VOLUNTARY ASSISTED DYING BILL 2019

Committee

Resumed from 23 October. The Deputy Chair of Committees (Hon Dr Steve Thomas) in the chair; Hon Stephen Dawson (Minister for Environment) in charge of the bill.

Clause 1: Short title —

Progress was reported after the clause had been partly considered.

Hon STEPHEN DAWSON: I want to follow up on the issue raised by Hon Jim Chown last night about the number of doctors employed by the St John of God group. I am advised that according to the St John of God Health Care annual report 2017–18, there are 2 839 accredited doctors attributed to Western Australian St John of God Health Care hospital sites. The report does not identify whether this figure is a headcount or the number of full-time equivalent positions; nor does it identify whether it includes double-counting doctors who work across multiple sites. Registrant data from the Medical Board of Australia reports that there are 11 829 registered medical practitioners in Western Australia, of which 1 571 hold specialist registration and a further 4 914 hold both general and specialist registration, which totals 6 485 doctors of this type. If the St John of God Health Care medical workforce figures are taken at face value, this would represent a maximum of 44 per cent, so 2 839 out of 6 485, but that may be less if the headcount is less than 2 839. That is the information on that.

Last night when we were talking about faith-based hospitals, I made the point that clause 113 protects doctors from being found of having breached principles of conduct applicable to the person's employment. I want to state, though, the government would be deeply disappointed if health organisations discriminated against employees or contractors for undertaking what will be a lawful end-of-life treatment.

Hon NICK GOIRAN: Last night when we were considering clause 1, we had the revelation that the government has draft amendments in its possession prepared by Parliamentary Counsel. The minister indicated that he would not be willing to table them. In the absence of any information that he has provided so far today, I take it that the position remains that the government will not be tabling those amendments that it has had drafted. Can the minister indicate to the house how many of those amendments are new clauses and how many are amendments to clauses in the bill?

Hon STEPHEN DAWSON: The member is correct: it is not my intention today to table anything about possible amendments. I was further advised overnight that conversations have taken place over the past few weeks with members in this place and indeed with outside organisations about some issues that they have raised. I understand that the Australian Medical Association, for example, has prepared a document on amendments, and, of course, amendments were moved formally and informally in the other place. I understand that the Minister for Health is considering those issues and has sought advice from Parliamentary Counsel on some of them. No policy decision has been made by government on any of those amendments, so I am not at liberty to disclose what those issues are or how many there are, other than to say that conversations are taking place. We will deal with each clause and each amendment as they appear in the bill. If the amendments are to clauses 2 or 4, for example, they will be dealt with at that time.

Hon NICK GOIRAN: How many draft amendments are in the government's possession?

Hon STEPHEN DAWSON: As I have said, I am not at liberty to disclose any amendments. I say again that I do not have any amendments, but any amendments that are brought forward will be brought forward in my name. However, I am not saying what draft amendments are around because they are draft amendments and no policy decision has been made by government on any possible amendments; therefore, I will leave that point there.

Hon NICK GOIRAN: The government has had conversations with Parliamentary Counsel. Which clauses were those conversations about?

Hon STEPHEN DAWSON: I am not disclosing, and the member would not expect disclosure of, conversations between Parliamentary Counsel —

Hon Nick Goiran: I would expect disclosure—gold-standard transparency.

Hon STEPHEN DAWSON: The transparency issue in this place relates to the supplementary notice paper. When the government has made decisions on possible amendments, they will appear on the supplementary notice paper. That is as transparent as this Parliament requires. That is normal practice. If perchance the government decides to move forward with any amendment, it will appear on the supplementary notice paper at that time, and every member of this place can get a copy of that, as indeed can outside organisations.

Hon NICK GOIRAN: The problem I have with the minister's response is twofold. Firstly, I am trying to get amendments drafted by Parliamentary Counsel at the moment and I have not had all my amendments drafted. It is no

wonder that I cannot get all my work done if the government is hogging the time of Parliamentary Counsel; and even though it has done that, it will not let us know which clauses it has a problem with. This is supposed to be a respectful debate. It needs to be an honest debate. It should be a transparent debate. If the government has decided to hog the time of Parliamentary Counsel and invest the time of those legal practitioners in drafting amendments for government, that is fine—it is quite at liberty to do that; that is quite normal. The minister is quite right; that is normal practice. But as there is a conscience vote on this bill, and members are expected to cast their vote in accordance with their conscience, with no party position, I do not think it is appropriate for some members to have an advantage over others.

I will quote from yesterday's uncorrected proof. My question was: will the minister table those draft amendments? The minister can tell me whether this is wrong, but according to the uncorrected proof, he said —

> No. I do not have the draft amendments, but, no, I will not table them. I have been told that they are being discussed with interested members.

I am an interested member. I want to know what these amendments are. I suspect that more members in this place are interested members. There certainly has been no discussion with me. The minister says that that is being transparent. I give him a score of zero out of 10 on transparency on this issue.

I have a range of other questions, obviously, as the minister can imagine, but I am asking him to take this issue on board. Now is not the time to discuss it, because he will not be able to get instructions from the Minister for Health, but I ask him to have a conversation with the health minister certainly during the next adjournment and see whether he is willing to release these draft amendments. If he is not willing to table them, that is fine. I am asking for an indication of which clauses the government is sufficiently concerned about that it has invested the time of Parliamentary Counsel. If there are some new clauses, we need to know about them now. If the amendments are to particular clauses, we need to know now before we can proceed properly.

Hon STEPHEN DAWSON: I say again for the record that when a policy decision is made on amendments to this bill, those amendments will appear on the supplementary notice paper. Generally, at that stage, members in this house will be advised of them. There is no intention to make any amendments, draft or otherwise, available to anybody other than through that process. The member can keep asking all he wants, but that is the decision; that is the policy.

Hon Donna Faragher: Who are the members?

Hon STEPHEN DAWSON: People in the other place have raised ideas about amendments. It is inappropriate.

Hon Donna Faragher: It is appropriate.

Hon STEPHEN DAWSON: It is not appropriate. How long has the member been in this place? It has never been done before and it will not be done today.

The DEPUTY CHAIR (Hon Dr Steve Thomas): The question is that clause 1 stand as printed. Before I give the call to Hon Nick Goiran, I make the comment that if it becomes too dramatic in the chamber, I will ask members and ministers to address all their comments through the Chair.

Hon NICK GOIRAN: I just want to follow up on some matters that were discussed yesterday evening and, in particular, the minister's response to Hon Jim Chown in which he indicated that the government anticipates that 0.4 per cent of deaths will take place as a result of the scheme and that that information has been based on the Oregon scheme. The minister will recall that in our examination of that matter yesterday, and because of his response to Hon Jim Chown, I was trying to ascertain the raw number of deaths that can be anticipated in Western Australia as a result of this. The minister indicated to the chamber that there are some differences between the Oregon scheme and the scheme under the bill before us. He indicated that one of those differences is with practitioner administration. In other words, in Oregon, practitioner administration is not permitted—that is, when the doctor executes the act rather than the patient. That is not permitted in Oregon, but it will be permitted here. In answer to a question I asked about that, the minister indicated that the government does not know how many deaths are anticipated as a result of that. Obviously, there will be a quantum of deaths as a result of practitioner administration.

In addition, the minister indicated that there is a difference between the schemes, because the Oregon scheme allows for an extended period of time—that is, an anticipation or prognosis of 12 months to death—for certain conditions and again he indicated that he did not know what the quantum of those deaths was anticipated to be. If the rate is 0.4 per cent in Oregon without the extended prognosis period and without practitioner administration, is it reasonable for us to infer at this point that the number of deaths will be higher in Western Australia than it is in Oregon?

Hon STEPHEN DAWSON: I will say this again and I did say it last night: it would be inaccurate at this stage to say that WA could arrive at an evidence-based estimation of deaths attributable to voluntary assisted dying in this state. We simply do not know.

Hon NICK GOIRAN: If the minister simply does not know, why did he say to Hon Jim Chown last night that it was 0.4 per cent?

Hon STEPHEN DAWSON: Last night I gave a number of qualifications in relation to that figure. We used international jurisdictions as a comparative basis, but, quite simply, we cannot give an accurate estimation and I will not give an estimation.

Hon NICK GOIRAN: The minister says that he has used international jurisdictions as a comparator. I recall that last night he referred to the rate of four per cent in the Netherlands. Why has the government ruled out four per cent as a rate and is more comfortable referring to the 0.4 per cent rate in Oregon?

Hon STEPHEN DAWSON: I did in fact suggest last night that the rate could well be between 0.4 per cent and four per cent, but it would be likely to be closer to that 0.4 per cent rate based on the similarities between the schemes.

Hon NICK GOIRAN: What are the differences between the Western Australian scheme and the Netherlands scheme that suggest that it will not be more like the four per cent but will be more like the 0.4 per cent?

Hon STEPHEN DAWSON: Obviously, I will not go through every element of the Netherlands scheme, because that is not the bill that is before this chamber for consideration. Certainly the system in the Netherlands is different from the one proposed for Western Australia. That is because access to voluntary assisted dying in that country has never been limited to people at the end of their lives. A person only needs to be suffering. The Netherlands is an example of a jurisdiction with far broader eligibility criteria. Thus it is incorrect to describe the availability of euthanasia in the Netherlands for mentally unwell persons—again, this is the slippery slope issue—as eventuating as an expansion of a type of slippery slope. The Netherlands scheme is very different, because it has never been limited to people at the end of their lives. A person only needs to be suffering.

Hon NICK GOIRAN: That is a good explanation of the difference between the Netherlands scheme and the WA scheme with regard to the eligibility criteria. When the minister explained the difference between Oregon and Western Australia, he said originally that Oregon allows for practitioner administration. He then corrected the record and confirmed that that was not correct; it is only self-administration. What is the situation in the Netherlands? Does it allow for both self-administration and practitioner administration, or only one type?

Hon STEPHEN DAWSON: In the Netherlands, a physician may administer or assist in self-administration. Again, I draw this information to the attention of the honourable member, who for some reason seemed to not like the report of the Ministerial Expert Panel on Voluntary Assisted Dying. As I mentioned last night, page 137 of that report helpfully lists medical administration and suggests that a physician may administer or assist in self-administration.

Hon NICK GOIRAN: The only reason I was unimpressed last night was that my question at the time was around the difference between the Oregon and the Western Australian schemes. As I pointed out last night, it was pointless the minister referring me to the report of the ministerial expert panel when the panel had not even had access to the WA scheme at the time, because it had not been drafted. That raises an interesting question: when was this bill drafted by government?

Hon STEPHEN DAWSON: I am advised that cabinet approval to draft the bill was given at the end of November 2018. Drafting instructions gave consideration to the framework set out by the joint select committee and the Victorian bill, noting that changes would be made following consultation by the Department of Health, and through consultation led by the ministerial expert panel. Subsequent drafting instructions were given throughout the consultation process, consistent with the proper drafting processes.

Hon NICK GOIRAN: The minister has just revealed to the chamber that instructions to commence drafting this bill were given in November 2018. When was the ministerial expert panel formed and when was its final report released?

Hon STEPHEN DAWSON: Development of the bill occurred through three consultative means: the recommendations made by the Joint Select Committee on End of Life Choices in its report "My Life, My Choice" of August 2018; the Ministerial Expert Panel on Voluntary Assisted Dying in its final report of June 2019; and the Department of Health, based on comprehensive consideration of key matters outside the scope of the panel, and in consultation with key agency stakeholders. While the panel was conducting the public consultation on issues within its scope of appointment, namely matters contained within parts 1 to 3 of the bill, and concepts underpinning part 4, the Department of Health was concurrently consulting with key stakeholders and instructing on a number of matters outside the panel's scope; that is, the remainder of the bill. Consultation led by Health commenced in January 2019, with agency stakeholders given the opportunity to consider a number of key policy positions throughout the process. The panel's public consultation commenced on 19 March 2019 and ran for two months. Drafting instructions on matters reflecting the panel's public consultation were given after the panel chair presented the panel's final report to the Minister for Health, and following consideration by government. At this stage, six drafts

of the bill setting out the other matters had already been developed. I want to note that although the panel's recommendations informed some policy positions for the bill, the panel was not involved in providing drafting instructions for the bill. The intricacies of providing drafting instructions, and drafting, were a matter for the Department of Health's instructing officer and the parliamentary drafter.

Hon NICK GOIRAN: Did the minister indicate when the ministerial expert panel was formed? The minister may have done, because he provided quite a lot of information just then. The minister indicated that the report was released in June 2019. When was the expert panel formed?

Hon STEPHEN DAWSON: It was around 12 November 2018.

Hon NICK GOIRAN: The minister said at one point in his response that six drafts had been prepared by that stage. I understood that to mean that by the time the ministerial expert panel released its report in June 2019, six drafts of the bill had already been prepared. Can the minister clarify whether that is the case?

Hon STEPHEN DAWSON: I understand there were six drafts of elements of the bill. I will provide some further information. Consultation draft 10 of the bill was circulated to agency stakeholders for consideration and comment. The bill was tabled in the other place on 7 August 2019, and that was draft 14.

Hon NICK GOIRAN: As I understand it, there were 14 drafts of the bill. Six drafts of parts of the bill had already been done prior to the ministerial expert panel releasing its report in June 2019. I find that very curious. Nevertheless, the minister indicated that draft 10 was a consultation draft that was circulated to people. Who are the Western Australians who were in the luxurious position of seeing a consultation draft, and when did they receive that?

Hon STEPHEN DAWSON: I am advised that they are the WA Police Force; Justice, including the State Solicitor's Office and the Attorney General; the Director of Public Prosecutions; the State Administrative Tribunal; Health and Disability Services Complaints Office and the Office of the State Coroner.

Hon MARTIN ALDRIDGE: I would like to ask the minister about some comments made in response to my question yesterday about institutional objection. In his second reading reply, according to the uncorrected proof, he said —

> Faith-based hospitals and hospices are able to object to participating in the voluntary assisted dying process for any reason, including, but not limited to, conscientious objection.

When I asked the minister questions in the Committee of the Whole, he confirmed that nothing in the bill provided for such an objection to be made. With that in mind, why was it necessary to include an objection provision for a health practitioner but not for an institution?

Hon STEPHEN DAWSON: We included the option of conscientious objection for individuals in here because we wanted to enshrine the ability of practitioners to conscientiously object.

The DEPUTY CHAIR: Members, there is some really audible conversation, and I know people are having trouble hearing the minister, so can we keep conversation down to a minimum.

Hon STEPHEN DAWSON: It is the practitioner who chooses to participate or not participate in this process; it is not the organisation they work for that chooses. It is the individual who must decide whether to participate. The hospital does not play a role in that sense. Also, it is consistent with international jurisdictions.

Hon MARTIN ALDRIDGE: The minister mentioned that it is consistent with international jurisdictions. Is it consistent with the Victorian legislation?

Hon STEPHEN DAWSON: Yes.

Hon MARTIN ALDRIDGE: Have any organisations or institutions in Western Australia expressed any concern to the government about the provisions in the bill and their right to object not being explicit within the bill?

Hon STEPHEN DAWSON: I am advised no, not to our knowledge.

Hon MARTIN ALDRIDGE: In the minister's second reading reply yesterday, he talked about the delivery of packages. I think it was in response to overcoming telehealth or using a carriage service issue. Can he explain to me what he meant by the "delivery of packages"?

Hon STEPHEN DAWSON: This issue will be dealt with during the implementation phase but, essentially, it will likely be financial assistance for an individual to travel to a medical practitioner or it could be the opposite: financial assistance for a medical practitioner to travel to an individual.

Hon MARTIN ALDRIDGE: The minister will be aware that on four occasions thus far I have sought from the Minister for Health during question time, via the parliamentary secretary in this place, correspondence between the commonwealth and the state about concerns relating to the application of the federal Criminal Code Act to the Voluntary Assisted Dying Bill 2019. Is the minister in a position now to table that correspondence?

Hon STEPHEN DAWSON: I am not in a position to table any correspondence in relation to that issue.

Hon MARTIN ALDRIDGE: Why is the minister not in a position to table the correspondence?

Hon STEPHEN DAWSON: I understand that it was confidential communication between the commonwealth and the state and public interest immunity is attached to it.

Hon MARTIN ALDRIDGE: I am not sure that public immunity would prevent Parliament requesting or receiving information that it seeks. However, I will be interested in his arguing that point with the Auditor General when he ultimately complies with the Financial Management Act.

Can the minister tell me on what date the commonwealth first initiated—if, indeed, it did initiate it—the date on which it first expressed its concern or raised the issue with the state?

Hon STEPHEN DAWSON: I am advised that the WA Attorney General wrote to the commonwealth Attorney on 28 August 2019 in response to an email that was received by the WA health department.

Hon MARTIN ALDRIDGE: That correspondence is known to me because I think it was tabled in the other place. It was in response to a communication from the commonwealth. What was the date of that communication; was it 21 August 2019?

Hon STEPHEN DAWSON: I will have to check the date of the communication. I do not have it with me. I will provide an answer later today.

Hon MARTIN ALDRIDGE: I thank the minister for that commitment. I understand that the state has sought legal advice from the State Solicitor's Office about using a carriage service and how that related to the Voluntary Assisted Dying Bill. Can the minister confirm whether the government has received that advice and whether it is prepared to table that advice?

Hon STEPHEN DAWSON: Yes, honourable member, advice was sought. I am not in a position to table the advice because I am advised that it is subject to legal professional privilege.

Hon MARTIN ALDRIDGE: I am certain that it is subject to legal professional privilege, minister, but is the government prepared to waive legal professional privilege to facilitate the chamber's understanding of the application of the federal Criminal Code Act to this bill?

Hon STEPHEN DAWSON: I am not in a position to waive that.

Hon MARTIN ALDRIDGE: Can the minister provide advice to the chamber, based on the advice he has received, about the way in which the Voluntary Assisted Dying Bill 2019 will be limited by the application of the federal Criminal Code Act?

Hon STEPHEN DAWSON: Should telehealth not be able to be used as a method of communicating with people for the purposes of access to voluntary assisted dying in Western Australia, the WA Department of Health would need to adopt alternative implementation strategies. In my second reading reply, I mentioned other jurisdictions, such as Victoria, that have similar restrictions. I also made the point about Canada having geographic challenges similar to those in Western Australia.

Hon MARTIN ALDRIDGE: As I understand it, the Victorians have basically said that it all needs to be done face to face. Is there a nuance to that? For instance, if one of the two practitioners referred a patient to another physician to assist with the assessment of capacity, diagnosis or prognosis, would that necessarily be considered as being for the purposes of accessing the Voluntary Assisted Dying Bill and therefore would the prohibition that applies to a carriage service also apply to that referral?

Hon STEPHEN DAWSON: I am told that the commonwealth legislation prohibits a person from using a carriage service for suicide-related materials, including material capable of constituting a communication that directly or indirectly counsels or incites someone to commit or attempt to commit suicide, and prohibits a person from possessing, controlling, producing, supplying or obtaining suicide-related material for use on a carriage service. I am told that it will not affect the circumstance to which Hon Martin Aldridge referred.

Hon NICK GOIRAN: Following up on Hon Martin Aldridge's line of questioning, I heard the minister say in response to Hon Martin Aldridge, "Should telehealth not be able to be used". My ears pricked up when I heard him say that, because the language he used is very similar to what was used by the health minister in the other place

two days ago. On Tuesday, 22 October, the Minister for Health made a statement in the other place. Incidentally, for reasons unknown to me, no statement was made by the parliamentary secretary representing the Minister for Health in this place.

Hon Stephen Dawson: By way of interjection, I suspect we have the same advisers, honourable member.

Hon NICK GOIRAN: Yes. On 22 October, the Minister for Health said —

> If telehealth cannot be used as a method of communicating with people for the purposes of access to voluntary assisted dying in Western Australia, the WA Department of Health will adopt alternative implementation strategies.

The question that needs to be answered by the government is: will telehealth be able to be used?

Hon STEPHEN DAWSON: I am advised that that matter is yet to be determined or concluded, with ongoing conversations taking place with the commonwealth about this issue.

Hon MARTIN ALDRIDGE: I welcome hearing that referrals to specialist services will not be captured, in the state's view, by the limitations of the federal Criminal Code Act, because that would certainly be a further limitation on regional and remote access. If Harry in Halls Creek is dying of cancer and rocks up at Halls Creek health campus and makes a request, would the hospital be able to use a carriage service—for example, a telephone—to call a navigator to seek assistance in navigating this process or would that be a breach of the federal Criminal Code Act?

Hon STEPHEN DAWSON: I am advised that the patient can call the navigator themselves, but from that point on, conversations have to take place in person.

Hon MARTIN ALDRIDGE: Is the minister saying that the initial contact with a navigator would not necessarily be captured by the federal Criminal Code Act but further communication thereafter has the potential to be captured? Is that what I heard the minister say?

Hon STEPHEN DAWSON: That is exactly what I am saying.

Hon MARTIN ALDRIDGE: A later clause deals with audiovisual communication, but this goes beyond audiovisual communication so I cannot defer specifically to a later clause. There is really that one phone call and after that it has to be face to face. That is a significant limitation on the state's ability to implement an appropriate regime in Western Australia. I know that matter will be thrashed out during the implementation phase, which is why understanding the government's advice on this matter would be very helpful. I do not understand why the minister is not prepared to waive legal professional privilege on this issue. If he did, it would really help facilitate the progress of this debate. Certainly, having read the letter from the Attorney General of this state to the Attorney-General of the commonwealth, the primary defence of the state being that this bill would not be captured by the commonwealth Criminal Code Act because the Voluntary Assisted Dying Bill states that it is not suicide; this is ill-informed and will give nobody confidence that practitioners nor patients will not find themselves falling foul of the criminal code. I would really like the minister to consider seeking some advice from the Minister for Health and the Attorney General about the extent to which he can waive privilege and table that legal advice to give us and the rest of the community some confidence on this matter.

Hon STEPHEN DAWSON: This is an issue under consideration and is being consulted on with the commonwealth at the moment. I make the point that the state will not rely on a provision in the bill that suggests that because the legislation does not mention suicide that it will not be captured by the commonwealth act.

Hon Martin Aldridge: Maybe the minister should mention that to the Attorney General.

Hon AARON STONEHOUSE: Thank you, minister, for clarifying that for us. I was very confused up until this point because not only has it been the view of the Attorney General that specifying that voluntary assisted dying is not suicide will provide some protection to practitioners, as the member mentioned just a moment ago through interjection, but also it was communicated to me during one of the briefings that I received that that is the case. It was very confusing right up until this point when the minister clarified that that is not the basis upon which we are reliant for indemnity for medical practitioners in Western Australia. I am glad to hear that it is an issue that we continue to look into. I met with representatives from the Australian Medical Association just this morning who are very concerned that practitioners who are looking to be involved in the voluntary assisted dying regime are concerned about falling foul of criminal law. I pity the poor doctor who is the first one to test this case in a federal court if the commonwealth takes a hard line on its interpretation of the Criminal Code Act and how it relates to the communication of suicide through a carrier service. Thank you for looking into that, minister. I hope that some legal advice can be revealed to us soon on how that might be addressed and dealt with.

The CHAIR: Hon Aaron Stonehouse, when you jump to your feet, I would like you to wait until I give you the call.

Hon Aaron Stonehouse: Sorry, Chair—my apologies.

Hon NICK GOIRAN: The minister has indicated in response to my question of whether telehealth will be able to be used that it is not yet determined. How is that possible? The Joint Select Committee on End of Life Choices held a 12-month inquiry into this matter and I draw to the attention of the minister term of reference 2(c) that was given to the committee by this chamber and the other place. It states —

> consider what type of legislative change may be required, including an examination of any federal laws that may impact such legislation; …

What guidance did the government take from the report of the Joint Select Committee on End of Life Choices, "My Life, My Choice", on this issue?

Hon STEPHEN DAWSON: I am advised that we did not take advice from the report because it is not contained in the report.

Hon NICK GOIRAN: I thank the minister for his honesty and confirmation that the Joint Select Committee of End of Life Choices did not fulfil its role. The house asked it to examine any federal laws that may impact such legislation. But everyone was in such a hurry to sign off on this piece of work—"Forget about term of reference 2(c). It is only the houses of Parliament that have asked the Joint Select Committee on End of Life Choices, those eight members and the staff who were paid by the taxpayers to be on the committee, to examine any federal laws that may impact such legislation." We have now been told by the minister who has carriage of this bill that this report is worthless on this point. People talked to me yesterday on another matter with regard to the waste of taxpayers' money. That report was tabled in August 2018. In November 2018, the minister told us that cabinet gave instructions to draft the bill, notwithstanding the fact that the joint select committee had not done its job. But that is okay, minister, because, of course, the backstop was the Ministerial Expert Panel on Voluntary Assisted Dying. What advice did the ministerial expert panel give the minister on this point?

Hon STEPHEN DAWSON: Firstly, I want to make the point that I was certainly not suggesting that the joint select committee did not undertake its role; I place that on the record. Secondly, in relation to the member's specific question, the ministerial expert panel was not asked to provide advice on this issue.

Hon NICK GOIRAN: That is peculiar. It is supposed to be an expert panel. Why would the government not ask it about this issue, knowing full well, as the minister has already acknowledged, that the joint select committee did not cover it. The government could not take any advice from that committee report because there was nothing in it; that is what the minister indicated earlier in his answer. Knowing that, and once it was decided to get the ministerial expert panel involved—a panel of experts—why was it not asked about it?

Hon STEPHEN DAWSON: Quite simply, it was not in the panel's terms of reference.

Hon NICK GOIRAN: What was the job of the ministerial expert panel? If that panel of experts was not asked to look into the intersection with federal law and to address the types of problems and concerns that Hon Martin Aldridge has been prosecuting for an extensive period over many weeks and months, what was the ministerial expert panel asked to do?

Hon STEPHEN DAWSON: I draw to the honourable member's attention appendix 2 of the final report of the Ministerial Expert Panel on Voluntary Assisted Dying. Page 113 of that document lists the panel's terms of reference. It states —

> **1. Purpose**
>
> The Voluntary Assisted Dying Ministerial Expert Panel … will provide advice to the WA Government to assist in the development, consultation and implementation of new legislation for Voluntary Assisted Dying in Western Australia.
>
> **2. Background**
>
> As a result of the inquiry into the need for laws in Western Australia to allow citizens to make informed decisions regarding their own end of life choices, the report of the Parliamentary Joint Select Committee … on End of Life Choices *'My Life, My Choice'* was released in August 2018.
>
> The Committee made 24 recommendations. 12 of the recommendations relate to the provision of palliative care; 6 relate to advance care planning and the need for statutory recognition of Advance Health Directives; and 6 relate to voluntary assisted dying.
>
> Recommendations 19–24 relate to the introduction, by Government, of a legal framework for voluntary assisted dying in Western Australia. Recommendation 21 specifically recommends the establishment of

> a Ministerial Expert Panel … to undertake consultation and develop legislation for voluntary assisted dying in Western Australia.
>
> Importantly, the development and introduction of the voluntary assisted dying legislation is being progressed in parallel to the End-of-Life Care program which is designed to improve access to end-of-life and palliative care services, as well as improved policy and practice, governance, and education for health professionals and the wider community on advance care planning and Advance Health Directives.
>
> **3. Role**
>
> The MEP will provide advice to government to assist in the development, consultation and implementation of new legislation for voluntary assisted dying.
>
> The MEP will take the findings and recommendations of the JSC report *'My Life, My Choice'* including consideration of the recommended voluntary assisted dying framework, and consider the detail of how voluntary assisted dying legislation could be implemented safely and compassionately in Western Australia.
>
> As such, the MEP's remit is to consider the 'how' of voluntary assisted dying, using the context of the Victorian Legislation as a starting point and proposing amendments that reflect the Joint Select Committee's findings and recommendations and to meet the needs of the Western Australian community.

It goes on, honourable member, but the terms of reference are there and available.

Hon NICK GOIRAN: I understand the minister indicated earlier that the ministerial expert panel was in existence from 12 November 2018, and released its report in June 2019. I assume it ceased to exist after its final report. During that period, was this issue, this problem with the intersection with federal law, ever raised with the ministerial expert panel?

Hon STEPHEN DAWSON: I am advised no. In relation to the member's comment that he presumes that the expert panel finished at that time, he is correct.

Hon NICK GOIRAN: I want it to be clear: nobody, during the entire life of the ministerial expert panel, ever raised this issue about the intersection with federal law. It was never raised at a community forum, verbally by any person, with the ministerial expert panel, and it was never raised in writing in any submission—under no circumstances was it ever raised with the expert panel.

Hon STEPHEN DAWSON: I am advised no, honourable member. I am also told that the commonwealth laws were enacted in relation to cyberbullying. A highly technical legal provision would require a subject matter expert to draw the relevant conclusions. The provision was not highlighted during the Victorian parliamentary inquiry or during the drafting of the Victorian bill or, indeed, in its passage through Parliament. It is fortunate that we have had the benefit of drafting the bill in the full knowledge of that highly technical commonwealth provision, though.

Hon NICK GOIRAN: We have identified that the government knew nothing about this after the "My Life, My Choice" report, and that the government, according to the minister, knew nothing about this after the ministerial expert panel report. At what point in time did the government become aware that this was a problem?

Hon STEPHEN DAWSON: The issue was first brought to our attention on 26 June 2019.

Hon NICK GOIRAN: Who brought that to the government's attention?

Hon STEPHEN DAWSON: I cannot tell the member who brought it to our attention, but it was certainly brought to our attention following the publication of that information in a newspaper article.

Hon NICK GOIRAN: To be clear —

Hon Stephen Dawson: I suspect it was a person reading the paper and they saw it in the paper. I'm not being tricky.

Hon NICK GOIRAN: Because the minister does not know.

Hon Stephen Dawson: I cannot tell the member whether it was Joe Bloggs, for example.

Hon NICK GOIRAN: On 26 June 2019, someone has alerted the government to this problem and then action has been taken. It is a real shame that that Joint Select Committee on End of Life Choices did not do its job properly. It had 12 months, and the chamber asked it to look into the intersection with federal law. Would it not be interesting to see the minutes of that particular committee inquiry. Nevertheless, we are not able to do that.

Hon Stephen Dawson: By way of interjection —

Hon NICK GOIRAN: I do not want an interjection; I want to ask my question. I would like to make progress.

Several members interjected.

The DEPUTY CHAIR: Members, can we keep the noise down a little bit.

Hon NICK GOIRAN: Thank you, Mr Deputy Chairman. Through you, my question to the minister is: we know that we cannot see the secret minutes of the Joint Select Committee on End of Life Choices and we know that we cannot see the secret draft amendments that the government has, which were prepared by parliamentary counsel, but will the government release the minutes of the ministerial expert panel?

Hon STEPHEN DAWSON: I am advised that there were no formal minutes of the ministerial expert panel and, therefore, there is nothing to table.

Hon NICK GOIRAN: Let us be clear about this, minister. The government assembled a group of—I am going to say it—so-called experts. I received an email recently that was seeking to correct me on my use this week of the term "so-called expert panel". I want to clarify that. It is an expert panel as described by the government. That does not necessarily mean that it is a panel of experts. I concede that there are some experts on the panel, but to describe everybody on that panel as an expert is something that I will not do. That is the context of my earlier remarks. I know that, potentially, some people have taken offence to that and no offence was intended. I respect every individual in Western Australia, most particularly those people who provide service to the state, including the people on the Ministerial Expert Panel on Voluntary Assisted Dying. But my question in respect of this issue is that apparently there are no formal minutes. I find that very peculiar because the government has entrusted the ministerial expert panel with a job. It asked it to do things in accordance with the terms of reference. It is highly irregular that no minutes were taken. Did the government provide some kind of secretarial assistance or was there a secretariat? I note that the minister said there were no formal minutes; does that mean there were some informal minutes? Surely some documentation must have been put together as part of the ministerial expert panel process. For example, I imagine that the ministerial expert panel would have wanted to have had a quorum from time to time. We certainly would not have wanted it to have just one person meeting alone and making all the decisions on behalf of the panel. There must have been some general rules of engagement; something to structure the process. If the documents are not called "minutes" and they are described in some other fashion, and that is the difference between formal and informal minutes, I am not going to sweat the small stuff but I would like some clarification on what documentation was put together to record the processes of the ministerial expert panel.

Hon STEPHEN DAWSON: I am advised there was a secretariat. The panel operated under its terms of reference. There was a meeting schedule. An attendance register was kept and there was an action register. The panel ran consultations and then the outcomes were developed based on the consideration of all submissions that were received. Of course, the submissions are published on the Department of Health website.

Hon NICK GOIRAN: I make the observation that that is a rather remarkable process for a very, very important panel that has been put together by government to formulate for the first time in Western Australian history ready access to lethal injection. This is no small matter and, quite understandably, a ministerial expert panel has been put together, not the least of which is because the "My Life, My Choice" report recommended that that happen. But I find it quite remarkable that that process did not even involve the formal structure of minute taking. What was the cost to the taxpayer of the ministerial expert panel?

Hon STEPHEN DAWSON: I will have to take that question on notice. I will provide it at a later stage.

Hon NICK GOIRAN: I return to the minister's responses to Hon Martin Aldridge. He asked whether the minister would be willing to table the correspondence, and the minister indicated that he would not, explaining that it was confidential. Later, in some exchange, it became apparent from something that Hon Martin Aldridge said that some correspondence had been tabled in the other place. Why does the government take the attitude that it is okay to table some correspondence in the other place and not in this place? Can this chamber not be treated in the same fashion as the other place? Can the minister indicate to the house what correspondence has been tabled in the other place? Can he also undertake to table that here?

Hon STEPHEN DAWSON: I think the honourable member is getting two things mixed up there. I am not in a position to table what Hon Martin Aldridge asked me to table. He referred to a letter from the Attorney General to the commonwealth that was tabled in the other place, and no-one has asked me to table that in this place. If the member is asking me whether that letter could be tabled here, I am sure it could be. In fact, I can go further. I have that letter here, and I am very happy to table it in the interests of helping the debate. I will ask that if the attendant takes this letter from me, it comes back to me before it is given to anybody else who may want to ask a question on it.

[See paper 3318.]

Hon NICK GOIRAN: I thank the minister for that. That is one piece of correspondence. Obviously, we will get a copy of that in a moment. Can the minister indicate to the house on how many occasions the government has corresponded with the commonwealth on this issue and on how many occasions the commonwealth has corresponded

back to the government? I know that we are about to see one document. I am interested to know how many other documents exist.

Hon STEPHEN DAWSON: I am aware of only one letter between the Attorney General and the commonwealth. I will have to seek further advice from the Attorney General, so I cannot give that to the member now. I am happy to do that later in the day. There would certainly have been conversations between the state and the commonwealth but I am aware of only one physical letter. I will certainly take that question away and provide an answer later.

Hon NICK GOIRAN: Just to clarify something, what is the document that the minister is not willing to provide to Hon Martin Aldridge? I know that the minister has indicated that he is not prepared to table legal advice, and he explained why. I also have a view about that, which is probably similar to Hon Martin Aldridge's view, but that is not what I am asking. He was asking for some correspondence to be tabled. It is obviously not the document that has just been tabled. What is the document that he is not willing to table?

Hon STEPHEN DAWSON: I think the honourable member was asking about any correspondence from the commonwealth and the state, and I am not in a position to table any correspondence from the commonwealth to the state.

Hon NICK GOIRAN: The minister is getting himself into difficult territory here. Let me explain. Hon Martin Aldridge asked the minister to table correspondence. The minister said no and he gave an explanation why, not because no document exists but because it is confidential. That indicates that a document exists and the minister cannot table it; he needs to keep it in his pocket because it is confidential. He is entitled to hold that view and we are entitled to hold a different view, but it indicates that a document exists. When I asked him how many documents exist, because I know there is at least one, he said that there are no more that he is aware of. He must be aware of at least one other because there is at least this confidential document that he is not willing to table. In my mind, there has to be at least two documents.

Hon Stephen Dawson: It is one and the same.

Hon NICK GOIRAN: I will ask the minister to clarify that in a minute because it is quite confusing at the moment. There is the document that the minister just tabled. Clearly, that is not the confidential one that he was not willing to table earlier. There must be a second document in existence, which is the confidential one. I am simply asking for the minister to confirm what that document is, notwithstanding the fact that he is not willing to table it.

Hon STEPHEN DAWSON: The document that I understand Hon Martin Aldridge has asked to be tabled in this place is a letter from the commonwealth to the state in response to the letter I have just tabled.

Hon MARTIN ALDRIDGE: If I can assist, the response to the letter that the minister just tabled is already a tabled paper in this place. It is tabled paper 3272. I draw the attention of members to the second paragraph of this letter, which states —

> The Western Australian Department of Health has recently received a communication from the Attorney-General's Department asking whether …

I have been seeking the communications between the commonwealth Attorney-General's Department and the state Department of Health. That is the communication that has been referred to today.

Hon STEPHEN DAWSON: I thank the honourable member for clarifying that. I am still not in a position to table what he has asked for.

Hon NICK GOIRAN: Now that we have clarity on what documents are being sought, can the minister confirm that there is at least one letter from the Attorney General of Western Australia to the commonwealth Attorney-General, which is dated 28 August this year? That was tabled by the minister today. There is also a letter in response from the commonwealth Attorney-General to the state Attorney General, and that was tabled on a previous occasion. It is the tabled paper that was identified by Hon Martin Aldridge. They are the two documents that the government is aware are in existence. The government is unaware of any other document in existence at this point.

Clearly, when the minister was responding earlier about a confidential document that he was not willing to table, he was thinking it was the one that was tabled. I think that Hon Martin Aldridge is entitled to an explanation of why the government will not now table communication between the Western Australian Department of Health and the Attorney-General's Department. It cannot be because this letter is confidential because he was not talking about that at that time. He was talking about the document that he now has in front of him. Why will the government not release this information to Hon Martin Aldridge when plainly it has been happy to release information between the respective Attorneys General?

Hon STEPHEN DAWSON: This question relates to matters within the Attorney General's portfolio, so I will have to seek further advice and provide an answer later today.

Hon NICK GOIRAN: I take the minister to the document that he tabled today, dated 28 August 2019. As Hon Martin Aldridge has just identified, it states —

> The Western Australian Department of Health has recently received a communication from the Attorney-General's Department …

That has nothing to do with the state Attorney General's department. It has to do with the Department of Health. At the moment, the minister is representing the health minister. It is not satisfactory to then palm this off and handball it to Hon John Quigley, who has nothing to do with this situation. Hon Martin Aldridge is asking about the Western Australian Department of Health and its interactions with the Attorney-General's Department, and asking for that information to be provided. It seems to me very appropriate of the honourable member and it seems incumbent upon the government to provide a response.

Hon STEPHEN DAWSON: My answer remains the same: I have given an undertaking to seek further advice that I am not in a position to give now.

Hon NICK GOIRAN: Earlier the minister indicated that the first time the government was made aware of this problem with the intersection of commonwealth laws was on 26 June 2019. What steps were taken by government after 26 June 2019 to have this matter determined? I acknowledge that earlier the minister indicated that the matter has not yet been determined, a situation that I find totally unacceptable. I do not blame him for that; that is the situation that we find ourselves in. It is clear from the government that this matter has not yet been determined, but clearly steps have been taken between 26 June 2019 and today, 24 October 2019. What steps were taken by the government to determine the matter?

Hon STEPHEN DAWSON: I am advised that upon finding out this information, general counsel at the Department of Health liaised with the State Solicitor's Office and the Solicitor-General on the issues. That is the action that took place once the issue was brought to our attention.

Hon NICK GOIRAN: There has been some interaction with the Solicitor-General and the State Solicitor's Office. Is that why in the fourth paragraph of the letter from the state Attorney General dated 28 August 2019, which the minister tabled earlier, the Attorney General says, "I have taken advice at the highest level"?

Hon STEPHEN DAWSON: The answer to that is yes.

Hon NICK GOIRAN: According to the letter, that advice indicates a view that communications about voluntary assisted dying via a carriage service do not contravene the commonwealth Criminal Code Act. Is that still the view of the government or is that yet to be determined?

Hon STEPHEN DAWSON: This remains the state's view, but we are not going to rely on that. Certainly, my advisers tell me that this remains the state's view.

Hon NICK GOIRAN: But earlier the minister said to Hon Martin Aldridge that the state is not going to rely on clause 11 of the bill, which makes it clear that voluntary assisted dying —

Hon Stephen Dawson: And that's what I have said again. Although it remains the state's view, we are not going to rely on that. That is because of a perception of a risk and we are not going to rely on that; hence, we had that discussion with Hon Martin Aldridge about other options.

Hon NICK GOIRAN: Perhaps this will be clearer to other members than it is to me. The position that has just been expressed by the minister is that the view of the state of Western Australia, certainly under the stewardship of the current state Attorney General, is that clause 11 of the bill makes it clear that voluntary assisted dying is not suicide and that communications about voluntary assisted dying via a carriage service do not contravene the commonwealth Criminal Code Act, but the government is not going to rely on that. What is it going to rely on?

Hon STEPHEN DAWSON: It is the view of the government, but we are engaging with the commonwealth to put the issue beyond doubt. I am advised that the issue will be settled as part of the implementation, and health practitioners will be given clear guidelines. The view is that voluntary assisted dying is not suicide. This does not mean that others will have that view. I make the point again that, as we know, commonwealth legislation always trumps state legislation, so the conversations continue with the commonwealth to put the issue beyond doubt.

Hon RICK MAZZA: I am trying to navigate my way through this. The patient can arrange through their administering practitioner or through a contact person for the lethal substance to be provided to them. If the patient has decision-making capacity, they can make the decision to either have the lethal substance administered by the administering practitioner or self-administer it. If they make the decision to end their life, is that not suicide?

Hon STEPHEN DAWSON: We do not believe it is suicide. The member has a view on suicide and he obviously has a view about this bill. We certainly believe that a person taking actions that are allowed for under this bill equals voluntary assisted dying. We do not believe that it equals suicide.

Hon RICK MAZZA: I find that a little perplexing, because my understanding has always been that if someone ends their own life, regardless of how that may occur, that is suicide. The mere fact that clause 11 says that voluntary assisted dying is not suicide is an interpretation within the bill, but it does not take away from the fact that, quite clearly, if someone ends their own life, it is suicide. That is why I find the correspondence between the Attorney General and Hon Christian Porter, MP, to be somewhat perplexing. I can understand why the state sees some risk around this and therefore is not recommending it. Would it not be better if the bill reflected what is going on; that is, if someone ends their own life, it is in fact suicide?

Hon STEPHEN DAWSON: Certainly, it is our view that suicide is completely separate to and distinct from voluntary assisted dying. Suicide generally connotes loss of life of a person who is typically not dying, in circumstances that are often tragic and when the person feels socially or emotionally isolated. Voluntary assisted dying involves a person's choice about their mode of death when they are already dying. It is a process that is requested and led entirely by the person and they are given the support and care they require at the end-of-life stage. Concern was raised in the minority report that there is an artificial distinction between assisted dying and suicide generally. Whether one construes such a distinction as artificial is a matter that depends solely on a person's opinion; that is, it is based on personal views, including political and religious beliefs, about the ethics, morality and psychology behind the choice to take one's life.

Hon MICHAEL MISCHIN: There seem to be a number of views about what suicide may or ought to mean, but what is the dictionary definition of "suicide"? Never mind what the government would like us to believe or how it is redefining the term for the purposes of Western Australian law, what is the common or garden meaning of "suicide"?

Hon STEPHEN DAWSON: Of course, the honourable member would very well know that there are multiple dictionaries in operation. Although one dictionary might say something, it may not be the commonly held or understood view of suicide by the general community.

I want to go back to a previous point. Despite the state having the view that VAD is not suicide, it will not put practitioners at risk, so we will not authorise the use of telecommunications until the question is resolved.

Hon MICHAEL MISCHIN: I would like to pursue this line.

Sitting suspended from 1.00 to 2.00 pm

The DEPUTY CHAIR (Hon Martin Aldridge): Members, we are dealing with the Voluntary Assisted Dying Bill 2019 in Committee of the Whole. I draw members' attention to supplementary notice paper 139, issue 3, dated Thursday, 24 October 2019. We are dealing with clause 1 and the question is that clause 1 stand as printed.

Hon MICHAEL MISCHIN: Before the luncheon adjournment, I was going to ask a few questions about the concept of suicide. I entirely accept that there is a clause in the bill that will redefine or at least limit the commonly understood meaning of the word "suicide" for the purposes of the law of the state. That is proposed section 11 of the bill, which states —

> For the purposes of the law of the State, a person who dies as the result of the administration of a prescribed substance in accordance with this Act does not commit suicide.

That is rather different from the concept of suicide that has been mentioned by the minister. I did say that it is a commonly understood word or phrase. Essentially, it is taking one's own life voluntarily and intentionally—a deliberate act resulting in the voluntary death of the person who does it. Whether it is defined in a particular fashion in this bill for the purposes of the law of the state, and notwithstanding the comments about what might generally constitute a suicide, those are very different concepts from the meaning of the word. Surely, part of the problem that we are exploring—the potential interaction with commonwealth law—is what is commonly understood by the term "suicide". That is what needs to be addressed. If the minister has something to suggest that the commonwealth would be looking at it in a totally different way from the commonly understood meaning of the word or the dictionary definition of it, then I would appreciate knowing about it. But from where has the government drawn the understanding of "suicide" that it is promoting?

Hon STEPHEN DAWSON: The bill reflects the views of a significant proportion of Western Australians and addresses a genuine choice for someone nearing the end of their life. It draws a meaningful distinction between the public understanding of suicide and the type of death that is permitted under this bill.

Hon MICHAEL MISCHIN: The minister is telling us that the word "suicide" does not mean taking one's own life intentionally as a result of a deliberate act, that it means something else, and the public understands the concept differently. What evidence does the minister have of that?

Hon STEPHEN DAWSON: During the public consultations of the Western Australian Ministerial Expert Panel on Voluntary Assisted Dying, it was raised a number of times that, generally, people in the community see a distinction between voluntary assisted dying and suicide.

Hon RICK MAZZA: As part of that consultation, did the coroner provide any feedback or commentary on how he or she viewed voluntary assisted dying and whether it was suicide?

Hon STEPHEN DAWSON: The answer is no, the coroner did not raise an issue about the use of that word. I have had further advice. The term "voluntary assisted dying" is not new. It has been used in Victoria, New South Wales and Tasmania in the introduction of similar bills, albeit the bills did not pass in some of those jurisdictions. Certainly, the term "voluntary assisted dying" has been used previously in Victoria. The Tasmanian bill was introduced in 2013 and the New South Wales bill in 2017. The Victorian bill was passed in 2017. The terminology has been around for a little while and has been used elsewhere.

Hon MICHAEL MISCHIN: I appreciate that, and I understand that we can use various terms to describe what is proposed by this bill and by government policy. Just getting back for a moment to the public consultation, I make one point: it was made quite clear that, during the public consultation that took place with the expert panel, the expert panel was not revisiting the arguments for or against what was then described as euthanasia. Apparently, euthanasia has nothing to do with this bill, according to the second reading speech. Therefore, as a rule, the people going along to these consultations were interested in how the scheme was to operate rather than whether there would be one at all. We are looking at a fairly narrower demographic than the majority of the Western Australian population. Is the minister saying that the people there saw a distinction, or that they wanted to draw a distinction between suicide and what they were hoping to achieve by this legislation? It seems to me that, so far as the law of Western Australia is concerned, my asking someone to end my life earlier than its natural progression, whether that natural progression would be in a minute or in a year, is my ending my life, voluntarily and by a deliberate act, whether by my agency or someone else's, and that is suicide. That, presumably, is what the commonwealth is looking at. It is not what might generally be thought to be a suicide, involving tragedy and the rest of the experiences and the circumstances associated with it. It is a simple fact. The government may be redefining that for the purposes of this legislation and the purposes of the law of Western Australia, but that does not change the concept, nor does it change the meaning of the word. Indeed, the way in which the legislation is framed reinforces that general meaning. It is stating that if it is done in these prescribed circumstances, a person does not commit suicide. It is interesting that "commit" is used in that context. I thought that the idea of suicide being an offence had been removed from the WA Criminal Code. The reason we tend to associate suicide with "committing" suicide is the longstanding view that it is an offence. It is no longer an offence, so it is interesting that we are still using that terminology in proposed section 11 of the bill. I would have thought that if the government really wants to be politically correct, it would remove "commit" and have it read "does not suicide", but I am not going to argue about that. Surely, to try to reframe it because that is what the government wants people to distinguish is a very different thing from the meaning of the word. Is it not that problem that the commonwealth is presenting the state government? Although we might redefine it for our purposes, as far as the commonwealth is concerned, it still means what everyone understands it to mean—not what the state government wants it to mean or be limited to.

Hon STEPHEN DAWSON: I think that in quite a lot of that, the member was making a point rather than asking me a question. I want to make mention that the purpose of the ministerial expert panel was to consider a number of specific issues related to voluntary assisted dying and to assist in the development of robust policy and legislation in Western Australia. It was not the purpose of the panel to review or debate the arguments for or against voluntary assisted dying. That was the subject of the inquiry and recommendations of the Joint Select Committee on End of Life Choices. I want to place that on the record. I am further advised that attendees at the consultations did not conflate the terms "suicide" and "voluntary assisted dying". They saw the difference in those concepts. It was not only people who were pro–voluntary assisted dying who were involved in those consultations. People with a range of views attended those meetings. I also make the point that if a person in hospital now refuses their medication and dies as a result, would we suggest that that is suicide? No, we would not.

Hon Nick Goiran: It's hardly the same.

Hon STEPHEN DAWSON: We would not suggest that it is suicide. Coming back to the earlier point, the term "voluntary assisted dying" is not new. It has been used before and that is the terminology used in this bill.

Hon MICHAEL MISCHIN: All right. I do not think there is much purpose in pursuing this much further. I point out that section 288 of the WA Criminal Code makes it an offence for any person who procures another to kill himself, counsels another to kill himself and thereby induces him to do so, or aids another in killing themselves is guilty of a crime and liable to imprisonment for life. That, surely, is one of the reasons why this bill states that it is not suicide and the person is not killing himself in the common meaning of the term if they follow precisely the

procedures available under the bill. The government reminds me of Humpty Dumpty in *Through the Looking Glass*, who said, "When I use a word, it means exactly what I choose it to mean—neither more nor less." If the government wants to change the terminology for common parlance, it will, but it does not avoid the fact that the bill recognises that ordinarily this may mean suicide. Otherwise, there is no point to clause 11, is there?

Getting onto other terminology, the government keeps talking about "voluntary assisted dying". Why is this not "euthanasia"? What is the difference?

Hon STEPHEN DAWSON: The bill makes clear that the prerequisite for the decision to be voluntary is absolutely essential. That is why we use the term "voluntary assisted dying" and not "euthanasia" or "suicide". Euthanasia refers to a situation in which death is induced to relieve suffering. However, this term has significant and mixed connotations. Historically, it has reflected abuse in involuntary euthanasia, which raises the prospect of medical practitioners or society killing people whose lives are thought to have little value. More recently, people are familiar with the idea of euthanasia from the practice of relieving the suffering of family pets. When applied to humans, euthanasia is often similarly understood to be a procedure that is provided to a passive patient. Even when the term "voluntary euthanasia" is used, it does not entirely capture the intent that a person is being assisted in taking their final steps with the choice ultimately residing with the patient. Furthermore, the term "voluntary euthanasia" still evokes a sense of patient passivity in the process. By contrast, the term "voluntary assisted dying" reflects that the death is the result of a process that has been requested and led entirely by the patient. The term "voluntary assisted dying" is used because it best reflects the intent of this legislation and the principles behind accessing the process set out under the legislation. Modern acts tend not to rely on the term "euthanasia" because it has a range of meanings in a range of different jurisdictions. To summarise, only two jurisdictions refer to euthanasia—Belgium and Luxembourg. I have given the example previously of Victoria. The Victorian Voluntary Assisted Dying Act 2017 uses the term "voluntary assisted dying", as did the bill that failed to pass the Tasmanian Parliament in 2013 or 2014 and the New South Wales bill.

Hon MARTIN PRITCHARD: I did not want to break in on the line of questioning there, but I have a quick question that I want to put on the record. If it is passed, the bill will allow for people to access voluntary assisted dying in a period shorter than nine days in certain circumstances, and my question is about what may lead to that. It is slightly outside the realm of the bill, but I wonder whether I can put a question to the minister to be answered later on. My question is about the schedule 8 prescribing code. This provides that medical practitioners can apply to the CEO for authorisation to increase dosages of things such as opioids above the allowable levels within the code. I am happy for the minister to get back to me on this, but I just want to ask: how long would it take to get an authorisation from the CEO, given that often people are in pain while waiting for that authorisation, and will that be looked at in the future? It is not a question for the minister to answer now, but maybe to take on notice and come back to me at some point.

Hon STEPHEN DAWSON: I am very happy to take that question on notice and I will most likely provide an answer at that clause, but certainly later.

Hon MICHAEL MISCHIN: I can understand why the government wants to call this voluntary assisted dying, but from what the minister has described about euthanasia, it sounds like euthanasia to me. It also sounds like the government wants to have its cake and eat it. The second reading speech refers to many years of people advocating for what is proposed under this bill, but they have been doing so under the title of "euthanasia". Indeed, Hon Robin Chapple's bill back in 2010 was the Voluntary Euthanasia Bill 2010. I would have thought that the "voluntary" element of it would serve the same purpose as "voluntary" does in the Voluntary Assisted Dying Bill 2019. There is voluntary euthanasia—that is, the voluntary easing of death—and voluntary assisted dying, the voluntary assistance to death. What are the negative connotations that the expert panel said would make it unpalatable to use a commonly understood term for this legislation? Why do we have to resort to euphemisms and the reframing of language if this is meant to be a robust, honest debate about matters of life and death? Why do we have to engage in sugar-coated language to deal with this issue and make it more palatable? Is it more saleable that way, to avoid people having to consider the consequences of what this involves?

Hon STEPHEN DAWSON: It is not about it being more palatable, honourable member; we believe it is more precise. Certainly, the terms have evolved over time. Euthanasia can be involuntary, which is why we do not use that term, but in relation to —

Hon Michael Mischin interjected.

Hon STEPHEN DAWSON: Sorry, I am answering —

Hon Michael Mischin interjected.

The DEPUTY CHAIR (Hon Martin Aldridge): Order!

Hon Michael Mischin interjected.

The DEPUTY CHAIR: Order, member. The minister has the call.

Hon STEPHEN DAWSON: The honourable member asked me some questions, and I was trying to provide an answer to them.

Language is an important issue and Western Australians obviously had many important conversations about voluntary assisted dying during the deliberations of the Joint Select Committee on End of Life Choices and the Ministerial Expert Panel on Voluntary Assisted Dying's consultation period, and those conversations will be ongoing. It is critical that these conversations continue to take place respectfully and with clarity about what is being said. Having a common, easy-to-understand approach to the meanings of key words and phrases can help ensure clarity and avoid the misunderstandings that can sometimes derail helpful discussion. The term "voluntary assisted dying" is used by the joint select committee and the panel. It emphasises the voluntary nature of the choice of the person to make this decision. Throughout the process of voluntary assisted dying, the person must have the capacity to make a voluntary choice. To be eligible, the person must already be suffering and dying as a result of an illness, disease or medical condition. It reflects a person-centred approach, focused on those who are eligible to access assisted dying. Voluntary assisted dying involves a process to access medication and to enable a person to legally have choice about the matter and timing of their death.

Hon NICK GOIRAN: I think the minister said that only two jurisdictions use the term "voluntary euthanasia". How many jurisdictions have what the minister would describe as a voluntary assisted dying scheme? By definition, I mean those jurisdictions that have either a voluntary euthanasia scheme, an assisted suicide scheme, or one of the types of schemes that we are referring to here. How many of those jurisdictions exist?

Hon STEPHEN DAWSON: I do not have a number in front of me at the moment, but my advisers might very well provide one to me. Similar schemes operate—I use the word "similar" lightly, because, obviously, they are very different—in Belgium, Luxembourg and Quebec. In the United States, California has an end-of-life option act, as do Colorado, the District of Columbia, Hawaii and Maine. In Montana there is no act; it is done on the basis of common law. New Jersey has an act, as do Oregon, Vermont and Washington. I am of the understanding that there about 19 jurisdictions; however, not all jurisdictions have legislation. In some places, the ability to access such a scheme comes under common law.

Hon NICK GOIRAN: I turn to page 17 of the "My Life, My Choice" report of the Joint Select Committee on End of Life Choices, and one of the definitions in the "Glossary of terms" table. The definition of "Assisted suicide" states, in part —

> This term is used in some jurisdictions to describe interventions which assist individuals to end their lives. It places emphasis on the person's active decision-making and involvement …

Is that not what this bill is doing?

Hon STEPHEN DAWSON: That may be the case, but this government has chosen to use the words "voluntary assisted dying".

Hon NICK GOIRAN: I accept that; that is the choice of the government. I just want to make sure that we are all on the same page. Notwithstanding the government's choice of language, this bill allows for assisted suicide as defined at page 17 of the "My Life, My Choice" report.

Hon STEPHEN DAWSON: The term "voluntary assisted dying" encapsulates the range of methodologies that are able to be used, so it is broader than the term "assisted suicide". Certainly, in the jurisdictions that I read out earlier, different terminologies are used in different places. "Voluntary assisted dying" is used in the Victorian act, as I have previously mentioned. The other jurisdictions use a range of different terminologies. In this case, in Western Australia, the government has decided to use the term "voluntary assisted dying".

Hon NICK GOIRAN: I agree with the minister that assisted suicide is part of a voluntary assisted dying scheme here in Western Australia. Obviously, that means that there are other parts. Would it be correct to say that a voluntary assisted dying scheme in Western Australia would consist of two parts: one would be assisted suicide, as we have just discussed, and the other part would be voluntary euthanasia?

Hon STEPHEN DAWSON: No. It includes self-administration and practitioner administration.

Hon NICK GOIRAN: A moment ago, the minister said that it included assisted suicide, so it does not just include those two things —

Hon Stephen Dawson: I did not say that.

Hon NICK GOIRAN: We will check *Hansard* and come back on that. The minister says it involves self-administration and practitioner administration. To what extent is the definition of assisted suicide at page 17 self-administration or practitioner administration?

Hon STEPHEN DAWSON: I am told that what is on page 17 is a glossary of terms; they are not definitions as such.

Hon NICK GOIRAN: The words on page 17 read —

> This term is used in some jurisdictions to describe interventions which assist individuals to end their lives. It places emphasis on the person's active decision-making and involvement.

Is that self-administration or is that practitioner administration under the proposed WA scheme?

Hon STEPHEN DAWSON: Both of the methods proposed in the Western Australian bill are assisted. Even with self-administration, assistance is given by a practitioner or by others as part of a process. Sorry, let me say that again. In terms of self-administration, assistance is still given by somebody as part of a process—on the journey to receive approval. With practitioner-assisted suicide, obviously assistance is given there too. Both are assisted—one by the practitioner through a process, and one by self through a process.

Hon NICK GOIRAN: So both self-administration and practitioner administration are assisted suicide?

Hon STEPHEN DAWSON: No, I do not agree. It is voluntary assisted dying.

Hon NICK GOIRAN: If a person in Western Australia under this scheme were to elect self-administration, would that be an intervention to assist an individual to end their life, with emphasis on the person's active decision-making and involvement?

Hon STEPHEN DAWSON: I am advised that this issue of an administration decision is dealt with in clause 55. Clause 55 provides that the patient, in consultation with the coordinating practitioner, may make a decision that the administration of the voluntary assisted dying substance is to occur either via self-administration or by practitioner administration. The clause makes it clear that the administration decision must be made in consultation with, and on the advice of, the patient's coordinating practitioner, obviously, and the patient must provide consent to the method of administration being advised by the coordinating practitioner before the VAD process can progress.

Hon NICK GOIRAN: I was not asking about that clause in the bill. The minister has indicated that this scheme will consist of two parts: self-administration and practitioner administration. I am parking practitioner administration for the moment and I am just asking the minister about self-administration. If a Western Australian resident were to die under this scheme as a result of self-administration, would that be an intervention that has assisted the individual to end their life, with emphasis on the person's active decision-making?

Hon STEPHEN DAWSON: If the person has participated in the voluntary assisted dying process, they have been assisted to end their life.

Hon NICK GOIRAN: Again, I take the minister to the words on page 17 of the "My Life, My Choice" report, the glossary of terms and the term "assisted suicide", which says that it is an intervention that assists individuals to end their lives. I hear from the minister, in the answer he is giving, that self-administration under the Western Australian scheme is an intervention that assists an individual to end their life. I hear that from the minister; he will clarify whether that is wrong. If it is not an intervention that assists an individual to end their life, perhaps the minister could explain how it is not an intervention that assists an individual to end their life. Clearly, it is an intervention; clearly, it assists an individual; and clearly, the outcome is the end of a life. In addition, the glossary entry for that term refers to "emphasis on the person's active decision-making and involvement", and the minister has indicated to me that self-administration would involve the person and it would involve the person's active decision-making, so it seems to have all the elements set out at page 17. If I am wrong about that, can the minister indicate which elements are missing?

Hon STEPHEN DAWSON: The terminology used on page 17 in the glossary of terms makes the point, "This term is used in some jurisdictions." In fact, I think it is used in two jurisdictions. This is the committee's glossary. The end-of-life choices report informed the WA bill via the framework, but it is not the sole consideration for the bill.

Hon NICK GOIRAN: I understand that. I am not asking the minister whether he agrees it is assisted suicide or not; I am simply asking him whether self-administration is an intervention that assists an individual to end their life and places emphasis on the person's active decision-making and involvement. It is either that or it is not that. I might, and the committee might, describe that as assisted suicide, and the minister might describe it as something entirely different. That is fine. I am simply making sure that we are talking about the same thing here. Are we both talking about an intervention that assists an individual to end their life and places emphasis on the person's active decision-making and involvement? They are the elements that I am seeking confirmation of. If those elements are present in self-administration, I am asking for the minister's confirmation of that. If there are other elements, the minister should let us know what they are.

Hon STEPHEN DAWSON: I again make the point that we have chosen to use the words and terminology "voluntary assisted dying" in Western Australia. If a person has participated in the voluntary assisted dying process, they have been assisted to end their life.

Hon NICK GOIRAN: Self-administration and practitioner administration are the two forms that have been indicated. Are both of those things interventions?

Hon STEPHEN DAWSON: We are of the view that they are an assistance. They are the words that we are using. I do not know what the member is trying to get me to say.

Hon Nick Goiran: I am just asking whether it is an intervention or not.

Hon STEPHEN DAWSON: The advisers are telling me that it is not.

Hon NICK GOIRAN: Why is it not an intervention?

Hon STEPHEN DAWSON: It is a question of definition, because "intervention" means coming between someone.

Hon NICK GOIRAN: Tempting as it is to ask the minister which dictionary definition he has just decided to use for "intervention", can I ask him about voluntary euthanasia, and draw to his attention page 20 of the same report that we have been referring to, where it states —

> Euthanasia means the intentional termination of the life of a person, by another person …
>
> Euthanasia can be voluntary, non-voluntary or involuntary. Voluntary euthanasia means euthanasia performed in accordance with the wishes of a competent individual …

Under this scheme in Western Australia, would the wishes of a competent individual for the intentional termination of their life take place?

Hon STEPHEN DAWSON: I have made this point earlier on, but it is important that I do so again. Even when the term "voluntary euthanasia" is used, it does not entirely capture the intent that a person is being assisted in taking their final steps, with the choice ultimately residing with the patient. Furthermore, the term "voluntary euthanasia" still evokes a sense of patient passivity in the process. There is an element of ambiguity, and we are trying to be precise in using the term "voluntary assisted dying".

Hon NICK GOIRAN: It seems to me that the government has rejected the committee's glossary of terms, particularly around "assisted suicide" and "euthanasia". What other elements of the "My Life, My Choice" report has the government rejected?

Hon STEPHEN DAWSON: I think it is fair to say that the first report, "My Life, My Choice", of the Joint Select Committee on End of Life Choices has been considered by the government, and the outcome of that consideration is the bill before us today.

Hon NICK GOIRAN: I do not know whether the minister heard my question, but my question was: what elements of the "My Life, My Choice" report has the government rejected?

Hon STEPHEN DAWSON: The government has provided a response to the report, but the government has not provided a response to the minority report of that committee.

Hon NICK GOIRAN: For the third time, I will ask my question, and I ask the minister to listen to it carefully, because it is not all that complicated. What parts of the "My Life, My Choice" report have been rejected by the government?

Hon STEPHEN DAWSON: That is a very broad question, and I am not sure what the honourable member is getting at, because the "My Life, My Choice" report deals with issues that are broader than just voluntary assisted dying. I am not sure what the honourable member is getting at. He said he has asked this question three times, and he has asked me to listen. Believe me, I am listening and I am trying to provide an answer to the honourable member. I just do not know what he is getting at. Certainly, the report is not just about voluntary assisted dying.

Hon PETER COLLIER: I do not mean to be pedantic here, but just getting back to the title of the bill, who made the decision to call it the Voluntary Assisted Dying Bill?

Hon STEPHEN DAWSON: The government—it is a government bill, so we did.

Hon PETER COLLIER: Did anyone recommend to the government that it be referred to as the Voluntary Assisted Dying Bill as opposed to the voluntary assisted euthanasia bill?

Hon STEPHEN DAWSON: No advice was given to us by any external organisation about the title.

Hon PETER COLLIER: The reason I bring this up—I want to just make this point, and I will ask a question in a moment—is, as I keep on saying, that we are making a seismic shift here in where we are going, so we have to

make sure that we are doing it for the right reasons. The optics of voluntary assisted dying, in my opinion, are probably less confronting than voluntary assisted euthanasia. That is just a personal opinion; it is how I feel. If that was the motivation behind the terminology—that the optics are softer for the public than voluntary assisted euthanasia—it is very similar to "dying with dignity", which is a term that has been used constantly and consistently throughout this debate by the government, members and groups that are supportive of the bill. This bill is meant to assist people with a terminal illness to die with dignity. My only concern is that there is almost an implied assumption that a person cannot die with dignity if they do not access voluntary assisted dying. That may not be the case, but it is there.

I am not saying that it is in the bill; I am saying that "dying with dignity" is terminology that has been used. I have mentioned two people who were important to me in my life who died, and I recounted their stories. One died with a terminal illness that would have been captured by this legislation; the other death would not have, even though his illness ultimately took his life. But both of those individuals died with dignity because they had significant support mechanisms around them. I hope we are not getting to the point at which the optics of the promotion of this bill are such that they are creating a scenario in which the culture is that the best option to die with dignity is through voluntary assisted dying, as opposed to voluntary assisted euthanasia. I hope we are not going down that path. Let us be up-front about where we are going with this legislation. I know that I am being pilloried as a Philistine because I do not understand and I am not progressive like so many people. A lot of people are not like that, but some are like that. I know that most people in this chamber are not, but some are. I am sorry—you can shake your head, honourable member, but you want to see some of the emails that I have received, so do not shake your head at me.

Hon Sue Ellery: Who are you talking about?

Hon PETER COLLIER: To Hon Darren West. That is who I am talking to.

Hon Darren West: Settle down.

Hon PETER COLLIER: No, I will not settle down, thank you. This is a very sensitive issue, and for some reason for him to question what I have just said insults me. I have been pilloried throughout this community because I have the audacity to oppose this legislation, and I resent that. I really resent that. The point being, as I said, I am not doing it for some bland, bigoted reason; I am doing it because it is genuinely what I feel.

With regard to voluntary assisted dying, no-one wants their loved ones or anyone to die in pain; I understand that. But a significant number of people in our community with a terminal illness do die with dignity. That is the point that I want to make and that is the point that I tried to make in my second reading contribution. All I am saying to members with regard to the actual —

Hon Stephen Dawson: By way of interjection, that point is accepted.

Hon PETER COLLIER: Thank you; I appreciate that. I am not casting aspersions on anyone in this chamber, but I would just like to think that alternate viewpoints are respected as much as we respect the viewpoints of those who voted for the legislation. I have to say that that respect has not been forthcoming from the chief member of Parliament in the other chamber. Having said that —

Hon Donna Faragher: The Premier.

Hon PETER COLLIER: Yes, I am referring to the Premier.

I just want to understand this. The minister went through this, but I am still not totally clear on the difference between voluntary assisted dying and voluntary assisted euthanasia. The minister identified a bit of differentiation, but, quite frankly, I am not convinced. This is not repetitive. I am not being repetitive here, minister. For my personal understanding, would the minister mind again going through the distinction between voluntary assisted dying and voluntary assisted euthanasia—for the same reasons that I said about "dying with dignity", one can die with dignity without euthanasia. I would like to know why the title of the bill is what it is.

Hon STEPHEN DAWSON: Honourable member, I respect your view as I respect the views of other members in this place. Certainly, this is an issue of great importance to the community and there are a great number of views on the issue. It is absolutely the right of each and every member in this place to have a view on this bill that is before us, so I just wanted to place that on the record.

The member alluded to that we do not talk about dying with dignity in this bill. In fact, I think it may well have been the Joint Select Committee on End of Life Choices that chose not to use that terminology and, indeed, the Ministerial Expert Panel on Voluntary Assisted Dying also chose not to use the terminology "dying with dignity".

The bill makes clear that the prerequisite for the decision to be voluntary is absolutely essential and this is why we use the term "voluntary assisted dying" and not "euthanasia" or "suicide". Euthanasia refers to the situation in which death is induced to relieve suffering; however, this term has significant and mixed connotations. Historically, it has reflected abuse in "involuntary euthanasia", which raises the prospect of the medical practitioners of a society killing

people whose lives were thought to have little value; for example, the word "euthanasia" has been used in the context of the Holocaust. More recently, people are familiar with the idea of euthanasia from the practice of relieving the suffering of family pets. When applied to humans, euthanasia is often similarly understood to be a procedure that is provided to a passive patient. Even when the term "voluntary euthanasia" is used, it does not entirely capture the intent that a person is being assisted in taking their final steps, with the choice ultimately residing with the patient. Furthermore, the term "voluntary euthanasia" still evokes a sense of patient passivity in the process. By contrast, the term "voluntary assisted dying" reflects that the death is requested and the process is led entirely by the patient.

Hon ROBIN SCOTT: Regarding the prescribed substance, I have all the information I need regarding the unused substance and any remaining substance and how it has to be disposed of by an authorised disposer. I would like to ask the minister: if someone wanted to access voluntary assisted dying and they chose the oral prescribed substance, is that a pill or a liquid?

Hon STEPHEN DAWSON: The answer is it could be either, honourable member. It depends on the individual's circumstances and the illness that they have. Some people may not be able to swallow, for example, so it could be either of those two things that the member raised.

Hon ROBIN SCOTT: Assuming that the person decides that they would like to take the liquid form of the prescribed substance, who decides the quantity and how much has to be taken to effect the death of that person?

The DEPUTY CHAIR (Hon Martin Aldridge): Member, I remind you that we are dealing with clause 1. I am not quite sure where you are going with this line of questioning, but some very specific clauses in the bill relate to prescribed substances. I will allow the minister to respond, but I just ask you to keep that in mind with your further questions.

Hon STEPHEN DAWSON: I appreciate your guidance, Deputy Chair.

The choice of legal medication for a patient will be a clinical decision; the patient will not decide. That decision will be made by the coordinating practitioner, and that will be from only an approved list of schedule 4 or 8 poisons. That is in clause 7, so the member may well have further questions at clause 7.

It is a matter for the patient's coordinating practitioner, a fully qualified medical practitioner with additional training on voluntary assisted dying, to determine what dosage and formulation they consider appropriate to make up the voluntary assisted dying substance. What is prescribed will depend on each patient and their condition, their weight and their capacity to consume the voluntary assisted dying substance. The coordinating practitioner must prescribe a sufficient amount that will cause death for that particular patient in their particular circumstances. This is important because some diseases or previous medications may restrict the absorption or counter the effectiveness of other medications. The coordinating practitioner is authorised to prescribe a voluntary assisted dying substance for the patient that is of a sufficient dose to cause death.

Hon JIM CHOWN: My question is of a similar nature and is about the cocktail that is personalised for the patient, as the minister described. Who in this state has the sort of expertise to create either a tablet or a solution that would be effective on a case-by-case basis?

Hon STEPHEN DAWSON: There will not be a new substance created. What will be used —

Hon Jim Chown: It'll be a cocktail of various poisons.

Hon STEPHEN DAWSON: It could be. Let me read this. As part of the implementation of the bill, it is intended that a clinical panel will be convened to determine the schedule 4 and schedule 8 medication protocols suitable for voluntary assisted dying in Western Australia. The clinical panel will also inform the operational requirements for supply, dispensing and ensuring safe management of these medications. It is expected that this clinical panel will include appropriate representation from pharmacy, medical and nursing experts from a Department of Health and clinical perspective. The clinical panel's recommendations will inform the CEO's approval under clause 7 of the bill.

The DEPUTY CHAIR: Hon Jim Chown, before I give you the call, I want to bring your attention to page 45 of the bill where an entire division is for the prescribing, supplying and disposing of a voluntary assisted dying substance. I bring that to your attention because if you have specific questions around prescribed substances and their prescribing, that is a matter best left to division 4.

Hon JIM CHOWN: I will happily leave it until we get to that clause, Deputy Chair.

I will go on a different tack, minister. As brought up by Hon Martin Aldridge earlier today in Committee of the Whole House, the government's lack of response or inability to address the issue of using a carriage service under the commonwealth Criminal Code Act, section 11, is of great concern. It concerns me, as a member for regional Western Australia, on the grounds that at least 59 towns out there have a single doctor operating in the vicinity. A large proportion are overseas-trained doctors from different cultures and could possibly have a conscientious objection to being involved in VAD—and that is their right. If there is no ability to use a carriage service, this

legislation, if it gets through this house, will discriminate against regional Western Australia. My question to the minister is: until this issue is resolved to the satisfaction of this chamber, how can the government pursue this legislation through this place when legislation that is carried and approved by Parliament is legislation for all Western Australians?

Hon STEPHEN DAWSON: If the bill becomes law, there will be an implementation period of at least 18 months before the Voluntary Assisted Dying Act would become operational. This time will enable the health department to develop, in consultation with the commonwealth, appropriate administrative measures to ensure compliance with state and commonwealth laws. Assessments may need to be undertaken in person, with either the patient travelling to the practitioner or the practitioner travelling to the patient. If the bill passes and this is required, WA Health will provide packages to support access for regional patients when needed. The training for health professionals will reflect the outcome of the ongoing consultation between the state and commonwealth, so regardless of where the doctor has been trained, all doctors who participate will need to go through a training process, and that training process will be worked out over the next 18 months. It is certainly the government's intention that if this bill passes, people across Western Australia will be able to access VAD. Those details will be worked out during that implementation phase.

Hon JIM CHOWN: I thank the minister for his response, but I find it unsatisfactory. I am very concerned that this groundbreaking legislation for Western Australians is now being pursued, or bullied, through this place without the government providing an appropriate answer to a question that has been raised by a number of regional members. I think it is inappropriate, quite frankly, that this sort of legislation is reliant on a government process some months after it has been approved by Parliament. The government has had more than adequate time to address this issue. How the commonwealth Criminal Code Act, section 11, affects carriage services in regional Western Australia is not a secret. I am not asking the minister a question; I am making a statement. We will see where we go in regard to this issue as we progress through the bill.

Hon STEPHEN DAWSON: Although the honourable member finished by saying he was not asking a question, I appreciate that he gave his view on this bill. As Hon Kyle McGinn, I think it was, and Hon Robin Chapple mentioned in their contributions to the second reading debate, a number of issues and processes will be worked out after the passage of the bill, in that implementation phase, including ensuring access and information for Aboriginal people and people in remote Western Australia, but I appreciate member's comments.

Hon ADELE FARINA: On that point, the minister indicated that when telehealth cannot be used—I think it is pretty self-evident from the way clause 156 is written that the state government understands very clearly that there are issues with that—alternative implementing strategies would be used. I understand that the minister's advice today is that that would be by way of hard copy information brochures and the like. My experience with those sorts of fact sheets or information brochures is they usually do not answer all my questions. If I am living in regional WA and I have questions that that fact sheet does not answer, how do I go about getting that information?

Several members interjected.

The DEPUTY CHAIR: Order, members.

Hon STEPHEN DAWSON: The patient will be able to phone a number on the bottom of that fact sheet to make an appointment to sit down with someone face to face to have their questions answered.

Hon ADELE FARINA: That is fine. Will the person who will sit down face to face with the patient travel to where the patient lives to have that conversation, because, let us remember, the patient has a terminal illness and we should not be placing any additional burden on them to have to travel to Perth to have that face-to-face discussion?

Hon STEPHEN DAWSON: Options currently being considered—I apologise that my back is turned to the member.

Hon Adele Farina: I completely understand that you need to talk to the microphone; that is fine.

Hon STEPHEN DAWSON: I feel very bad about that. So excuse, not my rudeness, but the situation I find myself in.

Options currently being considered for WA include a central hub that would link with network spokes in regional and remote WA and transport assistance to support face-to-face interactions. The hub would be able to receive requests for information on access to voluntary assisted dying and facilitate the provision of information by either hard copy or in person. I previously said that assessments may need to be undertaken in person, with either the patient travelling to the practitioner or the practitioner travelling to the patient. If this bill does pass, as I said, WA Health will work to provide packages to support access for regional patients when needed, and of course the training for health professionals will reflect the passage of the bill—the bill that passes this place is what the training of the health professionals will be based on.

I take the member's point. I will certainly bring it to the Minister for Health's attention that the member always has outstanding questions when she reads some fact sheets. Also, the Department of Health is considering the development of a care navigator model, with a focus on enabling access to voluntary assisted dying, including for people living in rural and remote areas. The primary role of care navigators will be to assist patients who need support in obtaining information about or access to voluntary assisted dying. For example, care navigators will help a person find a coordinating or consulting practitioner. Care navigators will work closely with patients, their carers, family and friends, medical practitioners and healthcare teams to tailor support that meets the specific needs of patients. These are key points throughout the voluntary assisted dying process. The care navigators may also assist health practitioners with accessing support services. It is likely that a model similar to that used in Victoria will be developed for use in Western Australia.

Hon MARTIN PRITCHARD: I thank the minister for making some comments about the implementation process. I am very interested in the comments he just made. It reminds me of some contact I have had from a number of associations, probably the largest being the Asbestos Diseases Society of Australia, which was quite interested in that concept. Although many of its members are not ill enough at the present time to consider voluntary assisted dying or other things such as palliative care during the inevitable travel to their passing away, they certainly would want information about a range of services, including palliative care and maybe voluntary assisted dying, pain management and such. The minister has talked about navigators in cultural and regional contexts, but I would also urge him to consider reaching out to associations that could provide services, hopefully in a convenient way, to people on their books who will eventually pass away. That might mean that they are prepared as they move closer towards their demise. That was just a comment that I wanted to make.

Hon STEPHEN DAWSON: I appreciate the comment. It is not the intention that a care navigator service will operate solely in rural and remote Western Australia; it would be across the state. I take on board the member's suggestion. I will use as an example the statewide voluntary assisted dying care navigator service that was established in Victoria. The care navigators employed as part of that service act as a point of contact for members of the public, health practitioners and health services seeking information about, or assistance with, voluntary assisted dying. In the case of Victoria, I understand that care navigators are based at the Peter MacCallum Cancer Centre while the statewide care navigator service is being established. There has been an overall government commitment to end-of-life choices, so it is certainly our intention to ensure that people around the state can access the information that they require.

Hon ADELE FARINA: If a care navigator deals with someone who does not have English as their first language and perhaps does not speak any English at all, they will need to use an interpreter service. Normally, people phone through to access an interpreter service. How will that work, given the complications with the commonwealth legislation?

Hon STEPHEN DAWSON: In terms of accessing the care navigator service, the bill provides for the use of interpreters when required. Furthermore, Western Australia adheres to the state government's Western Australian language services policy 2014. An interpreter service can be provided for that care navigation service. Of course, it may not just be culturally and linguistically diverse communities that may need to access interpreter services. Obviously, there are Aboriginal people around the state who might have English as a third or fourth language, or indeed there may well be vision-impaired people who may need to access interpreter services too. It is intended that extensive and detailed work will be undertaken with Aboriginal communities and health services during the 18-month implementation period, but also more broadly with CALD community services to make sure that we are addressing the issues that may be raised or faced by people from those communities.

Hon ADELE FARINA: I think the minister missed my point. The problem is that if people will be using the telephone—a communication service—to have those discussions, we will run into the same problem as we will with telehealth, in that people will be discussing suicide options over a carriage service. The issue I am concerned about is how we will manage that when we need to access interpreters through a call process.

Hon STEPHEN DAWSON: I thought that the member was still asking about the care navigator service. I answered the question in the context of that. More broadly, the member was talking about people from CALD communities more broadly accessing the bill, in relation to the commonwealth act.

Hon ADELE FARINA: Sorry, minister; maybe I need to make myself clearer. The care navigators are not likely to speak every language under the sun. They may encounter a situation in which they have to give advice to a person and they cannot communicate.

Hon Stephen Dawson: That service can be provided with the assistance of interpreters.

Hon ADELE FARINA: Via telephone, or will the interpreter go to the regional area where the patient who is seeking the advice is living?

Hon STEPHEN DAWSON: Yes, they can. The care navigator service will be able to access interpreters. The commonwealth provisions that were introduced to deal with the phenomenon of cybersuicide prohibit a person from using a carriage service for suicide-related material, including material capable of constituting a communication that directly or indirectly counsels or incites someone to commit or attempt to commit suicide. The care navigator service will not deal with those issues. They will give information, but when questions are broader or information is sought by people who want to access the service and that impinges on the commonwealth provisions, certainly the state will look at providing face-to-face access to interpreter services for those people. It is certainly something that is under active consideration by the state. It is the intention of the state to ensure that people who want to access voluntary assisted dying can access it. When appropriate, that may include using interpreter services over the phone to seek limited information. It could also include face-to-face interpreter services depending on the information that is sought.

Hon ADELE FARINA: I am having difficulty with the statements that the minister is making. I thought the care navigators were there to assist a person to access voluntary assisted dying, in which case they would be providing the same sort of information that would be provided through telehealth; therefore, I think this will fall foul of the commonwealth law in exactly the same way. If the minister is saying that a person who can speak the patient's language and has full knowledge of how to access voluntary assisted dying will be sent to the patient's home and will provide that information to them, I accept that answer, but I am not clear that that is the answer the minister is providing.

Hon STEPHEN DAWSON: I am sorry, can I ask the honourable member to restate the last question? Sorry, we were still talking about the previous point. If the minister does not mind asking the question again, I will answer it.

Hon ADELE FARINA: I do not agree with the minister's assessment that this is somehow different from the telehealth situation. The whole point of the care navigator is to provide advice on how to access voluntary assisted dying; therefore, they will be providing information on the option of voluntary assisted dying similar to what a doctor would provide through the telehealth service. The minister said that someone who could speak the patient's language and is fully knowledgeable on how to access voluntary assisted dying will go out to wherever that patient lives and run through that explanation with them. If that is the minister's answer, that would satisfy me. I just want clarification that that is the answer the minister is giving. Is that a service the state will provide?

Hon STEPHEN DAWSON: The care navigators will provide that information face to face. If needed, a translator would be flown or transported with the care navigator or doctor, if required. Obviously, it is a hypothetical situation. We anticipate the numbers will be low; notwithstanding that, it is a very important issue to raise. Certainly, the advice from the advisers is that, if needed, a translator would be transported with the care navigator or doctor to enable that person from a culturally and linguistically diverse or Aboriginal community to understand what was going on.

Hon JIM CHOWN: The minister has put up two possible solutions to the issue of the commonwealth Criminal Code Act prohibitions on using a carriage service. One was a hub-and-spoke model. We have had some discussion on a care navigator model. I suggest the hub-and-spoke model be taken out of the equation. It was an abject failure for service delivery in regional Western Australia for a large entity with many employees such as Telstra. We are talking about an enormous area of land; as we all know, it is one-third of this nation's land mass, which has hundreds and hundreds and hundreds—I have just tried to count them on my phone—of regional towns, some large and some small. The care navigator model is where the government has landed. I am not sure whether the government is making this up as it goes along. It seems to be fairly ephemeral in some of its statements on how a care navigator model will work. It concerns me greatly that at this stage of the bill, the government has not looked at this matter, which has been raised by a number of regional members, and does not have a definitive solution. As I said, at this stage, this bill discriminates against regional Western Australia.

People will be trained in the care navigator model. What professional standards must they maintain? Will there be any professional standards in their training at all?

Hon STEPHEN DAWSON: On the contrary, the government has considered this issue. As I have said, we have been monitoring the care navigation service in Victoria and the likelihood is that we will have a similar care navigation service to the one in Victoria. I have also said that the detail will be worked out through the implementation phase. I say again: it is our intention to make this legislation work for Western Australians, rural and city or metropolitan. It is not a biased bill. I totally disagree with the member on that.

With the training, what was the word the member used?

Hon JIM CHOWN: Professional standards.

Hon STEPHEN DAWSON: The training and professional standards will all be worked out during the implementation phase. We will work with relevant stakeholders to develop the model and we will make sure that it works for Western Australia. Victoria has a care navigation model in place already. Although Victoria is nowhere near as big as Western Australia, it does have regional areas, and we will certainly learn from that and work with stakeholders to make sure that our model in Western Australia works.

Hon JIM CHOWN: Who would be the stakeholders in the training of the care navigator model, and what sort of people would the government be looking at to become part of that model for regional Western Australia?

Hon STEPHEN DAWSON: I am told the likelihood is that the care navigator role will be undertaken by nurses or social workers. The model would be designed with relevant bodies such as the Australian Nursing and Midwifery Federation, the Australian College of Nursing, the Royal Australian College of General Practitioners and the Royal Australasian College of Physicians. The Department of Health would also be involved in those conversations. We would talk to relevant professional bodies. It is also important to have consumer representation, so we would involve consumer groups to make sure that we have all bases covered. Professionals will certainly be there; not only medical professionals, but also professional bodies will be involved in this process.

Hon KYLE McGINN: Just briefly touching on the training, I picked up that a navigator care model is operating in Victoria and has a regional aspect to it. Does Victoria have a template of minimum standards of qualifications required to be a navigator?

Hon STEPHEN DAWSON: I will have to take that question on notice and provide the information at a later stage. A group that I forgot to include in the stakeholder design process was, of course, Aboriginal health workers and Aboriginal health organisations. They, too, would be consulted as part of the design of the care navigator system. I will have to see whether I can provide the detail the member has just asked about at a later stage.

Hon KYLE McGINN: I appreciate that. I definitely understand that there are lots of multifaceted approaches to the care navigator model—different angles and different groups. The minister commented earlier that the care navigator could be a nurse or a social worker. Is the minister aware of any requirement to hold a medical qualification?

Hon STEPHEN DAWSON: Sorry, can the member ask that question again?

Hon KYLE McGINN: If the care navigator is, for example, a social worker, not a nurse, would there be a requirement for that social worker to hold any medical qualifications?

Hon STEPHEN DAWSON: No, they would have their own professional qualifications as a social worker. I am told that it is more likely that the position will be undertaken by nurses, but in some circumstances it could be a social worker. Certainly, they would already have qualifications to be a social worker. Regardless of who undertakes that role, under the legislation, they would be trained in voluntary assisted dying, to make sure that, regardless of their background, they would be able to operate under this model.

Hon KYLE McGINN: Okay. I understand that. Previously, I asked questions about training. I understand there will be an extensive 18-month implementation process, which will involve all different groups, particularly in the Indigenous space for navigators. If we are required to upskill and train people, will there be the ability to ensure that we get skills locally rather than outsourcing the work to skilled workers in Perth? Where will the funding come from?

Hon STEPHEN DAWSON: I will give the member some information about training generally and then be more specific. The bill requires that the assessing medical practitioners, coordinating and consulting practitioners, and the administrating practitioners, medical or nurse practitioners, must have successfully completed the approved training for voluntary assisted dying before they can perform the functions required of them under the bill. The CEO will approve training for the roles of practitioners and their obligations under the bill. A clause in the bill relates to that. Other health practitioners also will be able to register interest in receiving training. Appropriate training packages will be created to support any role they may have under the bill or in supporting patients who are assessing VAD—for example, pharmacists, allied health professionals, interpreters, healthcare support workers and, indeed, navigators. The training package will be developed in consultation with the Department of Health, and key medical, nursing and allied health stakeholders and experts. That will include clinical, education and regulatory experts; palliative care and end-of-life stakeholders and experts; cultural stakeholders and advisers; and community representatives.

Training will be informed by the mandatory training program in place in Victoria—noting, of course, that there will be very different and additional requirements that will be unique to Western Australia. The Royal Australian College of General Practitioners has given an undertaking to help in the development of the training program to ensure that it is both effective and meets the required standards. In its submission to the Joint Select Committee

on End of Life Choices, the Western Australia branch of the Royal Australian and New Zealand College of Psychiatrists noted that psychiatrists are well placed to support upskilling colleagues in capacity assessment.

I think the member also asked who will pay. The Department of Health will pay for the training.

Hon KYLE McGINN: That is excellent. That makes a lot of sense for training on the voluntary assisted dying process. I suppose I am not articulating my question right. Once we have an understanding of the nurses, social workers and people with the appropriate skills to train in VAD in small regional towns and regional areas, if there is a shortage of people with those skills or those who can service the broader electorate, will there be the capability to train people in those skills so that they can provide those services? If there is a shortage of nurses and we are unable to provide navigators because of the shortage, will we provide extra training to fulfil frontline services prior to people receiving VAD training?

Hon STEPHEN DAWSON: It is a difficult question. In the early days of the model, this will be a fairly labour-intensive process—certainly for care navigators, who will likely have to traverse the length and breadth of the state. Over time, as the hub-and-spoke model evolves, we will be in a position to re-evaluate. When possible, if there is an opportunity to have people on the ground in communities, that can be looked at during the rollout. In the early days, the likelihood is that the care navigators will be centrally based, albeit from different backgrounds to make sure the cultural sensitivities of dealing with Aboriginal people are addressed. Over time, there may well be the opportunity to broaden that and make sure that care navigation services are spread throughout the community. Hopefully, I have answered it in that way.

Hon KYLE McGINN: Yes. I understand that there will be a process in the implementation stage to decide how broad it will be. The minister mentioned cultural appropriateness and the number of people who will be required to work with different groups. That is why I was trying to understand whether, if further training is required to fill that need, there will be the opportunity for that to happen rather than supplementing it from Perth. That answers my question.

Hon NICK GOIRAN: The minister in the other place, Hon Roger Cook, the Minister for Health, on 22 October 2019 stated —

> If telehealth cannot be used as a method of communicating with people for the purposes of access to voluntary assisted dying in Western Australia, the WA health department will adopt alternative implementation strategies.

I understand from the answers that the minister gave to Hon Adele Farina earlier this afternoon that one of those alternative implementation strategies is the rollout of care navigators. Can the minister confirm that that is the case and what the other alternative implementation strategies are?

Hon STEPHEN DAWSON: If the bill becomes law, as I have mentioned previously, there will be an implementation period of at least 18 months before the voluntary assisted dying legislation will become operational. That period will enable the Department of Health to develop, in consultation with the commonwealth, appropriate administrative measures to ensure compliance with state and commonwealth laws. Assessments may need to be undertaken in person with either patients travelling to practitioners or practitioners travelling to patients. If the bill passes, the Department of Health will provide packages to support access for regional patients when needed. Training for health professionals will reflect the outcome of the ongoing consultations between the state and commonwealth. I have mentioned this a couple of times, but the assessment process may need to be undertaken in person and patients may need to travel to health practitioners or practitioners may need to travel to patients.

Hon NICK GOIRAN: As I understand the minister's answer, what Hon Roger Cook was referring to as other alternative implementation strategies consist of a care navigator model, getting the patient to travel to the practitioner and packages to support those two processes. Is the care navigator the first model and organising for the patient to travel to the doctor the second model?

Hon Stephen Dawson: Or the practitioner travelling to the patient.

Hon NICK GOIRAN: Or the practitioner travelling to the patient. Are those the three alternative implementation strategies that Hon Roger Cook, Minister for Health, referred to on 22 October?

Hon STEPHEN DAWSON: I do not know what was in the minister's mind, but they are certainly the three opportunities being considered by the Department of Health at this stage. As we progress, other models could come to hand. They will be considered at that time, but certainly they are the three models that are under consideration at this stage. I understand that we are considering all care models. I am told that we will look at the Canadian provinces to see how they do it. We will ascertain the particulars of those and see whether they translate to the Western Australian context. Certainly the three models that the member has raised are the three that are

under consideration now and that we know could work in Western Australia, but others could arise between now and the implementation phase.

Hon NICK GOIRAN: Let us take the first of those implementation strategies, which is the care navigator model. As I understand from answers to questions that the minister was asked by Hon Adele Farina earlier this afternoon, the intention of the government of this fortieth Parliament is to send out, if necessary, translators or interpreters to assist a care navigator who does not speak the same language as the patient. Can the minister confirm that there will be a dual cost—the cost of the care navigator going out to the patient and the cost of the translator or interpreter going out to the patient?

Hon STEPHEN DAWSON: If the most appropriate provision of interpreter services is face to face, that will certainly be the case and will certainly be paid for. It is worth keeping in mind the anticipated low number of people who may participate in the scheme. I am not sure whether the member is going to ask what we think the cost associated with that will be. We cannot confirm the particulars of costing at this stage, but it is certainly our intention to provide interpreter services face to face for the limited number of people who need them. The details and the model for implementation are not in the bill, as the member would be aware. These will emerge as the consultation process occurs. I am further told that the Department of Health already has agreements or referral protocols with relevant organisations to ensure that accredited interpreters are readily available.

Hon NICK GOIRAN: Just to go back to my original question, can the minister confirm that there will be a dual cost—the cost of sending out the care navigator and the cost of sending out a translator or interpreter to facilitate that process for the care navigator, keeping in mind that the context of these questions is the minister's earlier advice to the house that the government is not currently sure whether it will be possible for telehealth to be used? We are working on the basis of a worst-case scenario—that telehealth cannot be used—and the minister is telling me that one of the packages being considered by the government is to send out care navigators and translators. I am just confirming whether there will be a dual cost in that instance.

Hon STEPHEN DAWSON: In some cases, yes, there will be a dual cost.

Hon NICK GOIRAN: Let us carry this case study forward. The patient is out in a regional or rural place in Western Australia. A care navigator has been sent out, along with the cost of a translator/interpreter. At that point, if the patient wants to continue to proceed with voluntary assisted dying, would the government then need to fund the cost of a coordinating practitioner to go out to the same patient?

Hon STEPHEN DAWSON: A coordinating practitioner could be available locally for the patient.

Hon NICK GOIRAN: Can the minister explain to me why the government would waste taxpayers' money on sending out a care navigator if there is a local coordinating practitioner?

Hon STEPHEN DAWSON: They are different functions, honourable member. A care navigator has a different function from a coordinating practitioner. In some circumstances, even if there were a local coordinating practitioner, there could be a requirement to provide the assistance of a care navigator earlier in the process. Perhaps the member can tell me exactly the point he is trying to get to so that I can answer him.

Hon NICK GOIRAN: The point I am trying to get to is that so far in this case study, we need to send out a care navigator and a translator or interpreter. I was suggesting that the third person who would need to be sent out is the coordinating practitioner, but then the minister introduced the rather strange concept of a local coordinating practitioner being present. It might be that I misunderstand what the government intends care navigators to do. My understanding is that the job of a care navigator is to inform the patient about the voluntary assisted dying process and give that patient information. The only reason they would be needed is if the person does not have ready access to a local coordinating practitioner. If they had ready access to a local coordinating practitioner, there would be no need for the care navigator because that practitioner would give them the information, as specified under the bill. I just want to clarify exactly the circumstances in which the government would send out a care navigator when there is a local coordinating practitioner available.

Hon STEPHEN DAWSON: The primary role of care navigators is to assist patients who need support in obtaining information about, or access to, voluntary assisted dying. If they know of someone locally who is happy to be a coordinating practitioner, the likelihood is that the person will not need to access a care navigator. If they know that there is someone locally, the care navigation service is not needed.

Hon NICK GOIRAN: On that basis, let us go back to the case study. A person in rural Western Australia does not have ready access to a practitioner under the VAD scheme, so they call out a care navigator. A care navigator is then funded by the government to go out to this person, along with a translator. After that process, the government would then presumably need to send out a coordinating practitioner to that same person; is that right?

Hon STEPHEN DAWSON: If that is necessary, yes.

Hon NICK GOIRAN: After that process, assuming that the coordinating practitioner has approved the process and all the various eligibility criteria have been met, as set out in the legislation, would the government then need to fund a consulting practitioner?

Hon STEPHEN DAWSON: Potentially, yes.

Hon NICK GOIRAN: When the government sends out the coordinating practitioner and then at a later stage the consulting practitioner, a care navigator in this case example requires the use of a translator. Let us assume for a moment that the coordinating practitioner and the consulting practitioner are also not adept in a variety of languages. Would the government also then send out a translator, whether it be the same person or another, to assist in the process?

Hon STEPHEN DAWSON: If required, yes.

Hon NICK GOIRAN: At the end of that process, as I understand the scheme before us, there is then a person called an administering practitioner or a term to that effect, I think, under the legislation. Would the government also then fund an administering practitioner to go out to that person to execute the act? As part of that process in this bill, the minister would be very well aware that before the final execution process takes place, there are provisions in the bill that say that the administering practitioner needs to be satisfied of certain things, including that the request is enduring. To make sure that that process is taking place safely and there has been no confusion whatsoever, would the government also send out a translator along with that administering practitioner?

Hon STEPHEN DAWSON: Again, possibly, yes.

Hon NICK GOIRAN: In this case example, we have a care navigator and we have a translator; that is two people. On another occasion, we will have the coordinating practitioner and the translator, so there are four cost values associated so far. Then we are going to add the consulting practitioner and the translator, so we now have six people. Then we have got the administrator and the translator, so by my count that brings us to eight people. According to the government, there has been a very vigorous consultation process, including the work of the joint select committee and the ministerial expert panel. I think the minister indicated that there was consultation with a range of agencies, and the government has been busy monitoring what is happening in Victoria. The minister just introduced the fact that someone in government is checking out what is happening in Canadian provinces. Does the government have any information available about the anticipated cost of all of this travel?

Hon STEPHEN DAWSON: No.

Hon NICK GOIRAN: Would the minister agree with me that the cost of sending one palliative care specialist out to that person with a translator would be less than the cost of this entire voluntary assisted dying process for that same patient?

Hon STEPHEN DAWSON: I contended that it could be.

Hon NICK GOIRAN: Can the minister explain to me why it definitely would not be? The only circumstance in which I think it might not be is if, unbeknownst to me, palliative care specialists were charging the government an exorbitant fee for their personal attendance in comparison with the fee that would be charged by the coordinating practitioner, the consulting practitioner and the administering practitioner. I am not aware of that, but perhaps the minister can just clarify what fees the government anticipates will be charged by coordinating practitioners, consulting practitioners and administering practitioners?

Hon STEPHEN DAWSON: The reason I did not give the member a definitive answer is that we are talking about hypotheticals here. I cannot definitively say what the cost of something is, because, quite simply, I do not know what we are talking about. I do not know what costs more than the other. I would have to seek information about what the costs associated with participating in the scheme or what the costs of those specialists or the coordinating practitioner might be. They would certainly vary. They could depend on where it was in the state and a range of things, and I do not have costs like that in front of me now.

Hon NICK GOIRAN: All these people in this hypothetical case example are all going to the same location. Hon Robin Scott made some good points yesterday in his member's statement. He is obviously far more knowledgeable about distances in regional and rural Western Australia, and the minister, as a member for Mining and Pastoral Region, will also have a better appreciation for those distances, than I. I do not really mind which location the minister, Hon Robin Scott or anyone else decides to choose for the purpose of this case example. My point is that they will all go to the same place, and for the lack of better choice of place—other members might have a better example—I will choose Kununurra. If taxpayers have to send to Kununurra from Perth a care navigator and a translator, a coordinating practitioner and a translator, a consulting practitioner and a translator, and an

administering practitioner and a translator, is not the cost of sending eight people to Kununurra and back more expensive than sending a palliative care specialist, singular, and a translator, singular?

Hon STEPHEN DAWSON: Costs really are a moot point when dealing with suffering. Cost is not the determination for denying end-of-life choices. As a result of lobbying or the hard work of the people in this chamber, we are already making record investment in palliative care, and those services will be spread around the state. The other option we have available to us is that we could bring the patient to a centre. I alluded to an option earlier of the medical professional going to the patient, and in another case we could bring the patient to the medical professional or to a central spot. A decision has not been made about that, and that would obviously be dealt with during the implementation phase. The cost is not the determination for denying or, indeed, allowing access to voluntary assisted dying. We want to retain a patient-centred focus in the development of the support model, and these issues will be looked at during the implementation phase. I hear what the honourable member is saying and asking, and I appreciate the point he is making. This debate is on voluntary assisted dying and not on palliative care, but noting that both can go hand in hand, and the intention as a result of the recent state budget and announcements is that palliative care services be more readily available across the state.

Hon NICK GOIRAN: The reason I raise this case example is that the government, at clause 4(1)(d), has said —

> a person approaching the end of life should be provided with high quality care and treatment, including palliative care and treatment, to minimise the person's suffering and maximise the person's quality of life;

I have not put that in there, although I agree with the principle. The government has done so, and I am trying to make sure that we do not have a situation in which we fly eight people out to Kununurra or some other place, and we are not going to be willing to send out two people. The minister will respond and say that it is all about the patient's choice, but there is no choice for the patient if the government is not willing to send out the palliative care specialist and the translator, but it is prepared to send the other eight people. That is the point I am making here, and I want a confirmation from government that under no circumstances will that ever happen, and that this government, which is passionate about voluntary assisted dying, will ensure that before it sends out eight people, it will send out two people if that is the choice of the patient.

Hon STEPHEN DAWSON: I have not said that the government would not send out palliative care services, and I have not said that the government would send out eight specialists over sending out two palliative care service providers. I make the point again that the government is providing a record amount of funding for palliative care services over the next four years. It is approximately $224 million, which is an additional $17 million on top of the $206 million of funding delivered in the 2019–20 state budget. Of the $206 million that was in the state budget, a total of $58.9 million will be provided to regional services. The government has announced $41 million towards palliative care in the 2019 budget, taking expenditure over the four years to 2023 to that record amount. This is part of the end-of-life choices and palliative care services package. As a result, more than 61 full-time equivalent staff will be employed over a phased approach across regional Western Australia. This will triple the staffing arrangements for palliative care support in regional Western Australia. This includes the establishment of new specialist district palliative care teams, comprising medical, nursing, allied health and Aboriginal health workers across the state.

Recently, an additional $17.8 million was announced and of that, $6.3 million has been allocated to improving metropolitan and regional community-based services for care closer to home, and to better meet the demand. The intention is that this will fund community-based services to be delivered predominantly through non-government organisations across the state. Of this, $2 million will be dedicated to rural and regional Western Australia to fund care services for patients who have a potential risk of admission to hospital or residential aged care requiring domiciliary home care services. A commitment of $2.5 million has been made to enable the WA Country Health Service to enhance rural and regional palliative care services by improving governance, to refine models of palliative care and roll out the services, ensuring that they best support the needs of rural and regional patients. The boost to governance means an additional 3.2 full-time equivalents will be employed to ensure high-quality palliative care in the regions that is patient centred and provided in the patient's place of choice.

The Department of Health has already undertaken significant work in progressing a 10-year end-of-life and palliative care strategy to provide strategic statewide policy direction for improving the lives of all Western Australians through quality end-of-life and palliative care. This is occurring alongside progression of the palliative care recommendations of the joint select committee and the sustainable health review. I am further advised that the Minister for Health hosted a palliative care summit in August this year to progress the work, at which 160 delegates, including health professionals, consumers and community stakeholders provided their perspectives about how to reform and improve the way palliative care is developed and delivered in WA. Significant investment is happening in palliative care. I think Hon Jacqui Boydell, in her contribution to the second reading debate, suggested that it

should not be a case of either/or, and I think there is a commitment from all members in this place to ensure that palliative care services throughout the state are enhanced and broadened.

The premise of this bill is about ensuring that we do what is best for the patient, so in relation to the hypotheticals that have been raised, when it is appropriate to have interpreters attend with health professionals to consult or talk to people about voluntary assisted dying, we believe that service should be provided.

Hon NICK GOIRAN: It is telling that it took the minister some four minutes to provide a response to something that was not my question. I do not need the minister to read to me pre-prepared notes about what the government is doing in palliative care. We have had the debate on palliative care. In fact, a motion was moved only yesterday by Hon Martin Aldridge dealing with a range of issues in health in Western Australia, including palliative care. We note that the government is doing things about palliative care, and I have previously congratulated the government for what it has been doing. I do not think it is doing enough, but that is not the debate we are having right now. I want an assurance from this government—at this point in time the minister is not willing to give it to us—that this government will not allow a situation in which it will allow the taxpayer to fund eight people to go to Kununurra to facilitate the voluntary assisted dying process, but it will not fund a palliative care specialist and an interpreter to go to that same place, if that is the choice of the patient. I am asking for that commitment from this government. The conscionable answer to that pretty simple question is, "Yes, absolutely". The minister should be saying that, on behalf of the government, he gives a guarantee that we will do that. That is the conscionable answer, and that would be the end of this line of questioning, but instead the minister spends four minutes reading pre-prepared answers on an irrelevant part of this debate.

I say this with the greatest of respect; I know that the minister is not the minister with responsibility for this portfolio. He is representing that minister here. In order for us to make progress, I ask the minister—inevitably, I think he will agree with me that we will not finish the passage of this bill today—during the very short recess in the next few days, to discuss this matter with the Minister for Health with a view to reporting back to the house next week about whether this government will commit to funding a palliative care specialist and an interpreter to go to regional Western Australia when a patient makes that request.

Hon STEPHEN DAWSON: I provide the answers in this debate that I think are appropriate, and I am very happy with the answers I have provided thus far. I am not, however, in a position to give a guarantee on hypothetical cases, and I will not do so. I do not think it is fair for anybody to suggest that it is appropriate that I do that. In relation to the member's request to bring an issue to the attention of the Minister for Health, the member knows that I have done this before and I will continue to do it, because I am very happy to bring these issues to the attention of the appropriate minister, and I am very happy to report on that in the future. However, I think it is unfair for the member to suggest that I should be able to give a guarantee to the house today based on a hypothetical.

Hon Nick Goiran: I didn't say today.

Hon STEPHEN DAWSON: The member was pushing me to give a guarantee on a hypothetical case. I cannot, I will not, and I never will, but I am certainly happy to take on board the question that the member has asked and raise it with the minister.

Hon NICK GOIRAN: Earlier in the debate on clause 1, the minister was responding to a request from Hon Kyle McGinn.

Hon STEPHEN DAWSON: Sorry, honourable member, there is a bit of noise behind me. Can you just say again what you just said?

The DEPUTY CHAIR (Hon Adele Farina): I will just interrupt there. Members who are having private conversations that are too audible, could you please leave the chamber and have those outside the chamber? There are difficulties with hearing, and Hansard needs to be able to record what is being said.

Hon NICK GOIRAN: Earlier in the debate on clause 1, the minister was responding to questions from Hon Kyle McGinn about Indigenous navigators. He made the good point that he would like to see more than just cultural competency courses being undertaken by these navigators, which the government has indicated will be done in a culturally appropriate way. In particular, I noted his desire for the minister to confirm that the intent is for the role of the Indigenous navigators to assist but not to coerce. I have to say that I am very concerned about the creation of navigators. Navigators, to me, sound like expert steerers, and I have previously said in this debate that steering is the elephant in the room—people feeling pressured to make a decision. That is why we are all familiar with an amendment that was moved in the other place by the member for Armadale that seeks to prevent doctors from raising the issue with the patient.

The minister has indicated to Hon Kyle McGinn that it is the intent of the Indigenous navigators to provide an assisting role, not a coercive role. How is that protected under the provisions of this bill?

Hon STEPHEN DAWSON: Obviously, there are provisions in the bill that prevent coercion. Clause 99, "Inducing another person to request or access voluntary assisted dying", lays that out. Clause 99(2)(b) states —

> Penalty for this subsection: imprisonment for 7 years.
>
> Summary conviction penalty for this subsection: imprisonment for 3 years and a fine of $36 000.

The primary role of care navigators is to assist patients who need support in obtaining information about, or access to, voluntary assisted dying. For example, those care navigators can help a person to find a coordinating practitioner or a consulting practitioner.

Hon NICK GOIRAN: Minister, these care navigators do not currently exist, as I understand it. The government will have to do some work to create these roles. How long does the government anticipate it will take to create these care navigator roles?

Hon STEPHEN DAWSON: Honourable member, during the 18-month implementation phase, the government intends to extensively consult on these roles. The member was particularly asking about the Aboriginal roles, was he not?

Hon Nick Goiran: Yes.

Hon STEPHEN DAWSON: The intention is to have extensive and detailed consultation, and work with Aboriginal communities and health services. As Hon Kyle McGinn pointed out, we want to enable the development of appropriate models of cultural, spiritual and practical support for Aboriginal people, so we will build on the consultation work that was undertaken by the ministerial expert panel and we will work closely with a range of stakeholders, including the Aboriginal Health Council of Western Australia, other Aboriginal health services, WA Country Health Service, other health service providers and the WA Primary Health Alliance.

The short answer—I apologise that I am not giving the honourable member too many short answers this afternoon!—is that that work will be done during that 18-month implementation phase. Whether it will take a week, two weeks or six months, I cannot tell the member. But upon passage of the bill, that work will be done during that implementation phase.

Hon NICK GOIRAN: Is there any prospect, by the government, that the bill will come into operation prior to these Indigenous care navigators being in place?

The DEPUTY CHAIR: May I draw the minister's attention to the time. Does the minister think he can answer it very quickly?

Hon STEPHEN DAWSON: No. I was going to suggest that I need further information. I want to be clear on a particular point.

Committee interrupted, pursuant to standing orders.

[Continued on page 8313.]

Sitting suspended from 4.15 to 4.30 pm