LEGISLATIVE COUNCIL

Wednesday, 31 March 2021

The PRESIDENT (Hon. J.S.L. Dawkins) took the chair at 14:16 and read prayers.

The PRESIDENT: We acknowledge Aboriginal and Torres Strait Islander peoples as the traditional owners of this country throughout Australia, and their connection to the land and community. We pay our respects to them and their cultures, and to the elders both past and present.

Parliamentary Committees

LEGISLATIVE REVIEW COMMITTEE

The Hon. N.J. CENTOFANTI (14:17): I bring up the 29th report of the committee.

Report received.

The Hon. N.J. CENTOFANTI: I bring up the 30th report of the committee.

Report received and read.

The Hon. N.J. CENTOFANTI: I bring up the 31st report of the committee.

Report received and read.

The Hon. N.J. CENTOFANTI: I bring up the 32nd report of the committee.

Report received and read.

Ministerial Statement

ROYAL AUSTRALIAN AIR FORCE CENTENARY

The Hon. R.I. LUCAS (Treasurer) (14:22): I table a copy of a ministerial statement relating to the RAAF Centenary made today in another place by my colleague the Premier of South Australia.

Question Time

NATIONBUILDER

The Hon. K.J. MAHER (Leader of the Opposition) (14:23): My question is to the Treasurer regarding misuse of private data. Does the Treasurer stand by comments the Premier made yesterday in relation to interactions with government websites, when the Premier said, 'I made it abundantly clear this morning that no person had been redirected to a Liberal Party website or platform'?

The Hon. R.I. LUCAS (Treasurer) (14:24): I made it absolutely clear I am 100 per cent behind the Premier's statement yesterday, as all in the government will be, when the Premier said yesterday, 'The Marshall Liberal government has not been using state government websites to collect or track data for the Liberal Party. Reports that this has occurred are false.' I and all members of the government, I am sure, are 100 per cent, lock step, locked and loaded behind the Premier in terms of his unequivocal responses.

NATIONBUILDER

The Hon. T.A. FRANKS (14:24): Supplementary: can the Treasurer confirm that nobody has received an email as a result of filling in a government form and that email originating from the Liberal Party?

The Hon. R.I. LUCAS (Treasurer) (14:24): I can only repeat the assurance that the Premier has given, and let me repeat it again.

Members interjecting:

The PRESIDENT: Order!

The Hon. R.I. LUCAS: 'The Marshall Liberal government has not been using state government websites to collect or track data for the Liberal Party. Reports that this has occurred are false.'

Members interjecting:

The PRESIDENT: Order! Treasurer, resume your seat. The Hon. Ms Franks asked a supplementary question. I think she would like to hear the answer.

The Hon. R.P. Wortley interjecting:

The PRESIDENT: The Hon. Mr Wortley, you are out of order—

The Hon. D.W. Ridgway: Hear, hear!

The PRESIDENT: —and so is the Hon. Mr Ridgway.

An honourable member: Chuck him out then.

The PRESIDENT: Order!

The Hon. D.W. Ridgway interjecting:

The PRESIDENT: You are out of order. I think the Hon. Ms Franks deserves to hear the answer, and at the moment I am struggling to. She is further away than I am, so I would ask that the Treasurer be heard in silence.

The Hon. R.I. LUCAS: What I would also add is that all political parties—the Labor Party, indeed the Greens and the Liberal Party, if they collect petitions and names on petitions—do send material to them if it's petitions that they have collected or that have been publicly collected. So all political parties, including the Greens, email signatories to publicly available petitions—'Save the Repat' or the like. There are many thousands of those over the years who I am sure got emails from all sorts of people.

In relation to the critical issue, which is actually the important issue of taxpayer funding and government-owned websites and the like, the Premier has been unequivocal in his statements. I have repeated it twice. I can say no more. We in the government are steadfast behind the Premier's unequivocal denials in relation to this particular issue.

NATIONBUILDER

The Hon. K.J. MAHER (Leader of the Opposition) (14:26): I seek leave to make a brief explanation before asking the Treasurer a question regarding data harvesting.

Leave granted.

The Hon. K.J. MAHER: Yesterday, the Premier stated that nobody had been redirected to a Liberal Party website or platform, and I seek leave to table that document that reflects the Premier's statement.

Leave granted.

The Hon. K.J. MAHER: A copy of coding shows the redirection from a government website to a Liberal Party website or platform through multiple redirections, and I seek leave to table a copy of that coding.

Leave granted.

The Hon. K.J. MAHER: Finally, Mimecast issued a statement yesterday, and I seek leave to table a copy of that statement before finishing the explanation and asking the question.

Leave granted.

The Hon. K.J. MAHER: In the first document tabled, the Premier says:

> I made it abundantly clear this morning that no person had been redirected to a Liberal Party website or platform.

The ABC states today, and I quote:

> Yesterday, the Premier and NationBuilder tried to dismiss the ABC's story by claiming links on the government's websites did not go to NationBuilder. This is incorrect.

We have picked one of the links on the COVID website and here is the code that shows the multiple redirections, and in the second document I have tabled today it shows evidence of a person clicking on a COVID-19 related website that then redirects through to the Liberal Party's website or platform. Mimecast has also come out and been quoted as saying that the information provided by the Premier yesterday on this topic is incorrect.

My question to the Treasurer is: how can it be simultaneously true that there are no redirections to a Liberal Party website from government websites as claimed yesterday by the Premier and, again, twice today by the Treasurer; also, that redirections have occurred from government websites to Liberal Party websites or platforms as revealed by the ABC and evidenced by the documents tabled in this place today? Given that these two things are completely opposite, are the Treasurer and the Premier lying, or is the ABC lying?

The Hon. R.I. LUCAS (Treasurer) (14:29): Given the simple choice, I will always back in the Premier every day of the week.

NATIONBUILDER

The Hon. K.J. MAHER (Leader of the Opposition) (14:29): My question is to the Minister for Health and Wellbeing: minister, can you rule out the possibility that, if someone has clicked on a COVID-19 website and given their email information, that email is passed on and used for party political purposes by the Liberal Party? Can you rule that out?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:30): I have spoken to SA Health and I am confident that there are no SA Health websites collecting or tracking data for the Liberal Party.

HOMEBUILDER PROGRAM

The Hon. D.W. RIDGWAY (14:30): My question is to the Treasurer. Can the Treasurer please update the chamber on the HomeBuilder projects that have been supported by the government?

The Hon. R.I. LUCAS (Treasurer) (14:30): I am pleased to advise the house in terms of the latest discussions that have transpired in relation to HomeBuilder. As I have informed the house before, the total applications are now, I think, over 10,500 as the final days—I think today might be the final day—click over for the $15,000 grant, as opposed to the $25,000 grant. In the next 24 hours we will probably have the absolute final figures in terms of the total number of applications.

Thus far, a rough estimate of those deemed to be ineligible is in and around about 10 per cent, so the overwhelming majority of them are deemed to be eligible. We, as I have outlined to the house before, have sought a response from the federal government as to whether or not it is prepared to extend the six-month period from the signing of the contract to the commencement of construction, and for the reasons I have outlined before (and I will not go over it again), we are still awaiting a formal response from the federal government. We understood they may well delay a final decision on that submission, which has been supported, I might say, by some other state treasurers as well. I do not purport to speak on behalf of all of them, but a number of the other state treasurers have supported our submission to the commonwealth government.

We understood that a final decision from the federal government would be delayed until the closure of applications, which we are hopeful will be possibly next week. At this stage we do not know the federal government's response. We remain in dialogue with the federal government to see whether or not we can extend it.

The final point I will make is that the government continues to have a series of both individual builders and stakeholder groups, such as the MBA, the HIA and others, who are all saying that at the moment you literally cannot get timber to scratch yourself with in relation to trying to build homes. Most of the tier 1 builders seem to have contractual supplies organised to meet their commitments, but a significant number of smaller and medium-sized builders, who have signed up to contracts with applicants, are not able at the moment to get timber to build the houses.

In other areas, such as steel, there are significant shortages. In a discussion I had with some education department infrastructure bureaucrats, when we were talking about the education department schools build in time for next year, they were struggling to get hold of basic essentials for some schools like sinks to go into either laboratories or toilet facilities, and their response to me was that they were struggling because the residential building industry was essentially maxing out basic essentials like kitchen sinks, for example.

There is enormous pressure, which is a wonderful problem to have, because in the alternative, without HomeBuilder, people were telling us that a lot of the residential home builders were going to go broke. We now have a problem at the other end in terms of managing what is a very much overheated residential housing market and an extension of that time line would do wonders.

HOMEBUILDER PROGRAM

The Hon. C.M. SCRIVEN (14:34): Supplementary: what period of extension has the Treasurer requested from the federal government?

The Hon. R.I. LUCAS (Treasurer) (14:34): I have not put a specific period on it. So the letter that I wrote to Michael Sukkar didn't put a specific period on it. Some in the industry are arguing for an extra six months to be put on it, some are arguing for three months. It is my judgement that given the federal government, when it was last asked, extended it from three months to six months, it is more likely the federal government might be amenable to a three-month extension and not a six-month extension.

We accept the fact that it is completely within their jurisdiction to make the decision. The state government would be supportive of whatever decision the federal government took, if it was prepared to extend it to six months, but it's my judgement that they are more likely, if they move at all, to extend it by three months.

The PRESIDENT: The Hon. Mark Parnell has the call.

Honourable members: Hear, hear!

ALBERTON OVAL

The Hon. M.C. PARNELL (14:35): Thank you; it was worth waiting for. Mr President, I seek leave to make a brief explanation before asking a question of the Treasurer, representing the Minister for Planning and Local Government, about the proposed redevelopment of Alberton Oval.

Leave granted.

The Hon. M.C. PARNELL: Plans for a $20 million upgrade of Port Adelaide Football Club's home ground in Alberton have left many local residents angry that this public parkland, with old trees and community green space, is being traded for a new private soccer pitch and basketball gymnasium. While Port Adelaide Enfield council has already voted unanimously to support the development, many residents are angry that only those living within 60 metres of the proposed redevelopment are allowed to make submissions.

Whilst the development is within the Port Adelaide Enfield council area, most of the residents affected by the development live in the adjoining Charles Sturt council area, and they are unhappy at not being included in decision-making. Port Adelaide Football Club has indicated that they want 90 junior teams to play there after hours each week, in addition to an unknown number of soccer teams. The local community is worried about local impacts, including an increase in traffic, and they note that only 12 additional parking spaces are proposed. They are nervous about seeing parking congestion and, ultimately, parking restrictions in the residential areas. My questions to the minister are:

1. Does the government agree that limiting consultation to only immediate neighbours is appropriate for such a large development that is alienating public land enjoyed by the whole community?

2. What will the minister do to ensure that residents do not lose access to public green spaces?

The Hon. R.I. LUCAS (Treasurer) (14:37): It's very dangerous to ask me a question about anything to do with the Port Adelaide Football Club, so I shall suppress my innermost feelings in relation to that particular institution and I will dutifully indicate I will take the question up with the minister and, if the member is still around, make sure that a letter is sent to him to provide that response.

COVID-19 VACCINATION ROLLOUT

The Hon. C.M. SCRIVEN (14:37): My question is to the Minister for Health and Wellbeing regarding COVID-19. Why does South Australia have the slowest use of vaccines on hand of anywhere in the country? Why are more of our vaccines stuck sitting in fridges than anywhere else in the country? For the 58 per cent of vaccines that South Australia has been provided that are sitting in fridges, what protection are these providing to anyone?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:38): I thank the honourable member for her question. There is a range of indicators in terms of how the rollout is going in terms of COVID-19 vaccines. I think the most relevant indicator is what proportion of the South Australian community is getting vaccinated. The reality is that the commonwealth data shows—

The Hon. I.K. Hunter interjecting:

The PRESIDENT: The Hon. Mr Hunter!

The Hon. I.K. Hunter interjecting:

The PRESIDENT: Order!

The Hon. S.G. WADE: —that South Australia's share of doses administered is almost exactly spot on with our population share. In other words, we have administered 6.7 per cent of doses—

Members interjecting:

The PRESIDENT: Order!

The Hon. S.G. WADE: —compared with our 6.9 per cent of the national population.

Members interjecting:

The PRESIDENT: Order!

Members interjecting:

The PRESIDENT: Order, the Hon. Mr Wortley!

The Hon. S.G. WADE: Only two states have done better than South Australia.

Members interjecting:

The PRESIDENT: The Hon. Dr Centofanti has the call and will be heard in silence.

AFFORDABLE HOUSING

The Hon. N.J. CENTOFANTI (14:39): My question is to the Minister for Human Services regarding housing. Can the minister please provide an update on the progress of the Marshall Liberal government's affordable housing program?

The Hon. J.M.A. LENSINK (Minister for Human Services) (14:39): I thank the honourable member for her question and for her interest in this area. The affordable housing program has been incorporated into the government's new HomeSeeker website, which, to use the parlance of the Treasurer, is going gangbusters. We launched the one-stop shop for South Australians to gain access to information about affordable homes, both in the purchase option, which is through the state government-run program, and also some very useful information to assist people in terms of affordable rental and ways that they can assist themselves to get their foot into the door in this important area.

Having launched it on 27 February, the advice that I had as at 15 March, which is a little bit out of date—so the numbers I am sure have grown since then—is that we have had over 5,300 site visits and registrations for updates from 618 households or individuals, which indicates that this is a very important area that people are interested in.

As I have stated here many times previously, we have been aware that there is particular demand in that market that is unmet and therefore we are very interested in ensuring that the build and development market in South Australia is aware that there is a large number of people in that cohort, whether they are key workers, first-home buyers; they may well be people whose relationships have broken up and therefore they are seeking to re-get themselves into that market.

In terms of our own first 71 affordable homes, which were part of a stimulus from the 2019-20 state budget, we had committed to build 100 new homes, 71 of which were to be sold at the affordable price bracket, which is up to $365,000 or if the home has features which will assist people with their ongoing living costs, such as energy efficiency or location, such as the new Nightingale development at Bowden, which doesn't have car parking spaces but is right next to the railway line. Those homes have all proven to be extremely popular.

I had the pleasure on the weekend of visiting one of our new—well, not a tenant but somebody who purchased one of these homes. His name is Ben, and he had been living in community housing in a disability service provider previously. He has been able to purchase his own home at the age of 26, and he is very proud of that fact.

The locations are broad. They include Klemzig, Taperoo, Mount Barker, South Plympton, Kidman Park, Findon, Edwardstown, Mitchell Park, Elizabeth Park, Devon Park, Morphettville, Woodville Gardens and Blair Athol. Our intention is to continue this program through our strategy, and we look forward to a number of South Australians being able to achieve their dream of owning their own home.

LAND TAX

The Hon. J.A. DARLEY (14:43): I seek leave to make a brief explanation before asking the Treasurer a question about land tax.

Leave granted.

The Hon. J.A. DARLEY: I understand that land tax payers eligible for relief under the land tax transition fund must apply for relief by 31 December this year. I understand also that there are still a number of owners who are waiting to receive their land tax accounts for this financial year. My question to the Treasurer is: will the government consider extending the deadline if taxpayers do not receive their accounts prior to 31 December 2021?

The Hon. R.I. LUCAS (Treasurer) (14:43): The answer is yes. The reason the deadline was actually extended to 31 December was for precisely that reason. I think it might have been previously they had to apply by 30 June, but I will stand corrected on that. I think an honourable member asked me a question earlier about the delays in sending out some of the more complex land tax accounts. As a result of that I took a decision to extend the application period for the transition fund to 31 December. I am being assured that all the accounts will go out well and truly before 31 December.

In the unlikely event that some of the more complicated ones are still being sent out, it is clearly the spirit of the government's intention to allow 100 per cent compensation within the eligibility bands that were agreed, and the government will deliver on that particular commitment and if it requires a further extension of that time line, I will authorise it.

COVID-19 VACCINATION ROLLOUT

The Hon. E.S. BOURKE (14:45): My question is to the Minister for Health and Wellbeing regarding COVID-19. Five and a half weeks after the start of the rollout, have all South Australian frontline healthcare workers classified as 1a even received a first dose of COVID-19 vaccine; when was the last time the minister received a briefing on these figures; and when exactly will all South Australian frontline healthcare and medi-hotel workers be fully vaccinated against COVID-19?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:45): In terms of the frontline healthcare workers, I think it is important to distinguish between phase 1a and phase 1b. Phase 1b is frontline healthcare workers, quarantine and airport workers, which includes nurses from our health networks, residential aged care and disability care staff of state government run facilities and also the residents of residential aged care and disability facilities. It was never the intention that phase 1a would be the end of vaccinating healthcare workers. It's quite clear in the national program that phase 1b will involve other healthcare workers and they will be workers right across the state.

I am pleased to be able to say, and I know the Minister for Human Services has been acutely interested in the vaccination program for disability facilities, I am advised that we expect that the state-run facilities, both disability and aged care, will be completed in the next week or so. We are looking forward to that milestone. The commonwealth, of course, is taking responsibility for both the staff and the residents of commonwealth aged-care facilities.

I am not briefed on the commonwealth program, but the honourable member asked me when I was last briefed on the vaccination program. I can assure you that every work day I am getting briefings on different aspects of the vaccination program. I had a detailed discussion with the leadership of the vaccine program this morning.

COVID-19

The Hon. T.J. STEPHENS (14:47): I seek leave to make a brief explanation before asking a question of the Minister for Health and Wellbeing regarding COVID.

Leave granted.

The Hon. T.J. STEPHENS: Minister, we have seen in the COVID-19 pandemic the difference that an innovative approach to health services can make, particularly in the efforts of SA Pathology to support our response to the pandemic. Will the minister update the council on innovative approaches to health outside the pandemic response?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:48): I thank the honourable member for his question. He is certainly right to highlight the skill of our statewide clinical services. He particularly mentioned SA Pathology. If I may, in response to his question, I would like to highlight another agency within our statewide clinical services cluster and that is SA Pharmacy.

The Marshall Liberal government has strongly supported innovative approaches to health care and in the course of our response to the COVID pandemic this has included support for drive-through testing clinics with SA Pathology and the work that has been done by SA Pathology to provide streamlined responses to South Australians in response to a test.

At the same time, we have continued to support innovation in our hospitals and health services. One example of this is the recent investment in a pharmacy robot at the Lyell McEwin Hospital. The new pharmacy robot is only the second in our public hospitals, with the first being at the Royal Adelaide Hospital. The robot improves the way that medication is stored and provides to clinicians, meaning more efficient use of space and less scope for medication error.

The newly installed robot and its workspace can store up to 36,000 packages. One thing that I found quite amazing was the way that it uses artificial intelligence. AI means that these 36,000 packages are not stored as I might expect them to be, in designated rows or in groups of identical medication, but instead to maximise the space within the unit. Like a Tetris game, the machine uses AI to remember exactly where each box of medication is stored, such that there may be numerous places within the 36,000-package capacity where the same medication may be stored, but it, with great precision, delivers what is needed when it's needed.

As well as storing and retrieving the medicine, it also unpacks and prepares them, providing end-to-end support for pharmacists and clinicians at the Lyell McEwin Hospital. The robot can also work through the night, meaning that staff beginning work in the morning will have allocations already prepared, saving time for staff and reducing any wait for patients who need their medication.

In the environment of a busy hospital pharmacy, more time means that staff can then spend more time with patients, educating and supporting them regarding their medicines. This $1.6 million investment is just one example of the Marshall Liberal government investing to support the provision of better health services closer to home in Adelaide's north.

Considering that the Premier referenced today the quest to find a name for, I think it was a satellite or rocket, or something that goes into the air, I am sure the house will be interested to know that the Lyell McEwin Hospital team has landed on a name for the pair of robots. They are called Kath and Kim. I am not quite sure of the link between *Kath and Kim* and pharmaceutical skills, but for others who want to keep track of popular culture in the health service, you will be pleased to know that Kath and Kim live in the same pharmacy, together with Elsa. Of course, Elsa is a Pfizer fridge and, of course, Elsa was the star of *Frozen*.

I wish the Lyell McEwin pharmacy team all the best, not only for their ongoing services for the people of the north in terms of pharmaceutical services, but in particular for their role in the vaccine rollout through Elsa and her partners.

MENTAL HEALTH SERVICES

The Hon. C. BONAROS (14:52): I seek leave to make a brief explanation before asking the Minister for Health and Wellbeing a question about mental health.

Leave granted.

The Hon. C. BONAROS: The Minister for Health and Wellbeing recently referred to the state government having boosted funding for mental health by almost $20 million since the 2018 election, spending 10 per cent more on services than the national average. This is despite those on the frontline who couldn't disagree more. On Monday night, SASMOA reported there were 41 mental health patients waiting in metro EDs that night, indicating once again the system is failing some of our most vulnerable patients and our frontline health workers.

Now it appears the crisis has claimed a high-profile victim with the resignation of the executive director of mental health in CALHN, John Mendoza. While the department is claiming Mr Mendoza has resigned to be closer to his family in Queensland, I am advised that he resigned because his warnings were going unheeded because the bureaucrats weren't listening to him or, worse still, because he was pushed for making too many noises. My questions to the minister are:

1. Are you aware of Mr Mendoza's resignation and the reasons, both official and unofficial, that were provided for doing so?

2. Are you aware of communications Mr Mendoza made directly to SA Health CEO Chris McGowan, going over the head of his manager, CALHN CEO, Lesley Dwyer, warning of a litany of problems with CALHN's mental health jurisdiction, including the state of mental health patients in the ED?

3. Are you aware of Mr Mendoza's increasing frustration in getting senior SA Health bureaucrats to listen to the concerns he was raising?

4. When can we expect to see the release of Dr John Brayley's report on ramping and its impacts on mental health patients?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:54): It certainly has been the case that our hospitals have been experiencing an increase in clients with mental health issues. I have already advised the house that, in the period from February 2020 to February 2021, I am advised that there was a 13 per cent increase in mental health admissions to the Royal Adelaide Hospital.

In that context, I have received more recent advice that, in more recent times, there has been an unusually high number of presentations at the RAH that include the use of methamphetamines. It is not unusual for the festival periods, both Fringe and general, to coincide with an increase in mental health related presentations, and my advice is that has again been the case this year. Also, there has been an increase in the number of forensic consumers.

In terms of the role of John Mendoza, certainly I have been advised that John Mendoza has decided to return to Queensland to be close to family, and I respect his decision. In terms of the release of Dr Brayley's report, that is completely a matter for Dr Brayley. My understanding is if it's not already on the SA Health website, it will be shortly.

The PRESIDENT: A supplementary, the Hon. Ms Bonaros.

MENTAL HEALTH SERVICES

The Hon. C. BONAROS (14:56): Is the minister aware of any unofficial discussions that took place regarding Mr Mendoza's conversations, as I outlined in my first question, and is he aware of the communications made directly to Chris McGowan regarding the litany of problems with our mental health jurisdiction?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:56): I certainly know that there has been a strong partnership between the Department for Health and Wellbeing, CALHN, the Office of the Chief Psychiatrist and, for that matter, mental health services right across Adelaide. I am aware of discussions because I would be very surprised if, particularly in a period of significant mental health demand, there wasn't collaboration across all of those partners.

The PRESIDENT: A further supplementary, the Hon. Ms Bonaros.

MENTAL HEALTH SERVICES

The Hon. C. BONAROS (14:57): Again going back to one of my questions: are you aware of Mr Mendoza's increasing frustration in getting senior SA Health bureaucrats to listen to the concerns that he was raising while in office? That was a question that I already asked.

The PRESIDENT: It didn't arise from the minister's answer. If the minister wishes to add anything, I will—

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:57): Really, the honourable member is asking me to go inside the mind of Dr Mendoza. I don't choose to do so.

COVID-19 VACCINATION ROLLOUT

The Hon. J.E. HANSON (14:57): My question is to the Minister for Health and Wellbeing regarding COVID-19:

1. Does the minister agree with the Prime Minister's comments this morning, at a press conference that he attended alongside our Premier, that all state governments received a timely 12-week schedule of expected vaccine deliveries and that there should be no reason to be surprised at all about the vaccine deliveries?

2. Why have mass vaccination clinics been able to be opened in other states, such as Western Australia and in Victoria, for some time but in South Australia such clinics are still months away?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:58): I want to actually affirm how vital the partnership between the commonwealth, the states and the territories has been in this vaccination program. We are in a situation where a significant portion of the rest of the world is still facing deadly consequences of COVID. The last time I looked there were about 8,000 people a day dying of COVID-19.

South Australia, in the next week, will commemorate the tragic anniversary of the death of four of our own and yet, through the good work of the people of South Australia and our public health team, in partnership with the commonwealth government, we, thank God, are in the situation where we may well go a year without a single death to COVID.

One of the next very important steps of coming out of COVID is the vaccination program. Just as we have done right through the last year, we are going to be steady, safe and effective. We are not going to cut corners so that we can meet some bizarre Labor target. We are going to make sure that we back our public health teams and back our broader SA Health—

Members interjecting:

The PRESIDENT: Order on both sides!

Members interjecting:

The PRESIDENT: Order! I want to hear the minister.

The Hon. K.J. Maher interjecting:

The PRESIDENT: Order, leader!

The Hon. S.G. WADE: Before I give more detail, I just want to put on the record the great importance of the partnership continuing with the commonwealth government because, even as we were fighting the outbreaks through last year, the commonwealth was diligently pursuing the procurement of a whole range of vaccines.

So we have a vaccine suite in Australia. Two of them have already hit the battlefield, if you like. Two of them are already being administered in South Australia. In fact, South Australia was the first state in Australia to administer an AstraZeneca vaccine within five days of arriving in Australia. Within 36 hours of arriving in South Australia, it was at the Murray Bridge Soldiers' Memorial Hospital being provided to staff there.

In terms of the planning for the vaccination program, I am in no doubt that the Prime Minister appreciates that the planning for the vaccination program is significantly dependent on supplies because that's not just true of the state, it's also true of the commonwealth. We had the situation on the very morning that I was going out to Murray Bridge to commemorate that first AstraZeneca vaccine, I was having discussions with the federal minister Greg Hunt because that very morning we were getting word that Italy had acted to stop a shipment at AstraZeneca.

What more evidence do you need that this program is going to be dependent on supplies? We make no apology for making it clear to the commonwealth that the more data they can give us about supplies coming through, the more data that they can give us in terms of their effective engagement with GPs and pharmacists, the more confidently we can plan to deliver vaccines in South Australia because, in partnership with the commonwealth, we are determined—

Members interjecting:

The PRESIDENT: Order!

The Hon. S.G. WADE: —to give the opportunity for every South Australian—

Members interjecting:

The PRESIDENT: Order! The Hon. Mr Hunter is out of order.

The Hon. S.G. WADE: —to get vaccinated before the end of the year.

Members interjecting:

The PRESIDENT: Order! Actions on the front bench of the government don't help either.

COVID-19 VACCINATION ROLLOUT

The Hon. J.E. HANSON (15:02): Supplementary: could the minister please elaborate on whether he actually agrees that he has received timely 12-week schedules, as stated by the Prime Minister? Also, can he please answer the question about when we are going to have mass vaccination clinics, and why are we a month behind Victoria and Western Australia?

The PRESIDENT: You have had a supplementary question. The minister can answer that.

The Hon. S.G. WADE (Minister for Health and Wellbeing) (15:03): You can have a stoush with the Prime Minister. I will just give you a—

Members interjecting:

The PRESIDENT: Order! I am not going to have a stoush with the Prime Minister, but the minister will proceed.

The Hon. T.A. Franks: The Prime Minister for Women or the Prime Minister?

The Hon. S.G. WADE: The Hon. Tammy Franks is distracting me.

The Hon. J.E. Hanson: Timely 12-week schedules.

The PRESIDENT: Order!

The Hon. J.E. Hanson: That's what you are meant to be answering.

The PRESIDENT: Order!

The Hon. K.J. Maher: You are distracted. You are not getting on with the job.

The PRESIDENT: Look, does the opposition want to hear this?

The Hon. S.G. WADE: I just make the point that in a very significant national vaccination program it's not surprising that there will be, shall we say, untidiness in the schedules. Let me give you this week as an example. We thought we were getting 7,000 doses; we got 14.

COVID-19 VACCINATION ROLLOUT

The Hon. F. PANGALLO (15:04): In relation to the vaccine rollout, can the minister provide figures on how many doses of Pfizer vaccine have been wasted in South Australia?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (15:04): I am certainly happy to take that question on notice.

The Hon. K.J. Maher interjecting:

The PRESIDENT: Order, the Leader of the Opposition!

The Hon. S.G. WADE: Because the Leader of the Opposition may be so ignorant that he doesn't understand—

Members interjecting:

The PRESIDENT: Order!

The Hon. S.G. WADE: —that there is—

The Hon. R.P. Wortley: You're not in control.

The PRESIDENT: The Hon. Mr Wortley might be out of control. The minister has the call and will be heard in silence.

The Hon. S.G. WADE: It is good to be heard in silence. As I said to the honourable member, I do not have that data with me. I will get it for you on notice.

COVID-19 VACCINATION ROLLOUT

The Hon. J.E. HANSON (15:04): Supplementary: I will just ask again, why have mass vaccination clinics been able to be opened in other states but in South Australia such clinics are still months away? Third go.

The PRESIDENT: I am not sure that was in the minister's original answer, but I will ask the minister to proceed if he wishes to.

The Hon. S.G. WADE (Minister for Health and Wellbeing) (15:05): You are right, Mr President, it wasn't in my original answer. It was in his original trifecta of questions. Indeed, he has asked that question three times and he has lied three times. He has said repeatedly and shamelessly that mass vaccination clinics are months away. That is not true.

Members interjecting:

The PRESIDENT: Order!

The Hon. S.G. WADE: That is not true. There will be a mass vaccination clinic opened in Adelaide within a month.

Members interjecting:

The PRESIDENT: Order!

The Hon. S.G. WADE: I am sorry, the opposition clearly doesn't want to hear the answer. I have nothing to add.

ASBESTOS DISEASES SOCIETY

The Hon. D.G.E. HOOD (15:05): My question is to the Treasurer.

Members interjecting:

The PRESIDENT: Order! The Hon. Mr Hood has the call.

The Hon. D.G.E. HOOD: Thank you, Mr President. My question is to the Treasurer. Will the Treasurer update the house on the recent decision to reduce funding to the Asbestos Diseases Society?

The Hon. R.I. LUCAS (Treasurer) (15:06): I thank the member for the question, because it's an important issue that has been ventilated in the public arena as of Monday, I think, of this week in terms of some radio interviews. During the radio interview, the Labor member for Wright, Mr Boyer, made a number of statements which do bear correcting. The background to this, as Hon. Mr Hood has indicated, is ReturnToWorkSA made a decision—I will outline their explanation for the decision that they took—to reduce their level of funding from $45,000 a year to $20,000 a year next year and further again in the following year.

As a result of that decision being publicly ventilated, the member for Wright said, and I quote from a radio interview:

> And I think it really speaks to the priorities of the government that they would seek to make a budget saving—which is what this is, let's make no mistake, this is a budget saving—from a community group like Asbestos Diseases Society.

He goes on further to say:

> …I think the instruction here would have come from above…

And then he goes on to say, 'Rob Lucas and the Marshall Liberal Government'. So endeavouring to finger poor old me as the Treasurer as the initiator of the decision as the result of a budget saving.

Can I make it clear that ReturnToWorkSA has advised me—and I knew it to be true because it certainly wasn't my decision—that this was a decision that had been taken by ReturnToWorkSA. They advised me that they had been funding the society for 10 years and had provided the total funding of $391,500. When they signed the most recent funding agreement, a two-year funding agreement, for $90,000 over two financial years, they included in the contract a specific clause which went, and I quote: that 'funding may not continue beyond this agreement'.

Consistent with that clause within their funding agreement, the ReturnToWorkSA management and/or board—I am not sure at what level the decision was taken—took the decision within their relatively modest overall sponsorship budget, which was $115,000. Previously, 40 per cent of their total sponsorship budget had been going to the Asbestos Diseases Society. They took the decision to reduce the allocation of their total sponsorship budget from about 40 per cent to just under 20 per cent of the total sponsorship budget going to the Asbestos Diseases Society.

ReturnToWorkSA have advised me that they also sponsor another organisation, which many members would know—the Asbestos Victims Association—which does some wonderful work. They say that since 2012, ReturnToWorkSA has funded that particular organisation to the tune of $7,000 per year since 2012. So I do want to reject completely the attempt to blame both the government and me as Treasurer as having directed ReturnToWorkSA to make this decision to make a budget saving in relation to the funding that they provide to the Asbestos Diseases Society.

ReturnToWorkSA, as they point out in their public statements on this issue, are an employer-funded organisation through levies, in terms of running the workers' compensation scheme. The scheme is admittedly under some funding pressure at the moment, but these are decisions that the board and/or management take in relation to how they expend their money. There was certainly no direction from me or from the government in relation to any funding allocation to the Asbestos Diseases Society.

SHOP TRADING HOURS

The Hon. T.A. FRANKS (15:11): I seek leave to make a brief explanation before addressing a question to the Treasurer on the topic of shop trading hours.

Leave granted.

The Hon. T.A. FRANKS: Mr President, as you know we are quickly approaching the Easter long weekend and at the public holidays that mark these occasions we know that again there will be a confected debate over shop trading hours. Indeed, the last public holiday long weekend we heard from the Treasurer in *The Advertiser* several times over several days that within weeks the parliament would again be debating shop trading hour deregulation. In the meantime, at the Press Club debate last week the leader of the Labor Party has offered 9 to 11am Sunday trading compromise, and I have heard much of the Treasurer in recent days of being open to compromise.

So my question to the Treasurer is: how can we take him seriously when here we are waiting for that piece of legislation not just weeks but now some months after he said it was imminent; and has he got on the phone to the Labor leader to talk about a compromise of 9 to 11am on Sunday morning for shop deregulation to occur, to give certainty to the sector who are sick of the saga of this, which is more a political pantomime than any real process of compromise or progress?

The PRESIDENT: I call the Treasurer.

The Hon. R.I. LUCAS (Treasurer) (15:12): Mr President, I thought you might have made a comment about that. It is quite a strategic decision in relation to the timing of the legislation. I am awaiting for the political demise of the Hon. Mr Parnell because I think with fresh blood coming into the chamber, new fresh thinking from the Greens—

The Hon. D.W. Ridgway: Modern thinking.

The Hon. R.I. LUCAS: —modern thinking—I'm hopeful that that may well tilt the balance as we move the old out and the new in. It may well be—

Members interjecting:

The PRESIDENT: Order!

The Hon. R.I. LUCAS: It may well be forlorn, but one knows the way the Hon. Mr Parnell would vote on a particular piece of legislation like that. I don't know yet what the new member of the Greens may well vote on the issue.

An honourable member interjecting:

The Hon. R.I. LUCAS: We will never know, that's right. So, yes, I can assure the Hon. Ms Franks that she will have the opportunity together with whoever replaces the Hon. Mr Parnell and others to address the issue again well prior to the 2022 state election.

In relation to the mealy-mouthed offer from the leader of the Labor Party, which has been dangling out there for the last 18 months, he has been saying, 'Look, the shoppies union have told me that I'm allowed to offer you 9 to 11am on Sunday morning as a token endeavour to try to get this hot political issue of the agenda because I'm fearful that, when it comes to the 2022 election, I'm going to have to stand up and defend the very unpopular decision that this—if the Labor Party was to be elected—would be the very last Boxing Day that people would be able to enjoy Boxing Day sales.'

If he is elected as a leader of the Labor government the shoppies union—my good friend Josh Peak—and the others will be saying to the Leader of the Opposition, 'You're not allowed to do anything in relation to shop trading hours, but we will let you if you want to compromise on 9 to 11am on Sunday mornings. But don't worry about Boxing Day sales, don't worry about public holiday trading, don't worry about those stores at Harbour Town, for example, which are 210 square metres, they are not allowed to trade on a public holiday unless they are down to 190 square metres.

Forget about the supermarkets—this is about retail trading outlets like Cotton On, Adidas or the variety of other outlets down there that want to trade but because they are 210 square metres they are not allowed to trade. Forget about trying to trade after 5 o'clock on a Saturday or Sunday, when people want to go and shop after 5 o'clock because they might have visitors coming for dinner on the Saturday night and they can't go out after 5 o'clock on a Saturday or Sunday night.

If you want to the talk about compromise, talk about a genuine compromise, have a look at what might be done, not 'the shoppies union will let me offer you an extra two hours on a Sunday morning to trade', but rather the comprehensive reform that this state needs and this state supports.

COVID-19 VACCINATION ROLLOUT

The Hon. T.T. NGO (15:16): I seek leave to the make a brief explanation before asking a question of the Minister for Health and Wellbeing regarding COVID-19.

Leave granted.

The Hon. T.T. NGO: This morning on radio, when asked about the commonwealth government's published vaccine data, the minister said that it is 'quite misleading'. My question to the minister is: why is the minister undermining public confidence in the vaccine rollout by saying that the commonwealth information is misleading? Will the minister table any recent expert health advice that says the commonwealth information is misleading?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (15:17): In my view the commonwealth data was misleading because it focused on the proportion of supplies delivered and not on the doses administered, and I think that is what South Australians care about.

COVID-19 VACCINATION ROLLOUT

The Hon. K.J. MAHER (Leader of the Opposition) (15:17): Supplementary: in relation to the answer you gave, minister, do you have any expert health advice to back you up, and can you please table it?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (15:17): I don't need expert health advice to know that the commonwealth's data was referring to supplies, and that South Australians care about doses administered.

Members interjecting:

The PRESIDENT: Order! The Hon. Mr Ridgway is out of order.

GRANT PROGRAMS

The Hon. J.S. LEE (15:17): My question is to the Minister for Human Services regarding the support for not-for-profit community organisations. Can the minister please update the council on how the Marshall Liberal government is supporting not-for-profit community organisations through Grants SA?

The Hon. J.M.A. LENSINK (Minister for Human Services) (15:18): I thank the honourable member for her question. The Grants SA program does provide a lot of support to a range of community organisations throughout South Australia and is a great program for organisations to be able to fund things that they might not be able to otherwise obtain. Last year, we particularly focused on the COVID challenges to support organisations through their experiences.

As we know, many of our non-government organisations are heavily reliant on volunteers, so needed to find new ways of engaging. The Department of Human Services undertook a broad analysis of the Grants SA COVID-19 support grant, which closed in October last year. An industry survey was undertaken recently to assist the social impact of the COVID-19 support grant and the immediate needs of the not-for-profit sector, which has informed the design for our program for the remainder of this particular financial year.

What we are providing are single grants of up to $25,000 to eligible organisations with projects aligning with particular key themes, including local community needs, strong and inclusive communities, wellbeing, disadvantaged young people, adults and families, being the services that we support and the themes being connecting (to provide communities with opportunities to engage and participate) and belonging (belonging to communities that are inclusive, equitable and resilient).

Grant funding can be for a range of things, including improving services or facilities, purchasing equipment or supplies, or infrastructure. Those grants opened on 22 March and close on 23 April. I do note that quite recently there was a launch, which the Hon. Ian Hunter attended as well, which was about loneliness and which I think was co-sponsored by Communities SA and one of the other organisations.

There is clearly concern in our community about people being isolated, which has been particularly highlighted through the COVID period, and so we encourage organisations to apply for grants so that they can continue to support people in their community.

GRANT PROGRAMS

The Hon. K.J. MAHER (Leader of the Opposition) (15:20): Supplementary: are any of the grants information or applications that the minister referred to in her answer available online at any of the minister's department's websites?

The Hon. J.M.A. LENSINK (Minister for Human Services) (15:21): Yes, it is on the Grants SA DHS website page.

GRANT PROGRAMS

The Hon. K.J. MAHER (Leader of the Opposition) (15:21): Further supplementary: can the minister assure the chamber that any member of the public accessing information on any of the websites that have grant application information will not have any information, including their email, retained by the Liberal Party?

The Hon. J.M.A. LENSINK (Minister for Human Services) (15:21): Yes.

The Hon. K.J. Maher: You are the only one who has done that.

The PRESIDENT: Order! The Hon. Mr Pangallo has the call.

WHYALLA STEELWORKS

The Hon. F. PANGALLO (15:21): I seek leave to make a brief explanation before asking the Treasurer—

The Hon. K.J. Maher interjecting:

The PRESIDENT: The Leader of the Opposition is out of order.

The Hon. F. PANGALLO: It may not take two minutes. I seek leave to make a brief explanation before asking the Treasurer a question about the Whyalla Steelworks.

Leave granted.

The PRESIDENT: Leave is granted for a brief explanation.

The Hon. F. PANGALLO: Okay, that's a warning. The Premier revealed GFG Alliance chairman, UK billionaire industrialist Sanjeev Gupta, had reassured him over the future of the company's Whyalla Steelworks as Mr Gupta scrambled to refinance his global business empire following the collapse of financier Greensill. The Premier indicated the government's steel task force had met with GFG.

International reports have emerged that GFG Alliance has been denied a $307 million emergency bailout by the British government. Naturally, the people of Whyalla are growing increasingly nervous at these developments. My question to the Treasurer is:

1. Are you or the Premier, or any other government minister or member of the steel task force, going to speak as a matter of urgency with Mr Gupta, who is now entrenched in his Dubai bolthole?

2. Have administrators for Greensill visited the steelworks in recent days and been in contact with the government?

3. Has GFG indicated it is looking at selling off Whyalla?

4. Has GFG sought any financial relief or support from the South Australian government and the federal government?

The Hon. R.I. LUCAS (Treasurer) (15:23): I can't add much more than the Premier and I have said previously in relation to the issue of the Whyalla Steelworks and GFG. The government's line minister is Minister Dan van Holst Pellekaan. The Premier is also actively engaged and I, obviously, have a close interest as the Treasurer as well. The Premier has indicated that he has had a conversation.

I believe the Minister for Energy and Mining has indicated that he has also had an earlier conversation with Mr Gupta, but most of the discussions, as one would expect with a global empire, are being conducted with Mr Gupta's representatives, who have an ongoing and detailed knowledge of local operations in Australia and in particular in South Australia.

Our task force is led by Mr Bruce Carter, who led the task force for the former Labor government and has had long experience in relation to the issue. I have recently approved the appointment of a senior Treasury officer with vast experience in relation to not only Whyalla but also the financial arrangements as they related to Nyrstar to be actively engaged with the task force. I know there have been recent discussions between the state-level officers in the task force and also federal-level officers on behalf of the federal government in relation to the issues.

The bottom line is, as I have said and so has the Premier, that the private discussions we have had both with Mr Gupta and his representatives have given us no greater detail than Mr Gupta has revealed to the financial markets; that is, in broad terms that his Australian operations are either cash flow positive or operating relatively well at the moment and that he was actively engaged in refinancing his global operations.

He has given those assurances to the financial markets and publicly, and they are the same assurances that he is giving to the state government and, I assume, also possibly the federal government. In relation to what the administrators of Greensill might be doing, I can't throw any light on that. I don't know what work they are undertaking or where they have visited.

Finally, in relation to financial arrangements, I can't add anything more than I have said on a number of occasions; that is, the former Labor government promised $50 million to GFG for a series of works to improve the ongoing viability and sustainability of the steelworks at Whyalla. When we were elected, we said we would honour the promise the former Labor government had made, and we have budgeted to honour that particular promise.

As I have told this chamber on a number of occasions, we are not prepared to see the $50 million expended on paying out either debts or suppliers. Our requirement on that, as was the former Labor government's, was that it would be spent on tangible infrastructure projects at Whyalla, which would assist the ongoing sustainability and viability of the steelworks there.

If I could conclude, I am sure the honourable member's views are the same as mine and the same as the opposition's: we are all united in wanting to see an ongoing, viable steelworks at Whyalla. There is a shared goal and the good people of Whyalla—the workers and their families and the businesses in Whyalla—want to see that shared goal as well.

We remain committed to working with all parties that are involved in relation to this to try to ensure that that is the end result of the current challenges that confront GFG. But until we get greater clarity on what exactly is going to happen to Greensill and what success or otherwise Mr Gupta and GFG have with refinancing, we are not in a position to be able to clarify the various alternatives that may or may not present themselves to both the federal government and the state government.

The PRESIDENT: The time for questions has expired. We didn't quite get to the Hon. Ms Pnevmatikos, but I would like to wish her a very happy birthday from the Chair.

Matters of Interest

NATIONBUILDER

The Hon. C.M. SCRIVEN (15:28): Does the privacy of South Australians matter? Should we be able to trust the government with our personal details? Is breach of trust important? Very serious questions remain unanswered by the Premier of South Australia and a number of his ministers about the use of government websites to collect information for the Liberal Party. We have seen the government, led by the Premier, ducking and weaving to avoid answering questions about what has happened to South Australians' data over the past 12 months.

I want to specifically speak about revelations that we heard aired on ABC radio this morning about the Department of Primary Industries and Regions being directly linked to this scandal. Are regional residents being tricked into unfairly and unknowingly handing over personal information to Steven Marshall and the Liberal Party?

For example, as of last night, the Department of Primary Industries and Regions had a state government link on their website for users who wanted extra information about legal limits for fishing in South Australia. If you clicked on that link you would expect it to take you to the page that provides you with the appropriate information, and that is it.

It appears that people using PIRSA's site may have been, as the Liberal Party themselves have previously described it, sucked in. When users click on certain links on PIRSA's website it momentarily redirects the user through to another link which reads stateliberalleader.nationbuilder.com. In a split second, regional residents are unknowingly handing over some of their most private details.

According to NationBuilder's own privacy policy, they can access from anyone who comes across their site the following information: your email address, your phone number, they can identify your public social media accounts, details about your employment, details about your computer, details about your internet connection and they can track your behaviour through third-party websites.

I am certain that fishing enthusiasts who look up information from PIRSA's websites do not expect that they are handing over all this personal information to the Liberal Party and I am sure they would be shocked and dismayed to learn that they are.

Imagine if someone phoned PIRSA to seek some information about fishing limits or about fruit fly or anything else and they were asked to provide their email address, a phone number, their employment details, some social media information, details about their internet connection and so on, it would not go down at all well and, of course, it would not happen.

So why is it okay for the Liberal Party to do this via the back door through NationBuilder? What other parts of the Regional Development website are redirecting people through stateliberalleader.nationbuilder? What does primary industries minister David Basham know about this scandal and what has he done? What has he done to protect regional residents' privacy and details?

We know that the Marshall Liberal government has done a terrible job in combatting the fruit fly outbreak in South Australia, so much so that over 300 suburbs in Adelaide are under various restrictions until December of this year. We know that many people across these 300 suburbs in Adelaide, along with many residents in the Riverland, have sought up-to-date and ongoing information about the outbreak through the state government's PIRSA website.

One can only assume there have been thousands of South Australians who have sought information from the website. Have they been unknowingly sucked in by Steven Marshall and David Basham with their private details automatically handed over? Why were the Liberal Party links in government websites? Why are South Australians receiving unsolicited emails from Steven Marshall?

These are the questions that South Australians deserve to have answered. That is why we need an independent investigation, not some investigation from within the Department of the Premier and Cabinet but a truly independent investigation so that South Australians can find out how this outrage occurred and ensure that it cannot ever happen again.

The ACTING PRESIDENT (Hon. M.C. Parnell): Thank you. I now call the Hon. David Ridgway.

RACIST PUBLICATION, AUSTRALIAN LABOR PARTY

The Hon. D.W. RIDGWAY (15:32): Thank you, Mr Acting President; it's wonderful to see you in the chair. Today, for probably the seventh or eighth time in the last seven years, I would like to ventilate issues around the 2014 Elder campaign. Earlier this week, I was surprised to hear the former member for Elder, Annabel Digance, talk about how she did not know about the infamous 'You can't trust Habib' flyer that the Labor Party distributed in the 2014 election.

Some seven years on, the former member says she did not know about it and, in fact, when she wanted to talk about it she was bullied, intimidated and harassed by the faceless men in the Labor Party, who she claims are the ones who put the flyer out without her knowledge.

Last weekend at the Labor Party conference, we heard the current party secretary, Mr Reggie Martin, who I know is hoping to be elected into this place at the next election, say that he approved it, he had proofread it and he did not think it was racist and was happy to approve it.

A large number of people responded when that flyer hit the ground: senior journalists such as Matthew Abraham, David Bevan, David Penberthy, Sarah Martin and Graham Archer, and senior members of parliament such as Mark Butler, George Brandis, Ed Husic and others condemned it. Nick Xenophon said it was blatant racist dog whistling and, of course, Tom Richardson also had some very strong critical words to say about this particular piece of information when it was dropped some seven years ago. Again today, Mr Richardson has written an excellent article outlining some of the flaws in Ms Digance's statement that she did not know about it.

Let's explore what happens in these campaigns. The first drop arrived in mailboxes on the Tuesday before the election. In most cases, as members in this place would know with election campaigns, you have to lodge material with Australia Post usually eight days before, so on the Monday prior. In most cases, you can get it printed over the weekend, but it was probably printed late the week before, therefore Mr Martin would have proofread and signed off on it some two weeks before it hit the mailboxes.

It was not really consistent with standard ALP branding for that particular electorate, and, as we know, there was a poster that was to be used on election day and the ALP have since admitted they had another piece to go out, and volunteers told me on the Friday night before the election that it had not gone all that well and they had to cut the end off the poster. So this was not just a piece of election material, this was clearly a part of the local campaign designed to attack a quality young woman who was running for the Liberal Party. Often in this place, members of the Labor Party have said we do not have enough women in parliament, yet they attack them in such ways.

Ms Digance says she did not know about it, but her husband, Mr Greg Digance, was up to his armpits in all of the intimidation in that electorate. He was constantly telling our volunteers prior to election day, 'We have got some stuff on your candidate. We are going to fix her. We are going to beat her.' Clearly, he would have known about it. The former member for Elder obviously lives in the same house as him, I assume shares a bed with him, and shares meals with him. The fact that she claims that she did not know is just not believable.

Mr Digance was clearly taunting our volunteers right the way through that campaign. It continued on election day with some of the behaviour. In fact, I was so concerned at the tension in the electorate that I called the senior sergeant at the Sturt Police Station on the Friday to say, 'Can I send you a list of the polling booths because I think something is going to happen.' Well, blow me down, before dark on the Friday night, Mr Digance had alleged that one of our volunteers had assaulted one of their volunteers. We got the CCTV footage after the election and no such assault ever happened.

During that campaign on that particular day, we saw our volunteers' bra straps being twinged and comments like—and this is unparliamentary—'Why don't you come outside for a beer and a root behind the shed.' Some of our young female volunteers were verbally abused in the most unpleasant way.

Finally, I would like to put on the record that during the 2018 election campaign, in front of the Muslim mosque on the day before the election, Mr Digance was telling Ms Habib, 'You had a breakdown last election, you cried and we are going to break you again tomorrow, and you are going to cry again.' The way that Mrs Digance can fix this is to come and appear before the select committee in the House of Assembly and name those faceless men.

Parliamentary Procedure

VISITORS

The ACTING PRESIDENT (Hon. M.C. Parnell): Before I call the Hon. Tammy Franks, I would like to acknowledge the presence in the gallery today of former Senator for South Australia, Penny Wright—you are very welcome.

Matters of Interest

STRIKE FORCE WYNDARRA

The Hon. T.A. FRANKS (15:37): I rise today to speak again on Strike Force Wyndarra. This has been an extraordinary time for women in this country and the rage and indeed the reckoning is rising. On 26 February this year, the ABC published details of a letter that had been sent to the Prime Minister, the Senate opposition leader Penny Wong, and Greens Senator Sarah Hanson-Young. That anonymous letter alleged that a 16-year-old girl was raped in Sydney in 1988 by a man who is now a senior member of the federal cabinet.

The letter also included a statement by the alleged victim who had reported the crime to New South Wales police in February the previous year. Four months later, she asked the New South Wales police to drop the investigation and the next day she took her own life. What we do know from questions in the New South Wales parliament by my colleague David Shoebridge, Greens MLC, is that in November 2019, an Adelaide woman approached SAPOL with historical rape allegations and we do know that they were against the former Attorney-General Christian Porter.

Some three months later, after SAPOL made referrals to the New South Wales Police Force, somewhere between 21 and 28 November 2019, the woman attended the New South Wales Kings Cross Police Station on 27 February 2020. She made a statement that day.

Following this, we believe the New South Wales Police Force set up Strike Force Wyndarra on 4 March to respond to these allegations. I have noted in this place before that wyndarra is an Aboriginal word that means 'west winds'. According to the New South Wales police commissioner, Mick Fuller, Strike Force Wyndarra officers were refused permission to enter South Australia following a request on supposedly 13 March 2020. Indeed, they had anticipated travelling to our state to interview the woman further on 16 March last year. That interview never happened.

During questioning by the Hon. David Shoebridge, Greens MLC in New South Wales, the police commissioner there stated that that request to South Australia Police was never made and never formalised because he decided, and his assistant commissioner decided, it was an occupational health and safety hazard to have his officers travel under COVID. What I would say is the date of that proposed 16 March interview was well and truly a week before our state borders even closed.

Indeed, that weekend, on 13 March, the Prime Minister, Scott Morrison, had told people to go to the footy. He had said, 'Perhaps reconsider international travel,' but certainly there were no barriers to interstate travel. The warning was that, on Monday 16 March, gatherings of more than 500 would become restricted. I should not imagine there were 500 officers being sent to interview this woman.

It gets more and more curious and that is why the New South Wales parliament has unanimously supported a motion moved by the Hon. David Shoebridge that all documents relating to Strike Force Wyndarra be provided to the New South Wales upper house within a week, by the 31st of this month. I have today sought to lodge questions that I will also place on notice in the *Notice Paper* tomorrow demanding a similar response from SAPOL: to provide all documents relating to this investigation.

Why would the New South Wales police not travel when we know, under the pandemic, even with our closed borders, that following month, from late March to April, 9,241 essential travellers crossed the South Australian border from other states? Indeed, 10,750 non-essential travellers in that following month came into the state of South Australia. So if you are telling me that, given 20,000 people came into our state in the month following the request by Strike Force Wyndarra to interview this woman, somehow there was an inability to proceed with this prosecution, I am saying it raises more questions than it answers.

Parliamentary Procedure

VISITORS

The ACTING PRESIDENT (Hon. M.C. Parnell): Before I call the Hon. Irene Pnevmatikos, I would like to acknowledge the presence in the gallery of former Senator for South Australia, Robert Simms, and welcome you to parliament today.

Matters of Interest

GREEK WAR OF INDEPENDENCE

The Hon. I. PNEVMATIKOS (15:43): In the last week or so, there has been much celebration amongst people of Greek heritage in Greece and around the world. Celebrations have taken a variety of forms but, at the end of the day, the date 25 March 1821 has particular significance as it commemorates the 200-year anniversary of Greek independence. The War of Independence, alternatively referred to as the Greek Revolution, resulted in the formation of the modern Greek state.

Greece had come under Ottoman rule in the 15th century and there had been sporadic uprisings and skirmishes from time to time, but the formation in 1814 of Filiki Eteria, otherwise known as the Friendly Society, became the turning point in the fight against colonialism, resulting in the overthrow of the Ottoman Empire for Greek-speaking people.

With the rebellions gaining momentum and successful attacks growing, coupled with escalating violence and wholesale slaughter of Greek patriot men, women and children, the world started to take notice. It resulted in England, France and Russia entering the war in support of the Greek struggle.

Many Greek men and women heroes of the revolution joined the struggle for differing reasons: some in the name of orthodoxy and against Muslims; some inspired by the cultural, philosophical and artistic achievements of a bygone era of classical Greece; some advocating a Greek revolution that accorded with the experiences of the French Revolution and the American War of Independence; and some who sought inspiration from the Enlightenment, which had bypassed Greeks of the time as they subjugated to the dark ages of Ottoman rule.

Whether Greeks and philhellenes were fighting Ottoman rule for religious, political, historical or cultural reasons, Greeks managed to unite and brought a sense of purpose and identity for Greek society. It is this Greek identity that is most vital for any and all celebrations of this important national day and belongs to all people of Greek heritage, irrespective of their individual beliefs and opinions. At the end of the day, the Greek population were able to set aside their differences and come together united and unwavering.

My involvement in the celebrations in our state commenced with the laying of a wreath, with my colleague the Hon. Connie Bonaros, under the watchful and supportive presence of the Greek Consul General, Mr Georgios Psiahas, at the War Memorial on Thursday 25 March 2021. This was followed by speaking at the Greek Orthodox Community of South Australia gala event on Saturday 26 March to commemorate the 200-year anniversary of the commencement of the Greek War of Independence.

Within a room filled with members of the Greek community and representatives and speakers from all sides of the political spectrum, including various CALD organisations and groups, we had an opportunity to experience Greek hospitality at its finest. The Greek community's Dance Academy group in costume performed a series of dances that made the evening exciting and memorable. This was no mean task as the young dancers comprised second and third generation young people of Greek heritage.

The successful evening was followed by a church service and wreaths being laid to commemorate the anniversary at Taxiarchis Church in Franklin Street on Sunday 28 March 2021. The community representatives and the invited guests representing various regions of Greece, Australian politicians and CALD organisations witnessed young children and students at Greek heritage and language afternoon classes. These young people presented poems and songs in the Greek language to adoring parents, proud grandparents and community representatives.

It was a proud day for those of Greek heritage to see blue and white, the colours of the Greek flag, decorating landmarks around the world, in Australia and even our own Parliament House, Adelaide Oval and Town Hall. Although I attended many but not all events, there could never be enough celebration to truly commemorate Greece's independence.

FRUIT FLY

The Hon. N.J. CENTOFANTI (15:48): Fruit fly is one of the world's most destructive pests and it poses a significant risk to our state's $1.3 billion horticultural industry. The risk has existed since 1947 when fruit fly was first detected in South Australia. Since then, our state has worked hard to eradicate any fruit fly outbreaks from establishing permanently in this state and we continue to do so as we understand the competitive advantages and the flow-on financial benefits that our growers, local businesses and the state's economy receive because of South Australia's fruit fly free status.

The Marshall Liberal government is utilising every resource available to it to eradicate the current outbreaks. PIRSA has implemented a program that includes inspecting fruit trees, organic baiting, releasing sterile flies and establishing suspension zones around detections. Suspension zones impose restrictions on fruit movement which can be an inconvenience and a challenge for the community. However, restricting fruit movement is critical, as it is an effective method of preventing fruit fly from being unintentionally transported across the neighbourhood or to an unaffected part of the state.

If you live in an outbreak or a suspension zone, we are asking people not to share or move any homegrown fruit or fruiting vegetables from your property. I encourage all South Australians to visit the PIRSA website and learn whether your residence is in an outbreak or suspension zone and the restrictions that may apply.

Releasing sterile flies, known as SITs, is one of the tools PIRSA is using to target wild flies in the outbreak zones. Last week, I attended the release of more than 2.5 million sterile fruit flies in the Riverland. The release was part of a greater six-part program, where 3.5 million flies will be released per week. In metropolitan Adelaide, almost 100 million sterile flies were released across 250 suburbs last year. SITs are a proven technology and an important tool in the government's fight against fruit fly, as it interrupts the life cycle of the wild flies.

We are now calling on the community to join the fight against fruit fly. We are seeking the community's cooperation by asking residents living throughout the Riverland and in outbreak and suspension zones in Adelaide to strip their backyards of homegrown fruit and fruiting vegetables. The large majority of current outbreaks have been detected in residential backyard fruit trees; therefore, this measure aims to remove the host material where fruit flies breed. With the community's cooperation, the number of breeding locations for fruit fly will be significantly reduced, enhancing the effectiveness of PIRSA's baiting and SIT programs.

When stripping your backyard trees of fruit or fruiting vegetables, please also ensure that there is nothing left lying on the ground, as fruit fly commonly breed in rotting produce. Once your backyard has been stripped, you can either cook, eat or preserve your fruit or fruiting vegetables. Excess produce must be disposed of correctly. If you live in town and have available a green organic bin, you can safely dispose of excess homegrown fruit and fruiting vegetables in this bin.

For those who live in an outbreak zone out of town and do not have access to a green bin, please put your excess homegrown fruit and fruiting vegetables in an airtight sealed plastic bag and phone the PIRSA fruit fly hotline for pick-up. For those who live in a suspension zone out of town and do not have access to a green bin, please put your excess homegrown fruit and fruiting vegetables in an airtight sealed plastic bag and freeze the bag before then disposing of it in your general waste.

If you find maggots in the process of stripping your backyard trees, please immediately place the affected produce in an airtight plastic bag and ring the 24/7 fruit fly hotline on 1300 666 010. The fruit fly outbreaks are having a real effect on people's lives. Many South Australian growers who are currently in an outbreak or suspension zone face a challenging harvest with significantly increased costs. To overcome these fruit fly outbreaks, South Australian growers need our support.

We can all play a part in the fight against fruit fly by stripping our backyards of fruit and fruiting vegetables and following PIRSA's instructions in regard to fruit movement. Together, as a community, we can eradicate the fruit fly outbreaks and ensure that our growers continue to enjoy the premium market advantage of being a fruit fly free state for decades to come.

ERNABELLA ANANGU SCHOOL

The Hon. C. BONAROS (15:52): I rise to acknowledge and congratulate the Ernabella Anangu School and community on the recent celebration of 80 years of schooling on the APY lands. As a disclaimer, can I start by indicating that, while I might be bilingual, Pitjantjatjara is definitely not one of those languages, so please forgive me if I struggle with some of the pronunciations in this speech.

I congratulate everyone who was involved in this week's festivities to celebrate the school's 80th anniversary, which had to be held over from 2020 due to the COVID-19 pandemic. I have been touched by watching videos of the old people singing Ernabella choir songs and the kids sharing their first language stories, singing choir and dancing Inma (traditional dance).

Mr President and members of this place, I hope that you have experienced the joy of hearing the Ernabella choir singing in four-part harmony. They have the voices of angels. If you have not, I implore you to do so. They sing at many big events now but were not formally recognised as the Ernabella choir until a group travelled from the APY lands in the back of a truck to Adelaide to sing during The Queen's 1954 visit.

Of course, education was not new to Anangu 80 years ago. However, formal schooling, first held in the creek bed of Ernabella before moving to the school building, was new. Ernabella was the only Anangu school in SA for more than three decades, so a whole generation of students from the region were educated there. It was in that sense the centre of formal schooling in the APY lands.

Dr Charles Duguid, who established a mission at Ernabella, directed that Ernabella was to respect and put at the centre Pitjantjatjara as the first language in education and mission life. This meant the early teachers, such as Nancy Sheppard and Ron Trudinger, had to quickly learn the language well enough to teach in Pitjantjatjara. Many subsequent teachers like Sandra Ken, Paul Eckert, Chris Tapscott, Bob Lines, Bob Capp, Greg Wilson, Maree McColm and others, including Sam Osborne, who conducts the Iwiri choir based in Adelaide, became proficient in the language thanks to the Anangu teachers. Many educational resources as well as hymns and biblical texts were translated right from the beginning of the Ernabella school and are still used to this day.

I particularly want to acknowledge the lifelong contribution of Angkuna Akitiya Tjitayi to schooling at Ernabella, Fregon and across the regions. She went through the Ernabella school as a student in the 1940s and became a teacher with Nancy Sheppard, the only white teacher, from the early 1950s. All of Angkuna's work was in first language, and Nancy Sheppard ran bilingual education for students from year 5 upwards.

Angkuna taught so many of the great emerging leaders who set up communities on the APY lands and championed land rights and the homeland movement in the era following the 1967 referendum, which eventually led to the APY Land Rights Act that is still strong today. Angkuna was one of five women acknowledged as a living treasure in the celebrations this week. The other women included Nganyinytja, Watulya, Tjuwilya and Lucy Lester—all incredible women and educators in their own right.

Of note, in the early 1960s, Angkuna went with Nancy Sheppard to establish a school at Fregon, while Nganyinytja Ilyatjari went across to Amata. When the new teachers arrived to commence schooling at Amata in 1968, they were shocked to discover Nganyitja had been running a school in a repurposed rations shed for many years. Angkuna has two incredible daughters in Katrina and Umatji Tjitayi, who are educators, and a granddaughter, who is also starting out in schools.

Katrina has drawn on Angkuna's wisdom in first language over 20 years of mental health and wellbeing curriculum and resources development. This body of work is taken up and developed in schools across the region and in programs such as the Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council's Uti Kulintjaku program. Following the next generation of Anangu educators, including Yanyi Bandicha and Trevor Adamson, the UniSA Anangu tertiary education program was established in the 1980s. I think I have to leave it there.

ROYAL AUSTRALIAN AIR FORCE CENTENARY

The Hon. T.T. NGO (15:58): Those present in this building earlier today may have heard a rumble as jets made their way above Parliament House. The planes flew in honour of the 100th anniversary of the Royal Australian Air Force (RAAF) celebrated today, 31 March 2021, at the National War Memorial on North Terrace. Attending the ceremony, I was moved to see a large contingent of Defence Force personnel and dignitaries join to mark this momentous achievement.

In the context of human life, 100 years of history is a significant timespan and one that should not go unrecognised. I thank Air Commodore Ross Bender, who provided the stirring address at the celebration in Adelaide. He spoke of the distinction and the sacrifices of Australia's flying forces and recounted some of the courageous members and their achievements.

He also spoke about RAAF's early beginnings, when it had more planes than people. This morning he contrasted its original 153 planes and 149 people to today's Royal Australian Air Force, which he said now has over 14½ personnel and about 100 more planes at 260 aircraft. Air Commodore Bender also spoke of the important role South Australians have played in the history of the Royal Australian Air Force. During our Air Force infantry, 350 South Australians were in the flying corps sent to the Middle East and the Western Front during World War I.

Whilst this is a page in history, it steels me to think of the bravery of those souls. Today, our Air Force and its pilots have a strong tradition, practice and procedures to draw upon, but those flying pioneers headed to fight the war on foreign soil, not knowing if they would return to Australian shores.

South Australia's commitment to the Royal Australian Air Force grew exponentially during World War II, with major bases in Mallala, Port Pirie and Mount Gambier, and smaller units in Gawler, Parafield, Victor and Adelaide. At today's ceremony we heard that more than 23,000 South Australians served in the Air Force in the Second World War, and of the 9,870 Air Force personnel who paid the ultimate sacrifice 147 of them lost their lives within our state, a cruel blow for those far away from the frontline to lose their lives, many during training, but a reminder of the devastating reach of battle.

For me, the Air Force, as part of Australia's defence forces, represents hope, promise and a new land. During the Vietnam War my former homeland was ravaged by civil war as the north's communist forces overran South Vietnam and its government. As part of the allied forces, Australia joined to fight to protect South Vietnam. Today, many Australian Vietnamese still share the loss and suffering of that time with Australia's defence forces.

In closing, while we acknowledge the significant history of the Royal Australian Air Force, it is important to remember those members today posted in lands far away and of course their families here at home. I understand some RAAF members are presently deployed in the Middle East and South Sudan, while others protect our nation's borders.

I hope honourable members here join with me to recognise and thank all those who have made the ultimate sacrifice in their service to this country within the Royal Australian Air Force. Lastly, in closing, I acknowledge and congratulate the Royal Australian Air Force on its centenary.

Motions

PARNELL, HON. M.C., RETIREMENT

The Hon. T.A. FRANKS (16:03): With some sadness, I move:

That this council—

1. Notes the upcoming retirement of the Hon. Mark Parnell MLC after 15 years of service to the people and Parliament of South Australia;
2. Recognises his role as the first member of the Greens to be elected to this parliament; and
3. Wishes him well in his retirement and the years ahead.

I shall use the privilege of being the mover of the motion to be the one who sums up, with concluding comments after the Hon. Mark Parnell has spoken.

The Hon. M.C. PARNELL (16:03): I would like to begin by thanking my colleague of 11 years, the Hon. Tammy Franks, for moving the motion to allow me to make some final reflections on my time here in parliament before I officially retire at the end of next week. It was a great day back in 2010, when Tammy was first elected and I was no longer the Greens shadow minister for everything. Having only half the portfolios is a much more civilised arrangement. Tammy and I are very different people, but as a team I think our complementary skills mean that we have collectively been stronger and more effective in representing our party than either of us could have achieved individually, so thank you, Tammy.

Now, after 15 years as a member of state parliament, I have decided it is time for me to retire. As most people now know, former Senator and Adelaide City Councillor, Robert Simms, has been chosen by our party to replace me. It is my hope that Rob will be sworn in when parliament resumes in the first week of May.

To begin, I would like to reflect on some of the highlights and the lowlights of the last 15 years in state parliament from my perspective. When looking at political careers, people usually start with the official record. What important jobs did the member do? Were they a minister or a shadow minister? Did they chair important committees? Did they get a fancy white car and driver? Did they get lots of bills passed?

The public record will show that I do not tick too many of those boxes, but I reflect on my time here differently. My first job, as I saw it, after being elected back in 2006, was to normalise the Greens as legitimate and respected political players in this state. Our party was fairly new and I was determined that we would be taken seriously, both inside and outside parliament.

As the first Green elected in South Australia, I was aware that I was very much an unknown quantity and there were a number of stereotypes to dispel. I can tell you that as a lawyer, an economist and a planner I did not fit the stereotype very well of what people imagined a Greens MP would be like.

In the early days, I spent a lot of time chasing media and looking for opportunities to get the Greens message out to the community. Of course, the dilemma is that one can spend so much time chasing radio, TV and print opportunities that there is little time to do much else and you do not actually get much done. With the advent of social media, it also became apparent to us that a huge part of our support base never opened a newspaper, did not watch the TV news and only listened to the radio for music, so in more recent years we have tried to be more targeted in communicating with South Australians.

The second thing I was keen to do was to make a mark as a serious legislator. It is often not very exciting work, and it rarely makes headlines, but it really is so important to get our laws right. In my first speech back in 2006, I described how working as an environmental lawyer and advocate I was continually coming up against bad laws that stood in the way of good outcomes. That is why I was so keen to get into this place, where they made the laws, so I could try to make them better. Whilst Greens bills and amendments did not always find favour, enough of them did to convince me that it was worth the effort.

Also, in the four terms of parliament in which I have served, the Greens have shared the balance of power in the upper house in every one. I have worked through three terms of Labor government, as well as three-quarters of the current Liberal administration. As we all know, the government of the day has not controlled the Legislative Council for 50 years—not since the 1970s. This means that all our votes count, which in turn means that the Greens take legislation very seriously.

On those occasions where the opposition fudges their responsibility to properly scrutinise legislation, the Greens have been prepared to step in and do the job for them. This is the role that we played back in 2008 during the lengthy WorkCover debates. We undertook a massive amount of consultation with injured workers and their representatives, and then we put a lot of their experiences on the public record. Yes, it took a long time and it resulted in a record that I never aspired to, but it was important, so I make no apology, other than to the staff, whom we kept at their workstations until 5am one Friday morning.

In relation to the big issues facing this state, I think we have made important progress in some areas, but in others we are going backwards. With climate change, I am proud to have been part of this state's leadership in decarbonising our energy sector. I am encouraged that over the last 15 years the debate has shifted from, 'How will we ever survive without coal-fired power?' to 'What will we do with all the excess renewable energy that is now being generated?' Do we need to promote energy-intensive industry? Do we send excess power interstate over an interconnector, or do we convert it to hydrogen to use in vehicles, in industry or for export? I think the answer is all of the above, but how that debate has shifted over the last 15 years—it is remarkable.

Of course, the fossil fuel industry is still powerful and they are making a few last gasps at relevance, backed by some dinosaurs in Canberra, but the trajectory is clear: we will achieve zero net emissions, we will generate nearly all of our electricity from renewable sources, and we will be driving electric cars, trucks and utes in the not-too-distant future.

I am excited and encouraged by the direction we are taking. However, it is disappointing that so much of it has come not from good government policy but in spite of it. My main disappointment is how much faster we could get there if we had governments fully on board. That is the message that the schoolkids who are rallying and striking for climate action are giving us, and we need to listen carefully to them.

Personally, one of the things I am most proud of is securing the original 20-year feed-in tariff for rooftop solar power. A dozen years ago, solar panels were expensive and they were less efficient, so we knew we needed to give the industry a leg-up in its formative years. The result of the Greens using our balance of power and holding out for a better deal was that South Australia led the world in the uptake of solar energy. Now the subsidies are not needed, and the panels are paying for themselves, bringing down the cost of power for South Australian families.

In other policy areas the results have been less encouraging. The loss of biodiversity across this country is a national disgrace, species going extinct at an alarming rate is unacceptable and what remains of our intact native vegetation is still under increasing pressure. In terms of social justice and fairness, I think it is a mixed bag. There have been some important reforms, but the growing insecurity of work and the growing gap between the most wealthy and everyone else is still a blight on our society and our economy.

I am glad that now we acknowledge traditional owners at the start of each sitting day in parliament, but we still have a long way to go in addressing social and economic disadvantage for our First Nations people. The disproportionate incarceration rate and the tragedy of children as young as 10 in juvenile detention urgently needs to be addressed. We need to raise the age of criminal responsibility and develop alternatives to incarceration.

One area where I am proud of our reforms is in relation to our electoral system. The removal of the ironically misnamed fairness clause from the constitution recognises that there are now more than two parties in this democracy, and the system should be fair to all. The removal of the electoral lottery of group voting tickets and preference whispering in the upper house is another reform that the Greens achieved and which make our electoral system more democratic. All preferences are now in the hands of the voters, where they should be.

When I went back, Mr President, to my first speech in 2006, it was a sobering exercise to revisit what I said I wanted to achieve. Fifteen years ago I railed against the prevailing transport policy of successive governments, which sees road widening and freeway projects as solutions to congestion. They are not. Traffic expands to fill the available space.

I accept that I have had very little success on that front. Billions of dollars, in my view, are still being wasted on unnecessary new roads, whilst a modest new bicycle lane in the city is axed because it might interfere with the on-street parking outside a bingo hall.

In relation to major projects there are still plenty of examples of bad public policy where special treatment is given to special mates for their special projects. As I used to explain to my university classes back in the 1990s, if you are big, you get exemptions; if you are really big, you get to write your own laws. The legislation to facilitate the Olympic Dam mine expansion and to exempt that ill-fated project from most state laws is a case in point. The Greens asked dozens of questions and we moved dozens of amendments, every one of which failed.

I am not usually a person who revels in schadenfreude, but I will confess to one occasion. We were in the closing stages of the debate in committee on the Olympic Dam expansion bill. It was the evening session after dinner, and word came to me in the chamber that the top BHP Billiton executives from London were here in Parliament House with the Premier. They had bottles of expensive champagne on ice, and they were ready to pop them as soon as the bill passed. I was also told that they were under some time pressure to get flights back to London.

Whilst the final outcome of that bill was inevitable, I suddenly found that I had many more questions to ask than I had originally anticipated, and only once the executives had left the building did the bill finally pass. I confess to that now. But the rest, as they say, is history. The biggest hole in the ground ever to be dug on the face of the planet and the economic saviour of our state turned out to be a mirage.

In 15 years I have been happy to get behind the good projects and to call out the bad ones. In the last parliament we saw the ridiculous notion that South Australia would become rich beyond measure if only we would agree to host the world's most toxic and long-lived radioactive nuclear waste forever. That project failed every test: it was dangerous, hopelessly risky economically and a further insult to our First Nations peoples, who have suffered so much from dispossession and displacement, including as a consequence of the nuclear tests at Maralinga. Thank goodness the citizens' jury listened to the First Nations representatives and they helped kill off that ridiculous project.

I would now like to make a few reflections on my parliamentary colleagues. One thing that often surprises people outside politics is that genuine friendships and respect can exist across the political divide. Politics is not just the unedifying and quite often embarrassing spectacle of question time. Most of the time, debate is respectful and focuses on getting good policy outcomes, albeit from very different perspectives.

My experience is that I have genuinely enjoyed working with the vast majority of people here in parliament. I count many of you as friends and I have enjoyed our interactions in the chamber, in the corridors and in the never-ending meetings and committee hearings. I have appreciated the support, the decency and the humanity of my fellow MPs, the staff of the parliament and, in fact, most of the people I have had the pleasure to work with over the last 15 years. I am leaving this place with many more friends than foes.

For me, there are two particular times that have touched me profoundly. The first was the love, care and support that Penny and I received from so many of you when our son, Mungo, died 4½ years ago. That was the most awful time imaginable for us and we were both touched at the kindness of so many people in parliament, including those with whom we disagreed on almost every political issue. In our deepest despair, it was a comfort to be touched by genuine humanity, completely divorced from politics.

The second time was when I ended up in hospital two years ago with a heart condition that resulted in a quadruple heart bypass operation. Again, so many members and staff showed enormous kindness, so much so in fact that I genuinely felt that I might actually be missed if I did not make a full recovery and get back to work, so I did both. For the record, I can still run 10 kilometres in under an hour and another ultramarathon is still on my bucket list. So I thank you all for that. To my parliamentary colleagues and all those who worked here, thank you for your friendship and respect. I will miss working with you.

Whilst on the subject of thanks, I want to give special mention to my staff. In particular, to my loyal and long serving Chief of Staff, Cate Mussared. Cate has been with me from day one in 2006. She is probably the longest serving Greens staffer in the country and she is a consummate professional. Cate's diligence, her attention to detail and her commitment to the highest standards of service to constituents and to the parliament have been a feature of her time here. In many ways, Cate has been in large part responsible for the good reputation that our office has enjoyed both inside and outside parliament over the last 15 years. So thank you, Cate.

I would also like to thank some previous staff members who stuck with me for long periods. In particular, Craig Wilkins, who worked with us for seven years before becoming Chief Executive of the Conservation Council. Also, Emily Bird, who was with us for five years and is now the office manager for one of the Greens ministers—I love that sound—in the Greens Labor Coalition government in the ACT Legislative Assembly. For the record, being part of government is still on our agenda in this state and I predict it will happen faster than most people think. I would also like to thank the dozens of other administrative and research staff, casuals, interns and trainees who have committed themselves to what we like to call 'the Green project' over the last 15 years.

Outside our parliamentary office, however, we have also been supported by the broader Greens family of members, supporters and voters. Only a few of us aspire to or reach public office and it is important that we remember that we owe our positions to a legion of unsung volunteers. These are the Greens members and supporters who staff the polling booths, knock on doors, develop policies, raise money and keep the party organisation going. We could not do what we do without that support. I know that many Greens members would have liked to come in today, but thanks to COVID they are watching proceedings online instead. To my Greens colleagues, thank you for your support and the faith that you have placed in me over the last 15 years.

My final thankyous are to my family. For the last 38 years, Penny and I have embarked on countless adventures and joint projects. Back in 1995, one of those projects was helping to form a new Greens political party in South Australia. From 10 people in our suburban lounge room, to getting candidates elected at every state and federal election since 2006, Penny and I have shared our love of service and our commitment to making the world a better place through parliamentary democracy. For 38 years, we have been each other's sounding boards, kept each other honest and called out BS where appropriate. Penny, I would not be here without your love and support and I could not have done this work for 15 years without you, so thank you.

A political life is rewarding, but it also comes at a cost. Families often miss out because the time and emotional commitment of the job can be overwhelming. To our grown-up kids, Ellie and Felix, thank you for hanging in there with us. You were schoolkids when mum and I got into this political caper and now you have made wonderful, independent lives for yourselves. Thank you for your love and support and thank you for coming along today. You were here at the start, so it is only fitting that you are here at the end as well.

As to the future, the most common question I have been asked recently is what am I going to do next? Before parliament, I spent 16 years working for non-profit conservation groups. It is a wonderful sector full of passionate community-minded people, nearly all of whom are volunteers, so I am looking forward to returning to my roots.

One project, though, that my Chief of Staff, Cate Mussared, and I will be working on over coming months is to prepare some civics training material. With 32 years of parliamentary experience between us, and another 25 or so years in the community sector, we reckon we have learned a few things that we can usefully share. The object of this project will be to help community groups and campaigners more effectively engage with parliament and with other arms of government.

I expect most members of parliament would agree how little most of our constituents know about the business of government and lawmaking. This is an observation rather than a criticism. Most normal people are busy making a living, raising their families and being part of their community. The business of politics and the workings of government appear remote and irrelevant to many until it impacts you or the things that you care about. It is then that people realise they have no idea how the system works. I hope to help fill that void with practical advice for campaigners on how to be more effective in dealing with politicians and public servants. So if your constituents start demanding more of you in the future, I hope that you will be able to in part blame me.

I will finish by saying a few words about my replacement. Late last year, Robert Simms was successful in a ballot of all Greens members to be our lead upper house candidate at the election next March and for any casual vacancy that arose. Many of you will know of Rob's work on the Adelaide City Council. He has been a voice of common sense in a very fractious council and he has served the community well.

Rob also spent a brief period in the Senate, so he has rare experience at the national and the local level and will now bring that experience to the state level. He is smart, he is committed, he is young (at 36) and he is ready to work hard for all South Australians. I wish Rob well and I can retire with confidence knowing that Rob and Tammy will represent our party with distinction in coming months and years.

The final thing, Mr President, is I thought I might finish this valedictory with a limerick. It is one of my own composition and it refers to the very first piece of office equipment I bought when I was elected back in 2006, a battery-powered public address system. It goes like this:

They rally on the steps outside parliament,

But inside, an announcement profound has meant,

That his microphone loud,

Won't gee up the crowd,

Now Parnell has announced his retirement.

Thank you.

Honourable members: Hear, hear!

The Hon. T.A. FRANKS (16:23): Mr President, I rise, unusually, to sum up comments, knowing that there will be an encore tomorrow of this debate due to one of the passions the Hon. Mark Parnell has, voluntary assisted dying, going to a second reading vote, hopefully later on this particular sitting day. I understand that tomorrow we shall hear more from many members in terms of the valedictories for my colleague.

It is well known that the Hon. Mark Parnell is Wikipedia famous for setting a record filibuster in our parliament's history, with an eight-hour contribution to voice his opposition, then as the sole Greens member, to the changes to WorkCover and the reduction to injured workers' payments.

He also, though, has achieved many things in this parliament. He secured a quarter of a million dollars for consumer advocacy in the setting of water pricing and protection for tenants when their landlord does not pay their water bill. He has also, as I have noted, championed voluntary euthanasia many times over many years. His expertise and knowledge in planning law I think are second to none in this place and the other. He has used that expertise to great effect in making outstanding and positive contributions to our legislation.

In over 15 years in parliament, the Hon. Mark Parnell's continued advocacy for equality and human rights and pushing for changes that protect the Greens shared values of promoting unity within our democracy—and our four pillars of environmental sustainability, social justice, peace and non-violence and, very importantly, grassroots democracy—has enhanced our democracy. As he noted, he changed the upper house voting system to provide that option for preferential voting, putting preferences in the hands of punters rather than the backroom preference deals of the preference whisperers and the backroom boys, promoting power to the people.

He has also had the deepest respect for the environment, for promoting cleaner industries and, notably, supporting solar power in South Australia. He has helped make South Australia a renewable energy powerhouse. He stood very much at the forefront of the campaign against building an international nuclear waste dump in South Australia—a proposal well and truly I hope now very much dumped itself.

For a long time the Hon. Mark Parnell has supported renters in their rights to have safety in their homes and security in their tenure while also ensuring that landlords meet the minimum property standards and ensuring that housing is for people and not for profiteering. He successfully passed a climate emergency motion, a declaration of this upper house. He promoted recognition from climate scientists and the voice of the community in that debate here in this council. He has pushed for legislation to protect cyclists by implementing the legislated distance of one metre or more when overtaking on roads up to 60 km/h.

He has done so many things in his 15 years here. That filibuster I think is probably one of the most well-known parts of Mark's work. Other than being the bloke with the beard from the Greens, he is well known for his ability to speak and be good on his feet. Our state party director has reflected on that WorkCover filibuster and, in the words of Dominic Mugavin, I would like to share with the council just how our Greens members feel about the wonderful leadership of Mark Parnell:

> There are lots of good stories I could tell about Mark and his time in parliament and in the party but here's a good one.
>
> Famously, Mark spoke for over 8 hours in opposition to a Labor Government bill that cut payments to injured workers. When people ask him about his speech he denies it was a filibuster. He maintains to this day that he was relaying important information to the parliament. He told parliament stories of injured workers. He gave them a voice in the debate.
>
> I like this story because it shows a few of Mark's great qualities. It shows he takes principled stands and has a firm commitment to justice. It shows he's not afraid of hard work. It shows he is committed to being a voice to those often without a voice. It shows his humility.
>
> Commitment to justice, hard work, being a voice to those without one, humility. What more could you ask from an elected representative?

What more could the Greens have asked from our first elected representative in this state? Well, I for one could have done with less dad jokes and a few less limericks. I also have a limerick. We did not compare notes prior to this but I was moved for the first time in possibly my entire life, or at least four decades, to pen a limerick for That Pollie Parnell, which goes:

There once was a Pollie who cycled,

He liked speaking and he recycled,

His name Mark Parnell,

Though here we say farewell,

His contribution is still far from final.

Indeed, it is far from final in terms of his contribution to the public life of this state and I wish him well in future years. I also note that, while he may still be up for running a marathon in real life, he has run a marathon in parliamentary terms for the Greens. He is currently the longest continuing serving Greens MP in the country as of last month. So I congratulate him for running that particular marathon. It must have been very lonely to be here as the sole Greens member of this parliament.

I thank him for his warm welcome and his support over the 11 years that I have joined him. He has been a very hard act to follow, and will be a very difficult act to follow, but I am sure that he will offer every support to our party and to our future parliamentarians for us to continue to prosper. With that, I commend the motion.

Motion carried.

MILISITS, MR VILMOS

The Hon. F. PANGALLO (16:30): I move:

That this council—

1. Acknowledges the passing of Vilmos Milisits OAM;
2. Acknowledges his outstanding contribution to South Australia and Australian businesses;
3. Acknowledges the international success of his bakery business, Vili's;
4. Recognises his generosity and support for many individuals, charities, clubs and businesses; and
5. Conveys its sincerest condolences to his wife, Rosemary, their children and their extended families.

I seek leave to continue my remarks.

Leave granted; debate adjourned.

COWAN, MRS EDITH

The Hon. J.M.A. LENSINK (Minister for Human Services) (16:31): I move:

That this council—

1. Notes that 2021 marks the centenary of the election of the first woman to an Australian parliament, Edith Cowan OBE, who was elected to the Parliament of Western Australia on 12 March 1921;
2. Recognises Mrs Cowan's commitment to advocacy for women and children; and
3. Commits to continue to support Mrs Cowan's legacy of supporting the advancement of women in South Australia.

This motion is to commemorate the centenary of the election of the first Australian woman parliamentarian, Edith Cowan OBE, who was elected to the Parliament of Western Australia on 12 March 1921.

Mrs Edith Dircksey Cowan OBE was elected to parliament on 12 March 1921. She was a member and leader of the Women's Christian Temperance Union and the Karrakatta Club. She was an integral contributor to the Western Australian suffragist movement in the 1890s. She stood for election just one year after women were granted the right to sit in parliament in Western Australia, at the age of 59. She gave her maiden speech in July 1921, and I quote:

> I stand here today in the unique position of being the first woman in an Australian Parliament. I know many people think perhaps that it was not the wisest thing to do to send a woman into Parliament, and perhaps I should remind hon. members that one of the reasons why women and men also considered it advisable to do so, was because it was felt that men need a reminder sometimes from women beside them that will make them realise all that can be done for the race and for the home. I have been sent here more from that standpoint than from any other…

During her term in parliament Edith advocated strongly for women and children, which was consistent with a number of women then as well as today, particularly in the area of health. Although she was a member of the government, she did not always vote on party lines but she always voted to benefit women and children.

Edith was a strong advocate for free education, the rights of children, child endowment, greater regional funding for schools, infant health centres, hospitals and roads, and the right for women to enter professional occupations. She successfully presented two private member's bills: firstly, to give equal inheritance rights to women when children died intestate and, secondly, to allow women to enter the legal and other professions.

Edith served one term in parliament but her legacy is significant. She is remembered as one of Australia's most significant social reformers. It is also significant that we have recently celebrated the 125th anniversary in South Australia of women's suffrage to grant women the right to vote. I thank the Western Australian parliament for reminding all jurisdictions that we should commemorate the advocacy and the election of Edith Cowan OBE. I commend this motion to the council.

Debate adjourned on motion of Hon. I.K. Hunter.

MENSTRUATION MATTERS REPORT

The Hon. I. PNEVMATIKOS (16:35): I move:

> That this council notes the report by the Commissioner for Children and Young People, entitled Menstruation Matters—The impact of menstruation on wellbeing, participation and school attendance', laid on the table of this council on 18 March 2021.

I rise today to speak on the Commissioner for Children and Young People's report, Menstruation Matters. Previous to this report, the commissioner released her report titled, Leave No One Behind, in 2019. This report established that period poverty was a problem impacting everyday tasks and events for children and young people. The 2019 Leave No One Behind report found the following:

- 26 per cent of students surveyed reported missing out on attending school due to not having period products;
- 51 per cent of students surveyed said they did not have access to products or they did not know how to access period products at school;
- 20 per cent of schoolteachers (all female) were purchasing products for students with their own money.

It is obvious from these initial findings that period poverty is real, extensive and required the attention of government. Since the release of the 2019 report, the commissioner has continued to research into the impact of menstruation with this report. Specifically, this report, Menstruation Matters, looks at the impact menstruation has on the wellbeing, participation and school attendance of children and young people.

The report lays bare the brazen realities of period poverty that children and young people in our state are facing. This report unveils how period poverty stems further than just the need for period products but the importance of biological explanations of menstruation as well as the need for advice about the practical, social and cultural aspects of periods.

Given this, the impacts of menstrual hygiene are wideranging and impact on all parts of life. Therefore, addressing period poverty requires a multifaceted approach, with the onus on all sectors across the state, including education, business, health and community. The community, and particularly this parliament, needs to recognise the failings in our response to menstrual awareness, menstrual education and menstrual management for South Australian children and young people.

As we have witnessed in this chamber, the taboo topic of menstruation can be uncomfortable. This report recites the need for these social attitudes to change so that we can best address menstruation needs. This report highlights that emphasis must be put on menstrual wellbeing to properly tackle the issue of period poverty. Research in the report suggests that, whilst product supply and infrastructure responses are part of the solution, the complex socio-economic nature of managing menstruation across an individual's life course requires a suite of reinforcing policies.

The survey results also support this notion. A total of 2,985 children and young people aged between seven to 22 years provided 3,267 responses to two period surveys. The survey revealed several key insights:

- one in four children and young people reported experiencing problems getting period products when they needed them. These problems arose because of the cost of the product, the lack of knowledge about what product is suitable, shame associated with buying products or a reliance on others for support;
- barriers to accessing products were found to affect students' ability to participate in school work, sport and other physical activities. This was brought about by a lack of information, confidence and supportive adults, limited access to pain relief, and environments with inadequate sanitation facilities;
- a lack of adequate bathroom and disposal facilities added to the inability of menstrual wellbeing;
- stigma existing at an individual community and systems level sometimes prevents open discussion about normalisation of menstruation;
- young people want to be equipped with more than an understanding of the biological cycle. They want to know about the practical management of periods;
- all young people and children believe that everyone regardless of gender identity should receive comprehensive menstruation education, ultimately breaking down the barrier of menstruation being a woman's issue to promoting empathy, respect and gender equality;
- young people wanted formal menstruation education to begin at a younger age and remain consistent and age-appropriate across all year levels so they feel prepared, comfortable and confined no matter what age they are when they get their first period; and
- primary schools should consistently teach students about periods and provide adequate toilets, soap and bins for students to manage their period safely and with dignity.

In response, the commissioner made four recommendations for South Australia to adopt. They being:

1. The need to develop a menstrual hygiene policy as a core pillar of the 'Health in All Policies' framework in relation to all services to adults, young people and children.

2. Review menstruation education to ensure all children across primary and high schools receive education beyond the biological cycle.
3. Formally recognise the barriers of menstruation to school attendance and develop best practice resources to support schools to use review and change where required procedures in relation to bathroom access, sanitary bin supply and uniform policy.
4. Provide free period products to everyone who needs them at schools and designated public places, such as community centres, youth facilities, libraries and chemists.

There is myriad ways that these recommendations can be implemented. Previous attempts by the Hon. Connie Bonaros and myself through the Free Menstrual Hygiene Products Pilot Program Bill 2020 have not been supported by the government. We understand that the government has undertaken their own pilot program and is currently rolling out a program to state schools. We will have the result of this study at the end of term 3.

This report shows us that providing free period products is only one piece of the puzzle when it comes to addressing menstrual wellbeing and period property. I hope this report does not again sit on the table of the education minister and other relevant ministers and get ignored. We must act now on these recommendations to ensure children and young people have the best possible outcomes in life.

The Hon. C. BONAROS (16:43): I, too, rise to speak on the Commissioner for Children and Young People's report, entitled 'Menstruation Matters—The impact of menstruation on wellbeing, participation and school attendance', which was laid on the table on 18 March 2021, and to echo the sentiments expressed by my colleague the Hon. Irene Pnevmatikos. As has been mentioned, the report follows on from the commissioner's 2019 report, Leave No One Behind, which identified the many issues children in South Australia are battling within their everyday lives. Unfortunately, period poverty continues to be one of them.

Menstruation Matters reports on the experience of more than 3,000 survey responses from South Australian young people aged between seven and 22, and respondents were asked a series of questions concerning school education programs and period product accessibility. They were asked to comment on the impact that menstruation has had on their participation in school, sport and more generally on their lives.

I, like the Hon. Irene Pnevmatikos, have spoken extensively in this place about the very real need for free access to period products for all South Australian schoolgirls. Last year, Victoria became the first Australian state to make a real commitment to eliminating menstruation barriers to the tune of some $20 million. Daniel Andrews openly acknowledged that period products are essential items in schools, just as are toilet paper and soap. Other jurisdictions have, fortunately, followed suit. In South Australia we have started small—very small.

Following a mammoth effort in this place, and with the support of the commissioner, finally a trial was undertaken in select schools last year. The equivalent of $3 per student that has been pledged to date is hardly enough to knock period poverty on the head, but at least it is a start. We have given the minister the benefit of the doubt; we have agreed to allow him to undertake the trial, which is initiated, that will see funds provided to all South Australian schools to deal with period poverty.

We are looking forward to the review that will take place in term three. I hope to be pleasantly surprised when these baby steps—as that is precisely what they are—are reviewed at that stage. I hope the minister is committed to taking on board all the considerations we have discussed with him personally and all the issues we have raised in this place, but more importantly all the issues that the commissioner has raised with him so far in the two reports she has prepared.

As Menstruation Matters clearly shows, this is an extraordinarily complex issue, and it goes a lot further than period poverty. I encourage everyone in this place to enlighten themselves by reading the report and to listen to the voices of those with current lived experiences. Just last Friday, I, along with the Hon. Irene Pnevmatikos, had the pleasure of meeting with the co-founders of Taboo—Eloise Hall and Young South Australian of the Year Isobel Marshall—to hear about their advocacy on this very important issue. I was delighted when they added their signatures to our petition to the House of Assembly for an inquiry into period poverty and joined our cause seeking an inquiry into students' access to menstrual hygiene products in our schools.

It is important to remember that guaranteed access to menstrual hygiene products in our schools would remove many of the obstacles to girls' participation in school and help reduce the stigma of periods generally. We are looking forward to reaching the 10,000 signatures, with the invaluable assistance of these two remarkable young women and their ambassadors, because I think there is still a lot for this parliament to learn about the issues on which Commissioner Connolly has tried to educate us.

The findings of the report before us are further evidence that an inquiry is absolutely required. This issue is not limited to the cost of period products. As one respondent pointed out, 'There's been points in my life where I couldn't afford period products, and I don't believe anyone should have to feel unclean, uncomfortable and ashamed to ask for help. It should be something that vulnerable people can access for free.'

One in four of the survey's respondents reported problems accessing period products when required for a number of reasons. It is not always cost related; some girls just get caught out—they are embarrassed, they do not want to announce they are menstruating to their teachers or to their peers, and 67 per cent of respondents reported being uncomfortable talking to a teacher at school about periods. As another respondent said, 'You have to go to the front office and talk to an older lady and ask for a period product. She then scolds you and says, "You should have some with you."'

The report tells us in black and white that comprehensive menstrual education in our schools is, sadly, very lacking. It is inadequate, it is inconsistent and it is not provided at all year levels. Students are looking for guidance on how to manage their periods with the various product options in the market. As another participant said:

> Products such as tampons and moon cups weren't discussed. Sense of shame and secrecy was implied, made to seem like an inconvenience and dirty thing at school. Also the demo pads they use look like nappies and weren't in line with current products. Lucky I had a good education through my family.

They wish there were more conversations around pain relief options as well. They told how their symptoms are often dismissed and they are just expected to soldier on.

The report also touches on the importance of teaching what a normal period should look like, what is not normal and when to see a doctor. One participant stated:

> Education should really go more in depth about what is a normal and abnormal period cycle and how much pain is too much. This will really help young girls recognise when they might have a period related condition such as endometriosis for example, and get that investigated sooner [rather] than later.

We know schools have a very important role to play in educating all sexes on menstruation, as do parents and caregivers, but we also need to recognise that conversations at home come in varying degrees, making comprehensive education at school absolutely vital. One respondent said:

> I didn't tell my parents for a year. In my culture it's like a taboo.

Another said:

> Not allowed to go near the space where we pray. Not allowed to touch things before taking a shower. Not allowed to move a lot.

Many survey participants highlighted the impact of menstruation on school attendance, with one saying:

> Many girls skip days on school due to having their periods because it is too difficult to deal with at school, and you don't feel as comfortable, than in your own home.

Another said:

> I don't go to school when I'm on it, as I don't know how to sneak stuff into the bathroom. I take the pill to try to get my period in the holidays.

Not being allowed to leave the classroom at certain times, even when forced to announce that they have their period in front of the class to explain a request to go to the bathroom, is a real issue in our schools. Students reported locked bathrooms during lesson times, causing long bathroom lines during recess and lunch breaks. They are clearly frustrated with the lack of understanding. One respondent wrote:

> So many times I have needed to go to the bathroom during class to change a pad or tampon or just to check that I haven't leaked all over my uniform. Lots of teachers, especially the male ones, will insist that I simply should have gone during recess or lunch time. This is highly impractical because you cannot put your period on a schedule.

Another said:

> In high school (and even primary school), a lot of teachers wouldn't allow students to go to the bathroom during class—especially classes that were straight after break times. This made for a very uncomfortable situation: do I sit here and bleed through my underwear/clothing and potentially leave a mark on the seat I'm on? Or do I tell my teacher the issue, even though it makes me uncomfortable to share such personal information?

And this:

> We have strict toilet policies in our school. Only 1 girl at a time can go during class time from the whole school (mine is about 900-1000 students) which makes queue times ridiculous. And you can't take your bag with you to the toilet during class time.

The report was filled with these sorts of examples. There were complaints about overflowing sanitary bins. Again, just as during previous contributions on this, when I referred to toilet paper: imagine if there was a bin overflowing with used toilet paper. Would it be reasonably acceptable? I think we all know the answer is absolutely not.

The report highlights issues even I had not turned my mind to, such as a suggestion for full-length mirrors to be strategically placed in school bathrooms, to enable students to check the back of their uniform for leakage. Being forced to wear light coloured uniforms appears to be a very common theme of anxiety for many students. One wished she could wear her PE uniform instead of a dress, saying it would help alleviate those anxieties of bleeding through. Another respondent suggested having spare clothing available in all sizes so it is not embarrassing, that after bleeding through clothes 'we don't stand out so much for being in a ridiculously oversized uniform', adding to the humiliation because everyone knows.

The report also points to the media as having an important role to play in breaking down the stigma of menstruation. Again, as a respondent pointed out:

> The media does not show what a period is really like, especially in younger females. We do not sit in a meadow of daisies, wear white clothing or pretend that life is all sunshine and rainbows. We can be very moody, in a lot of pain and sometimes over life.

So what is next? As another participant said, 'I hope this actually amounts to something.' I, too, hope this report amounts to something. There are many things that need to be done that can be done. Access to period products for all who need them in our schools is an obvious one. It is an obvious first step, as is a review of menstruation education and the development of a menstruation hygiene wellbeing policy.

The report goes further in recommending free products be made available to all who need them, as is the case in Scotland in places such as youth facilities, community centres, libraries and chemists, and that is something we have supported vehemently on this side of the chamber. I hope we can get there sooner rather than later. After all, this is an issue of gender equality, an issue you will continue to hear me and others and my colleague the Hon. Irene Pnevmatikos speak out about until we get it right, until we normalise menstruation, until we normalise menstruation education and until we normalise menstruation management.

We want our girls attending school and participating in sport on an even playing field. We want our girls having all the benefits that are provided through our education system on an even playing field, because heaven only knows that there are enough other barriers that they will face in the years to come after their school years. Their periods should not be one of those barriers.

With those words, I congratulate Commissioner Helen Connolly for her advocacy in this space, I thank her for the body of work she has provided us with and I sincerely hope that not just the minister but all of us tackle this issue head on. There is no place, none whatsoever, for period poverty, for stigma, for any of the issues that Commissioner Connolly has highlighted in her report in today's world—not here, not anywhere.

Debate adjourned on motion of Hon. I.K. Hunter.

PLANNING, DEVELOPMENT AND INFRASTRUCTURE ACT REGULATIONS

The Hon. M.C. PARNELL (16:58): I move:

That the general regulations under the Planning, Development and Infrastructure Act 2016 concerning Planning and Development Fund (No. 2) Variation, made on 18 March 2021 and laid on the table of this council on 30 March 2021, be disallowed.

Everyone knows what this is; everyone knows what to do. It is the seventh time that we have moved the disallowance of these regulations, and I expect that either my colleague Tammy Franks or my replacement will bring this to a vote on the next Wednesday of sitting, being Wednesday 5 May. This is the seventh time we will have voted on disallowing regulations that allow the government to raid the open space fund for the purpose of administration. It was always a bad idea. The government says they are going to stop doing it on 1 July. I would like them to stop earlier.

Debate adjourned on motion of Hon. I.K. Hunter.

Parliamentary Committees

COVID-19 RESPONSE COMMITTEE

The Hon. T.A. FRANKS (16:59): I move:

That the time for bringing up the committee's report be extended until Wednesday 25 August 2021.

Motion carried.

SELECT COMMITTEE ON HEALTH SERVICES IN SOUTH AUSTRALIA

The Hon. C. BONAROS (17:00): I move:

That the time for bringing up the committee's report be extended until Wednesday 25 August 2021.

Motion carried.

SELECT COMMITTEE ON MATTERS RELATING TO SA PATHOLOGY AND SA MEDICAL IMAGING

The Hon. I.K. HUNTER (17:00): On behalf of the Hon. Ms Bourke, I move:

That the time for bringing up the committee's report be extended until Wednesday 25 August 2021.

Motion carried.

SELECT COMMITTEE ON POVERTY IN SOUTH AUSTRALIA

The Hon. T.A. FRANKS (17:00): I move:

That the time for bringing up the committee's report be extended until Wednesday 25 August 2021.

Motion carried.

SELECT COMMITTEE ON WAGE THEFT IN SOUTH AUSTRALIA

The Hon. I.K. HUNTER (17:01): I move:

That the time for bringing up the committee's report be extended until Wednesday 25 August 2021.

Motion carried.

SELECT COMMITTEE ON REDEVELOPMENT OF ADELAIDE OVAL

The Hon. I.K. HUNTER (17:01): I move:

That the time for bringing up the committee's report be extended until Wednesday 25 August 2021.

Motion carried.

SELECT COMMITTEE ON FINDINGS OF THE MURRAY-DARLING BASIN ROYAL COMMISSION AND PRODUCTIVITY COMMISSION AS THEY RELATE TO THE DECISIONS OF THE SOUTH AUSTRALIAN GOVERNMENT

The Hon. K.J. MAHER (Leader of the Opposition) (17:01): I move:

> That the time for bringing up the committee's report be extended until Wednesday 25 August 2021.

Motion carried.

SELECT COMMITTEE ON MATTERS RELATING TO THE TIMBER INDUSTRY IN THE LIMESTONE COAST

The Hon. I.K. HUNTER (17:02): On behalf of the Hon. Ms Scriven, I move:

> That the time for bringing up the committee's report be extended until Wednesday 25 August 2021.

Motion carried.

SELECT COMMITTEE ON THE EFFECTIVENESS OF THE CURRENT SYSTEM OF PARLIAMENTARY COMMITTEES

The Hon. C. BONAROS (17:02): I move:

> That the time for bringing up the committee's report be extended until Wednesday 25 August 2021.

Motion carried.

SELECT COMMITTEE ON DAMAGE, HARM OR ADVERSE OUTCOMES RESULTING FROM ICAC INVESTIGATIONS

The Hon. F. PANGALLO (17:03): I move:

> That the time for bringing up the committee's report be extended until Wednesday 25 August 2021.

Motion carried.

SELECT COMMITTEE ON STATUTES AMENDMENT (REPEAL OF SEX WORK OFFENCES) BILL

The Hon. T.A. FRANKS (17:03): I move:

> That the time for bringing up the committee's report be extended until Wednesday 25 August 2021.

Motion carried.

Bills

VOLUNTARY ASSISTED DYING BILL

Second Reading

Adjourned debate on second reading.

(Continued from 17 March 2021.)

The Hon. R.P. WORTLEY (17:04): My contribution to the bill will be brief. I have sat through these debates on euthanasia legislation for 15 years now and hopefully, before I leave this place, I will see these laws enacted.

We all gain our views and our positions on this legislation based on our own experiences. We have all had loved ones who we have seen pass away and in various states of health and comfort. For the life of me, I really cannot understand why anyone would like to deny any person the right to choose the way they wish to end their life when they have been diagnosed with a terminal illness that will result in their death within six months.

I have discussed this issue with hundreds of people over 15 years, just to get their views. I could be at dinner, I could be anywhere, and I will just bring up the subject of euthanasia or voluntary assisted dying, just to gauge their opinion. I must say, I have almost never had somebody who has put to me that they oppose the right of a person to make their choice when they want to end their life.

My father had a stroke and was in hospital. He was always a supporter of euthanasia. One time when I was talking with him, we started talking about euthanasia. I said to him, 'What would you do if someone came in right now and said you can end your suffering? What would you do?' and he said to me, 'Look, it's a hard decision.' But he did say to me that he would like the ability to choose the time of his departure.

He did not want to suffer, he did not want to die without dignity, and fortunately he did not have to—he passed away reasonably quickly after our discussion. I always found it amazing that here was a person who supported euthanasia all his life, but made it quite clear to me that if he was able to make a choice he would hang onto life as long as he could, as long as he knew that he could make the decision when he would like to leave this planet.

As I said, I have spoken to many people regarding this issue, from a very broad range of our society, whether they are people from our multicultural communities, whether they are Christians and the like, and overwhelmingly people believe that people have the right to make a decision in regard to their voluntary assisted dying.

As a parliament, we are here to represent the people of this state. I do not see why on earth anyone would think they have the right to deny a person the right to make their own decision. It is all about choice. For those people who do not support euthanasia, their choice is that they do not have to volunteer to end their lives. But there is no way in the world that I think people should have the right to deny those people who have a very strong belief the right themselves to make that decision.

So I will be supporting this legislation. I understand there are a number of amendments. I will consider the amendments. It would be good to see us get a unanimous decision in this parliament—I doubt if that will be the case—but hopefully there is strong support for this legislation. With those few words, I will be supporting the legislation.

The Hon. F. PANGALLO (17:09): I rise to speak on the Voluntary Assisted Dying Bill 2020 as introduced by the Hon. Kyam Maher in the Legislative Council on 2 December 2020. This bill seeks to make voluntary assisted dying (VAD) legal in South Australia. We follow the jurisdictions of Victoria, Western Australia and Tasmania in legislating for voluntary assisted dying, and I understand the Queensland government have committed to introducing a bill soon. This has followed four parliamentary inquiries, including our own South Australian Joint Committee on End of Life Choices.

The bill is focused on those who are dying and provides another end-of-life option for those who are seeking a choice about how they will die. They are required to be competent when they make that choice, if given six to 12 months to live. There are 68 safeguards in the bill to ensure that it is patently clear you must be dying and meet the stringent eligibility criteria, and that these cannot be expanded upon because that is not the intention of this bill—or not yet, anyway.

I would not want this bill, if passed, to result in us becoming desensitised to, and devaluing, human life, for it to lead to the abuse of the elderly, the sick and the vulnerable. I will be supporting the second reading and I was wavering on whether to vote in favour of it. I could also offer a personal experience but I will not. However, my resolve to now register my opposition to the bill was strongly influenced by the sad circumstances behind the passing last weekend of a man we greatly admired and I was fortunate to call a friend, Vili Milisits. I intend to explain those circumstances at another time, but I believe they are relevant to this debate too.

This bill is the 17th time this type of legislation has come before this parliament. The reasons for that should be clear: euthanasia, or whatever they want to call it, is the most divisive, controversial and emotive subject to confront modern civilised society. I commend my colleague the Hon. Kyam Maher for his strong, genuine and passionate beliefs and desire to move on this. He follows a path of similar minded MPs, such as the late Bob Such, Duncan McFetridge, Stephanie Key, Anne Levy and Sandra Kanck.

I will concede that whether or not to support this legislation is the most difficult decision I have ever had to make in my own life. I have to make a decision on the lives of people I do not know, have not met and am unaware of their circumstances. Lord Michael Mustill, who was one of the UK's most liberal judges, described the debate like this:

> The most intellectually demanding, the most ethically challenging and the most important for its contingent effects as well as its immediate practical impact of all the points on the line where law, medicine, belief and reason intersect.

It is true that polls are overwhelmingly in favour of VAD, and its supporters use them to advance their cause. However, some of those polls can be quite simplistic and unscientific. The brief questions put to participants often do not go to the heart of the matter. It is doubtful whether many have ever thoroughly researched the subject to get a full understanding and a proper balanced perspective of the debate, not merely giving a response just because it sounds like a good idea to put terminally ill people out of their misery. It is far more complex and complicated than that, as I have learned from my own exhaustive research.

I will also accept that I am not appropriately qualified to be making life or death calls. Not many in this place are. However, we are called upon every day to make decisions on all manner of difficult issues that affect and reflect on community expectations. To do that competently, we, as members of parliament and individuals, must research the topic thoroughly, taking note of all sides, specifically in a bill like this one.

My fear is what could eventuate if we get this step horribly wrong. There is a notable bias for the pro-euthanasia lobby in the mainstream media. Lamentably, the opposing side to this argument does not get the same column space to advocate their views. That is disappointing. There are very compelling arguments on both sides, arguments even I had not considered until doing my own research.

The last time this was debated in 2016 it failed by the one vote of the Speaker of the House of Assembly, the Hon. Michael Atkinson. He told *The Advertiser* he did so out of concern the process would be open to abuse. He was alarmed that laws in the Netherlands and Belgium had been broadened over time to cover children and people with mental illness, and I quote:

> 'The whole trajectory is just opening it up into a suicide charter,' he said.

This is what is referred to as the 'slippery slope', where conditions under which an individual may choose to die can take a different course and be widened. I do share some of those concerns about what has happened in those two countries, particularly in Belgium where the numbers of people choosing this path have exploded because of the type of laws they have allowed and amended.

For instance, they have allowed VAD through lethal injection for minors as young as nine and 11 and a minor aged 17. These cases and another death of a dementia patient, done without her consent, are now the subject of a criminal investigation into three medical practitioners on charges of improper euthanasia and have increased discussion about Belgium's assisted dying laws.

In the Netherlands, children 12 and older are included in the act. Also, the Netherlands, like Belgian law, allows euthanasia for people with psychiatric/mental illness to end their lives if they can prove they have unbearable and untreatable suffering. Among Belgians euthanised for mental health reasons, the most common conditions are depression, personality disorder and mild autism. A 17-year-old boy decided and was given a permit to take his own life because he had mild Asperger's syndrome and felt his life was worthless.

Alarmingly, it has been reported that the Queensland government is flagging going down this path. Tasmania has also drafted a frightening bill where there is no prohibition on providing lethal drugs to a person suffering depression or anxiety. There is a clause for a review in two years to examine extending the law to minors. Surely, it cannot be medically ethical to contemplate ending the life of a child, yet this has happened in Belgium and the Netherlands and is being proposed in Tasmania and Queensland. Will it happen here eventually?

The annual number of people who have died with assistance has multiplied almost fivefold across all age groups in the past 10 years in Belgium. Most of the 4,337 people who chose assisted dying in 2016-17 were cancer patients; 710 were mainly elderly who suffered relatively minor complaints such as blindness and incontinence; 77 chose to die because of unbearable psychiatric suffering and 119 people from the age of 18 to 29 also chose to end their life. Is this where we want to go one day? Former Prime Minister Paul Keating wrote this, and I quote:

> …once termination of life is authorised the threshold is crossed. From that point it is much easier to liberalise the conditions governing the law.

Mr Keating cited a case in Belgium, where a non-terminally ill man who so regretted his sex change operation that he wanted to die was permitted to do so. Is VAD—mercy killing—going to become the ultimate solution to all life's despair?

It is interesting to note that figures from the Victorian Voluntary Assisted Dying Review Board show numbers in 2020 decreasing in terms of assessments, permit applications and those issued permits. In 2019, 224 died from taking prescribed medications, compared with 172 last year. The average age of applicants was 71; 47 per cent were female, 70 per cent had a malignancy diagnosis, while 23 per cent had a non-malignant diagnosis, many of whom had a neurodegenerative disease.

I note a submission to the state parliament's End of Life Choices committee made by South Australia Police in supporting this legislation, which cited figures suggesting that one in 10 suicides involve terminally ill people. For a six-month period last year, 10 South Australians, terminally ill, took their own lives, representing 11 per cent of the 90 suicides investigated, while seven aged between 71 to 91 took their own lives due to age.

Suicide remains a serious social issue. It is far too high, as the disturbing figures over recent years reveal. Mental health is an issue that requires far more urgent attention than it currently receives. Police were rightly concerned about the degree of pain suffered in these circumstances, not to mention the psychological impact to first responders attending these tragic events. However, we do not know the full circumstances behind those heartbreaking decisions.

A Victorian parliamentary committee report into VAD also referred to these deaths in propagating an ethical argument for its legislation discouraging suicide. It also covered abuse of the law by supposedly well-meaning doctors. If doctors are prepared to break the law when it is illegal, how are we to know this will not happen when it is legalised? Former New South Wales premier Bob Carr said in 1996 that it was not possible to codify the legal taking of human life with safeguards in legislation.

I refer to a paper by John Keown, a senior lecturer in law and ethics at the University of Cambridge and an authority on VAD. He makes very compelling arguments against the practice in his body of well-researched work, including his thought-provoking book, *Euthanasia, Ethics and Public Policy*, published by Cambridge University Press. After analysing the experience in the Netherlands, Belgium, Oregon and the laws in Victoria and Canada, he concludes that neither voluntary euthanasia nor physician assisted suicide (PAS) can be controlled if legalised. There is evidence of doctors becoming desensitised to PAS. Seventy-two per cent of doctors in the Netherlands admitted to practising euthanasia while falsifying cause of death certificates. Who is to say it does not already happen in Australia? I suspect it does.

I strongly recommend all members read Dr Keown's book, along with his paper '"Voluntary assisted dying" in Australia: the Victorian parliamentary committee's tenuous case for legalization', while considering their position. Dr Keown exposes some inadequacies in the Victorian report, comparing it to one conducted by the House of Lords Select Committee on Medical Ethics, which made a clear distinction on the reasons to retain the complete prohibition on the intentional killing of patients or helping patients kill themselves, describing it as the cornerstone of law and social relationships. He contrasts that with what he describes as the Victorian committee's 'feeble and vague formulation of that assessment', where it makes references to the slippery slope and opposition to VAD as being driven more by religious motives.

As Dr Keown points out, where the principle can be formulated in theological terms, it can also be formulated in purely philosophical terms, as the House of Lords committee recognised in expressing prohibition in terms of fundamental human equality—the cornerstone of law and social relationships. That is, the fundamental ethical and legal principles that exist: the sanctity or inviolability of human life. He states that laws which permit voluntary euthanasia/physician assisted suicide trade on the notion that there are two categories of patient, and I quote:

> Those with lives 'worth living' and those who would be 'better off dead'. Such laws invite fundamentally discriminatory judgements about the worth of patients' lives. The superficially attractive argument that VE/PAS are justified by respect for patient choice fails. Laws and proposed laws for VE/PAS (like those in both Reports) do not allow them for any patient who autonomously wants them: they allow them only for some patients who want them, such as those at the 'end of life' or those 'suffering unbearably'. So, VE/PAS are not fundamentally about patient choice at all but about the judgement that the choices of some patients should be accommodated because it is thought by

> others in society that death would benefit them, that they would be 'better off dead'. (It is small wonder that many disability groups, who see this more clearly than many others, are leading opponents of legalisation.)
>
> The Panel Report stated that its first guiding principle was that 'Every human life has equal value'. But to allow physicians intentionally to help patients kill themselves, and to kill them if they are physically unable to do so, is obviously inconsistent with the principle of fundamental human equality.

Dr Keown argues that laws allowing voluntary euthanasia/physician assisted suicide are not only discriminatory but arbitrary. The South Australian bill is modelled on the Victorian bill, imposing time constraints and other eligibility criteria in accessing and then granting assisted dying. The Victorian bill is in turn modelled on one in Oregon in the US. Again, this from Dr Keown in his abstract paper, and I quote:

> Why PAS/VE for those who are expected to die within a year? Why not for those with conditions like multiple sclerosis or motor neurone disease (ALS) or arthritis who may face years of suffering? And why not for suffering caused by mental illness or intractable grief, or for existential suffering resulting from being old, lonely and 'tired of life'? The Report stated that the committee received 'compelling evidence' that under the current law the nature of dying for people with terminal illnesses and chronic and degenerative diseases could sometimes be harrowing. Why, then, deny relief to those with chronic and degenerative diseases who are not at the 'end of life'?
>
> Again, the panel report read that VE/PAS allowed individuals to make choices about the end of their life. Why, then, asks Dr Keown, deny the choices of those who are not at the 'end of life' but who want to die in accordance with their 'preferences, needs and values'? Why, moreover, lethal injections only for those who are thought unable to kill themselves even with assistance? Why should other patients be denied their preference for a reliable and quick dispatch? Is it because doctors cannot be trusted with administering lethal injections?
>
> If so, why should they be trusted with issuing lethal prescriptions? If they can be trusted with lethal injections in the case of the patient who is so incapacitated as to be thought unable to end their own life, even with assistance, why not in the case of the less vulnerable patient who is able to die with assistance but would much prefer a lethal injection, perhaps to avoid any possibility of bungling the attempt and/or of a slow lingering end?
>
> Why, further, should the law allow a hastened death only for those who can request it? Why not for those who are suffering, perhaps even more gravely, but who are, like those with advanced dementia, unable to formulate a request? Why discriminate against them by denying them relief? Once one accepts lethal injections for the competent, one is logically committed to lethal injections for the incompetent('non-voluntary' euthanasia or NVE). The moral case for VE rests on two arguments: respect for autonomy and the duty of beneficence.
>
> VE is thought to be justified because we should, one, respect patients' choices for a hastened death and, two, when to do so would benefit them. Why then deny patients this benefit merely because they cannot request it? True, such patients are not autonomous, but their lack of autonomy does not negate our duty to help them. The absence of autonomy does not cancel the duty of beneficence. In what other situation do doctors withhold beneficial interventions from patients merely because the patient cannot request them? This logical slippery slope argument is unanswerable, which may well be why those who campaign for VE/PAS typically evade it.

Here is what Lord Mustill had to say on the slippery slope:

> The image of the slippery slope is often called up as a warning to those who take an easy step without looking to see where the next may lead, but it also reminds us that in this area the concepts themselves are slippery. The steepness of the slope and its treacherous footing are often concealed by an emollient vocabulary. Thus the expression 'best interests' conveys an upbeat meaning at odds with its more chilling implications.

What Lord Mustill is saying is that the terminology in this debate, like 'dignified death' or 'death with dignity', can be deceptive and these words can mean vastly different things to different people.

Dr Keown says that where laws are relaxed, allowing VE/PAS like the Netherlands, evidence shows their laws have been difficult to police and to achieve control and protection. The Victorian parliamentary report claimed that instances of assisted dying are rare, even in jurisdictions where it is legal. How can 6,000 deaths by VE/PAS in the Netherlands in 2016, that is, one in 25 deaths from all causes, possibly be considered rare?

The Victorian committee visited the Netherlands. It was a short four-day trip in which they interviewed 14 individuals from political, medical and academic circles, as well as the Dutch Voluntary Euthanasia Society. One of the 14, Professor Theo Boer, was a critic of the law. Professor Boer, a former board member of the Netherlands Euthanasia Review Board, was once of the belief that the law and its review procedure could prevent a slide. After changes in applying the law led to an explosion in numbers, he has changed his mind. Dr Boer said:

> We have put in motion something that we have now discovered has more consequences than we ever imagined.

Other experts who were once euthanasia supporters and pioneers of Dutch laws hold similar cautionary views. Dr Bert Keizer says British critics are right to warn that assisted dying is a slippery slope to random killing of the defenceless. He said the type of patients whose lives are ended in the Netherlands has spread far beyond the terminally ill and now includes physically and mentally healthy old people.

Berna van Baarsen resigned from the Netherlands euthanasia review board in 2018 after saying it was wrong for incapacitated patients with dementia to be eligible for euthanasia. In the Netherlands, you do not have to be terminally ill to be granted the right to assisted dying. The suffering must be 'lasting and unbearable'. So what does that mean? Terminal illness also is not a requirement in Belgium or Quebec, Canada, where a person may receive assisted dying if they have a grievous irremediable medical condition, a serious incurable illness or disease, or—and this quite disturbs me—a disability.

The current figures from Victoria show a decline in numbers in the second year of its laws. The factors for that are unclear, but 2020 was the year of COVID. There were only two deaths from influenza in Australia in 2020, compared to the many thousands in previous years. Will this type of legislation to legalise suicide reduce the number of illegal suicides? Dr Keown says from the available evidence of jurisdictions that have legalised the VE/PAS, this view is not supported. People will have their own deeply personal views and concerns about legalising voluntary assisted dying in South Australia, and they have been vocal in making these known.

I am grateful to the people who have shared their private and often distressing experiences with me. It was important that I heard and considered the conflicting views and gave them a voice to express their feelings. Those urging me to support it included compassionate palliative care specialist Dr Roger Hunt, who recounted to me his difficult experience with a former President of the upper house, the late Hon. Gordon Bruce, as well as many of his patients.

I want to acknowledge an extremely touching letter I received from Jacqui Possingham, who lost her parents, Doug and Heather, to cancer within five years of each other, and the unbearable suffering they endured in the latter stages of their illness.

Dr John Willoughby, a neurologist who had to manage patients with chronic neurological diseases, made a case for an even longer estimated duration of death to be considered in this bill. However, I reject his assertion that failure to permit assisted dying is a failure of compassion. Compassion is the very core of this debate, no matter which side you are on. RN Susie Byrne, the convener of SA Nurses Supporting Choices in Dying, said she found that often people do not fear dying but rather the dying process. To quote Susie:

> Just knowing that a VAD law exists can act as powerful palliation in itself and they pass peacefully and naturally without having to take their own lives sooner.

Dr Rosemary Jones recounted an experience as a young locum of coming across an emaciated female with ovarian cancer that her boss had failed to diagnose and attempted to cover up until he had little choice but to ply the patient with morphine so she could die. Dr Jones wrote:

> Some doctors see this as ethical and appropriate management, I don't. It comes in as a poor second to assisted dying.

I was quite touched and shocked by Liz Habermann's distressing story of her 19-year-old son Rhys, who was diagnosed with Ewing's sarcoma at the age of 17, while in year 12. Rhys chose to end his own life by taking a lethal dose of illegally obtained Nembutal while his heartbroken mum recorded his agonising death on video. It was an awful experience, with Rhys taking 12 hours to die and then having his death declared a crime. The family remains traumatised. Liz wants people to be given a legal choice rather than go down the illegal path, as her son did. She writes:

> We were in it alone, and I never want another family to ever have to suffer through such a traumatising time.

I have received many equally strong arguments from those pleading that I oppose it. I do not see a need to acknowledge them here, as I have already mirrored their views in making my case in opposing the bill.

We currently trust doctors to perform procedures and provide medications that also have the potential to end lives every day, and this bill does not deal with that. At present, many people who are terminally ill are given terminal sedation, are left to starve or dehydrate or are deliberately or negligently neglected. This is not regulated, and I have some real issues with this.

I do not want us to ever become like Belgium or the Netherlands and make VAD available to anyone who is not dying or anyone below the age of 18. I do not want anyone who does not have mental competency by way of dementia or any other mental condition to access VAD. I would hope, if passed, there would be rigorous safeguards possible, and I want there to be very strict reporting.

I also do not want VAD to in any way decrease our emphasis on achieving the highest quality of palliative care. Palliative care is defined as the intention to neither hasten nor postpone death. Of course, it is unable to relieve all suffering. I note that in Victoria and Western Australia they have increased palliative care funding, and I would be looking for an assurance from this government that they intend to do the same, regardless of the success of this bill. To do so would greatly ease the burden on our overloaded health system.

I note that healthcare professionals who have a conscientious objection do not have to participate in the scheme, just as they do now, for example, in abortion procedures. This is as it should be, just as VAD doctors have to have an additional accreditation to work in the scheme.

I received a guide to VAD from Go Gentle Australia where they are critical of the AMA's opposition to VAD despite what they say is a majority of support—51.6 per cent from its own members. Majority or not, that figure falls well short of demonstrating broad medical community support for it. We can only assume 48.4 per cent do not think it has a place in their profession. That, to me, is a significant number. This place placed much credence on the AMA's stand on the recent abortion debate. Will members do the same in this instance? Perhaps the AMA's position can be defined in the way Dr Keown views the debate when he writes:

> The debate is not about whether doctors and nurses should be allowed to assist people to die, which is what doctors and nurses currently do when they keep patients comfortable at the end of life with palliative treatment and care, but whether doctors should be allowed intentionally to end patients' lives by administering lethal injections or to assist them in ending their own lives by issuing prescription for lethal drugs.

To put that into perspective, it is about their ethical responsibility as medical practitioners who are trained and take the oath to save lives, not end them. Former Prime Minister Paul Keating was quite blunt in 2017 about doctors' responsibility in upholding their principles and the law as it exists. He said:

> If there are doctors prepared to bend the rules now, there will be doctors prepared to bend the rules under the new system…
>
> Few people familiar with our politics would doubt that pressure would mount for further liberalisation based on the demand that people are being discriminated against if denied.

In 2018, the then AMA WA president, Dr Omar Khorshid, admitted doctors regularly hasten death at the very end of life—bending the rules, as Paul Keating suggests. Go Gentle says VAD laws would eliminate this secret practice and that the lack of these laws serves to heighten the risk of mistreatment and abuse rather than it occurring with them.

Nick Xenophon, a politician I greatly admire, strongly opposed euthanasia bills when he was in the Legislative Council. His chief concern was that the state sanctioning of a law to allow euthanasia would lead to a shift from a right to die to a duty to die. I quote from the *Hansard* of the second reading contribution of the Dignity in Dying Bill on 25 July 2001:

> That will lead, whatever supposed safeguards are in place, to an intolerable and emotional onus on the terminally ill to feel that if they are a 'burden' on their family they have an obligation to avail themselves of euthanasia legislation passed by this parliament.

Nick was deeply worried about the potential for the law to be abused; that society would turn their backs from efforts to assist those who are seriously ill, elderly and depressed. I agree. Legislators who ignore history are condemned to repeat it, says Dr Keown. I have my own version of that: if there is something we learn from history, it is that we learn nothing.

I will support the second reading and I look forward to the committee stage. I would also ask respectfully that in the heat of debate, members respect the opposing views. I will end this with a quote from a pioneer of palliative care, Dame Cicely Saunders, founder of St Christopher's Hospice in London, 'Suffering is only intolerable when nobody cares.'

The Hon. J.M.A. LENSINK (Minister for Human Services) (17:46): I have not prepared much of a speech, but like many honourable members I have had the opportunity to consider these matters several times over the years; in fact, three times in this place. Twice I voted against those particular amendments and once I voted in favour. In fact, it was the Hon. Mark Parnell's sponsorship of that bill on that occasion.

My views are quite similar to those of my colleague Stephen Wade, the Minister for Health and Wellbeing. I will certainly be considering his amendments quite closely. The statistics and the support for voluntary euthanasia are often quoted in our community and I understand why people are in favour of people having some control and dignity at the end of their life, particularly when they are undergoing suffering that is very hard to be a witness to but also, obviously, for the person who is going through it.

However, I do differentiate that this is often mixed up with people who are in the terminal phase of a terminal illness when basically, if I could be blunt, the morphine gets turned up, and that is supported through legislation in the Consent to Medical Treatment and Palliative Care Act 1995, section 17(1), which at the time when it was introduced by, I think, Jennifer Cashmore was quite groundbreaking.

It is often called the double effect, that if somebody is in that terminal phase of a terminal illness and they are in pain and suffering then the treating practitioners cannot be prosecuted if that has the effect of hastening their death. That is what I think most people in the community are seeking to address. Often, when I explain that to people, they are not necessarily cognisant of that.

Aside from those situations, which are already covered by legislation, the question then becomes: how do we determine what situations are not covered by existing laws but in which people obviously suffer unnecessarily and how do we manage those so that we do not have those powers abused?

I agree with my colleague the Hon. Stephen Wade as well in relation to the fact that I do have concerns that this legislation may well be being rushed to a degree and that some proper reference to a SALRI-like organisation may have assisted, so I will support the second reading, but I will be reserving my right at the final vote.

The Hon. N.J. CENTOFANTI (17:49): I rise today to indicate that I will not be supporting the bill. It is not because I do not understand the pain and suffering that some members of our community go through at the end of their life. I have had family members who have undergone the palliative care process because of a terminal illness, and it is heart-wrenching under any circumstance to watch a family member or a friend pass away. I know—I have been there and I have felt it.

It is because I strongly believe that the lack of adequate knowledge and understanding of current legislation, such as advance care directives, as well as delivery in palliative care, must not be the reason we legislate for voluntary assisted dying. I read the report of the Joint Committee on End of Life Choices several times over the last few months since its tabling on 13 October last year. It is an excellent report that covers the divergent views, and I commend the committee, ably led by the Hon. Mr Kyam Maher, for its work.

As the report stated, like many other aspects of health care, there is a wide discrepancy between palliative care services available in the metropolitan area and those accessible in rural and remote regions. In the report, Palliative Care South Australia applauded the state government's commitment to invest in an additional $16 million over the next four years to build capacity and ensure equitable access to palliative care services. This will aid in building 24/7 community palliative care capacity to support people at home in their final stage of life with the help of their GP and experienced palliative care community nurses.

It will also assist in integrating palliative care across the acute care setting, which will relieve pressure on the system and reduce the number of terminally ill people in hospital beds, including intensive care, and fewer emergency department presentations. Whilst this is much needed and welcomed, it is acknowledged that there is still a need to continue to invest in this sector and to increase targeted funding to ensure the increased demand for palliative care and services is met.

Further data was provided to the committee from Palliative Care Australia and the KPMG report released in May last year, which stated that an annual investment of $365 million would see Australia's palliative care system operating efficiently. The funding would end the:

> …underfunded at-home care and the token services administered too late, which resulted in people being taken in and out of hospital in their late stages in an ambulance because it is not a proper palliative care set up.

The report proposed that $240 million would provide timely access to at-home palliative care, $75 million would fund specialist palliative services at aged-care facilities and $50 million would expand the end-of-life services.

The committee heard that South Australia has been a pioneer in end-of-life legislation, with the consent act being the first time in the world that palliative care had appeared in an act of parliament. It was judged to be excellent consent legislation, providing a framework for end-of-life care. The ACD Act, too, is among the most advanced in the world, promoting an advance care directive (ACD) to provide a legally binding voice for those who have lost decision-making capacity, along with the appointment of substitute decision-makers to act on the person's behalf.

Dr Chris Moy, President of the Australian Medical Association in South Australia, affirmed that the state currently has the most complete framework of legislation, with the Advance Care Directives Act and the amendments to the consent act promoting self-determination while also protecting doctors. Effectively, the current legislation offers an elegant balance in good end-of-life care by clarifying consent ages, whilst focusing on the autonomy, wishes and values of the individual.

Currently, a patient with an advance care directive can refuse treatment, even if they have lost their decision-making capacity. As a result, a doctor can be required to withdraw life-sustaining measures. Equally, doctors do not need to continue the futile treatment to a dying patient with the protection to provide adequate treatment ensuring comfort and dignity. However, the report also stated that currently clinicians are further hampered in their ability to facilitate a good death by the limited uptake of advance care directives.

Advance care directives are a legal document that allows the individual to make clear arrangements for their future health care. This includes outlining how you wish to manage decisions regarding your end of life, preferred living arrangements and other personal matters. Advance care directives allow individuals to think about their dying wishes, such as situations they may want to avoid or they would find unacceptable. They also allow individuals to communicate other end-of-life wishes, such as the intention to be an organ and tissue donor or considerations such as spiritual, religious or cultural traditions.

Advance care directives can include statements such as, 'I would prefer to have better quality of life for a shorter time', 'I want more time with my family', 'If I am dying, I do not want to be transferred to a hospital unless my comfort and dignity cannot be maintained in my home or place of care' and 'I want time to say goodbye to my family if possible. Please try to keep me alive so my family can see me before I die.' Advance care directives can be and should be utilised by the community to outline not just their dying wishes but also their position if tragic circumstances unfortunately substantiate. Advance care directives should not just be for the elderly; they should be for all of us.

In fact, prior to my role here in parliament I had no idea about advance care directives. I have begun drafting my advance care directive as I want to ensure that my wishes are known to my loved ones in case, God forbid, something horrific were to happen to me. I recommend all South Australians visit the government website on advance care directives, as it is informative and contains resources such as templates aimed to assist individuals to draft their own directive.

There is a need for greater education amongst clinicians, care workers and emergency services about the operation of advance care directives and their importance to the dignity and wellbeing of those who have chosen to prepare them. In doing so, we must also ensure that palliative care has a focus on affirming life, promoting quality of life, treating the patient and supporting the family.

There were many who appealed to the committee to oppose any legislative change to enact voluntary assisted dying in South Australia, whether in terms of the Victorian act or otherwise. As to the appropriateness of the same bill that passed in the Victorian parliament being enacted in South Australia, whilst there are a few in support, many advocates for voluntary assisted dying expressed their concern and disappointment with the Victorian model because of the high level of restrictions and safeguards.

I think this highlights the risk we face in the future in maintaining these safeguards and ensuring these protections are not eroded. I personally am grateful for these safeguards. If this bill does pass this chamber and the other place, it gives me some level of comfort that it is a direct translation of the Victorian model, which has been described as the safest and most conservative scheme in the world by the Victorian Premier, with some 68 safeguards in place. I just hope it stays that way.

Sitting suspended from 17:58 to 19:45.

The Hon. J.S. LEE (19:46): I rise to speak on the Voluntary Assisted Dying Bill 2020. I understand that this bill is perhaps the 17th attempt that various members have brought to the South Australian parliament to allow voluntary assisted dying to occur for people facing certain circumstances. I thank the Hon. Kyam Maher for introducing this bill.

As honourable members know, this bill is a conscience vote for Liberal Party members and therefore the views expressed in the Legislative Council tonight are my own views. These views are formed from personal experience I have with my family and experiences that many have shared with me over the years both privately and publicly.

Those who have paid close attention to this matter would know that I have not supported any of the voluntary euthanasia bills that have come before the parliament since I was elected to parliament in 2010. I want to let honourable members know that I am likely to be voting differently this time, and I foreshadow that I will be supporting the second reading of this bill. I am keen to listen to the explanation of proposed amendments, and then I will give it my full consideration on the third reading after the completion of the committee stage.

Given that this bill is highly sensitive and emotional to community members and given the diversity of opinions on voluntary assisted dying amongst health professionals, legal practitioners and religious groups, I want to thank everyone who has presented their opinions on this important bill. The research I have read so far is that an overwhelming majority of Australians—it was reported nearly 90 per cent of Australians—would support lawful voluntary assisted dying. Currently, only two states, Victoria and Western Australia, have legalised VAD.

Since 2016, there have been a number of comprehensive examinations of end-of-life care across different jurisdictions. These inquiries have found that a significant number of people are experiencing unbearable and unnecessary suffering at the end of life, despite the best medical care. There are hundreds of testimonies from people describing with great clarity the damage done in the absence of VAD laws, including profound trauma suffered by families and friends from witnessing agonising death.

I was with my beloved mother until her last breath in a hospital, and it was the most horrible and traumatic experience for me and my family. She passed away after two months of agonising and enduring advanced-stage cancer. In the last two weeks before her death, my mum was begging for a merciful and dignified way to die. She was completely aware of her surroundings; however, her last wish was not to be granted.

My mum was a beautiful woman who treasured life. She was one of those energetic seniors in her 70s who believed in positive ageing, living a happy and fulfilling life regardless of how old a person is. Even when she was diagnosed with stage 4 bowel cancer, she fought so hard and so desperately to live the remainder of her life until she no longer was able to do so.

The last two weeks of my mum's life were simply heartbreaking. She looked unrecognisable, miserable and totally helpless. Her illness took everything away from her. She was bony. Her skin looked bright yellow from liver malfunction. It was an incredibly stressful and emotional time to see my mum in such a terrible state. It was a humiliating experience for my mum as she lay there in the hospital bed, no longer able to eat properly, no longer able to go to the toilet or take a shower, and no longer able to care for herself. She was just waiting to die.

Australia has one of the best palliative care systems in the world. However, palliative care cannot help everyone. It cannot alleviate all suffering. In Palliative Care Australia's own words, 'While pain and other symptoms can be helped, complete relief of suffering is not always possible, even with optimal palliative care.'

A voluntary assisted dying law does not replace palliative care, it simply adds one more end-of-life option for doctors and their patients to explore alongside palliative care. Palliative Care Australia's own investigation of overseas jurisdictions has found:

> …no evidence to suggest that palliative care sectors were adversely impacted by the introduction of [VAD] legislation. If anything, in jurisdictions where assisted dying is available, the palliative care sector has further advanced.

As many joint committees or cross-party parliamentary inquiries on end-of-life choices found, Australian doctors already help dying patients to die more peacefully, but they do so unlawfully and without regulation, support, transparency or accountability. These practices put enormous risk and burden on health professionals. It should not be a crime for a doctor to help a dying patient die peacefully because it is the final wish of that patient.

For those doctors currently faced with the agonising choice of helping a patient to die and breaking the law, or abiding by the law and leaving that patient to die with great suffering, a voluntary assisted dying law provides protection. With safeguards introduced, there will be more than protection because it provides guidance and opportunity to consult with colleagues and the family of the person who is dying.

If this parliament is to pass voluntary assisted dying laws, then the law must be designed to help some of society's most vulnerable people: patients at the end of stages of a terminal illness whose suffering is beyond meaningful medical help. It is important to everyone to be reassured that there are enough and multiple safeguards to be built into the legislation to ensure everyone involved is protected, and that no-one can abuse the system.

On the question of equity and fairness, many have expressed to me that the current situation in Australia regarding the assisted dying law is incoherent and inequitable. For instance, eligible Victorians have been able to seek medical assistance to die since mid-2019; Western Australians will have access to similar laws by mid-2021. However, around two-thirds of Australians, about 65 per cent, will be denied the same choice.

My dear brother is 56 years old. Sadly, he was diagnosed with cancer in 2019. The doctor said that he does not have much time to live. The cancer tumour has spread through his body and his brain—he is like a walking time bomb. We could lose him at any time. He wants to live for as long as he can to see his son graduate from university, and to spend time holidaying with his wife in retirement. Unfortunately, at the rate of his poor health condition he may not be able to achieve or see any of his dreams come true.

My brother has lived in South Australia since 1979, when our family migrated here, and South Australia is all he knows, everyone he loves is here, but he does not have the choice to die here the way he wishes at the moment. The question is: why should Australians in some states have access to lawful assisted dying, while others do not, simply by accident of where they live or by their postcode? This is considered unfair by my brother.

We have had many conversations around dinner tables in recent times. He says that he has never begged me in his life before, but he says that, as an elected member to the parliament, if I can change one thing, if I can at least help South Australia to introduce or pass a law, then he will be able to die in the state that he calls home.

My brother said that he and his family will move to Melbourne to live if this law is not passed, and of course I do not want him or his family to leave South Australia. I lost my mum a few years ago, and I lost my dad last year when he had a stroke. My beloved father, who has always been reasonably healthy, left the world suddenly and peacefully in November of last year. It was a blessing that his departure was a quick exit without the enduring pain that my mum suffered.

As Australians we have long accepted that we should be free to make our own decisions about how we live our lives. If we are in the end stages of a terminal or incurable illness, the vast majority of us believe we should be able to decide when we have suffered enough. Consistently reliable opinion polling over two decades reveals support for voluntary assisted dying to be in excess of 70 per cent across every state and territory. This is irrespective of variations in the questions asked and methodology used.

In recent years, that support has risen to nearly 90 per cent according to the 2019 ABC Vote Compass survey of almost two million Australians. This support, I believe, is also largely irrespective of religious beliefs. Christians have shown to be strongly backing assisted dying. ABC Vote Compass found that 76 per cent of Catholics and 75 per cent of Anglicans supported the statement that terminally ill patients should be able to end their own lives with medical assistance.

I have consulted widely with multicultural community groups. Many of them have not expressed a statement publicly, but many of the Buddhist associations and some Hindu association groups have conveyed their thoughts to me that merciful dying and assisted dying with compassion would probably be a good way that patients have the choice, and it would be a wise and compassionate thing to do, otherwise it would be cruel and unkind for us to interfere with someone's choice.

The word 'voluntary' in voluntary assisted dying is the key to the legislation we are debating. You do not have to agree with assisted dying if you do not want to use it yourself, but if other patients feel that this is an option for them, then they can make that decision. From my own experience and the many tragic circumstances people have shared with me, I believe that every terminally ill person, no matter where they live, should have the same fundamental right to access more compassionate end-of-life choices, including voluntary assisted dying.

As I mentioned at the beginning of my speech, I will be supporting the second reading of this bill. I will give it my full consideration on the third reading after the completion of the committee stage.

The Hon. D.W. RIDGWAY (20:00): I rise to speak to the bill and indicate from the outset that I will be supporting the second reading, and most likely the third reading. I will not delay the debate particularly long this evening, but there are a couple of things. As other members who have been here the same length of time as I have have said, we have had this two or three times before. The very first time a euthanasia bill was debated, I voted with it.

The next time was only a few days after my mother had passed away and I had a personal problem at the time, being a bit raw with having lost a loved one. Even though my mother, from the discussions I had had with her—although she had quite severe dementia towards the end of her life—I think was a supporter of voluntary euthanasia, or voluntary assisted dying, at the time I was not confident that there were enough safeguards in place.

Of course, in the last 12 months we have had the select committee. I have been provided with the submission that the South Australia Police provided to the committee, which I think is important because there has always been a legal issue around some of the particular provisions that have been suggested in the past. I will not read much of it, but I will just read the second to last sentence:

> SAPOL is supportive of a legislative scheme that would allow a person, under certain prescribed circumstances, to die with dignity under proper medical supervision.

In their submission, they talk about the number of suicides.

Everybody knows I live in the southern half of Adelaide. I will not talk about the suburb, but right next to our house one afternoon, I thought, 'That's strange, there's a car running right next to me.' It was probably not much further away than the Hon. Terry Stephens is from me; I was doing something in my backyard. A friend of our neighbour, who was living with him and who had been diagnosed with a terminal illness, had put the exhaust pipe of his car into his car, had, I think, a couple of glasses or maybe a couple of bottles of red wine and gone to sleep.

Of course, the police had to come and deal with it. The man had passed away and there was a whole range of issues that the police had to deal with. In their submission, they talk about the opportunities. If somebody wishes to access a voluntary assisted dying scheme, they said, they are supportive of a legislative scheme to allow a person, under certain prescribed circumstances, to die with dignity under proper medical supervision. I think back to the guy who was next to us. He was a good guy; it would have been nice to have been able to exit this world in a more dignified manner than going to sleep in his car.

I am also really comforted by having a Victorian scheme. I know it is always trendy for people in South Australia to say, 'Let's be the first state in the nation to do something.' I think we probably should reflect on some of the social reforms that Don Dunstan drove through this state. They were the first in the nation, and I think he and his party, and probably all South Australians, were quite proud of the fact that we were groundbreakers in some of those reforms, but I have always been a bit nervous about being the first state to do this, so I am really quite pleased that Victoria has done it first.

We have some data and we have been able to look at how their system works. I am not sure our little state needs to be at the cutting edge of these significant changes all the time, being, if you like, the guinea pig, so I was happy to see Victoria go down this path and that we have been able to draw on their experience.

The final comment I will make refers to an article in *The Advertiser* on 3 October last year. A very good friend of mine, Peter Johnston, who played football for I think Glenelg and South Adelaide but certainly was a SANFL footballer—and it is fair to say he is a bit of a rough and tough sort of guy—was very upset with the way his mother passed away last year. He rang me and said, 'Ridgy, I need to talk to a journalist. I need to talk to somebody so I can tell the story.' I rang the Hon. Tammy Franks and she gave me Rebecca DiGiromalo's number, and I sent it to Johnno. I said, 'Please, talk to her.' I will not read it all, but the article says here:

> 'The last two days of mum’s life she looked unrecognisable—gaunt, bright yellow from liver malfunction and the ‘death gurgling’ coming from fluid in her lungs,' said Peter Johnston, 62, executive director of the Association of Independently Owned Financial Professionals.

It goes on:

> 'It is a disgrace that humans are put through this humiliation,' he said after burying his 89-year-old mother…last Wednesday.

Johnno said to me, 'Ridgy, whatever you can do, please support this.' He said, 'It was horrible.' In the COVID circumstances, he lives in Melbourne, and he was lucky, he could actually get back here to spend time with his mum, but he was one of the last people off the plane before the borders were shut, so it could have been that his mother passed away all on her own.

He is a big rough and tough footballer. 'A bloke's bloke' is the best way to describe Peter Johnston, but he was really touched by it, and I gave him a commitment that I would put his comments on the record. I will not read the whole article; members have probably already read it. I said I would put a couple of his comments on the record and pay respect to what Peter and his mother, especially his mother, went through.

With those words, I indicate I will be supporting the second reading, and I am probably almost certain to support the third reading.

The Hon. T.J. STEPHENS (20:06): I will be brief. This is not my first rodeo; I have voted on this principle a number of times. But I will put on the record some of the things that are important to me.

First and foremost, we have all heard stories about people who have been touched by loved ones who have died a painful death. I held my father's hand when he died in excruciating pain, and I believe that the palliative care was not what it should have been at the time. That withstanding, my father fought and fought for every last breath that he could take. Consistently, I do not vote for voluntary euthanasia legislation and I will not be tonight or at a third reading.

As legislators and as members of parliament we can get carried away with the thought of appealing to or appeasing the masses, but I put my head on the pillow at night and I will not do that on any night if one in 100 people or one in 1,000 people are encouraged to leave this earth because they have been encouraged to do so before their time. I will not be a party to that.

At different times people have said to me, 'Oh, but, you know, the legislation is almost foolproof.' Well, almost is not good enough for me. I think the sanctity of life is incredibly important. I have been consistent over my time in the parliament. I have been re-elected a couple of times. I have never shied away from the way I vote. I am not embarrassed about it, and I will be staying consistent to my beliefs.

The Hon. C.M. SCRIVEN (20:08): I rise tonight to speak on the Voluntary Assisted Dying Bill, and I would like to thank everyone who has made contributions and particularly those who have made contributions about their personal circumstances, which I think for most of us is never easy to do.

I think, however, it is very important that we look first of all at foundational principles when we are thinking about legalising euthanasia. Australia is a member of the United Nations and therefore has bound itself to the Universal Declaration on Human Rights. Articles 3 and 4 of that declaration describe the rights to life and liberty as inalienable rights. These are rights that cannot be alienated, a right of which the individual may not be deprived and of which the individual may not even deprive himself or herself.

As an example, it follows that one cannot give up one's freedom by selling oneself into slavery, even for a compellingly compassionate reason. If the state permits individuals to sell themselves into slavery, this would impede the state in protecting impartially the right to freedom of all other citizens and especially the most vulnerable. It is the same with the right to life. If the state allows some people to voluntarily seek the assistance of others to kill them, even for what is considered a merciful reason, then this impedes the state from protecting impartially the rights of other citizens not to have their life taken from them voluntarily.

In general, as a society we recognise that this right to life is inalienable and that we do not kill each other. A government's first duty is to protect each one of us impartially. Euthanasia fatally compromises that first duty of parliament. I know that some members do not accept the premise that euthanasia puts some people at risk but there is empirical evidence to prove that it does, some of which I will outline later in this contribution.

Legalising euthanasia or voluntary assisted dying involves important threshold questions. Former Primer Minister Paul Keating said this:

> The justifications offered by the bill's advocates—that the legal conditions are stringent or that the regime being authorised will be conservative—miss the point entirely. What matters is the core intention of the law. What matters is the ethical threshold being crossed.
>
> In both practical and moral terms, it is misleading to think allowing people to terminate their life is without consequence for the entire society. Too much of the…debate has been about the details and conditions under which people can be terminated and too little about the golden principles that would be abandoned by our legislature.

These are principles that affect us all. Palliative care specialist Professor Odette Spruijt voices similar principles. She has worked in palliative care for over 25 years and says:

> To regard those who are at the end of life as if they come within a different category of human, that the sanctions on deliberate ending of life that we (so far) accept in other stages of life no longer apply, is to fundamentally change our value system at its core. It is not enough to talk about patient choice as if autonomy means only me. Autonomy is also relative, we are relational beings, we depend on each other, and what we do affects each other.

Paul Keating noted the reluctance on the part of proponents to confront the essence of what they propose in this type of legislation, permitting physicians to intentionally end the life of patients or assisting patients to do so. He said:

> Opposition to this bill is not about religion. It is about the civilisational ethic that should be at the heart of our secular society. The concerns I express are shared by people of any religion or no religion. In public life it is the principles that matter. They define the norms and values of a society and in this case the principles concern our view of human life itself. It is a mistake for legislators to act on the deeply held emotional concerns of many when that involves crossing a threshold that will affect the entire society in perpetuity.

There are two reports that are particularly worthy of note on the issue of voluntary euthanasia. The first is the report of the House of Lords Select Committee on Medical Ethics, which concluded:

> We believe that the issue of euthanasia is one in which the interest of the individual cannot be separated from the interest of society as a whole.

> One reason for this conclusion is that we do not think it possible to set secure limits on voluntary euthanasia. Some witnesses told us that to legalise voluntary euthanasia was a discrete step which need have no other consequences. But as we said in our introduction, issues of life and death do not lend themselves to clear definition, and without that it would not be possible to frame adequate safeguards against non-voluntary euthanasia if voluntary euthanasia were to be legalised. It would be next to impossible to ensure that all acts of euthanasia were truly voluntary, and that any liberalisation of the law was not abused. Moreover, to create an exception to the general prohibition of intentional killing would inevitably open the way to further erosion whether by design, by inadvertence, or by the human tendency to test the limits of any regulation. These dangers are such that we believe that any decriminalisation of voluntary euthanasia would give rise to more, and more grave, problems than those it sought to address.

The New York State Task Force on Life and the Law, called 'When death is sought: Assisted suicide and euthanasia in the medical context', said:

> Some Task Force members do not believe that assisted suicide is inherently unethical or incompatible with medical practice. On the contrary, they believe that providing a quick, less prolonged death for some patients can respect the autonomy of patients and demonstrate care and commitment on the part of physicians or other health care professionals. Nonetheless, these members have concluded that legalizing assisted suicide would be unwise and dangerous public policy.

What these are both referring to, essentially, is the concept that is sometimes referred to as the slippery slope. There are two meanings of this. The allegation of a slippery slope is proved if one can show either, one, that despite the presence of legal safeguards, the practice of euthanasia always involves alongside it the practice of non-voluntary euthanasia; and/or, two, that legalisation of voluntary euthanasia for some cases will lead to calls for euthanasia for increasing types of cases and especially for those who are not terminally ill, such as those with dementia.

Both of these propositions are capable of being tested empirically. The evidence is worth some time and attention. First, the issue of non-voluntary euthanasia. The Netherlands allowed euthanasia from 1984. The number of cases reported to the authorities in accordance with the law was 454 in 1990, and 424 in 1994. However, these numbers do not account for the total number of cases of euthanasia, only those reported to the authorities and considered for prosecution.

In most cases, doctors had stated the cause of death as being due to natural causes, despite the fact that they were not. Doctors said the reasons they had falsified the cause of death were, one, to avoid the fuss of a legal investigation; two, a desire to protect a relative from a judicial inquiry; and, three, a fear of prosecution.

However, the government conducted a survey under the supervision of the Attorney-General, Professor Jan Remmelink. The report is referred to as the Remmelink report. It showed that voluntary euthanasia was in fact accompanied by non-voluntary euthanasia. The number of physician assisted deaths estimated by the 1991 Remmelink committee report was 25,306, all of which involved intentional killing by act or by neglect, some voluntary and others non-voluntary.

They were made up of 2,300 euthanasia on request; 400 assisted suicides; 1,000 life-ending treatments without explicit request; 4,756 patients died after request for non-treatment or the cessation of treatment with the intention to accelerate the end of life; 8,750 cases in which life-prolonging treatment was withdrawn or withheld without the request of the patient, with the intention to terminate life; and 8,100 cases of morphine overdose, with the intention to terminate life. Of those, 61 per cent were carried out without consultation with the patient.

I appreciate there were quite a number of figures there, so I will just summarise: it included withdrawal of treatment as well as active euthanasia. To pull out the particularly relevant points: more people were intentionally killed by physicians without their consent than with their consent. The Dutch evidence shows us that in 1990 there were 10,558 cases where there was an explicit intention to hasten the end of life by act or omission, and 55 per cent were non-voluntary. This justifies the conclusion that it is impossible to quarantine non-voluntary euthanasia from voluntary euthanasia, and that where voluntary euthanasia is practised, more are killed without their consent than with their consent.

The Dutch report in 1991 concluded that the Dutch guidelines for carrying out euthanasia by a doctor 'are incapable of preventing abuse'. The survey bears out this conclusion by indicating the cardinal safeguards requiring a request which is free and voluntary, well-informed and durable and persistent have been widely disregarded. The relevant point there is that, regardless of what the law is saying, the safeguards are widely disregarded. Paul Keating puts it this way:

> An alarming aspect of the debate is the claim that safeguards can be provided at every step to protect the vulnerable. This claim exposes the bald utopianism of the project - the advocates support a bill to authorise termination of life in the name of compassion, while at the same time claiming they can guarantee protection of the vulnerable, the depressed and the poor.
>
> No law and no process can achieve that objective. This is the point. If there are doctors prepared to bend the rules now, there will be doctors prepared to bend the rules under the new system. Beyond that, once termination of life is authorised the threshold is crossed. From that point it is much easier to liberalise the conditions governing the law. And liberalised they will be. Few people familiar with our politics would doubt that pressure would mount for further liberalisation based on the demand that people are being discriminated against if denied. The experience of overseas jurisdictions suggests the pressures for further liberalisation are irresistible.

He quotes the former President of the Australian Medical Association, Dr Michael Gannon, who explained that the formal position of the AMA was opposition to interventions that have as their primary intention the ending of a person's life. Dr Gannon said:

> Once you legislate this you cross the Rubicon [meaning a point of no return]. The cause for euthanasia has been made in a very emotional way and this is the latest expression of individual autonomy as an underlying principle. But the sick, the elderly, the disabled, the chronically ill and the dying must never be made to feel they are a burden.

Paul Keating further said:

> Palliative Care has issued the most serious warnings. It says at least one in four Victorians who die each year (about 10,000 people) do not have access to needed palliative care, [that is one in four do not have access to needed palliative care] that access in aged residential care is 'very low', that between 2 and 10 per cent of older Australians experience abuse in any given year and that its funding is inadequate to meet growing demand.

Keating went on to state:

> More people in our community will be put at risk by this bill than will be granted relief as its beneficiaries. This is the salient point.
>
> The issue is not how many people will choose to die under this proposed law. It is how many people may die when otherwise they wouldn't…
>
> Once this bill is passed the expectations of patients and families will change. The culture of dying, despite certain and intense resistance, will gradually permeate into our medical, health, social and institutional arrangements. It stands for everything a truly civil society should stand against. A change of this kind will affect our entire community not just a small number of dying patients. It is fatuous to assert that patients will not feel under pressure once this bill becomes law to nominate themselves for termination.

Dr John Keown has recently summarised the evidence of euthanasia as it is practised in the Netherlands today. He stated:

> Despite the legal requirement that physicians end life only at the explicit request of the patient and report all cases, six large-scale official Dutch surveys have disclosed that since 1984 physicians have, with virtual impunity, failed to report thousands of cases, and have given lethal injections to thousands of patients without request. Dutch assurances when the law was relaxed in the 1980s that euthanasia without request would not take place, and would be prosecuted as homicide if it did, have long rung hollow. In 2016, Professor Boer, a former euthanasia review committee member, observed that of 45,000 cases reported to the review committees since 2002 only 75 had been referred to the prosecutors for breaching the criteria and none had resulted in prosecution.

I note that those being referred were those who were expected to need investigation. It continues:

> The Dutch government's proposals in 2016 to extend the law to allow elderly people with 'completed lives' to access assisted suicide promises to lead to a further substantial increase in numbers, involving many people who could live [healthy lives] for years.

We see similar evidence in Belgium. The Federal Control and Evaluation Commission in successive reports 'confesses to feeling powerless' because:

> …it does not have the ability to assess the number of reported euthanasia cases versus the number of euthanasia cases actually performed.

Evidence discovered in recent research carried out in Belgium suggests that around 50 per cent of euthanasia cases are not in fact reported. Why is this so? Research indicates the following reasons specified by physicians who do not report who are able to give multiple answers to the questions put.

The answers they gave as to why they did not report included that they did not perceive their acts as euthanasia, that reporting is too much of an administrative burden, that the legal due care requirements had possibly not been all met, that euthanasia is a private matter between physician and patient, and that they did not report the case because of possible legal consequences.

One of the arguments used in favour of the change in law in 2002, and indeed that we see now in regard to this proposed law, is that the illegal practice of euthanasia would be brought out into the light and controlled. Clearly, the law has not done that. Legislation alone does not seem capable of doing that.

In May 2010, another set of Belgian scholars reported their research on the use of life-ending drugs in the Canadian Medical Association Journal. These scholars asked Belgian doctors to fill out a questionnaire to see whether these drugs were ever administered to patients who had not requested them. Of the deaths reported to them where the administration of life-ending drugs was involved, we see that in nearly 32 per cent of cases, doctors admitted to administering life-ending drugs without the consent of the patient.

When life-ending treatment was carried out without explicit request, the matter had only been discussed—even discussed—with 22.1 per cent of the patients. The reasons given as to why the ending of life decision was not discussed with the remaining 77.9 per cent of patients were that the patient was comatose, the patient had dementia, the decision was clearly in the patient's best interests, discussion would have been harmful to the patient, and others.

The evidence that we should not just trust doctors and nurses is also revealed in Australian scenarios. In their report of a sociological survey on the attitudes and practices of medical practitioners and nurses in South Australia, Christine Stevens and Riaz Hassan found that 19 per cent of medical practitioners and nurses had at some time taken active steps to bring about the death of a patient.

Their most striking discovery, however, was that 49 per cent of those who had done so had never received a request from a patient to take such active steps; that is, in our jurisdiction, South Australia, where euthanasia is legally prohibited, 19 per cent of the medical profession agreed they had been involved in euthanasia but half of those 19 per cent had done so without reference to the patients.

Dr Stevens, who was involved in conducting the study, revealed on radio and in private correspondence that at the time she conducted the study she was neither in favour of euthanasia nor was she opposed, saying, 'I was entirely neutral and impartial in my views, neither in favour nor opposed, until completion of the analysis of the survey results.' She formed her judgement to be opposed to legalised voluntary euthanasia because of her finding of views, albeit minority ones, that:

> …poor quality of life, mental disability and physical handicap should be valid circumstances for active euthanasia, whether this was requested or not.

That was what she found in terms of attitudes here in South Australia. She continued:

> Advocates of euthanasia often argue in its favour from the perspective of individual rights, autonomy and dignity, but the research demonstrates that these very principles are abused by its practice.

The very principles of rights, autonomy and dignity are abused by the practice of voluntary euthanasia. She said:

> There is a danger that legalisation of active euthanasia, voluntary or involuntary, may expand the potential for further abuses. Further, I consider legalisation could undermine the value placed on human life, and erode our sense of security. We need to ensure that the state continues to protect people.

Yet, we hear arguments that the very fact euthanasia exists and is being practised now despite its illegality is a reason to make it legal. As stated by a number of earlier speakers in this debate and also those I have quoted tonight, why on earth would we expect that those who are already willing to break the law would cease doing so if we have legalised euthanasia and safeguards? Those safeguards would not be respected.

The second meaning of the slippery slope refers to the calls to extend the provisions. The evidence I have mentioned from the Netherlands and Belgium shows that, whatever the law actually says, euthanasia will expand beyond the original confines in the law. There will also be calls to extend the law. The contribution earlier tonight from the Hon. Frank Pangallo has already outlined various jurisdictions where euthanasia has been extended to include children, people with disability, people with depression or other mental illness and so on.

The Canadian government is seeking to make it legal for doctors to directly kill or assist the suicide of vulnerable people who are not terminally ill. If passed, the bill known as C-7 will remove the requirement for a person's natural death to be 'reasonably foreseeable' and let people with a disability, including those suffering from mental illness deemed to be incurable, access medical assistance in dying (MAID).

Heidi Janz is an ethics professor at the University of Alberta and chair of the Council of Canadians with Disabilities' Ending-of-Life Ethics Committee, and she called the plans irresponsible and extremely unethical. Having grown up among other children with disabilities, Professor Janz said:

> …we all knew that some of us would live longer than others. But we also knew that all of us would live with the best quality of life possible…

But she confessed that she worries about the effect that expanding euthanasia will have on kids and youth with disabilities. She added:

> What keeps me up at night is knowing that this is not the message the current generation of kids with disabilities is getting. Instead, they're hearing about parents requesting [medical assistance in dying] for their disabled kids.

It is these kinds of subtle messages that imply that some people's lives are not worth living, and it is the most vulnerable who will be affected by them. In Victoria, despite the short time that their voluntary assisted dying laws have been in place, we see that the Voluntary Assisted Dying Review Board has already recommended changes to the act to provide for the legal right for medical practitioners to initiate a conversation about voluntary assisted dying. That provision of course is constrained by legislation in this bill, and yet in Victoria they are already seeking to change that after only 18 months of operation.

Associate Professor Spruijt, who I mentioned earlier—and I remind members that she is a palliative medicine specialist and affiliated with the Faculty of Medicine, Dentistry and Health Sciences at the University of Melbourne—says this:

> True to expectations, the results of the first 12 months of Victoria's voluntary assisted dying laws have been presented in the media as an argument for the removal of some of the safeguards of the initial act. The narrative provided is one of unrelieved suffering unless more people are able to access this option more easily. This narrative would have us believe that 'if not voluntary assisted dying, then devastating deaths are the only alternative'.
>
> As a palliative care specialist with over 25 years of practice, mostly in Victoria, I have found the institution of the Victorian law to have a devastating effect on my practice of palliative medicine. I have witnessed the devastating impact of this law on the cohesion of teams, on the relationships within clinical units, and as a cause of deep moral distress among many of my medical colleagues, for whom this law, and its accompanying narrative, is anathema to the very core of our sense of what it is to be a doctor.

She continues:

> While I try to avoid the slippery slope terminology, I see so much evidence of this in the attitudinal creep associated with the implementation of VAD that I find it hard to not adopt this metaphor. The slippery slope refers to the normalisation of these practices as much as to numbers of people who are assisted to die. I have seen this in my workplace, as those of us who express objection to VAD are challenged as uncaring, dogmatic and confrontational, as our views as conscientious objectors are not respected. I have seen it in the documentation of 'consider VAD if appropriate' in a clinical note on a patient…That note was written by a junior inexperienced doctor—

which means that he would not have been able to actually implement that—

> but it echoes the growing sentiment of normalisation and acceptance of this practice for the relief of suffering.

She says:

> I feel deep distress when I see junior doctors respond to patients' expressions of a wish to die by [simply] beginning the VAD process. There is no longer the mental health review, no longer the palliative care pathway, now there is just the simplistic acceptance that a wish to die in a person with life-threatening illness can be taken at face value and acted upon. And that those of us who express a different response to end-of-life suffering are berated as

> obstructing the patient's free choice. If we follow…[the] narrative, our duty now is to grant this wish with expedition, without question or exploration of the many and often complex factors leading to this request.

Previous speakers have referred to remarks from the Chair of Victoria's Voluntary Assisted Dying Review Board, who said she has not found evidence of coercion. She is quoted as saying:

> …it simply can't be done under this legislation, the safeguards are too rigorous and there are criminal penalties for any coercion.

Firstly, these comments were made after only 18 months of the Victorian laws operating, which is far too short a period to make meaningful conclusions. Secondly, the nature of coercion is such that it will almost always be incredibly difficult to pick up, for example, talking about how badly the person's illness is affecting family members, how crowded the hospital is with people awaiting beds, how difficult it is to get time off work to visit the sick person, how a relative is losing income because they are staying with the sick person.

Any of these and a hundred others can be a form of coercion and pressure and be incredibly difficult to pick up. One-on-one conversations with no-one else present will, of course, never be picked up by a review board. In the event that it ever made it to court, how can a court determine beyond reasonable doubt whether the intent was to coerce the sick person or the person making the comments was merely incredibly insensitive.

It is nonsense to claim that legislation can prevent coercion which is one of the compelling reasons why this legislation should not pass. Of course, after the act of euthanasia, how can it be verified that the request was fully voluntary, well thought out and not due to external pressure. The people who may exert pressure suggest family members are hardly going to admit to the fact when the subject of that pressure is now dead.

As we see from the various other jurisdictions however many safeguards are in place, they can be and are ignored. Again, it would be irresponsible of us to pretend that changes in attitudes will not occur as the normalisation of ending others' lives develops. One person wrote to me saying this:

> We have seen with the release of the Royal Commission report into the care of the elderly that this vulnerable group to our horror have not had their wishes for good and dignified care leading up to end of life respected. What sort of subtle pressure from institution or relative could be brought to bear upon this vulnerable group if assisted suicide were an option instead of them taking up limited health resources to remain alive until their natural time of death.

So let us not delude ourselves that if this bill passes it will be the last we hear of this issue for years to come. There will be more attempts to expand the criteria or reduce what will be called the 'bureaucratic burden' or the 'barriers to access' or discrimination.

Allowing physicians to help patients end their lives also changes the practice of medicine and our entire culture. Our laws impact society as a whole and not just the small number of terminally ill individuals. Physician assisted suicide changes the culture in which medicine is practised. It corrupts the profession of medicine by permitting the tools of healing to be used instead as techniques for killing. It reduces patients' trust of doctors and doctors undivided commitment to the life and health of their patients.

VAD advocates argue instead that it increases the trust that doctors have compassion, although no evidence is offered for this. But the change in the doctor-patient relationship will have occurred. A person will go to a doctor knowing that the doctor thinks that some people's lives are not worth living which must beg the question, consciously or unconsciously, does he or she think my life is not worth living? Can I therefore really be confident that she or he will do everything to preserve my life and health?

We are told that the safeguards are rigorous. Whilst I will make some further comments at clause 1 and during the committee stage elsewhere on these, I will reflect on a couple now. The first is that doctors must consult a second practitioner and yet we know from the recent debate on abortion law changes that the requirement for two doctors to personally examine the woman seeking an abortion was easily circumvented.

Doctors reported that they just had a pile of papers on their desk at the end of the day that they signed as the second consultation without personally examining the woman at all. Indeed, we were told at briefings that the removal of the second practitioner provisions was changing the law to reflect what was actually happening in practice. Once assisted dying practices become normalised, there is no reason to think that a similar dilution will not happen.

The latest push for physician assisted suicide is opposed by many of the medical associations. I am advised that includes the World Medical Association, the Australian Medical Association, and the Australian and New Zealand Society of Palliative Medicine. The World Medical Association Declaration on Euthanasia and Physician-Assisted Suicide states:

> The WMA reiterates its strong commitment to the principles of medical ethics and that utmost respect has to be maintained for human life. Therefore, the WMA is firmly opposed to euthanasia and physician-assisted suicide.

The AMA states:

> The AMA believes that doctors should not be involved in interventions that have as their primary intention the ending of a person's life. This does not include the discontinuation of treatments that are of no medical benefit to a dying patient.

And there are many others. Some are silent, but those that are silent say 'this statement should not be taken as explicit or implied support of the legalisation of physician assisted suicide'.

We are told that SAPOL supports voluntary assisted dying because there are currently suicides of people with terminal illnesses. Clearly, the support for VAD rests on an assumption that suicides will decrease if VAD was available. However, international studies offer no evidence of such a decrease. One of the few studies that has tested this theory, Jones and Paton's 'How Does Legalization of Physician-Assisted Suicide Affect Rates of Suicide?', published in the *Southern Medical Journal*, found:

> Legalizing PAS [physician assisted suicide] has been associated with an increased rate of total suicides relative to other states and no decrease in nonassisted suicides. This suggests either that PAS does not inhibit (nor acts as an alternative to) nonassisted suicide, or that it acts in this way in some individuals but is associated with an increased inclination to suicide in other individuals.

Similarly, Victoria has not seen any decrease in the number of suicides since its introduction of legislation. However, given it has only been in effect for 18 months, I want to be consistent in suggesting that that is not something we can draw a conclusion from.

There is also the problem of the so-called Werther effect. This is the theory that hearing about suicides and the reasons for them can cause others with similar dispositions to have suicidal ideation and possibly attempt suicide. Members will be aware that this is why we have strong guidelines for media on how to report on suicides. Supporters of VAD argue that suicide is not the same as VAD. However much we may use language such as 'voluntary assisted dying' instead of 'suicide', the reality is that many people will see it as the same.

If I am having suicidal ideation am I not seeking to die voluntarily? If we support ending of life because of suffering, including mental suffering, for someone who has a terminal illness, why would we argue against the ending of life of someone who is also suffering, including mental suffering, and who after all will also die at some point in the future? However carefully we choose our words, the message is confusing and conflicts with our attempts to combat the rising rates of suicide in our state. Palliative Care said the bill 'sends the wrong message to people contemplating suicide and undermines suicide prevention efforts'.

There are also claims that assisted suicide is better for the family and loved ones of the person who takes advantage of it. There has been one significant study called 'Death by Request in Switzerland: posttraumatic stress disorder and complicated grief after witnessing assisted suicide'. The Journal of European Psychiatry study examined the impact that witnessing assisted suicide has on the mental health of family members or close friends.

The study surveyed family members or close friends who were present at an assisted suicide, with assessment of full or partial post-traumatic stress disorder and complicated grief. They were assessed at 14 to 24 months post loss. The results showed that 13 per cent met the criteria for full post-traumatic stress disorder, 6½ per cent met the criteria for subthreshold PTSD and 4.9 per cent met the criteria for complicated grief. The prevalence of depression was 16 per cent; the prevalence of anxiety was 6 per cent. The study concluded this:

> A higher prevalence of PTSD and depression was found in the present sample than has been reported for the Swiss population in general. However, the prevalence of complicated grief in the sample was comparable to that reported for the general Swiss population. Therefore, although there seemed to be no complications in the grief process, about 20% of respondents experienced full or subthreshold PTSD related to the loss of a close person through assisted suicide.

We have been told essentially that this legislation is inevitable. The implication is that it is sweeping the world and somehow we are being left behind. In fact, it has been introduced in only 10 countries—10 out of 195. The debate also tends not to concentrate on medical advances.

We heard at a briefing recently some heartbreaking stories, but several of them were from 40 years ago. I acknowledge of course that there are other more recent ones, but medicine has come a long way in both preventing and treating illness and disease as well as palliative care. We as a society are becoming better equipped to reduce pain and suffering and not less so. At a time when we are able to do more and more to relieve suffering, it seems it is almost counter to then be introducing voluntary assisted dying.

One person said to me, 'We often hear it said by people who support VAD that we treat dogs better than we treat those at the end of life,' referring of course to putting animals down when they are suffering from sickness or injury. Apart from the objection that some of us might have to comparing people with animals, I will continue the quote:

> This simple statement seems appealing on face value, but it is worth reflecting that we also put animals down when we no longer wish to pay for their treatment and medical bills.

I would like to extend my sympathy to all who have experienced the death of a loved one, which is, after all, most of us. It is always painful to see. Every person is different and every circumstance is different. No-one wants to experience suffering themselves or to see suffering in others.

My own dear sister-in-law, Mary, died less than two years ago from ovarian cancer, a particularly painful disease. It was about three years from diagnosis to her death, and she left behind a large family, who were of course devastated by their loss. Her illness and deterioration was painful for her and painful to watch for all of us who loved her. She received wonderful palliative care. One of the nursing staff who cared for her in the days before her death told us how, despite Mary's own suffering, she had been a joy to care for.

I mention this as a tribute to Mary, an amazing and loving woman who I feel very privileged to have known. I mention it also because it is frequent that people who do not support voluntary euthanasia are accused of lacking compassion and told that they will feel differently when someone they love has experienced a painful disease, illness or medical condition.

Most, if not all, of us have experienced a loved one suffering in that way. In many ways, we would dearly love to be able to relieve that suffering, and voluntary assisted dying seems like a simple answer, but if we cross the threshold of legalising the killing of another, we abandon fundamental principles to the detriment of our community overall. That detriment includes putting the most vulnerable at risk. The evidence shows us that roughly half of those who die through voluntary euthanasia legislation have not requested it. We cannot take that risk. It is not fair to those we love. It is not fair to those who have suffered and died. It is not the appropriate move for our society.

The Hon. C. BONAROS (20:48): I rise to speak on the Voluntary Assisted Dying Bill 2020. At the outset, I would like to make one point very clear: as I said time and time again on matters of conscience, my job in this place is not to impose my morals, my beliefs or my religion on others because I do not think there is any place here for judging others and their choices. It is certainly not my job to bring religion or any of those other beliefs to the table either directly or indirectly.

If the laws before us have a solid foundation, if there is overwhelming public support and if they reflect what the experts are telling us is possible, then the bills that we consider will have my support. I do not consider my role in this place as one that requires or expects me to vote according to any of those personal belief systems.

I will also put on the record what I do not want to see and what has always made this a particularly difficult issue for me when watching from the sidelines, and that is last minute amendments that are of a substantive nature. We have now had the better part of four months to consider the current proposal before us. I think that was done quite intentionally by the opposition leader in this place to enable us adequate time to carefully consider the bill, and for those of us so inclined to move amendments.

What has irked me in the past on this bill—every time it has been debated in this place—and indeed other conscience vote matters but especially this one, is the eleventh hour flurry of activity and amendments being thrown about on the floor during the debate in an attempt to get something up. With respect, I simply do not think this is the sort of legislation that benefits from such changes when they are substantive in nature.

While I am happy to indicate my in-principle support for the second reading of the bill, I forewarn members that I do not intend to extend that support to any changes that would fundamentally shift us from the model that was first proposed by the Hon. Kyam Maher. I would be extremely reluctant to extend that support to changes that come even close to doing that.

What has been consulted on, what we have had before us, is the original bill presented by the Hon. Kyam Maher. We have not consulted on the amendments that would alter the scheme in any significant way, not when those amendments are considered on the floor of the chamber and without appropriate consultation and not without the level of scrutiny that the current model has already been the subject of.

I think it is fair to say my position is very similar to that of the Minister for Health and Wellbeing in that regard. I do recall the comments he made when he spoke, so while I support the second reading of this bill I reserve my position on the third reading to see what eventuates in the committee stage debate, particularly around the issue of amendments.

As everyone has mentioned already, this is the 17th time that this issue has been considered by the South Australian parliament. A great number of those were championed by former members of this place, including the late Bob Such, Steph Key and Sandra Kanck, as well as the Hon. Mark Parnell. Earlier this month, Tasmania joined Victoria and Western Australia in becoming the third state to pass their own legislation. The Hon. Mark Parnell has likened this to pass the parcel. We know we will get there in the end, but we just do not know when.

What is overwhelmingly clear is that the majority of South Australians have indicated that they would like a voluntary assisted dying model in South Australia. The Roy Morgan national poll undertaken in 2017 showed 83 per cent of South Australians were in support of voluntary assisted dying. Overwhelmingly, South Australians are telling us they do not want to die in agony and they do not want their loved ones to watch them suffer in agony. They do not want this for themselves. They want the option of a good death when their time comes, they want to pass away in the presence of their loved ones, and they want the option of a dignified death. It is the compassionate thing to do.

Even with optimal world-class palliative care, not all suffering can be relieved. Those of us who have had the tremendous misfortune of watching any of our loved ones die know what that process is like. We know what the breathlessness is like, we know what the severe pain is like, we know what it is like when they lose consciousness. None of that is pretty and none of us wants to watch our loved ones go through that. Importantly also, there are many of us who do not want to have to go through that agony.

It is not a case of one or the other—palliative care or voluntary assisted dying—we can have both. The reality in my view is that there is a very fine line between making a patient comfortable, relieving suffering, and hastening death. This leads me to the second point I would like to address, and that is what I consider to be the very thin and often blurred line between palliative care and voluntary assisted dying. In my opinion, that can be a thin line.

I have, like others, all the admiration in the world for people who work in palliative care—absolutely all the admiration in the world. I think it must be one of the toughest jobs in our medical profession that you can do, and I think it takes a very special sort of person to work in that area. They comfort our loved ones and us at our rawest and most vulnerable moments, they ease our pain through to our loved one's last breath and they ease, as best they can, the intolerable suffering our loved ones endure in their final months, weeks, days, hours of life on earth.

I am not questioning that the two issues are often conflated, but only in the absence of a voluntary assisted dying scheme. I appreciate that not everybody is going to agree with my comments on this. Others may wish to disagree with me, but if you have been through palliative care with a loved one I think it can become apparent that in many instances—not all, but many—if someone is gravely ill and they want to die, there is an amazing team of people who will help them through that process, an amazing group of professionals who will help families through that process.

Medical intervention will cease, and pain relief will be offered and then offered again and again until finally our loved ones take their final breath. It is very confronting. When your loved one can no longer make decisions for themselves, when they do not have the option of a voluntary assisted dying scheme, you will no doubt second-guess every single decision you make as a loved one when your family member no longer has the capacity to make those decisions for themselves—gut-wrenchingly difficult and heartbreaking decisions that you might know in your heart of hearts are right but you also know are seeing your loved ones to their final hours.

Throughout that process we place what I consider to be extremely unreasonable pressures on our medical professionals, on our doctors, on our nurses, who deal with these situations. If I say to my doctor, 'I want to die,' of course they cannot facilitate that request. But if I say to my doctor, 'I don't want medical intervention, I don't want fluids, I don't want oxygen, I just want pain relief,' the end result is obvious. In those circumstances, as long as the intent of the doctor at the time administering medication or removing oxygen is not to assist in bringing about the person's death, then there is nothing wrong with the actions of those medical professionals.

For many of us faced with that situation, nothing will change if this bill comes into effect, but I acknowledge there are many in our community who never want to get to this point in the first place. They want the choice to end their suffering in a different way. We may all have different beliefs about how we want our suffering to end in the end if we are in that situation, but I certainly acknowledge that there is an overwhelming proportion of the population who says, 'I want to choose to end my suffering in a different way.'

We need to ensure our medical professionals are provided with the frameworks that are required for both of those models. These are difficult debates. If they were not we would not be here debating it for the 17th time, our inboxes would not be exploding with emails both in support and against voluntary assisted dying, it would not form the primary reason why some voters vote for one person over another, we would not struggle (as many of us do) with what we are being asked to legislate. It is difficult, there is no question about that, and I have no doubt that for many of us it is the most difficult of social issues that we have to consider.

Just today, I was reminded that for many of us the decisions we make on social and conscience issues like voluntary assisted dying are not only difficult but they can also be deeply personal. We have seen that tonight in this place with the stories we have heard from honourable members. Often, we are forced to vote on matters that confront us in our personal lives, and this is no exception. We cannot sit on the fence. At some point, we have to draw a line in the sand and make a decision in favour or against the law. The toll and the cost to us in our personal capacity can be significant. It can also give us the strength to push even harder for certain reforms.

I should say at this point that it is also why I am extremely grateful for the briefing sessions that have been offered to date, the one-on-one meetings I have had so far, and especially the sessions that were held during, I think, the last sitting week, when we heard from Dr Roger Hunt, Ms Susie Byrne RN and Reverend Michael Dowling. It would also be remiss of me at this point not to also mention the years of advocacy and, on a personal note, the patience shown by Ms Sandra Kanck.

She has given a great deal of her time over a number of years now—right from when I was a staff member to now—to engaging with me personally about the pros and cons of voluntary assisted dying. I am extremely grateful to her, and to others like her, and to Stephen Kenny, for all the time they have offered over a very long period of time in terms of providing the level of information I wanted before I stood up here today and outlined my position.

When I listened to the contributions to the forum, I did so with a great level of interest, mainly because they were able to articulate very clearly a number of factors that weigh heavily on my mind when I think about voluntary assisted dying. In fact, there were many things those experts and individuals said that struck a chord.

When Reverend Dowling spoke, he sought to address all present—those with a particular religious tradition and those without—and to do so in a way that moved beyond religious stereotypes, stereotypes based upon very vocal adherence to particular viewpoints, stereotypes that propagate the myth of a monolithic Christian view on social issues that all Christians oppose voluntary assisted dying, amongst other social issues. He said:

> The Christian Bible says many things that have inspired and motivated the lives of the most sublime and saintly people. The Christian Bible has also been used to justify the most appalling and callous behaviour.
>
> When we Christians feel compelled to offer ethical advice to the wider society, in this case ethical advice as to the sanctity of life, we would do well to remember Jesus' adage, an adage as relevant today as it was 2,000 years ago: we should first cast the log out of our own eye before seeking to remove the speck of sawdust from the eye of another.

He went on to say:

> But when it comes to this specific case of VAD the Christian Bible says…precisely nothing. And so, just like other members of our pluralistic society, Christians need to examine the proposed VAD legislation on its merits and with a willingness to engage in some uncomfortable self scrutiny.
>
> If hypothetically, I was a Christian who felt uncomfortable about voting in favour of VAD legislation, do I really believe that my discomfort is more important than the unrelieved agony of the person requiring VAD? We human beings are endlessly self-referential. Almost invariably, everything comes back to me.
>
> I believe we each need to ask ourselves the fundamental question: what or whom do I see at the very centre of this debate? Is it my personal ethics? Is it my understanding of God? Is it my feelings of discomfort? Or…am I prepared to move out of the centre? Am I prepared to see at the centre of this debate, not myself, but rather the person in unrelieved suffering who is requesting VAD?

Reverend Dowling went on to say that, when we speak about legislation pertaining to voluntary assisted dying, we are considering circumstances that none of us would choose for ourselves—namely, circumstances of unrelieved human suffering. If we are lucky, these circumstances will never befall you and I. Sadly, these circumstances do befall some people, and it is this unrelieved suffering of these people—not religious sensibilities—that must be our focus.

When suffering is intolerable, when suffering is unrelievable and when the person who suffers wishes fervently for their suffering to end, must not our society's compassionate and loving response be to ask: how can we help you to end your suffering? I understand the objections to a voluntary assisted dying scheme based on religious grounds, and I do not need to be reminded or educated about those. I respect those grounds.

By the same token, I acknowledge also that not all Christians share the same beliefs when it comes to this or other social issues. I say that purely as a point of reflection: I do not and cannot vote on any of these proposals before us based on religious views. I think the comments of Reverend Dowling are very noteworthy. For me, the bottom line remains that, while I find all of this information helpful, extremely helpful, and while it did strike a chord with me, it does not necessarily form the basis of any decision-making in this place. We know that if a person wants to die there are other less palatable options.

If I wanted to end my life now, I am pretty sure I know how I could go about it. If I was terminally ill and I wanted to end my life now, I am pretty sure I would know how to go about it. When my mother was in her final weeks, months and days, I am sure there was enough medication in our cupboards at home, by the bedside, for her to have done that herself. That is an appalling situation to put individuals in, but the reality is that, if that is what we chose to do, then we know that right now—and I am sure this applies to many of us here—we would have access to enough medication, enough tools, to undertake those steps, and it pains me to know that we have a system that cannot provide for that in some form of dignified way.

In its submission to the Joint Committee on End of Life Choices, SAPOL indicated its support, as has been noted already, for voluntary assisted dying legislation. I am sure, from all the speeches that have been made, that we have no doubt received or seen a copy of the letter from SAPOL's Assistant Commissioner for Police, Scott Duval, to the committee outlining SAPOL's position on the bill. The letter I have was dated February 2020, but I think it is as accurate today as when it was written. It starts by setting out the total number of deaths occurring in SA attributed to suicide for each of the last four years as follows: 2016-17, 205 deaths; 2017-18, 203 deaths; 2018-19, 238 deaths; and 2019-20, 90 deaths.

SAPOL figures further indicate that, since 1 January 2019, 10 people have taken their lives as a result of terminal illness. The age of those persons range from 63 to 88 years. A further seven people took their own life with the reason identified only as age. These people range from 71 to 91 years of age. The numbers are provided from the holdings of SAPOL, and not necessarily the State Coroner. Nevertheless, the main point of the letter is the fact that many deaths in these circumstances are undignified, they are unnecessarily violent, they are often committed in isolation, which on occasions results in the death not becoming known to others for some time. There may also be a degree of pain suffered, depending on the method and the level of expertise of the person when they take their own life.

It is hard for any of us who have not been in this unfortunate position, I think, to truly appreciate how gut-wrenching and how harrowing it is to be the one who finds a loved one who has taken their own life, to work on the frontline of our emergency services and have to attend the scenes where someone has taken their own life. I know our police, our ambos and our medicos are trained to deal with difficult situations, but none of us are made of stone. I have no doubt that each death they witness is difficult, and that over time it gets all the more difficult to deal with, it gets all the more difficult to go home at the end of a shift and switch off or forget the heartbreaking scenes that they and families and loved ones have confronted that day.

While I am sure that we are all extraordinarily grateful for the emergency workers who do this work day in, day out, I would not wish it upon anyone. So, quite rightly, SAPOL pointed out that legislation will not provide for every circumstance; it will not guarantee that I will not go and do one of the things that I mentioned before if I found myself to be gravely ill or otherwise. But, regardless of the existence of a legislative scheme, there will be individuals who, while they meet the criteria, will chose to take their life outside the provisions of such a scheme.

People suffering and who meet the criteria will almost certainly be under the care of medical practitioners, suggesting that if they are so minded, that desire would be known by their treating doctors. It is no surprise then that SAPOL is supportive of a legislative scheme that would allow for a person, under certain circumstances that are prescribed, to die with dignity and under proper medical supervision, and I have no reason to believe that would not extend to the scheme that is currently before us.

Recently, someone I know very well received a dreaded phone call, when their extremely ill and extremely old dad, who was suffering immense pain and what I think he considered to be undignified pain, had had enough. He could no longer live with the pain he was enduring and tried to take his own life in an extraordinarily confronting manner. My heart broke for him, and also for his family, who had to watch their father suffer—and he continues to suffer.

I think his only wish to his kids is that he could do this in a dignified way, because for him he has reached the end of his life. There is nothing more that he would like now than to go to sleep and rest, but he does not have that option available legally and so, unfortunately, he tried to take his own life and was not successful. That has created a whole heap of new issues that that family had not been confronted with before. It has made his medical condition worse than it was before.

While voluntary assisted dying might not be my choice or your choice, I think we need to acknowledge that overwhelmingly there are many who want a choice. Without that choice, we can continue to expect police to be called out to scenes like the one that I have just described, where somebody has taken their own life or somebody has attempted to take their own life unsuccessfully.

Turning to the bill, I think it has been stated already that this is the most conservative model in Australia and perhaps around the world. It is, as we have said, a replica of Victorian legislation that has been in operation for almost two years. It does contain the 68 safeguards that have been referred to. It has the strict eligibility criteria. Disability or mental illness do not fit the criteria, nor does age. There are a number of other factors that have already been outlined, which I will not outline again. For those who do not agree with voluntary assisted dying, of course, the bill preserves their right to conscientiously object to those sorts of procedures if they are working as health practitioners.

The Victorian model, we know, has been reviewed by the Voluntary Assisted Dying Review Board four times to date. There have, as I understand it, been about 581 applications since the commencement on 19 June 2019. The most recent review considered activity from 1 July 2020 to 31 December 2020, and in that period the lives of 328 permit holders ended. A total of 56 per cent administered the medication themselves, 12 per cent were administered the medication by a medical practitioner, and the remaining 32 per cent died prior to the medication being dispensed. The average applicant age was 71, and 77 per cent had a diagnosis of cancer. Only about 2 per cent withdrew their applications due to a change of mind. Ninety-six per cent of cases retrospectively reviewed by the board were compliant with the act.

It is my view that we do not need to, and we absolutely should not, reinvent the wheel, nor are we considering legislation that does any of the things that we have indicated concern for. We are not legislating for a voluntary assisted dying scheme that would apply to minors. We are not legislating for a scheme that would apply to people with mental impairments. We are not legislating for a scheme that applies to anyone who does not meet the thresholds that have already been outlined.

As I said at the outset, I am not supportive of amendments that fundamentally change this bill. While I support the second reading, I will reserve my position on the third reading depending on the outcomes of the debate and depending on—I am not sure if there are going to be amendments moved.

I would just caution members against moving amendments that fundamentally shift us from a model that we know has been tried and tested to one that we have not all had the benefit of consulting on while we have had this bill before us for the last four months. I would not want to be making those decisions on the floor of this place at the eleventh hour before the debate is concluded. With those words, I look forward to the next stage of the bill.

The Hon. D.G.E. HOOD (21:15): I rise to speak on the Voluntary Assisted Dying Bill 2020, as a number of my colleagues have previous to me. Can I state at the outset that I will be using the terms 'euthanasia', 'voluntary euthanasia' and 'physician assisted suicide', etc., interchangeably. Typically when I am quoting, obviously I will use what was quoted, but I just want to state that at the outset.

I also want to acknowledge the sincerely held beliefs on both sides of this debate before I begin what you might call the body of my speech. I acknowledge particularly the Hon. Mark Parnell, who has brought a bill to this effect to this chamber on a number of occasions—three, occasions, I think, Mark?

The Hon. M.C. Parnell: Twice.

The Hon. D.G.E. HOOD: Two, I beg your pardon. Of course, both times we have voted in opposite directions on those bills, and I am sure we will this time as well. That will not change, I suspect. But I do want to acknowledge the strength of feeling on both sides. It is one of those very difficult debates that I think all of us in a sense dread but also in a sense look forward to in terms of putting our views on the record.

This may be a good opportunity for me to say that the speech I make tonight is not an attempt, necessarily, to persuade anyone. I do not think I am going to persuade anyone. I think people in this chamber have made up their mind, by and large, but it is an opportunity to put my feelings on the record about something that matters, I think, a lot to all of us.

The first thing I would like to say is that my speech does not specifically touch on the issue of advance care directives. I have deliberately segregated that from this speech because I think it is slightly different, but in some ways I think the availability of advance care directives does provide an opportunity to lessen the need or, in my mind, negate the need for something like physician assisted suicide, because if well handled and structured correctly, as I believe they currently are, they certainly at least reduce the need for euthanasia—physician assisted suicide. I think the Hon. Ms Centofanti explained that quite well, and I associate myself if not completely with her remarks certainly largely so.

As I said, I do acknowledge that there are many sincere people calling for voluntary euthanasia, not just in this chamber but in the broader community. Polls have often put the numbers supporting something like this in the order of 60, 70 or even 80 per cent on occasion. It is, indeed, a very difficult area, and I am sure everyone would acknowledge that.

I have listened respectfully to the arguments that have been put to me in favour of assisted dying for many years now. I have been in the parliament 15 years, as has the Hon. Mr Parnell—15 years last week, I think it was, or the week before. I know some people may doubt this, but I mean this quite sincerely, hand on heart: I have tremendous sympathy for people who are suffering what they consider to be unbearably through disease, accident or otherwise.

Indeed, in my own experience I saw my very sick grandmother, my grandfather and my father-in-law pass away in recent years. No-one enjoys that. Who is going to enjoy that experience? It is a terrible experience. I would say that, fortunately, in my case two of those three deaths were what you might call good deaths or relatively good deaths, if there is such a thing. One was not so good, frankly.

How can it not leave an impression on you? It left an impression on me. As we have heard in accounts from members tonight, it touches you deeply and there are things that are very difficult to forget, as it has been for my family members as well as myself.

Despite these sorts of deeply personal experiences that I think we have all experienced at various levels, I maintain the position that allowing so-called mercy killing or assisted suicide sends the wrong message about the sanctity of life and that it will result in some elderly and terminally ill South Australians feeling they almost have a duty to end their life so as not to be a burden on others. I will expand on that in a moment.

It is my view that it is all but impossible to make sufficiently objective legislation for what is inherently a subjective issue. Indeed, it is not easy to sufficiently define 'suffering' in law, as people individually decide when they are suffering. What is severe suffering for one person may be deemed mild or moderate suffering by another. How can suffering be measured in any objective way? It is especially difficult to find an objective area of what constitutes unbearable suffering since individuals will react to the same physical or psychological situation in different ways. In short, people are different and making law that works objectively in a mostly subjective situation is near impossible, in my view.

There are many commonly held ethical arguments against the legalisation of euthanasia, not least of which is that it weakens society's respect for the sanctity of life, something that I feel strongly about. All human beings deserve to be valued regardless of their age, their gender, their race, their religion, their social status or indeed how well or unwell they are. Human life is a fundamental good in my view. It is a good in and of itself, rather than a means to an end. It is a gift and, I might even venture to say, it is sacred.

For very many years now, my view has been and remains that the deliberate taking of human life should be prohibited, with the only exception being when the act is in true self-defence or the genuine defence of others. If we end lives just because it seems the most effective way of ending suffering, then I believe we fail to respect the inherit worth of human life.

There are many what I might call usual and, in my view, compelling arguments against physician assisted suicide that have been made for many years now as these debates have circled the world. I have just outlined the first, which, to me, is that life is precious and indeed—here is that word again—sacred.

This is my primary philosophical objection to euthanasia. Looking at arguments that may be seen as less philosophical and more practical, though, should euthanasia be legalised, it will be virtually impossible to ensure that all acts of euthanasia will be truly voluntary. Also, the further liberalisation and expansion of the laws around this bill once enacted is all but certain, as we have seen from overseas experience.

The so-called slippery slope argument poses that we will almost certainly see vulnerable people who may be elderly, ill, lonely or distressed feeling pressured to end their lives and that so-called legislative safeguards, though well intentioned, can and likely will be dismantled over time.

Family or others involved with an ill or disabled person may consider them and their illness or injury as a burden on themselves and their family may pressure that person to request a quicker end, if you like. People who are ill and dependent can feel worthless and do not wish to be a burden on their families and careers, making them potentially susceptible to such pressure, however subtle or not it may sometimes be.

The concerns I have outlined are not merely theoretical concerns but are supported by the facts. Indeed, it is extraordinary to note that in the 2013 official report from the Washington State Department of Health, entitled The Death with Dignity Act Report (number seven), which examines the actual experience of that state's euthanasia laws, states, and I quote directly, that '61 percent of those who chose assisted suicide stated as one of their reasons for their decision their feeling that they were a burden on family, friends and caregivers'.

The obvious and unmistakable conclusion from this official government report of their actual experience following legalised voluntary euthanasia is that around six out of 10 individuals who requested euthanasia feel pressure from family and loved ones to end their life when it is a legalised option. If it is not legalised, they do not have that option and there is no pressure. This highlights the concern that those who argue against euthanasia have, with the prospect of individuals being coerced into ending their life not just a theoretical risk but the actual experience of six out of 10 individuals who requested euthanasia in Washington, USA.

Of course, the problem of pressure from family members is not confined to Washington. A well-known case that demonstrates that—I will use her name because it is widely published, including in government reports—is that of Kate Cheney, who was 85 years old and diagnosed with terminal cancer. Kate lived in Oregon, USA, where euthanasia was also legalised.

Kate told her doctor she wanted assisted suicide. The doctor who took the request was not sure if she qualified because she was suffering dementia, which may have affected her mental competence to make that request. He referred her to a psychiatrist, as is required by the law in Oregon. She went to the psychiatrist with her daughter.

The psychiatrist found that Kate suffered from short-term memory loss and reported that his judgement was that Kate's daughter had shown more interest in arranging assisted suicide than Kate had. He wrote in his report, 'She does not seem to be explicitly pushing for this.' He also noted his opinion that Kate did not have 'the very high capacity required to weigh options about assisted suicide'. He therefore declined to authorise the lethal prescription.

Subsequent reports, all officially available through the government of Oregon, suggested that Kate seemed to accept the psychiatrist's decision, but, importantly, her daughter did not. In a media interview, Kate's daughter described the guidelines protecting her mother's life as 'a roadblock' to Kate's right to die. The daughter then demanded a second opinion, which was provided by a clinical psychologist who also expressed that Kate's decision 'may be influenced by her family's wishes'. Incredibly, despite this reservation by a psychologist who determined that Kate was sufficiently mentally competent to make the decision, she was given the necessary pills, which she took and died soon after.

How can it be guaranteed that exactly the same situation that I have just relayed, being a real case, will not happen in South Australia, should this bill pass? The obvious answer is it cannot be guaranteed. I have grave concerns that such circumstances will play out here, should this bill pass. These are uncomfortable conversations, but ones that must be had. It is not scaremongering. These are actual cases from the United States.

Is it not at least possible that other factors may play a role in creating a circumstance where coercion becomes a factor? It is not hard to imagine a circumstance where the person who may seek euthanasia possesses a high-value piece of real estate, for example. The property may have been willed to someone who stands to make a large financial gain when the individual passes. Whilst I have no doubt that many people would prioritise the life of their sick mother, father or other relative over any financial gain, the undeniable truth is that not everyone would.

We need to be at least honest and realistic in our deliberations and at least acknowledge that some will be willing to exert pressure on an individual to accept an early death to hasten their access to a substantial inheritance or even just to reduce the burden on themselves as just one possible example, and, of course, there will be others.

Again, the official government report from Washington state reported that 61 per cent of those requesting physician assisted suicide listed being a burden on family, friends and caregivers as part of the reason for their request to end their life. Further, medical and other care during the last few months of a patient's life are generally very expensive. They can be time consuming with hospital visits and the like and quite a burden on family. Euthanising a patient could be seen as a way of relieving pressure on family finances or even conserving scarce medical resources from a government perspective. The moral questions and dilemmas that may arise are significant and confronting.

We should also not attempt to convince ourselves that the actual process of euthanasia is straightforward and therefore that it is unlikely that little can go wrong once laws to legislate it are passed. The fact is that these laws always rely on the individuals involved to do what might be considered the right or reasonable thing and almost always rely on subjective judgements in very difficult, often complicated situations.

Real-world lived experience has demonstrated that things do not always go as planned and the outcome is not always a comfortable one. Proponents of legalised assisted suicide often point to Oregon as a shining example of how assisted suicide should be practised. They point to safeguards enacted in the law designed to protect patients. However, there are several examples of poor and questionable outcomes in Oregon too.

I cite the following example of Michael Freeland. He requested and received a lethal prescription from his doctor—who incidentally was a suicide advocate—a few months after being diagnosed with lung cancer. Over a full year after receiving the first prescription, Michael Freeland was admitted to a psychiatric treatment facility with depression and suicidal intent. He was treated and improved. His treating psychiatrist wrote a letter to the court the day after his discharge saying that he was not competent and needed a guardian; that is, he was not appropriate for euthanasia.

Positions for compassionate care volunteers helped him through his last several months of life, saw that his depression and his symptoms were treated aggressively and assisted him in reconciling with his estranged daughter. He died naturally and comfortably nearly two years—nearly two years—after receiving his first lethal prescription. Before he died he signed an authorisation releasing his medical records for public review. It has become quite a famous case.

I share these accounts, that of Kate Cheney and Michael Freeland, as examples of the types of scenarios we may witness if this bill is passed. Despite its best intentions—and I do not doubt that—and apparent safeguards, I believe this bill will inevitably fail the vulnerable as these real-life examples show in other parts of the world. Of course, these two examples are far from unique. There are several other examples which I will cite, all from Oregon, and all sourced from the Vermont Alliance for Ethical Health Care despite Oregon being touted as a model of success.

Mrs S (her name was not given) from Oregon had been struggling with a malignant lymphoma for three years. Despite the best efforts of several of her physicians, it had spread from her lymph nodes to her bones, brain and spinal cord. She had vigorous chemotherapy and radiation therapy. She had considerable pain, to be fair, but this was kept under adequate control—so it was reported—with medication. She was repeatedly feeling discouraged and this was helped somewhat by the use of an antidepressant.

In a final visit with her primary physician he gently confronted the fact that there was nothing more that could be done for the disease, although comfort measures and medications could be continued. At the end of the visit he said, 'Well, I could write a prescription for an extra large amount of pain medication for you.' She declined the offer and left the office. Mrs S and her husband were devastated, I am informed. She kept saying, 'He wants me to kill myself.' They interpreted his offer as saying, 'Your life is no longer worth living. You would be better off dead.'

Their longstanding good relationship with this seemingly caring physician was shattered by this new understanding of his values. I am not saying every physician would be like that of course but this is an actual case and an actual response from a real-world situation. Mrs S died comfortably at home several days later.

I acknowledge that this bill requires the patient to raise the matter, not the doctor, but it must be noted that lobby groups in Victoria are already calling for this measure to be removed in their bill so that doctors can proactively raise the possibility of assisted suicide. Furthermore, as the case I have just outlined shows, it can substantially change the doctor-patient relationship. Despite the fact that in Victoria it is actually illegal for the doctor to raise the potential for physician assisted suicide with the patient, as I have just said the reality is that lobby groups in Victoria are currently lobbying to have that removed already, after their bill has been in place less than two years or thereabouts.

Another example is that of David Pruitt, a man from Oregon with lung cancer who obtained from a physician the standard lethal prescription and when he felt it was time he took the entire amount. He went to sleep for 65 hours and woke up and, so it was reported, said, 'What the hell happened? Why am I not dead?' He was so unnerved by the experience that he did not want to go through it again and he died naturally about two weeks later.

Another example is, soon after the Oregon law allowing a physician to write a lethal prescription for a patient went into effect, Helen asked her physician for one. She had a history of breast cancer and was enrolled in a hospice. She had been using a wheelchair for two weeks and had some shortness of breath for which she used oxygen. However, she had no pain apparently and she was still doing aerobic exercises regularly. Not surprisingly, her physician declined her request, thank goodness. Helen responded by consulting a second physician and he too declined because he felt she was depressed.

Following the refusal of two qualified doctors, as you might expect in these circumstances—she was after all doing aerobics exercises regularly—her husband called Compassion in Dying, a group that supports assisted suicide. They found a willing physician who wrote the prescription although the physician himself admitted he was shaken by Helen's eagerness to die. She went to two physicians, they said, 'No, you don't qualify.' They found one that was prepared to write the prescription and that was that.

That is Oregon and Washington state. Turning to some other international experiences, members will be aware that euthanasia has been legalised in Holland for several years. Dutch euthanasia expert Dr Theo A. Boer—I think I have pronounced it correctly—said assisted dying at his country had gone from being seen as a last resort to a 'project to be managed'. From 2005 to 2014 Boer was an ethicist on a regional euthanasia review committee in the Netherlands, examining some 4,000 euthanasia cases. He said:

> I used to be a supporter of euthanasia legislation. But now, with 12 years of experience, I take a different view.
>
> The availability of euthanasia has very much changed the way we think about dying. Dying is more and more kind of a project. It is something that people are managing. The initial reasons for euthanasia in the Netherlands was pain…People were beyond hope because there was no pain relief. But what I have seen is that the primary reason is not pain.

According to Boer's research, terminal cancer was the reason behind 95 per cent of cases of euthanasia in 2002 but only 68 per cent by 2016—95 per cent in 2002, 68 per cent by 2016. He said that since the Netherlands legalised assisted dying in 2002, there has been a consistent increase in uptake and also a shift from seeing euthanasia as a last resort to a so-called good death.

Proof of this can be seen by the announcement made by the Dutch government and reported in *The Guardian* that they intended to legislate to allow those who feel they have 'completed life' to qualify for voluntary euthanasia. A completed life is a new concept in international euthanasia legislation, despite initial assertions that the original legislation was enacted to deal with those in severe pain and assurances that that was where it would remain. This is around just 14 or so years after the original euthanasia legislation passed and despite assurances that the legislation would always remain narrow and was targeted specifically at the terminally ill, exactly as the bill before us does now. Things changed there very quickly.

Closer to home, the Northern Territory experience is also worth considering. As members would be aware, in 1995 the world's first euthanasia legislation, the Rights of the Terminally Ill Act 1995, was passed in the Northern Territory and saw several deaths until it was overturned by a 1997 commonwealth act. In the patient examples from the limited Northern Territory experience, four of the patients mentioned in a follow-up report were not in severe pain at all, despite the bill specifically requiring it.

In fact, the medical notes indicate that in one case 'the patient took morphine for generalised bone pain'. In another case, it was noted that 'pain was well controlled'. A case still proceeded where the patient 'complained of mild background pain'. Another case noted 'regular analgesia was needed for abdominal pain'. In each case, despite the low or controlled level of pain specifically indicated, the request for euthanasia was accepted. This is not what was promised when the bill was introduced.

Further, it is apparent that in two separate cases mentioned in the follow-up report there were symptoms of depression reported in those accepted for euthanasia, but no referral to a specialist psychiatrist occurred. What if the coordinating medical practitioner under the bill proposed before us determines that the criteria has been met yet fails to fully understand the full extent of the patient's depression, as the coordinating practitioner is not a specialist who treats depression but still deems a specialist referral unnecessary?

This was the experience in the Northern Territory, where patients suffering depression were not referred to a psychiatrist but were euthanised anyway. My concern is we may well see the same thing here. There are other examples I could quote, but these should suffice to demonstrate that, should this bill pass, we know what we should expect based on the actual experience in other parts of the world and indeed in the Northern Territory, that there will be cases in which a patient may ask for euthanasia or feel obliged to request it, even when it is not in the best interest.

What if the diagnosis is wrong and the patient is not terminally ill, or the prognosis is wrong and the patient is not going to die soon or in the time frame that the doctor suggests or determines? These circumstances do occur. Indeed, right now I have a personal friend who was told he had six to 12 months to live. That was 16 months ago, thank goodness. Whilst he has declined, he is still well enough to be at home with his family and enjoy regular dinners, frequent heartfelt discussions and just the simple pleasures of everyday life. He was given six to 12 months to live 16 months ago, in fact, almost 17 months ago now. Life and time are indeed precious to him, I assure you.

The question of medical competence must also be addressed when one is considering euthanasia legislation. Can we be sure that individuals are mentally competent to do so when they decide that their death is the best option? For example, *The Daily Telegraph* reported on 11 May 2016 that, in the Netherlands, the number of people who have ended their lives due to 'insufferable mental illness' has risen dramatically from just two individuals in 2010 to 56 people in 2015—just five years from two to 56.

Further, the international experience is that euthanasia laws can be quite narrow when initially passed, but they broaden and widen their reach the longer they remain law. Belgium is a case in point, where the number of reported cases of assisted suicide has risen, I think staggeringly, by 89 per cent in just four years, from 953 in 2010 to 1,807 in 2013. The latter figure, that is 1,807, represents nearly 2 per cent of all deaths in that country as being a result of voluntary euthanasia.

Further, Belgium further liberalised its euthanasia laws in 2014, giving doctors the authority to terminate a child's life if they requested it. Three children, aged nine, 11 and 17, were euthanised by lethal injection between 2016 and 2017, according to a report by the commission that regulates euthanasia in Belgium.

Substantial investment in high-quality palliative care can make euthanasia unnecessary, I would argue. The World Health Organization states that palliative care affirms life and regards dying as a normal process. It aims to enhance the quality of life for the family as well as the patient, of course. When made available to every patient, it will almost certainly reduce the desire to be euthanised and the number of requests. We simply must reach a position where palliative care is of the highest quality so that pain can be managed and the precious last stages of life can be of the highest quality possible.

My concern is that shifting the focus from palliative care to euthanasia will ultimately diminish the quality of palliative care. Health systems will become geared to providing the most cost-effective ways of dealing with dying patients. We are already seeing this in a very limited way in Victoria, where Palliative Care Victoria has examined palliative care funding in that state since euthanasia laws were passed, and they have reported:

> There was a decline of 6.3 per cent after adjusting for cost increases in the funding for admitted palliative care. Overall, the result was a net decline of 1.5 per cent in DHHS palliative care funding allocations to these services.

DHHS is their department, and there is a decline in their funding of those services. We cannot allow this to happen in South Australia. In Australia, and especially in South Australia, we are fortunate that our palliative care services are amongst the best in the world.

I am convinced that a broader understanding of palliative care support services in our community would serve to erode support, or significantly reduce support, for euthanasia. People are naturally concerned about what might happen to them should they experience a life-threatening illness or severe injury. They deserve reassurance and care and not simply the availability of a hastened death, in my view.

I would like to make it clear that I am not advocating the unnecessary artificial prolongation of life. If, for instance, a patient wishes for their life support to be turned off, knowing that death will result, then I see no reason why the state should not accept that choice. I do not believe that artificial methods should be employed to prolong life where there are no prospects of recovery or indeed when the patient does not consent to medical intervention—that should be up to the patient.

Further, I have no opposition to medical practitioners providing a dose of medication, usually morphine, in order to attempt to treat a patient's pain, knowing that the dose used is so high that it is likely to end the patient's life—but only as a side effect of their attempt to treat that pain. If the treatment is required to alleviate suffering or for other medical needs, again, I am not opposed to it. If the intention is to treat the pain and not to kill, then I see no ethical difficulty with large doses of medications being used where appropriate. I am informed by doctors working in our health system that this approach is not infrequent.

It is important to note that the organisation that represents doctors in South Australia has made its opposition to euthanasia unambiguous. The Australian Medical Association (AMA) position statement on euthanasia and physician assisted suicide makes the following assertion:

> The AMA believes that doctors should not be involved in interventions that have as their primary intention the end of a person's life.

It goes on to clarify:

> This does not include the discontinuation of treatments that are of no medical benefit to a dying patient.

The position of the AMA is in agreement with my own view, as I have just explained. I believe that parliament should pause and carefully reflect before handing to doctors powers that their main representative body says they do not want. The position of the Australian Medical Association is not in any way an outlier in this debate. Indeed, it is similar to that of the American Medical Association and the British Medical Association. To be precise, the American Medical Association's policy on euthanasia states:

> …permitting physicians to engage in euthanasia would ultimately cause more harm than good.
>
> Euthanasia is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks.

The British Medical Association's policy on euthanasia states, and I quote:

> Our policy position has been to oppose assisted dying in all its forms. We support the current legal framework which allows for compassionate and ethical care for dying patients.

During the recent abortion debate, the fact that the Australian Medical Association in South Australia supported the then proposed bill was presented as a reason to support that bill. Given that line of argument, the fact that the Australian Medical Association, the American Medical Association, the British Medical Association and, indeed, the World Medical Association, I am informed, oppose legalising euthanasia by precisely the same logic I submit is sufficient reason to oppose this bill.

I have serious concerns regarding this bill, which I have outlined. The bill allows active euthanasia on patients who may have more time to live than estimated by their doctor who in the end can only give their best guess. No-one knows exactly when someone will die. It can leave elderly and sick South Australians with the thought they are a burden and that the easy thing to do is to request a quicker end to their life, and that would be fully sanctioned and legalised by this parliament.

I can imagine the elderly and the weak feeling somewhat compelled in some circumstances—not all, I am not trying to overblow this, but there will be circumstances, as with 61 per cent in Washington State who said they did in the official government report. They felt in some circumstances that to opt for the option of ending their life was the right thing to do in order to relieve the burden that they were on others.

I leave members who are considering voting for this bill with one question: can they be certain that if they support this bill becoming law it will not lead to a single person being euthanased without their consent or because they felt pressured as a direct result of the passage of this bill? I do not believe we can with certainty.

I note that the bill before us does not require a referral to a psychiatrist but leaves the question of whether a referral is necessary to the treating doctor who may have limited experience in treating depression or may even be a suicide advocate in some cases. The same applies for clause 22(2) when an eligibility assessment is performed by the coordinating medical practitioner in this bill in relation to a patient's disease, illness or medical condition. Again, the onus is on the treating doctor to determine that eligibility is met for the conditions that can only be properly assessed by a specialist.

I accept that in many cases the doctor will be a specialist but it is not specifically required in the bill. Given that the outcome for the patient is potentially their death, this does not go far enough in my opinion. Also, I note that the bill allows someone as young as 18 to qualify for euthanasia. I understand that that is the normal age at which we would consider someone an adult and, therefore, there is almost a logic to that, if you like, in having someone as young as 18 to be able to request to end their life.

I ask the question earnestly: under what circumstances can society sanction the deliberate killing of someone as young as 18? Overall, teenagers' relative psychosocial immaturity makes them more likely to make choices on impulse, to focus on short-term gains, to be more susceptible to peer pressure, and to fail to anticipate the consequences of their choices. As I said, I understand that 18 is the age at which people are legally considered adult and the difficulty of choosing what must be another subjective choice of age, but any bill that opens this possibility for those as young as 18 must give even its supporters reason to pause and consider.

I could say much more but I trust that my contribution has sufficiently outlined my position. I oppose this bill because I believe it devalues the sanctity of human life and because, as we have seen overseas and in the Northern Territory, safeguards are not—indeed, cannot—be sufficient to protect the vulnerable and because, if passed, again as we have seen in other jurisdictions, the pressure to expand eligibility criteria will intensify.

Indeed, lobbyists in Victoria, despite the recent passing of their euthanasia laws, are already arguing for greater availability of access to euthanasia. Also, the safeguards are actually seen as roadblocks by some and that they should be removed. We have seen arguments to that effect in Victoria and elsewhere.

We should not be surprised by this. It was predicted by those who voted against the bill during the parliamentary debate in Victoria, just as those who do not support the bill are certain that it will occur in South Australia should this bill pass. It may be somewhat trite to say, but there is an old saying which I believe holds true here and that is, 'Where there is life, there is hope.' I certainly believe that is true and I oppose the bill.

The Hon. R.I. LUCAS (Treasurer) (21:48): At the outset, I congratulate members on the respectful way thus far the second reading debate of the bill has been conducted. Certainly, I have appreciated the considered submissions of a number of members whose views have accorded with my own but even some who have put a considered position diametrically opposed to the view that I have.

Mr President, as you are probably aware, I have been called many things over my long career in parliament but very rarely have I been called inconsistent. My views on euthanasia and related bills have been very consistent over a long period of time. I can clearly say I am the only member to have debated end-of-life issues through the 1980s, 1990s, the noughties, the teens and now the twenties.

My views have remained whilst the passage of the legislation has changed and morphed the eighties. The bill related to the Natural Death Act and then since the nineties, legislation in the mid-nineties and I think on two occasions we were asked to consider bills in the noughties, possibly three times—2000, 2002 and 2009, I think—and then again in 2010. I think for the last decade essentially the House of Assembly had the challenge of debating the legislation and now we have the legislation again 2021.

At the outset I want to state clearly, as I have on one previous occasion, that I stand in the chamber proudly as the product of my upbringing, my beliefs and my values. As a Catholic, I subscribe to the views generally—not always—of my church and my upbringing. I am very much a product of my family values and the upbringing imbued in me by my family both as a child and even in my early adult years.

I say that at the outset because they are the values and beliefs that I bring to the chamber in all that I do. I have on previous occasions rejected the view, and I do so again today, that in some way I as an individual member should park my religious views, my values, my beliefs or the product of my upbringing or what I bring to this chamber as an individual legislator to consider legislation. It does not and should not and need not dictate my views, but it is a significant influence for me in terms of how I vote and how I appreciate legislation.

I do not accept the view that, because I am Catholic, because I am religious, because I am a product of my family values, I need to park those particular views to the side as I consider legislation. That is important to me. As a result of that, I am a strange mix, as many might say. I am very much a fiscal conservative. In the truer sense of the word I have very liberal views on gambling issues, probably quite opposed to the views of the Catholic church that I am a member of. I have quite liberal views in relation to the views of—I will use a nice descriptor—the health conservatives who want to ban everything that might have sugar in it, so Coke, doughnuts and some of the joys of life.

Even though I have never been a smoker myself, I have always respected the individual, if they make a choice that they want to smoke, as long as they are not going to impact on others and we can park them off in the corner somewhere and they can go happily about their smoking or indeed eating their doughnuts or drinking their Coke, or whatever it might happen to be. That is a matter of freedom of choice. It is individual choice. To me, in the truer sense of the word liberal, I have very liberal views in relation to those particular issues.

I have very conservative views on the sanctity of life and moral issues and I am probably a product of my family upbringing, my religious views and my church. I proudly bring that to the chamber in terms of the debates that I have. I do not apologise for it; I never will, and I certainly do not intend to park those particular views as I consider how I am going to vote on particular issues.

The other thing I reject is the view that on every occasion—and this has been going on in every decade that I have debated this issue—in some way as an individual legislator the views of the majority expressed by either an opinion poll, market research or whatever else it is should dictate the way I vote. That is, I should park my own views and vote in a particular way because the majority of people in a poll say that I should vote in that particular way.

I have to respect those views, I need to have a look at those particular views, I need to listen to those particular views, but I do not have to accept—and I will argue till my last breath in this house; it is not too far away—that that is not what a legislator is elected to do. We are there to listen to those views and, if we want to, in the end make a judgement that that is a view we have. In the end, we can be judged by that, whether we support that view or whether we do not support that view. We will either be judged at an election or be judged within our own parties in terms of preselection in terms of those views.

I know that generally the majority view in relation to euthanasia issues is to say, 'You should vote for it.' People say to me, and very good friends and acquaintances say to me, 'The majority of people want it. You are honour-bound or obliged to respect the views of the majority.' We have opinion writers in the media who say, 'The majority of people say that they want this; therefore, it's your responsibility to vote for it.' No, it is not. It is our judgement as legislators to understand those views, listen to them and then form our views as individuals, and then we will be judged accordingly, either within our parties or ultimately in the electorate, in terms of the judgements we make on these issues.

I have recounted on a previous occasion people who say to me, 'Seventy per cent of people,' or whatever the number is, 'want you to support voluntary euthanasia. You have to', and I say to them, 'Okay, the same polls say to me that 70 per cent of people want capital punishment for terrorists who murder and maim children. They want capital punishment for serial killers who murder and torture young children. Should I support that?' They say, 'Oh, no, you shouldn't support that. You can't support capital punishment. That's cruel and unconscionable,' but the majority view in those specific areas would support it.

I do not support capital punishment. I never have, even if it was the majority view. One member of my former party room back in the eighties used to run very successful surveys in her electorate in the north-eastern suburbs, some of our more conservative areas over the years, with overwhelming support for capital punishment in certain areas—for killing policeman, killing children; it was a bit before the terrorism days but for those sorts of areas. We were always asked to support capital punishment in those sorts of specific areas. I did not support it.

I supported, for example, the introduction of the casino to South Australia. I supported the introduction of gaming machines to South Australia, even though the majority view was against it. I was one of a small number of Liberals in this chamber in both cases who supported the introduction of the casino and the introduction of gaming machines. I am consistent in my view. I am a maddening confusion of values in a whole variety of areas, but I am unconcerned about supporting minority positions if that is the view that I strongly hold.

I know that in this particular chamber, whilst the view that I held years ago was the majority view in the chamber on euthanasia, it is very much a minority view at this particular time. However, I cannot, will not and do not have to subscribe to the view that, because a poll says that the majority of people say I should vote a particular way, that is the way I should vote on that issue.

I will not go through all the detail of the reasons why, because I have done it so many times over the years in relation to the legislation. This legislation is slightly different, and I therefore enjoy—others perhaps dread—the committee stage of debates on issues like this. Unlike the Hon. Ms Bonaros, I look forward to amendments teasing out potential changes to the legislation. I do agree with the position of the Hon. Ms Bonaros that amendments moved on the day or the day before do not give sufficient time for consideration and do not need to be and should not be given as much attention as those where due notice is given.

Credit to the Hon. Mr Maher, we now have a four-week break between the second reading vote and the commencement of the committee stage. I think I am correct, and he can correct me if I am wrong, that he has indicated the committee stage is likely to go over a couple of sitting weeks, so we do have a period of time when I would hope that people who subscribe to the view that I have—

Members interjecting:

The Hon. R.I. LUCAS: One week, is it? I am corrected: it is only going to be the one sitting week. Good luck with that in terms of getting through the committee stage in one week. Anyway, we will put to the side whether that is achievable or not. We are not intending to do an Hon. Mark Parnell and filibuster on the issue, but there are genuine issues that might need to be teased out. Anyway, I do look forward to the committee stage of this particular debate. Whilst I will not be supporting it, there may well be amendments which in my view make it a less unpalatable piece of legislation for those of us who have concerns about it.

Before concluding—as I said, I am not going to repeat all the detailed areas as to why I have consistently opposed euthanasia legislation over the years—a number of members over the years understandably have shared personal reflections which have influenced their views. For some, the personal reflections, not necessarily just of themselves but of friends and others, have influenced the changing of their vote on this legislation, and each of us is a product of what we have experienced.

I can say at the outset that my views have not been influenced by any personal experiences with end-of-life issues. As I outlined earlier, my views have been a product of my views on the sanctity of life that I bring to the table as I consider issues like this, but for a different reason I do want to share a personal reflection that relates to my mother's passing.

I make no criticism of the very excellent specialists we have here in South Australia, who may consider judgements in relation to their diagnosis, so I do not want anything I say (and I have never reflected on this before in any way) to be a criticism. The diagnosis my mother had many years ago, with the very best of specialists, oncologists and the like, was that she had ovarian cancer that had then spread to her lungs. She declined over a long period of time and was hospitalised for a long period of time as well.

My mother, being a kidney patient for many years with diabetes, was a dialysis patient. Dialysis patients have the wonderful option, if you want to look at it that way, of choosing whether or not to continue with dialysis treatment, and she was given that option by her specialist. She was diagnosed as terminal. As I said, in the original stages, ovarian cancer was the diagnosis and then there were spots on the lung, so the diagnosis—again, the very best of specialists, no criticism at all, made considered judgements—was that her condition was terminal.

So she had the option, but in this case it was her decision. I am sure she knew what the views of her children were, my views in particular and those of others, but ultimately she continued with her dialysis treatment even though she had had this diagnosis of being terminal. It got to the stage, for those of us who are Catholic, where the family was dragged from all over the state, the lights were drawn, the grandchildren had done their last farewell postcards on the wall and everyone was understandably quite sad. The Catholic priest came in and delivered the last sacraments and everyone came together to say goodbye.

That was the position she was in for a few days. Then, ultimately, we had forgotten that one of the specialists had sent off a culture some weeks before (and I am going to get this wrong because I am not medically inclined) for something that diagnosed the spots on the lung, and it took two to three weeks for those results to come back.

The results came back and they came to us and said, 'We've just diagnosed the fact that she's got tuberculosis. We don't think she's got cancer.' We said, 'Okay, what does that mean? That doesn't sound very good.' You say, 'Okay, she doesn't have cancer but she's got tuberculosis.' 'Oh no, tuberculosis we can treat with massive doses of antibiotics, pump her full of antibiotics, and there's a pretty good chance that she can survive.' It is quite contagious obviously, a bit like COVID-19 I suspect, almost, the early stages of that.

The reality was evidently unbeknownst to us that my mother, as a Japanese national living in Mukden, Manchuria, as a young woman had contracted tuberculosis and she had survived that. Evidently, kidney disease later in life can sometimes activate or reactivate tuberculosis. No-one told us this, of course, until they had done this particular diagnosis. So the reality was that they pumped her full of antibiotics and she lived on for a number of years afterwards. She saw a couple more weddings, a few more grandchildren being born, and lived a good life until she eventually passed away a number of years later as a result of a whole variety of complications to do with kidney-related disease.

So with the very best will in the world mistakes are made by the very best specialists in a very good health system that we have got in South Australia, and frankly in Australia for that matter. In different sets of circumstances other people confronted with the same situation might have made other decisions in relation to it based on, ultimately, honest mistakes being made by medical practitioners and the very best specialists that we have.

I have never shared the story. I know others have shared the story which has influenced their decisions. This has not influenced my decision in relation to euthanasia and end-of-life stories, but I only share it because it is probably my last opportunity to debate, hopefully, end-of-life issues in the parliament and to at least place on the record that there is an alternative set of circumstances that all of us need to contemplate; that is, that our very best medical specialists do not always get it right.

There are some people who are going to be diagnosed as terminal, and they will make judgements and decisions on the basis of that and what might be coming, and what they are experiencing, and then ultimately you find out later that the diagnosis was wrong in relation to the particular issue. So it has not changed my view in relation to this. It has obviously reaffirmed it, I suppose, but my views on euthanasia have been expressed on many occasions over many years prior to that particular personal experience with an end-of-life issue.

I will obviously vote against the third reading. I am not going to oppose and vote against the second reading because I look forward to the committee stage of the debate. I do hope some members will move amendments to seek to make, from our viewpoint, some aspects of the bill less unpalatable. They will have a slim chance of success, I suspect, knowing the majority view in the Legislative Council, but nevertheless they should be aired. As we saw in other legislation recently, amendments were moved in this particular chamber then were subsequently—some of them, anyway—successfully moved in debates in the House of Assembly.

The ventilation of those particular issues in this chamber, and the capacity to consider them and see the answers for and against, I think can assist the further consideration of the bill in another place at a later stage. With that, I indicate I will not oppose the second reading but I will vote against the third reading.

The Hon. K.J. MAHER (Leader of the Opposition) (22:09): I wish to thank all members who have made a contribution over the last two Wednesdays of sitting. It has I think been conducted in a very edifying manner. There has been high emotion, and that quite rightly comes with discussing issues around death. It was noted as part of the committee that it is not something we do well as a society, talk about how life ends and what we go through when life ends, but I think the fact that we can do it respectfully and have differing opinions here says good things about how this chamber operates.

Many of the speeches that have been given are particularly personal and touching, talking about people's life experience and, in fact, how a particular experience with loved ones, parents and others, changed views and influenced the way people see this issue.

One of the most important things is the name of this legislation: voluntary assisted dying. It really is in the name, 'voluntary'. Nothing we decide here, nothing in this bill, will make anyone do anything. It will not force any terminally ill patient to avail themselves of a scheme for assisted dying. It will not force any health practitioner to participate in a scheme if their conscience does not allow them to. However, making a decision against this bill certainly will actively stop people who wish to avail themselves of a voluntary assisted dying scheme in the last months of a terminal illness.

I want to very quickly talk about a few things the Hon. Connie Bonaros and the Hon. Rob Lucas said about when we come to the committee stage on the next Wednesday of sitting, 5 May, particularly in relation to amendments. It would be my view, and I suspect it would be the view of most people in this chamber who support this bill, that an amendment would have to be pretty extraordinary and backed by some significant health advice and expertise to be considered.

As the Hon. Mark Parnell has pointed out, this bill really is a carbon copy of the Victorian bill. The Victorian bill went through a lot of processes. In its formulation it went through a select committee, like we did here, of the Victorian parliament. The fact that the Victorian scheme has now been operating for some 18 months and has had four reports on its operation has given a degree of comfort to some legislators, not just in this chamber but in the other chamber, that there is an Australian context, that this does work and is as safeguarded as it can be.

As other people pointed out—and I thank the Hon. Stephen Wade for his contribution—we are following what can be termed 'the Australian model'. As I said, Victoria has had a scheme operating for 18 months now, Western Australia passed a scheme some time ago that will soon come into operation, and just last week Tasmania passed its voluntary assisted dying laws. It was an election promise of the current Queensland government to consider an early scheme, and I think New South Wales is about to introduce a scheme.

Where once we would have been first in any of the other 16 attempts that have been made over the last quarter of a century or so, we are now midfield, and following what has been a tried and tested formulation of what the health minister loosely, and correctly, terms 'the Australian model' for voluntary assisted dying.

This will be the conclusion of the second reading and, from indications of members, it seems to me that the second reading vote, if I can count properly, will pass with a significant majority. After that we will move into the committee stage. Because there is not a formal way to co-sponsor a bill, I think the Hon. Mark Parnell might make a contribution at clause 1 similar to a second reading sum up in relation to this.

I want to sincerely thank the Hon. Mark Parnell. He has done a lot of work on this over many years. He has described it, at some stage, as being a bit like pass the parcel: it is going to stop somewhere, and this legislation will pass the South Australian parliament. In his view, and in my very strong view, it is not a question of if that happens but a question of when that happens. Hopefully, Mark, it will be this time, but I am severely disappointed that you are cutting and running and not sticking around for the entirety of this bill. However, I look forward to you giving some reflection on this at clause 1 in just a moment.

From there we have indicated that if possible it would be good to wrap up clause 1, but I appreciate comments that others have made to perhaps not cut off the end of clause 1 tonight. There are some reasons for that. It might be beneficial so that the contributions people make on the operation of the scheme in the whole of clause 1, if there are questions that need further answers, then probably in that month we can get very concise answers and it will not take as long when we come back on 5 May. So we can reasonably quickly provide some of the answers to anything that is raised on how the scheme in totality works, and then move through the rest of the committee stage.

Given that it has been a number of months since, I think, 2 December, when this was first introduced into this chamber, there has been ample time for members to reasonably consider, and that has been reflected in the second reading speeches members have given. They have had time to thoroughly look at and consider, research and give their reflections on this piece of legislation. It is difficult to imagine that we would see amendments put on the day or the day before, given the long gestation period we have had for this bill.

As the Hon. Rob Lucas pointed out, they will very likely find even less favour with this chamber if they are put on the day or the day before. It is difficult to see a reason why we would not wrap up on 5 May. It is unusual that we have already had this. This will be the third week of sitting in which we have considered this bill, so I look forward to the passage of this bill and to getting to the third reading vote. At some stage during tonight—and there is a reasonable prospect we may be sitting—

The Hon. R.P. Wortley interjecting:

The PRESIDENT: Order! Turn it off!

The Hon. K.J. MAHER: —later on Wednesday 5 May than we often do, but that is the way that many of us understand we occasionally operate in this chamber when it is necessary. I will very quickly address in a brief way a couple of the comments people have made—

The Hon. R.P. Wortley interjecting:

The PRESIDENT: Order! The honourable member should take the phone outside.

The Hon. R.P. Wortley: It's Ridgway, playing games!

The PRESIDENT: Order! I have said before that members should learn how to turn their phones on to silent.

The Hon. K.J. MAHER: There were a number of common themes that people raised that are worth touching on, and when we come back on 5 May we can expand briefly further on those if people raise them in a moment at clause 1.

The slippery slope argument has been mentioned a number of times tonight, that in some way it will be irresistible that the scheme will be broadened over time. When the Victorian legislation was being debated, ABC Fact Check had a look at, I think, Paul Keating's comment, which has been referred to tonight. I think Paul's Keating's comment was the claim that further changes will be irresistible and there is that slippery slope.

ABC Fact Check said that that claim does not check out in evidence from around the world. ABC Fact Check pointed out that there had been some changes in Belgium, in the Netherlands further guidelines had been published, but in most jurisdictions where assisted dying has been legalised little has changed regarding what practices are allowed or who can access assisted dying.

I know much has been made of particularly the experience in the Netherlands. Much more analogous to what Victoria, WA and Tasmania have passed are the schemes in the US. ABC Fact Check concluded that there has been no further liberalisation in any of the eight states involved in the US—and this includes Oregon—ABC said during debate on the Victorian laws in 2017, where the system has been operating since 1997.

Another common theme in contributions was about the experience in the Netherlands. A couple of contributions talked about figures and anecdotes from the 1980s and 1990s in the Netherlands but, as the Hon. Dennis Hood correctly pointed out, the Netherlands only had a voluntary assisted dying scheme in 2002. I think it passed the parliament in the Netherlands in 2001 and came into effect on 1 April 2002. Quoting statistics or evidence from the 1980s and 1990s in the Netherlands I am not sure makes a lot of sense, given the scheme did not start until 2002.

There have been quotes from the views of medical organisations around Australia and around the globe on voluntary assisted dying. It is true that the Australian Medical Association has a stance against voluntary assisted dying, even though 30 per cent of members surveyed by the AMA in 2016 favoured the AMA supporting or taking a neutral stance on VAD, and 51 per cent of members in that survey agreed that VAD can form a legitimate part of medical care.

Most other organisations take a neutral stance. Some are supportive, but most others are neutral. The ones that are neutral or supportive include the Australian Medical Students' Association, the Australian Nursing and Midwifery Federation, the Health Consumers' Council, Palliative Care Australia, the Royal Australian College of General Practitioners, the Royal Australian College of Physicians, the Royal Australian and New Zealand College of Psychiatrists and the Pharmacy Guild of Australia. They take a neutral or supporting stance.

There have also been suggestions, as a theme in some of the contributions, of potential misuse or abuse and particularly the potential for coercion in a voluntary assisted dying scheme. I cannot remember the contribution, but one contribution, I think, pointed to the quote from the Chair of the Voluntary Assisted Dying Review Board, Betty King, whom I think those who served on the Joint Committee on End of Life Choices had the opportunity of meeting and talking to when we went to Melbourne to have a look at the Victorian scheme. I think the Hon. Dennis Hood and the Hon. Mark Parnell were both on that fact-finding trip to Melbourne.

Certainly, I think we were impressed with the forthrightness and tenacity of former Supreme Court judge Betty King, whose quote in one of the early reports on the operation of the scheme talked about pressure being placed on terminally ill people to end their lives. About that question of coercion, she said, 'I have not seen—and I have been looking, believe me—I have seen no indication of any type of coercion.' When the honourable Betty King says she has been looking, I do not doubt she has been looking.

I do not have the quote here, but I think it was from the most recent, only weeks ago, report from the Victorian scheme, and again the chair of the review board, former Justice Betty King, talked about the argument that had been put up before the scheme was introduced about the possibility of coercion. It often takes the form of the possibility of children who stand to inherit money from their parents placing pressure on their parents.

Betty King made the comment that the evidence just does not bear that out in Victoria. She talked about the fact that, if anything, it goes the other way, that there is pressure from children put on parents who have decided to avail themselves of voluntary assisted dying when they are at the end stage of a terminal illness and are suffering intolerably. She went on to say that after talking with the doctors and their parents, almost always the children understand their parents' wishes. That issue of coercion has been borne out, not in the way that I think most fear, and that is a coercion or a pressure to avail yourselves of voluntary assisted dying, but in the opposite way; that is the evidence from Victoria.

There have also been suggestions about whether we trust doctors to involve themselves and make these decisions. I absolutely trust doctors to do this. Doctors are involved most days of the week in exceptionally difficult decisions, decisions that deal with life and death. Doctors regularly now make decisions in consultation with their patients, as people mentioned here, that are sometimes termed 'passive assisted dying', the refusal of medical treatment, which as people have noted—I think the health minister and the Minister for Human Services both noted—is regularised in legislation in the Consent to Medical Treatment and Palliative Care Act.

A patient can make the legitimate decision to refuse medical treatment, and a doctor in South Australia is obliged to follow that request from the patient. A patient can refuse that medical treatment to passively assist their dying even though medical treatment may involve saving their life. Doctors make these decisions without the safeguards and the protections that this act now affords.

I trust doctors, and I think most of us here do. We recognise doctors as doing what is in the best interests of their patients. If an argument is made that we cannot have this scheme because we do not trust doctors, then I think we are in a lot of trouble with how the medical profession runs in general.

With those brief remarks, I again thank members for their contribution and look forward to the start of the committee stage in just a moment, should the second reading vote go as members have indicated, and I look forward to members' questions about how the scheme in total might work and then, on the next Wednesday of sitting, on 5 May, delving into those individual clauses, the nuts and bolts of how this scheme works.

We are fortunate that we have the Victorian experience to fall back on in answering a lot of those. This is not, as it has been every other time, a more esoteric and hypothetical debate. There are things that we can now talk about in terms of how the scheme operates, and I look forward to that.

It would be my suggestion that if members have thoughts about amendments, I think it would be a courtesy to everyone in this chamber if they filed them, I would suggest, at least one week before the sitting week. The bill has been before the council since 2 December, and a draft of the bill we now see, which did not change very much, was distributed to members some months before that. I thank members for their contributions. It is time to get this done.

Bill read a second time.

Committee Stage

In committee.

Clause 1.

The CHAIR: I should indicate to the committee that there are 115 clauses, one schedule and, at this stage, no indicated amendments. As has been flagged, it is I think generally agreed that we will be considering only clause 1 this evening.

I have considered the suggestion that the Hon. Mr Parnell may wish to make some remarks as the co-sponsor in an extension of the second reading summary, and I am happy to accept that. However, for the remainder of our consideration this evening on clause 1, I would ask members that they restrict their contributions to seeking information that I think the Leader of the Opposition, the Hon. Mr Maher, has indicated will be responded to in due course. I am not going to tolerate further second reading contributions at this stage other than from the Hon. Mr Parnell. So I call the Hon. Mr Parnell.

The Hon. M.C. PARNELL: Thank you, Mr Chairman. I will not take a long time, but I do appreciate the concession given to me as a co-sponsor of the bill and someone who, as matters have turned out, will not be here for the detailed debate in committee. That is disappointing, but I think in the nature of anyone retiring from parliament, there will always be unfinished business, and if it was not this bill, it would have been another one.

I want to just touch on a couple of things briefly. A couple of members in their contributions referred to some comments that I made recently, which, taken out of context, might appear a little bit flippant, and that is that I have considered this debate a little bit like a game of pass the parcel. Taken out of context, someone might unkindly think, 'He is likening it to a children's game; it's not an important issue.' It is the opposite: it is a matter of life and death.

My reference to pass the parcel was my confidence that the eventual passage of this bill is inevitable. The reference to pass the parcel is that we know there is a Freddo Frog in the middle of that parcel as it goes around the circle and each of the layers is unwrapped. Eventually, someone will get that. It was a reference, if you like, as other members have referred, to all the preceding members who have moved so many bills over so many years. Eventually, the music will stop, the final layer will be unwrapped and a bill will go through this parliament.

My confidence in saying that is in relation to the fact that, having been through a few debates—not as many as the Hon. Rob Lucas—in my experience, I think there was nervousness amongst members in being the first jurisdiction in Australia to do something like this. I understand that. Often, we are very proud of being first with things, but sometimes we are also nervous about it as well. Here we are in 2021 and South Australia is not going to be the first state to legislate voluntary assisted dying. We are not going to be the second state—in fact, we are now in the middle of the field.

Where I think this bill stands a greater chance than any other is the fact that the Hon. Kyam Maher, in consultation with the South Australian Voluntary Euthanasia Society, with me, with other members and, in fact, with so many people, has come to the conclusion that a conservative model, as went through the Victorian parliament, is probably the way to start, especially because, as the honourable member referred to, they have their regime of the review board. That review board has reported a number of times.

It was a privilege to meet Justice Betty King. The honourable member wrote down her words a bit more carefully than I did. In relation to coercion, I wrote, 'Did coercion exist? We didn't find it, and it wasn't for want of looking.' I got the feeling that we had this very feisty judge who was forensic in her examination of the cases that had come before her and had not found that problem.

I think taking the Victorian model does make our job easier in some ways because it is a model that has passed another jurisdiction with a bigger parliament than ours. I had one of my research staff extract the entirety of the debate in Victoria. I think it went to about 500 A4 pages in 12-point font. There is a lot of material there. We also extracted every question that was asked in that lengthy committee stage and in the different second reading contributions because we do want to get this legislation right.

I made a valedictory speech a bit earlier today and I talked about the importance of us as legislators in getting the detail right. To be fair, I think this is probably the first debate I have been part of where the detail actually looks to be something that is going to influence the decision that members make. I would like to think that people would agree with my analysis but, in the past, people have either been for or against, and the detail has not been what has changed anyone's vote. It really was quite black and white.

I think we are now entering an area of grey. That makes our role as legislators even more important because members have on the record said, 'Look, if it goes through like it is, the Victorian model, then I can live with that and I think that will work.' If amendments start messing with that too much, then maybe their support will be lost. I think it will be important to us if amendments are moved. There are probably some things that cause no great harm or great difficulty and are just minor clarifications that do not upset the overall scheme.

Sure, that might work, but I think what we would find is if there were too many substantial amendments—and a number of people have expressed contingent support—that support might evaporate, so I think that is going to be an important part of the committee stage of the debate. I would also just say that I have very much appreciated some of the experts that the Hon. Kyam Maher has brought in to parliament. Roger Hunt, as always, gave evidence to the select committee. He has come into parliament twice now, and his evidence as a practitioner has been very powerful.

The Hon. Kyam Maher referred before to the idea of the greedy children who cannot wait for grandma or mum or dad to go so they can get their hands on the inheritance, but those at the coalface, those who are dealing with people dying on a daily basis, say to us that, far from coercion, it is in fact the opposite and that people are not willing to let their loved ones go. They want them to live as long as possible. But then, as we have heard from a number of members, they do not want them to suffer needlessly in those final stages.

That is the dilemma: we do not want to let our loved ones go, but we do not want them to suffer. That is probably as good a summary as I can think of for why we are doing this bill. For most people, palliative care will be how they end their lives, with professional medical treatment. Most people do want to live as long as they can, but there are some hard cases—and we have heard about some of them in this debate—where even the palliative care experts say, 'We try as hard as we can but we cannot help everyone.' There are some people who in the final stages of their life, their suffering is intolerable to them.

I am going to pay very close attention from my retirement den, my man cave or wherever I go to retire, and I will be very keenly watching the committee stage of this debate because this is an important reform. I am very encouraged with the contributions that have been made. Even people who in the past have not voted for it are now looking a little bit more kindly, like I say, in large part because we are taking a tried and true model, and I think that is absolutely the way to go. I thank the chamber for the indulgence, for what is effectively a short second second reading speech, and I too look forward to the detailed debate in committee.

The Hon. D.G.E. HOOD: I am going to propose a way forward, which I think might be agreeable, hopefully, to the Hon. Mr Maher. It is 20 to 11 or thereabouts and we have two other matters to deal with tonight. What I propose, if he and the chamber is agreeable, and you, sir, of course, is that I have a number of questions I will simply read onto the record and he can come back in due course when we meet next and deal with those. Otherwise, we will be here for quite some time as we work our way through. Is that agreeable—

The Hon. K.J. MAHER: If anyone else has questions they want to read into the record as well that would be great.

The Hon. D.G.E. HOOD: That suits me, sir, if that is agreeable to you?

The CHAIR: Yes.

The Hon. D.G.E. HOOD: Terrific, thank you. I will do that. It will take me about five minutes to work through these, so if you just bear with me, please. Some of this does overlap a little bit with my second reading, but I have only just given it and I have not had time to edit it, so I will do it as quickly as possible.

1. The Australian Medical Association, the American Medical Association, the British Medical Association and the World Medical Association all have a formal position against voluntary assisted dying. How can we legislate to grant the relevant authority for doctors to euthanise patients against the wishes of their peak medical body, certainly here in South Australia as well?

2. With the inequalities that currently exist in accessing best-practice palliative care, particularly for lower income families and in rural and regional South Australia, how does this legislation support improvements in palliative care access? Will it not have the opposite effect, or is it not at least possible?

3. The Washington State Department of Health commissioned a 2013 report, which I referred to in my second reading contribution, entitled Death with Dignity Act Report (number seven), where it examined the experience of that state's euthanasia laws, finding:

> 61 per cent of those who chose assisted suicide stated as one of their reasons for their decision their feeling that they were a burden on their family, friends and caregivers.

My question is then: how will this legislation protect individuals requesting euthanasia from feeling pressured from family and loved ones to end their life in similar circumstances to those in Washington? If it is the experience of six out of 10 individuals who requested euthanasia in Washington, why would it be different here?

4. The well-known case of Kate Cheney who lived in Oregon USA and was 85 years old when diagnosed with terminal cancer. She told her doctor she wanted assisted suicide. As I outlined in my second reading speech, she was suffering from dementia. The doctor who took the request referred her to a psychiatrist, as required by the law in Oregon. She attended the psychiatrist with her daughter and was found to be suffering from short-term memory loss.

The psychiatrist reported that Kate's daughter had shown more interest in arranging assisted suicide than had Kate, and he wrote in his report, 'She does not seem to be explicitly pushing for this'—referring to Kate. He also noted that Kate did not have 'the very high capacity required to weigh options about assisted suicide'. Subsequently, he declined to authorise the lethal prescription.

Despite Kate seeming to accept the psychiatrist's decision, her daughter did not. Kate's daughter described the guidelines protecting her mother's life as 'a roadblock to Kate's right to die' and demanded a second opinion, which was provided by a clinical psychologist who also expressed concern that Kate's decision 'may be influenced by her family's wishes'.

Despite this, the psychologist determined that Kate was sufficiently mentally competent to make the decision and she was given the necessary pills, and she took them soon after. The question is: how can it be guaranteed that exactly the same situation that I have just relayed, being a real case, will not happen here in South Australia should this bill pass?

5. Despite apparent safeguards enacted in Oregon law designed to protect patients, I cite the case of Michael Freeman, and I will do this very briefly. He requested and received a lethal prescription from his doctor a few months after being diagnosed with lung cancer. Over a year after receiving the first prescription, Mr Freeman was admitted to a psychiatric treatment facility with depression and suicidal intent. He was treated and he did improve.

Physicians for Compassionate Care volunteers helped him through his last several months of life and assisted him in reconciling with his estranged daughter. He died naturally and comfortably nearly two years after receiving his first lethal prescription. How does this bill protect against such cases where people do not meet the criteria for assisted suicide and may in fact be euthanised anyway? How does this bill prevent that happening here in South Australia?

6. Another case in Oregon involved Helen, who asked her physician for a lethal prescription. She had a history of breast cancer and was enrolled to have appropriate end-of-life care. She had been using a wheelchair for two weeks and had some shortness of breath for which she used oxygen, but she had no pain and was still doing aerobic exercises regularly. Her physician, I think appropriately, declined her request.

Helen responded by consulting a second and he also declined the request, citing depression as a cause for his decision. Following the refusal of both doctors, her husband called an assisted suicide group called Compassion in Dying who subsequently found a physician willing to write the prescription. He admitted he was shaken by Helen's eagerness to die. Again, how can this legislation protect people like Helen here in South Australia?

7. Since the Netherlands legalised assisting dying in 2002, there has been a constant increase in uptake—that is, in terms of numbers—and a shift from seeing euthanasia as a last resort to a so-called good death, as one of the doctors there has called it. Proof of this can be seen by the announcement made by the Dutch government that they intend to legislate to allow those who feel they have 'completed life' to qualify for voluntary euthanasia.

As I said in my second reading speech, this is a new concept in international euthanasia law. My question is: how does this bill ensure that the legislation will remain narrow and be targeted specifically at the terminally ill? How will it protect those in that situation here in South Australia?

8. In the short-lived Northern Territory experience, there were four patients mentioned in a follow-up report who had a low or controlled level of pain, yet their requests for euthanasia were accepted. It is apparent that in two separate cases mentioned in the follow-up report there were symptoms of depression reported in those accepted for euthanasia but no referral to a specialist psychiatrist occurred. The same scenario is possible, I believe, in the bill before us, so where is the protection in this bill to protect people in those sorts of circumstances?

9. Why is the question of mental incompetence not addressed in this bill? How can we be sure that individuals are mentally competent to decide that death is their best option? For example, *The Daily Telegraph* reported that in the Netherlands the number of people who have ended their lives due to 'insufferable mental illness' has risen dramatically from just two individuals in 2010 to 56 in 2015. What in this bill prevents exactly that happening here in South Australia?

10. How does this bill avoid the international experience where euthanasia laws are initially narrow when passed but do broaden over time? Belgium is a case in point where the number of reported cases of assisted suicide rose by 89 per cent, as I outlined in my second reading speech, in just four years, from 953 in 2010 to 1,807 in 2013. That is nearly 2 per cent of all deaths in that country being the result of voluntary euthanasia. What in this bill prevents the bill from expanding and keeps it, as has been suggested to us, in a narrower focus?

11. The World Health Organization states that palliative care affirms life and regards dying as a normal process. When palliative care of the highest quality is made available to every patient, it improves the chances of pain being managed and reduces the need for euthanasia. How does this bill ensure that by shifting the focus from palliative care to euthanasia, or by even allowing it, the quality of palliative care will not diminish? I have quoted some statistics in my second reading speech that suggest that is already happening in Victoria, potentially, and it is only 18 months or so into their bill being an act.

12. How does this bill prevent health systems from becoming geared towards providing the most cost-effective way to deal with dying patients, which will almost always be to euthanise them? Palliative Care Victoria examined palliative care funding in that state after euthanasia laws were passed and reported a decline of 6.3 per cent, after adjusting for cost increases, in the funding for palliative care patients. How do we prevent that happening in South Australia should this bill pass?

13. The Dutch government has recently announced it will move forward with plans to legalise euthanasia for children under the age of 12 as euthanasia becomes an increasingly popular, if that is the right word to use, option in that country. The bill we are debating sets a minimum age of 18, but how confident can we be that the so-called slippery slope will not see the eventual euthanising of children in this state? Even the suggestion to young children that dying is the right option is going to be disturbing or provoke anxiety and is something I personally would find unacceptable. What in this bill prevents exactly that happening, or what would the member say is able to prevent that happening?

14. A Dutch general practitioner was subject to legal action for not approving the euthanasia of a 19-year-old woman. The tragic events surrounding the suicide of Milou de Moor, who suffered from an autoimmune disease, saw that teenager suffering from severe psychological effects. She was subject to depression, mood swings, anger and blackouts. She requested euthanasia, apparently with the support of her mother, father and twin sister, but she was a teenager with severe emotional problems in addition to an intractable disease. Does that make her a good judge of her own future in those circumstances?

Perhaps Milou's doctor thought that better medication, better doctors and a more upbeat atmosphere in her family would change her outlook completely; in fact, that is what was suggested. Any patient can claim to be in the grip of unbearable suffering, which is all that this bill requires for the euthanasia process to commence. If doctors are to be sued, censured or pressured for accessing the option of euthanasia as appropriate, what is to stop doctors from just rubberstamping? I do not use that word lightly. What is to stop them from seeing that almost as the default option if they are sued for not doing it, as Milou de Moor's doctor was in Holland? What in this bill prevents that happening, or what would the member suggest might prevent that happening?

15. How confident can we be that legislating to kill even those as young as 18 is really the best option? Is the member comfortable with 18 being the right age, given the caveats I gave in my second reading speech, understanding that that is generally when we regard someone as an adult in our society? With new and life-saving drugs and medical techniques becoming available all the time, an 18 year old who is euthanised today will have no chance to benefit from the next medical breakthrough, which might have appeared when they were in their 20s or 30s, that potentially could

have treated and cured their illness. What in this bill, if anything, can be pointed to to protect particularly the young from succumbing to these issues?

The Hon. C.M. SCRIVEN: I have a couple of questions. The first couple can simply be placed on the record. I just want to clarify with the mover the procedure. My understanding is that we can place some questions on the record now, we will report progress during clause 1, then the mover will come back with the answers for the continuation of clause 1 in the next sitting week; is that the correct understanding?

The Hon. K.J. MAHER: Yes. I can confirm that what I think the Hon. Dennis Hood and I have both spoken about is that the intention is, rather than going into great detail on clause 1 now, if people have questions about how the scheme operates generally, which is traditionally the area for clause 1, place them on the record now. When we come back, having the benefit of having the time to get concise answers, we can answer those, then move to the vote on clause 1, then move through the bill into its clauses.

He will tell me if I am wrong, but I think I can see the Hon. Dennis Hood nodding, indicating that. The idea is if you have questions on the general operation of the scheme, now is the time. Put them on the record. We will answer them, then very quickly vote on clause 1, then look at the operation of the scheme specifically as we move through the clauses.

The Hon. C.M. SCRIVEN: Thank you. So we will be voting on clause 1 on the next sitting Wednesday.

The Hon. K.J. MAHER: Very quickly.

The Hon. C.M. SCRIVEN: Very quickly, as the honourable member has said; thank you.

The Hon. K.J. MAHER: We were trying to do it collegially.

The Hon. C.M. SCRIVEN: Yes, I just wanted to clarify that I have the correct understanding. The first question to put on the record is: the bill establishes the voluntary assisted dying review board; can we get an indication of what resources will be provided for the board to do their duty? The second question is that the coordinating medical practitioner, and I think indeed the second also, must not commence first assessment unless they have completed approved assessment training. Could we have an indication of what would be involved in that assessment training, including things such as the duration and likely content?

For the third question, which is my final question tonight, I am hoping for a short answer from the mover because it may affect whether or not I move an amendment. In the provision regarding information to be provided by the coordinating medical practitioner to the person expressing an interest in voluntary assisted dying it includes a number of things, a list of things. It includes palliative care options; however, it does not include information about advance care directives. My question to the mover is: I thought that might simply be because this is essentially a carbon copy of the Victorian legislation, and in Victoria they do not have the advance care directive legislation that we have here, or was it deliberately and specifically excluded? If so, why?

The Hon. K.J. MAHER: I have to take that on notice and maybe come back next week with an answer to that so that the honourable member can decide whether an amendment is to be drafted.

The Hon. C.M. SCRIVEN: Just to clarify, the member will contact us directly, given that next week is not a sitting week.

The Hon. K.J. MAHER: Yes. I will get back to the honourable member out of session, effectively, next week.

The CHAIR: Other questions or information that members may seek should be asked now.

The Hon. C. BONAROS: One of the issues that we have discussed, and I think the Minister for Health and Wellbeing has pointed out, is having a clear delineation between palliative care and voluntary assisted dying and potentially some amendments that could assist in that. Could we clarify with the minister what those amendments would actually look like—not now but on the record—if they were to be dealt with in regulation or in amendments? In the delineation between palliative care and voluntary assisted dying, if there were to be amendments what sorts of things do we anticipate they would canvass? I assume definitions is one.

The Hon. S.G. WADE: I did not hear all the honourable member's comments, but I certainly intend to introduce amendments that preserve what I would call, in crude terms, the double effect laws. I think we need clarity in South Australian law as to when somebody is using palliative care to ease the pain of somebody in their palliative phase. There is significant confusion as to whether or not that is euthanasia. I do not believe it is.

I think a number of people have spoken favourably on the observations of Dr Chris Moy, the President of the Australian Medical Association. I think that it is important, in considering voluntary assisted dying legislation, that we do not undermine the very strong legislation we have on palliative care. I am sorry if I missed part of the honourable member's comments, but I am more than happy to clarify. Like any other member, I am keen to foreshadow any potential amendments. I certainly concur with the Hon. Dennis Hood's remark that now is the time to put questions on notice so that the Hon. Kyam Maher can consider substantive issues so that we can progress the committee stage expeditiously.

The Hon. C.M. SCRIVEN: That has reminded me of another question I had and it is around process. In the event that members have any questions that they would like to put to the Hon. Kyam Maher out of session, is there a mechanism where they can be responded to on the record of clause 1? I am sorry, I am not familiar with that process.

The Hon. K.J. MAHER: Absolutely. If there are clause 1 questions that members did not have written down here that they wish to be put on the record or answered—and I am sure there may be a few of them—I am more than happy if members email them to me in the next fortnight so that it is not at the end of the month of April that we have off but by mid-April. If members wish to email them to me, I can undertake to respond to them at clause 1. I think that is a sensible way to go. I think we are all keen to try to get this finished up on 5 May. If questions are emailed through, concise answers that satisfy the questions can be given then.

The Hon. D.G.E. HOOD: Just very quickly, I think that is a very generous and appropriate approach by the Hon. Mr Maher. I can say in no attempt to filibuster whatsoever—I do not think any of us have done that in this debate—there may be some legitimate questions that come up closer to the time but I would not imagine there would many of those, frankly. I think the approach that has been proposed seems like a good way forward to me.

Progress reported; committee to sit again.

RESIDENTIAL TENANCIES (RENTING WITH PETS) AMENDMENT BILL

Committee Stage

In committee.

Clause 1.

The Hon. R.I. LUCAS: If I could speak briefly at clause 1, given the time and I am mindful that we do not want to make the second last day of the Hon. Mr Parnell's illustrious parliamentary career a late one—

The Hon. M.C. Parnell: You are going to make my day, though.

The Hon. R.I. LUCAS: —unless he so chooses. Your day has already been made, the Hon. Mr Parnell. You have had a wonderful day. Everyone has been saying nice things about you.

I indicated on behalf of the government at the second reading stage that the government supported the second reading but was reserving its position in relation to the third reading. I think the honourable member will acknowledge that he has had a long series of discussions with the Attorney-General on behalf of the government. The government has reflected on its position. I can say, without revealing the nature of discussions within our party, that we are a very broad church. A range of views were expressed, but ultimately the view of the Liberal Party has been to oppose the legislation.

I just want to flag clause 1. For example, if the member became aware that there was a majority view in this chamber that it was not going to support the third reading, it may well expedite things and we do not therefore extend the debate during the committee. If he is not of that view, that he thinks he still has a chance, well, good luck to him and we will work our way through the committee stage of the debate.

Can I say, just in case the debate does not go on for an extended length of time, there were a range of views expressed in our party room. All members understood the point of view that the honourable member was reflecting in the legislation before us. There are particular examples that he and many others have spoken about, when it was likely to be much less objectionable to most landlords, I suspect—the elderly widowed pensioner, moving from a big home to a small place, has a small cat, a companion animal she has had for 20 years, and wants to take it with her, as opposed to a young male with tats and a Rottweiler.

The Hon. C. Bonaros: Neither of them are necessarily bad.

The Hon. R.I. LUCAS: No, exactly. Nevertheless, landlords rightly might have a different perception, so I am not going to go into the detail of that. I think the honourable member understands there is a continuum of circumstances. He was trying to cater for different circumstances. There were many others who had views that it opened up the capacity for issues in other areas. Victoria has proceeded down this particular path, and with the passage of time more and more people may well see how that has operated there.

I will not go into great length, other than to indicate that the Attorney-General engaged in discussions with the honourable member and she pursued the issues fairly within our party room, but the overwhelming view of our party room was to oppose the legislation. If that helps expedite the committee stage of debate, then I place on the record that government members will be voting against the third reading of the legislation.

The Hon. M.C. PARNELL: I thank the minister for that contribution. My intention would be to say that the minister is correct, that depending on the views that are expressed early on this debate it may or may not expedite the process. I do want to put on the record some of the responses that we have to the Law Society's submission because that is the basis of all the amendments that I moved.

I want to put on the record also briefly our response to the Hon. John Darley's amendments. If the indication we get from the Labor Party is similar to that of the Liberal Party, that they are not going to support the third reading, then I will be satisfied by taking a few moments to put on the record what we were trying to do. Then, when we get beyond clause 1, I will not in fact need to move the amendments, so that would expedite the process. The Hon. John Darley may be of the same view; that is his call.

I will say that I absolutely acknowledge the spirit with which the Attorney-General has engaged with us in the debate. I am not privy to what goes on in the Liberal party room, but I am hoping it was a robust debate. I absolutely accept that that was the process they went through, but it does not temper my disappointment. We have a large number of stakeholders who have been eagerly awaiting this legislation.

I am getting emails every other day saying, 'I'm trying to find a house now and I've got my dog or my cat and I can't find one, and when is your bill going to pass, so when can I help you?' I need members to put their position on the record because I need to give feed back to all those stakeholders about how people indicated they would vote. I will rise again shortly and quickly go through some of this information, but it would help me to know what the other parties are doing.

The Hon. E.S. BOURKE: As much as I would like, in the closing days of the Hon. Mark Parnell, to give him a last, parting gift, the Labor Party feels that there needs to be a little bit more investigation into this before we dive headfirst into changing this legislation. We do appreciate and see your intent, and we do appreciate that something needs to be done in this space, but we do feel that there are a few shortcomings in this bill that is before the parliament at this time. Like always, it is an amazing thing that you bring these items to the chamber, but we feel that it is not quite ready yet in its current form.

The Hon. J.A. DARLEY: I indicate that I will be withdrawing my five amendments, and I will be opposing the bill.

The Hon. C. BONAROS: This was extraordinarily difficult for me. I think during the second reading debate we canvassed the issues around this bill. There was some sympathy to what the Hon. Mark Parnell was trying to achieve certainly in terms of two aspects of the bill, firstly in terms of making it easier to rent with a pet, but secondly in terms of not having to give pets up for adoption or otherwise as a result of being unable to secure rental properties because of pets.

During that contribution, I think I expressed sentiments to the effect that I was hoping that there could be some sort of resolution reached on this. I understand the sentiment behind the bill, but we were not entirely convinced at the time that the model before us was the ideal one to do that, and we were hoping there would be further consultation. We were heartened by the Attorney's comments at the time that there would be some further consultation on this to see if we could land somewhere. I do note that in our discussions in our party we have a lot of concerns about the rights of landowners being impinged through some of the measures that were proposed in this bill.

I think it is fair to say that we are in agreement with the opposition and the government insofar as this bill, whilst its intent is admirable and very good in my view, it is extraordinarily difficult, especially when we are dealing with the rights of landowners versus tenants and the issue of pets. Whilst I also would love nothing more than to offer a parting gift to the Hon. Mark Parnell and say that we can support this bill wholeheartedly as is, or with some amendments that would make it better, unfortunately that is just not the case for SA-Best and I do not think we have been able to land on something that would be acceptable to us either.

The Hon. F. PANGALLO: Again, I really appreciate the intent of what the Hon. Mark Parnell has been trying to do here. I am just going to be a bit more blunt, which is what I am. This legislation would have had unintended consequences in terms of renters, because, once again, it is eroding the rights of property owners.

When property owners call me about certain things and problems that they have, I often tell them, 'You have to understand one thing: you actually don't really own what you think is your property, because the government will continue to apply legislation in all sorts of ways that take away your intrinsic rights to those properties. What you think you own, you may not own one day.' I think this one here, again, takes away the right of landlords to have a say about the types of animals they want to allow in their rental properties, and they should have that right at the beginning at the consultation stage.

I will say this: I reckon I have attended far more trashed houses in my previous career than any member here has, and often it is heartbroken mum and dad investors who have rented their properties to people who were quite reckless and also irresponsible. I am not saying that all people with pets are irresponsible. I will admit here that I am a property owner and I have allowed my tenants to have pets in there, but we have had discussions about it and I think that is the important thing.

What I fear is that if this legislation did get through, you would have a lot of confrontations and issues that would arise, not just for long-term rentals but also short-term rentals. The other thing that needs to be considered here is that landlords are not going to take this without saying, 'Okay, if you're going to take that right from me about having the ability to say no to people to come in to my property with animals, which may cause extensive damage, perhaps I will impose some kind of a disincentive,' and in that way they will lift the rent significantly.

I think that is the unintended consequence here: that in the end the only option left for the landlord is, 'Look, I want to have a say here and I will just lift the rent,' and that is what could possibly happen here. It is unfortunate that we have reached the situation in our society where there is a lot of intolerance for people who would like to have their pets with them in rental properties, but you also have to look at the realistic side of the people who own those properties, invest a lot of money in there and provide those rentals for tenants, and they do not want to place their properties at risk of significant damage.

I have seen significant damage to properties and almost all of them have had issues with pets that have caused significant damage and, as a result of that, the landlords have been left greatly out of pocket and consequently have not been able to recover that. I will note that in Victoria, there were further amendments made last week to their legislation which now enables tenants to knock holes in walls of places without getting consent from the landowner. Well, you may say—Mr Stephens seems to think that it is a minor thing but if you own a property, it is actually quite serious.

The Hon. T.J. Stephens: Frank, I am on your page here, mate!

The CHAIR: Order!

The Hon. I. Pnevmatikos: We are not debating the issue now.

The Hon. F. PANGALLO: No, if you don't mind, I am just talking—

The Hon. I. Pnevmatikos interjecting:

The CHAIR: Order! The Hon. Mr Pangallo is on his feet.

The Hon. F. PANGALLO: Thank you very much, Mr Chairman. As I said, it is a pity that there are some members in this place here who prefer to heckle you if you do not agree with them. I am sorry, that is the point I am trying—

The Hon. I. Pnevmatikos: We are in agreement with you, Frank. We have already said that.

The CHAIR: Order!

The Hon. F. PANGALLO: I know you have but you are heckling me. Anyway, just to finish my points, I am not going to be supporting that.

The Hon. M.C. PARNELL: I thank members for putting their positions on the record which has done two things: it has avoided the need for a third reading division and it has also avoided the need for a lengthy committee stage because with those views being so clear, whilst I will very briefly explain what we were trying to do with our amendments, I will not need to move each one of them, just as the Hon. John Darley had indicated he will not be moving his.

I will say again that I am disappointed that this is the outcome. I think the Labor government in Victoria had the right idea, and their legislation is working well. In relation to the Hon. Frank Pangallo's contribution, it is a fundamental difference of opinion that I have with him over how we balance the rights of the owners of bricks and mortar compared to the rights of someone to enjoy a homely home.

It is a fundamental question and it goes to the heart of all our residential tenancies law. There are some people for whom it is all about the bricks and mortar, it is all about the owner and, in the honourable member's words, the rights of landlords to dictate. I am a lot more nuanced. I think that our laws need to reflect that what is one person's bricks and mortar is someone else's home, and that home very often includes a pet.

Very briefly, the Law Society set out a number of concerns they had with the bill. The amendments that I had drafted and filed are to address those concerns. For example, the Law Society suggested that the definition of 'pet' be included in the bill. They also wanted to make sure there was no confusion with assistance dogs, assistance animals, therapeutic animals and pets.

We took advice from parliamentary counsel and we figured that there was no great benefit in doing that because, in statutory interpretation, words have their natural meanings. I know, for example, that one of the Hon. John Darley's amendments was to focus in on cats and dogs. Well, there are pets that are not cats and dogs, so we were satisfied that, provided we made it clear that we are not talking about guide dogs or therapeutic dogs or assistance dogs, 'pet' did not need to be further defined.

The Law Society raised another issue in relation to clause 4, which we accepted, and an amendment on file deletes that clause. The Law Society also queried the requirement for applications to be given personally to the landlord. They point out, quite rightly, that that is out of step with practices that have been adopted, especially since COVID-19, so amendment No. 3 on file deleted that requirement for personal service.

The Law Society also pointed out that we had not in the act required the applicant to specify the breed or the size of the pet. I make the point that these matters could have been dealt with in the prescribed form, but nevertheless we made it clear in our amendment that information about the pet was required to be detailed in the application by the tenant.

The Law Society suggested that they thought it was inconsistent to have a provision that says a landlord must consent, and then the bill goes on to say that if they do not respond at all that is deemed to be consent. We discussed this at length with parliamentary counsel. They disagreed that this was an inconsistency because without the provisions we put in the bill, a landlord might simply do nothing in response to an application to keep a pet, so our bill provided for deemed unconditional consent, and that is the underpinning of the right for the tenant to keep the pet unless it goes to the tribunal. That is the whole rationale of this bill—going to the tribunal seeking orders.

The Law Society also noted that the bill does not derogate from provisions in other acts in relation to the keeping of animals and they point out, for example, the Strata Titles Act and the Community Titles Act. That means that because we have not put that in the bill if the strata corporation rules say no pets, that effectively trumps the bill. We have not interfered with that because we figured that was a debate probably best left for another day. What we were after was for parliament to take a first step, which it has now decided not to.

The Law Society also pointed out that when it comes to landlords or their agents inspecting premises—the regular inspection—pets do need to be effectively controlled or restrained. In legislative drafting there are a range of words that are often used. We opted for a model that was for physical restraint rather than the words that are often used in dog legislation in particular, such as 'effective control', because effective control can be voice control.

There are plenty of people out there who think they can effectively control their animals with their voice when it turns out not to be the case. If you have someone who is inspecting the premises who is scared of dogs, then physical restraint makes a lot more sense. It might be a small, blind, toothless dog—just tie it up for the duration of the inspection. It is not that hard.

The Law Society also suggested a range of situations where they thought it should be mandatory for a tenant to notify the landlord. We again took advice on that and came to the conclusion that what the Law Society was asking for was unreasonable. For example, we do not think it was reasonable for a pet owner to even know what a zoonotic disease was, let alone whether their pet had one of them. It is my recollection that we may have some vets in the chamber who could probably wax lyrical on that topic.

The Law Society was also suggesting that there were various other events that might need mandatory notification. Of course, unless you spell out what those events are it is inconsistent with mandatory notification. They have to know exactly what it is they have to notify. We could not accept tenants being put in a position of having to make a decision on things they did not understand or where they were not entirely sure of what their obligations were.

The Hon. John Darley has indicated that he is not going to move his amendments, but I would like to thank him for his serious consideration of the bill. Unfortunately, the amendments were not acceptable to us; I think the honourable member knows that, so he is now not moving them and not supporting the bill.

One thing he had included was a pet bond. Members who have been here for a while would realise that we have debated pet bonds in the past. They are controversial. I do not support them, but we recognise that in some circumstances they might actually be an appropriate response. However, it is not something we think the landlord should be able to impose; we think it is something we would leave to the tribunal to decide. If they thought that was a reasonable condition to giving permission for someone to keep a pet, that there be an additional bond, that could be an order of the tribunal but not a mandatory order of the landlord.

For those members who were here when we last debated pet bonds, I think the only reason it did not end up passing this parliament was because of its retrospective nature. You could have someone who already had permission to keep a pet, and the new law comes in and they have to find another thousand dollars for a pet bond on the renewal of the lease. That was regarded as unfair.

I did want to put that on the record because we do take the Law Society submissions very seriously. They were on the money, I think, with a couple of their suggestions but we took alternative legal advice. I do not think they were quite right on some others. Again, I thank the Hon. John Darley for his amendments, but because of the fact that everyone has now put their position on the record I will not need to divide. I also do not need to move these amendments to each clause, and that will speed things up.

However, I do not want people to think that my reasonable accommodation of the lateness of the hour has tempered my disappointment. I know there are a lot of people out there who rent who have pets, or who have pets and cannot rent; they are living in their cars, they are giving their pets to the RSPCA, they are relinquishing them because they cannot find rental accommodation that allows them to keep their pets. The RSPCA and other animal groups are going to be terribly disappointed in this decision.

We will see whether my replacement comes back with another model but, as we have been discussing with voluntary euthanasia, the Victorians were the first and it has been shown to have worked. The Victorians were first with renting with pets, and it is working. There are journal articles that people can look up. It was clearly an important amendment and it is going well in Victoria. It is only a matter of time before we change the law here; I am just disappointed that it is not going to be tonight.

Clause passed.

Remaining clauses (2 to 5) and title passed.

Bill reported without amendment.

Third Reading

The Hon. M.C. PARNELL (23:25): I move:

That this bill be now read a third time.

Third reading negatived.

Parliamentary Procedure

SITTINGS AND BUSINESS

The Hon. R.I. LUCAS (Treasurer) (23:25): I move:

That the council at its rising adjourn until Thursday 1 April 2021 at 11am.

I note that that will be the last day for the Hon. Mr Parnell. In speaking briefly to this motion—we have a message to receive as well—just to outline to members, we are sitting at 11am. It is the government's intention, subject to the Minister for Human Services' successful negotiations, we hope, with the Labor Party and crossbenchers in the morning, that if the restrictive practices legislation can be concluded in about a hour and a half tomorrow morning, we will proceed with that at 11.

I am advised that, whilst there are a long series of pages of amendments, there are half a dozen substantive issues. If it is clear which way things are going, and we can do that in an hour and a half approximately, we will commence that at 11am, hoping to leave 12.30 onwards for some legislation in which the Hon. Ms Bonaros has a great interest, as does the government, which is the superannuation bill, which we are advised everyone is either supporting or not opposing.

There are no amendments, so we are hoping to do that in the remaining half an hour before the lunch break. It is the government's intention to have question time, and then a number of us will say generally nice things about the Hon. Mr Parnell, and we are hoping to adjourn the council at around 4 o'clock tomorrow afternoon to allow the staff to get off to, hopefully, a relatively early commencement to the Easter break.

Motion carried.

Bills

DANGEROUS SUBSTANCES (LPG CYLINDER LABELLING) AMENDMENT BILL

Final Stages

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

No 1 Clause 4, page 3, lines 2 to 7 [clause 4, inserted section 26A(2)]—Delete subsection (2) and substitute:

(2) For the purposes of this section, a cylinder in which gas is sold or supplied, or to which gas is transferred, must have a label with the following wording affixed to the body of the cylinder:

Intentional misuse by deliberate concentrated inhalation may cause injury or death.

No 2 Clause 4, page 3, lines 13 to 16 [clause 4, inserted section 26A(4)]—Delete subsection (4) and substitute:

(4) The colours and lettering used on a label under subsection (1) must be in accordance with—

(a) AS 2700—2011 Colour standards for general purposes and AS 1319—1994 Safety signs for the occupational environment', or

(b) AS 4484 Gas cylinders for Industrial, Scientific, Medical and Refrigerant gas labelling and colour coding.

No 3 Clause 4, page 3, after line 20 [clause 4, inserted section 26A]—After subsection (5) insert:

(5a) This section does not apply in respect of the sale or supply of a cylinder that—

(a) has a water capacity of less than 500 ml and is designed as a cartridge to be used in or as part of a camp stove; or

(b) has a water capacity of more than 25 L.

No 4 New Schedule, page 3, after line 24—After clause 4 insert:

Schedule 1—Transitional provision

1—Transitional provision—Existing labels

(1) Section 26A of the *Dangerous Substances Act 1979* as inserted by this Act does not apply in respect of a cylinder in circumstances where—

(a) a label containing the prescribed wording was affixed to the body of the cylinder before the commencement of this Act; and

(b) the prescribed wording on the label is and remains clear and legible.

(2) In this clause—

prescribed wording means the wording or statement required on a label under section 26A(2) of the *Dangerous Substances Act 1979* as in force after the commencement of this Act.

At 23:30 the council adjourned until Thursday 1 April 2021 at 11:00.