VOLUNTARY ASSISTED DYING BILL 2019

Committee

Resumed from 19 November. The Deputy Chair of Committees (Hon Robin Chapple) in the chair; Hon Stephen Dawson (Minister for Environment) in charge of the bill.

Clause 5: Terms used —

Progress was reported on the following amendment moved by Hon Nick Goiran —

> Page 8, lines 7 to 9 — To delete "administration of a voluntary assisted dying substance and includes steps reasonably related to that administration;" and substitute —
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> > process by which a person is given assistance to die in accordance with this Act, whether by voluntary euthanasia or by assisted suicide;

Hon NICK GOIRAN: For the benefit of members, we are considering clause 5, which is the proposed section of the bill that sets out the terms defined in the legislation. These terms appear on multiple occasions throughout the bill. One of those terms presently before us for consideration is the term "voluntary assisted dying", which is found on page 8 starting at line 7. I am seeking to amend that term with amendment 143/5 that stands in my name. This amendment to the definition of voluntary assisted dying makes it explicitly clear that this bill provides for a voluntary assisted dying scheme in Western Australia where both assisted suicide, which is self-administration, and voluntary euthanasia, which is practitioner administration, are available to eligible patients. Unlike my previous amendments to change the title of the bill to remove the term "voluntary assisted dying" from the title of the bill, this amendment retains that term in the title of the bill, in clause 5 as well as in the title of the Voluntary Assisted Dying Board established under part 9. However, it does seek to elucidate exactly what voluntary assisted dying entails based on longstanding use of the terms "voluntary euthanasia" and "assisted suicide" in the Netherlands, Luxembourg and Belgium, where causing the death of a person by both practitioner administration and self-administration of a poison has long been legally practised with different guidelines and procedures in place. These overseas jurisdictions do not lump the two distinct practices of practitioner administration and self-administration together as this bill currently does. The two different forms of administration and cause of death have always been and still are clearly distinguished in these jurisdictions via terms like "voluntary euthanasia" and "assisted suicide". The term "voluntary assisted dying" does not clearly distinguish between the forms of administration provided for in this bill. I know that there are members of this place who, although they are sympathetic towards voluntary assisted dying being available by way of practitioner administration, have grave concerns about self-administration. I am certainly a member who has grave concerns about self-administration, but we need to be clear that in this bill we are allowing two different forms of voluntary assisted dying—practitioner administration and self-administration. They are not the same, and there are, obviously, significant differences in risk between those two things.

Very different reporting and procedural requirements, including extra levels of assessment, witnessing and certification, are ascribed in this bill to practitioner administration compared with the reporting and procedural requirements around self-administration. Since this bill takes a very different approach to practitioner administration and self-administration, it follows that these very different voluntary assisted dying methods, and the legal framework around them, should be explicitly acknowledged in the bill through the employment of the terms commonly used to describe these methods—voluntary euthanasia and assisted suicide. This amendment should be supported to provide definitional clarity for practitioners and the general public. This amendment would also provide clarity for reporting purposes, both to the Voluntary Assisted Dying Board and also under clause 81 with regard to death certificates.

Hon STEPHEN DAWSON: I indicate that the government is not supportive of the amendment that stands in Hon Nick Goiran's name. This issue was canvassed previously at clause 1, so I do not propose to go into that detail again. However, I will say that the government is firm on the model of voluntary assisted dying and does not propose to change the model or the terminology—the terms are clearly defined in the bill.

Hon NICK GOIRAN: If my amendment were successful, would it change the model?

Hon STEPHEN DAWSON: I have said generally that we do not propose to change the model or the terminology. I do not want to get into semantics.

Hon Nick Goiran: Just answer the question, then move on.

Hon STEPHEN DAWSON: I have indicated that the government is not supportive of the member's amendment.

Hon NICK GOIRAN: For the record, in the absence of an explanation by the minister, let it be clear to the people of Western Australia that my amendment would not change the model. I invite the minister to correct the record if he disagrees with that proposition.

Hon AARON STONEHOUSE: I honestly cannot see anything objectionable about the amendment moved by Hon Nick Goiran. As far as I can tell, it does not seem to insert any new language that might be problematic or offensive. It goes back to the point I made last night, which was that I am concerned about a softening, coddling or watering down of language to the point at which words no longer have their proper meaning and we wrap this legislation in cottonwool to prevent causing offence to certain people who are particularly sensitive to certain language. It is certainly not my intention to use language that would cause anyone distress, but it seems to me that a clearly understood definition of "assisted suicide" would aid in understanding exactly what this legislation does. In fact, a clear explanation of what this legislation deals with, which is assisted suicide, really appears only once in this bill. A comprehensive explanation of what the legislation aims to do is strangely absent from the bill. Voluntary assisted dying is described in this bill as —

> … the administration of a voluntary assisted dying substance and includes steps reasonably related to that administration;

"Voluntary assisted dying" is defined only as the taking of a substance, but then the substance is not described as a poison, so it is a little hard to follow and understand exactly what voluntary assisted dying is when one reads the terms in the bill. Making that a little clearer to the reader and the public might be of benefit. Without a compelling argument the other way, I cannot see that the inclusion of this new term would diminish the bill in any way or interfere with its operation, but I am happy to be proven wrong on that part. I will be paying close attention to the response by the minister.

Hon STEPHEN DAWSON: Honourable member, I made countless remarks on this point in the debate on clause 1, so I do not propose to raise it again. I have been very clear. I have to say that I am deeply offended by the member's suggestion that we are trying to pretty things up, which were the words the member used last night, or to coddle people. To suggest such things is utter rubbish. The clause 1 debate was extensive; I was told today it went for 14 hours, and it is the right of this Parliament to ask appropriate questions about clause 1. When this issue was canvassed in the debate on clause 1, I indicated that the government did not support this language, and I outlined why it did not. I remain of that view, and I have indicated that the government is not supporting the amendment standing in Hon Nick Goiran's name.

Hon SIMON O'BRIEN: While we are talking about these things, I will make good on one of the undertakings I gave in my second reading contribution when I expressed my concern about the Orwellian approach that this government is taking through this proposed legislation, with the government saying that when someone deliberately ingests a poison with the intention of killing themselves, it is not suicide. It is. Yet, the government is proposing to pass a law saying what is, is not. Elsewhere in this bill we are proposing to say that if someone assists a patient who requires the assistance to ingest a poison either orally or intravenously with the express intention of terminating that person's life, it is not euthanasia. It is. Just because the government passes a law with its numbers through its caucus room saying what is, is not, does not make it right. There are several other examples of this disturbing phenomenon here, and it disturbs me in a number of ways. I have mentioned that it is Orwellian—this sort of newspeak that the Labor Party seems to like, which it seems determined to thrust upon the rest of society. Fundamentally, I do not like it, because it is wrong. I do not like the fact that there do not seem to be enough members in this place at this time, and particularly in another place, prepared to stand up and say this is just humbug. Hon Aaron Stonehouse is, so the minister can pour scorn on him because he does not like his terminology when he has the temerity to question the minister's. The reason I am rising at this stage is that the matter currently before us is an attempt by Hon Nick Goiran, and has he not been vilified publicly —

Several members interjected.

The DEPUTY CHAIR: Members! We are dealing with the clause before us.

Hon SIMON O'BRIEN: I am standing up. I am sorry if it is not fashionable enough for members. I am standing up to support Hon Nick Goiran, because he is calling out the proponents and supporters of this bill over this particular piece of humbug. It is via this amendment, and others related to it, that he is seeking to correct or prevent a wrong from being done on our statute book, and rightly so. That is why he will have my support in this particular matter. I fear that the amendment will not be successful though. That is why I am on my feet—to place on the record that at least some members in this place were prepared to resist this nonsense that when people deliberately kill themselves, it is not suicide; it will be called something else. When we administer poison, do not call it medicine. Medicine is meant to heal. When we administer medicine to a patient to kill them, it is not euthanasia. That is just a nonsense.

Hon Alannah MacTiernan: Any medicines are on the poisons list. That point has been made.

Hon SIMON O'BRIEN: Please do not be disingenuous about such a matter.

Hon Alannah MacTiernan interjected.

The DEPUTY CHAIR: Member! Order!

Hon Alannah MacTiernan interjected.

Hon SIMON O'BRIEN: What the heck does that have to do with the price of fish?

The DEPUTY CHAIR (Hon Robin Chapple): Members! When I call order, I want conversation across the chamber to stop. Is that clear? Thank you. In fact, Hon Simon O'Brien is addressing his comments through me to the minister for a response from the minister.

Hon SIMON O'BRIEN: Indeed, that is what I am trying to do, Mr Deputy Chair. Thank you for reminding members of that—members who want to mutter away in the background, at the risk of incurring your displeasure by distracting me, and we would not want that.

As it seems to have been raised in the ether, I do understand what the Poisons Act is all about. I was working with it for years before I came into this place, so I thank members via their interjections for their attempts to be helpful but they are not being helpful; they are being disingenuous by deliberately misrepresenting the context in which I am using the term "poison". The minister ought to know that. If she does not, heaven help her.

I would have concluded my remarks before now but for interjections and but for the fact that I feel constrained to offer the observations that I have in large part because of the demeanour that has been exhibited towards me by members on the benches opposite and other members in this place in connection with this bill. They might not like the fact that their perfect bill is being questioned. That is tough, but that does not give them the right to criticise the processes from within this house or from without. If they choose to do so anyway because they have no respect for established protocols and no respect for plain English, they should not be surprised if they get a dose of their own medicine back at them. I might have to participate a little more in this debate if that is the sort of attitude that they are going to display to those of us who are watching attentively, even if not participating as fulsomely as some.

For now, I place on the record why I support this amendment. I challenge anyone to get up and argue with what I am saying, to gainsay that this government, through its bill, is trying to replace the meaning of well-understood terms with different terms. I do not know if it is trying to get around life insurance premium technicalities or whatever the hell it is trying to do but I object to it and the way it is going about it. It is contemptible.

Amendment put and negatived.

Hon AARON STONEHOUSE: When we last sat, I asked a question about the definition of the term "patient" in clause 5 at line 11 on page 6 of the bill and how that relates to the obligations of medical practitioners in division 2 of part 3. I pointed out that there was what I thought was inconsistent language used in division 2. Clause 17 says that a person may make a request, but clause 19 refers to a patient making a request. The minister explained to me the difference—at first, a person making a request may not be a patient of a medical practitioner. That is fair enough; it makes sense. I would like to raise with the minister a concern I have, and this may be better addressed on division 2, but I will mention it now in case any aspect of it can be addressed now; otherwise, I am happy to pick this up again at a later stage. The term "patient" is defined in clause 5 in rather broad terms. As I said, in clauses 19 and 20, rather onerous obligations are put on medical practitioners. Clause 20, "Medical practitioner to record first request and acceptance or refusal", states —

> The medical practitioner must record the following in the patient's medical record —
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> (a) the first request;
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> (b) the practitioner's decision to accept or refuse the first request;
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> (c) if the practitioner's decision is to refuse the first request, the reason for the refusal;
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> (d) whether the practitioner has given the patient the information referred to in section 19(4)(b).

That sounds rather reasonable if we use the common understanding of "patient" and the therapeutic relationship that a patient and a medical practitioner would have. It is a patient and their regular general practitioner. The medical practitioner knows the patient and they have their identification and their medical record on hand; they know who that person is. However, the definition of the term "patient" in clause 5 states —

> ***patient*** means a person who makes a request for access to voluntary assisted dying under this Act;

The term "patient" as defined in clause 5 seems to be almost indistinguishable from the term "person" as is used loosely in clause 17. It could be merely someone who approaches a doctor on the street and says, "Hey, doc, tell me about voluntary assisted dying" or "I want to access voluntary assisted dying." The medical practitioner may have no relationship with that person or patient, but under clause 20, the medical practitioner has an obligation to record the request in the person's medical record and submit forms to the board, among other obligations. I see this as potentially being a problem for medical practitioners with their obligation to record certain information when the person makes the request, whether the language used is "person" or "patient". The medical practitioner may have no relationship with that person; the medical practitioner may not know them, may not be able to identify them

and may not be able to identify their medical record. I am happy to talk about this when we get to that division, but I think it is relevant when we are looking at the definition of the term "patient" in clause 5.

Hon STEPHEN DAWSON: I appreciate the honourable member's comments. This issue will be addressed under division 2 of part 3, so I am happy to have a further conversation with him then.

Hon NICK GOIRAN: The next amendment that stands in my name is at 145/5. I foreshadow, as I did yesterday evening, that this is an example of an amendment that I would like to leave on the supplementary notice paper. It is, effectively, consequential on an amendment to clause 11 that stands in my name at 155/11. I would, potentially, seek to move this amendment in due course if we were to recommit the bill for consideration of clause 5.

Clause, as amended, put and passed.

Clause 6: Decision-making capacity —

Hon NICK GOIRAN: Could the bill continue to operate if clause 6 were defeated?

Hon STEPHEN DAWSON: In our view—no. Decision-making capacity is fundamental, to our view.

Hon NICK GOIRAN: To be clear, the advice the minister is giving the house is that if clause 6 were defeated the entire bill would become inoperable and there would be no ability for anybody to determine what decision-making capacity is. I want to be very clear about the advice the minister is giving to the house so that there is no possibility of us being confused in any way. I am not asking the minister to indicate whether it is the preference of the government for clause 6 to be in the bill. Self-evidently, the answer to that question is yes. That is not the question that is currently being considered. The question that is being considered is: if clause 6 were defeated, would the bill become inoperable?

Hon STEPHEN DAWSON: I am told that it would not render it inoperable, but it would weaken the safeguard. Decision-making capacity and the determination thereof could be determined. However, it is an essential safeguard and is therefore made explicit in the bill.

Hon NICK GOIRAN: Thank you, minister. That is how we make progress—when we get a straightforward answer to a straightforward legal question. For the benefit of members, it is now clear that if clause 6 were defeated, the bill would not be inoperable. It is open to members to oppose this clause in the bill and the bill will continue to be able to operate. It is open to members to do that. In light of that, the minister has indicated that the preference and desire of the government is for clause 6 to be retained because it is an important safeguard. Can I take the minister to clause 6(3), which states —

> For the purposes of this Act, a patient is presumed to have decision-making capacity in relation to voluntary assisted dying unless the patient is shown not to have that capacity.

Is that a statement of common law? Would that already be the case irrespective of whether clause 6(3) is included in the bill? In other words, is that reconfirming what would already be the case, irrespective of whether clause 6 is passed?

Hon STEPHEN DAWSON: It is in common law, but we are choosing to have it included in the statute law, which is consistent with the Mental Health Act.

Hon NICK GOIRAN: We have had a clarification that if clause 6(3) is deleted and we strike it out now, it will make no difference whatsoever in Western Australia because, of course, it is already the case that a patient is presumed to have decision-making capacity unless they are shown not to have that capacity. I anticipate that the minister will say that it does no harm to include clause 6(3) and it is the preference of the government; I am not disputing that. I am simply making the point that whether clause 6(3) is included or not makes no difference whatsoever.

That takes us to the heart of clause 6, which is 6(2). The minister has indicated that clause 6 is an important safeguard—that is why the government wants it included. I understand why he says that. Can the minister indicate whether clause 6 is based on any other model—for example, the Victorian legislation?

Hon STEPHEN DAWSON: The definition of "decision-making capacity" in this bill is consistent with the provisions in the Western Australian Mental Health Act 2014, so I am told that medical practitioners are already familiar with the WA definition. The definition that is used in the Victorian legislation reflects the definition in the Victorian Medical Treatment Planning and Decisions Act 2016.

Hon NICK GOIRAN: I have a copy of the Victorian Voluntary Assisted Dying Act in front of me. There is one provision in the Victorian act that is missing from the safeguards that the minister has indicated are very important for Western Australia. The minister said to us this afternoon that the government desires clause 6 to be included because it is an important safeguard, yet there is one provision missing from the Victorian legislation. I draw members' attention to section 4(b) of the Victorian legislation, which includes the phrase —

retain that information to the extent necessary to make the decision;

The member for Girrawheen—the minister's colleague in the other place—moved a proposed amendment to include that provision of the Victorian legislation at clause 6 of the Western Australian legislation. The minister indicated to us earlier this afternoon that clause 6 is very important for the government, despite the fact that, as he confirmed to me, if clause 6 were defeated, the bill would still be operable. As the government is passionate about this safeguard, should we not include the provision at section 4(b) of the Victorian legislation, as proposed by the member for Girrawheen?

Hon STEPHEN DAWSON: No.

Hon NICK GOIRAN: Given that wholly inadequate response by the minister, I move —

Page 8, after line 24 — To insert —

(aa) retain the information or advice to the extent necessary to make the decision; and

Hon MARTIN PRITCHARD: I seek clarification of the amendment. It says, "retain the information or advice to the extent necessary to make the decision". Is that retained physically or mentally?

Hon NICK GOIRAN: It is a reasonable question and I will explain the basis for my amendment, which will capture what the honourable member just asked. This particular amendment that I have moved will lift clause 6 of the Western Australian legislation to the standard of the Victorian legislation. In other words, it is my proposition to members that clause 6 of our legislation is verifiably less safe than the Victorian legislation. This amendment will bring us up to speed with the Victorian legislation, specifically section 4(1) of its Voluntary Assisted Dying Act 2017. It is word for word the amendment that was moved by the member for Girrawheen in the other place. That amendment was defeated because, as members know, the government's attitude in the other place was that all amendments be defeated. It is unusual that clause 6(2) before us largely reflects Victorian section 4(1) with this notable absence; however, the requirement that a patient be able to "retain that information to the extent necessary to make the decision" is found in Victorian section 4(1)(b). I quote from *Hansard* on 4 September this year at page 6431, when the minister in the other place said —

> … clause 6(2) sets out a range of matters about which the person must have a level of awareness and understanding. That would be ascertained through not only an exhaustive conversation with the patient, but also a thorough examination of that patient's records, and, indeed, a conversation with that patient's other specialists. In particular, the patient must make ongoing and continuous requests and be assessed at different stages of the voluntary assisted dying process to ensure that they understand the decision they are making and have the capacity to make that decision, and that their decision is enduring.

The minister in the other place reiterated not only the enduring nature of the patient's request or decision to access voluntary assisted dying, but also the enduring nature of the person's capacity. This amendment to include the words "retain the information or advice to the extent necessary to make the decision" supports the principle that the patient's decision-making capacity must be enduring or ongoing. If the patient cannot retain the information to the extent necessary to make the decision, surely that patient does not have decision-making capacity for the purposes of making a voluntary assisted dying request. This should be mandated in clause 6, as it is in the Victorian legislation.

I note the comment made by Dr Mike Nahan, the member for Riverton, in the other place regarding the relevance of the amendment given the government's assurance that voluntary assisted dying will not be available for people suffering from dementia and Alzheimer's disease. I quote from *Hansard* on 4 September this year at page 6465, when the following remarks were made —

> I recognise that this has to be done twice by two medical practitioners, but it seems as though retention is an important point. I add that a large number of supporters of voluntary assisted dying in the community want it to apply to people with dementia. That is the reality. They hope that having a living will allows them to do this, but we are not doing that here. However, there is no doubt that many of them—the public—think right now that this will apply to them if they get dementia. This is a real process that we will have to deal with. Therefore, I think that a statement of retention, as the member for Girrawheen has proposed in the amendment, is a sensible approach to addressing this very important issue.

The minister in the other place indicated that the words employed in clause 6 are consistent with the provisions of the WA Mental Health Act 2014. That is, in fact, what the minister in this chamber said to us this afternoon. That is true. Clause 6(2) reflects section 15(1) of the Mental Health Act 2014, but what the minister has not told us this afternoon, and has chosen not to tell us, is that clause 6 does not include the wording of section 15(2) of the Mental Health Act 2014. Section 15(2) states —

(2) For the purposes of this Act, a decision made by a person about a matter relating to himself or herself must be made freely and voluntarily.

This government just picks and chooses the ways in which clause (6) is consistent with section 15 of the Mental Health Act 2014. Surely, members, in a decision the consequence of which will be that the patient's life is ended, it would be better to bring the Western Australian bill's definition of "decision-making capacity" up to the standard of the Victorian legislation, regardless of whether the words "retain the information or advice to the extent necessary to make the decision" appear in section 15 of the Mental Health Act 2014. The bill itself provides that a minimum of nine days must pass between the patient's first request and the patient's final request. If the patient cannot at the very least retain the information to the extent necessary over those nine days, surely the patient cannot be assessed as having decision-making capacity for the purposes of making a voluntary assisted dying decision. I therefore urge members to support this amendment, which, as I say, is word for word the same as the amendment moved by the member for Girrawheen in the other place, and is word for word the same as the legislation in Victoria.

Hon STEPHEN DAWSON: Can I indicate that we do not support the amendment that stands on the supplementary notice paper in the name of Hon Nick Goiran. I had mentioned in my earlier contribution that the definition of "decision-making capacity" in the bill is consistent with the provisions in the WA Mental Health Act 2014. The reference to "retain the information" is a reference to the Victorian legislation and is not reflective of Western Australian legislation. The definition used in the Victorian VAD act reflects the definition in the Victorian Medical Treatment Planning and Decisions Act 2016. The reference in that act to "retain the information" is not reflective of our Western Australian legislation.

Can I also say that medical practitioners are already familiar with the definition of decision-making capacity in the WA Mental Health Act. The bill requires the patient's decision-making capacity to be assessed at several stages, and, at each stage, the patient's capacity to understand any information or advice about the voluntary assisted dying decision, the matters involved in the decision, and the effect of the decision, are to be weighed up. If the patient is unable to retain the information whenever they are being assessed, clearly they will not have decision-making capacity.

I also want to make the point that because voluntariness is already built into the bill as an eligibility criterion, it is not necessary to include it twice.

Hon RICK MAZZA: I rise to support the amendment that has been proposed by Hon Nick Goiran at 59/6. To me, clause 6 within this bill is absolutely crucial to its operation. It is fundamental that people have a decision-making capacity in order to be able to access voluntary assisted dying. Retaining the information is supremely important. Clause 6 talks about someone understanding the information and advice, and understanding the effect of a voluntary assisted dying decision. But they have to be able to retain that information. People can—as I suspect this bill provides for—change their mind at any time. If they are unable to retain that information, for whatever reason, because of whatever condition they may have, I would be very, very concerned that something like this would slip through the net. I cannot see any reason why we would not include the amendment that is before us—that a patient is able to retain the information that has been provided to them. With that, I most definitely will be supporting this amendment.

Hon ADELE FARINA: I would like an explanation from the minister as to what harm would be caused if this amendment were adopted.

Hon STEPHEN DAWSON: As the honourable member can see, there has been a bit of conversation about that. My advisers tell me that it is not about harm, but it would be an unnecessary inclusion and it would be a legislative inconsistency.

Hon ADELE FARINA: Can the minister explain what he means by a "legislative inconsistency"?

Hon STEPHEN DAWSON: Earlier, I indicated that this is based on words in the Mental Health Act 2014. The words that we have used in this bill line up with the words used in that act, which is the same as the Victorian legislation. It uses words in its equivalent legislation. I am happy to give the member that name again, but I have placed it on the record. To include it would mean that it would not be consistent with the Mental Health Act.

Hon COLIN TINCKNELL: I will be supporting this amendment. It is one of the worthwhile safeguards that is needed. The role of this chamber is to make bills better from when they come into this chamber to when they leave this chamber. I see this as something that is worthwhile and a great safeguard. I have noticed right through the whole process that certain amendments have already changed, and the government has put up amendments since we started this process. That is a very important role for this chamber to play. There has been progress today and there will continue to be progress, provided people look at each line and each amendment, consider them, and not just refuse them outright—give them some thought. I will be supporting this amendment.

Hon AARON STONEHOUSE: I think this amendment requires careful consideration. As a supporter of someone's right to access voluntary assisted dying, it is essential that we ensure people accessing voluntary assisted dying are

doing so of their own free will, are capable of making decisions, are fully informed and have capacity. However, I do not want to see us go down the path of making the entire process too onerous, making it perhaps inconsistent with other legislation in this state, or making it cumbersome or hard to understand. There is obviously a fine balance between ensuring that vulnerable people are not inappropriately accessing voluntary assisted dying while not making the entire scheme unworkable.

That being said, on the question about whether a patient can retain information and advice, the minister pointed out that capacity is assessed at several stages along the way. To what extent is someone's ability to retain information assessed at each of those capacity assessments? I can see here that, obviously, someone's ability to understand information and advice about voluntary assisted dying is one of the assessments, as is their ability to understand matters involved in the voluntary assisted dying decision; understand the effect of a voluntary assisted dying decision; and weigh up the factors referred to in clause 6(2)(a), (b) and (c) and so on. In any of those aspects of the capacity assessment, is someone's ability to retain information assessed? To what extent is the ability to retain information reflective of someone's capacity to make decisions? If someone is suffering from a disorder due to which they have an issue with retaining information—something affecting their memory—will that affect their capacity to make decisions; and, if so, to what extent? Can the minister help me understand that a little bit more?

Committee interrupted, pursuant to standing orders.

[Continued on page 9062.]

Sitting suspended from 4.15 to 4.30 pm