals, comprehensive records of the donor's personal and family medical history are recorded and coded. These hospitals monitor strictly access to the information, and only senior personnel of the units will be able to put the name of a particular donor to the code accorded to the medical and genetic information about him. Similar protection could be ensured for the donation of ova in IVF programmes. Questions 3 to 7 were as follows:

3. How comprehensive should those records be?
4. To whom should that information be available, and when?
5. The Government's attitude towards the child's right to know?
6. Does the Government believe that there is a right to know beyond the right to know of the child?
7. Does the Government have any views on the right to privacy of the donor?

The answer to those questions is: as previously stated, the records maintained relating to donors of sperm in the AID programmes concern the medical and genetic history of the donor. The hospitals maintain strict secrecy as regards access to the information recorded. In this way the privacy of the donor is ensured. The information recorded is not available except where exceptional medical circumstances make access to such information imperative.

Whether any additional information should be kept and the question of access to such material were discussed in part by the working party which reported to the Health Commission on IVF and AID procedures earlier this year—the Kelly/Connon Report. The working party stressed the need to maintain the highest possible standards of confidentiality with respect to the handling of medical records and notes and the recording of the use of any donor gametes. In addition, the working party concluded that the release of identifying information about the donor or any child resulting from AID or IVF procedures could cause personal problems for the child and/or the donor. The working party concluded that total anonymity must be preserved to ensure the best interests of the child.

In this respect the working party differed from the conclusion of the Waller Committee. Restrictions placed on the flow of such information to a resulting child would also ensure that the donor's privacy is respected. The Minister of Health has sought comments from interested parties on the report of the working party. The cut-off date for comments is 31 October 1984. When all comments are received the Government will consider whether any alteration needs to be made to the present situation of total anonymity, having regard to the interests of both the donor and the child. The eighth question was:

Particularly in relation to AID programmes, does the Government favour that such programmes be conducted only by reputable clinics and medical practitioners?

The Government favours the conduct of AID programmes only in reputable clinics and by reputable medical practitioners in order to maintain high standards of counselling, confidentiality and selection of donors. The ninth question was:

What is the Government's view in relation to the sale of sperm?

The Government considers the sale of sperm to be undesirable, but acknowledges that a contribution to expenses is generally paid to sperm donors. The Transplantation and Anatomy Act forbids the sale of human tissue but does not cover sperm donations. I trust that I have answered some of the specific questions raised by the Hon. Mr DeGaris and the Hon. Mr Griffin. There are still issues to be resolved during the Committee stage of the Bill and I look forward to the debate on those issues. As I said before, I think that the debate on this Bill was useful and constructive, and I thank honourable members for their contributions and their support of the second reading of the Bill.

Bill read a second time.

In Committee.

Clause 1 passed.

Progress reported; Committee to sit again.

COMMISSIONER FOR THE AGEING BILL

The House of Assembly intimated that it had agreed to the Legislative Council's amendments.

TRANSPLANTATION AND ANATOMY ACT AMENDMENT BILL

Returned from House of Assembly without amendment.

[Sitting suspended from 4.19 to 4.30 p.m.]

ABORIGINAL LANDS TRUST ACT AMENDMENT BILL

The House of Assembly intimated that it had agreed to the Legislative Council's amendment.

ADJOURNMENT

At 4.33 p.m. the Council adjourned until Tuesday 16 October at 2.15 p.m.