

Hon Peter Collier; Hon Martin Pritchard; Hon Alanna Clohesy; Hon Adele Farina; Hon Alison Xamon; Hon Colin Tincknell; Hon Alannah MacTiernan; Hon Michael Mischin; Hon Robin Chapple; Hon Aaron Stonehouse; Hon Samantha Rowe; Hon Darren West; Hon Pierre Yang; Hon Stephen Dawson; Hon Sue Ellery

JOINT SELECT COMMITTEE ON END-OF-LIFE CHOICES

Amendment to Motion

Resumed from an earlier stage of the sitting.

HON PETER COLLIER (North Metropolitan — Leader of the Opposition) [5.09 pm]: I want to make some further comments in support of the amendment made by Hon Nick Goiran. I think that the amendment serves to improve the motion in the first place. To reinforce what I said earlier, I hope that in this chamber we never get to the point at which we make a decision based upon what the other place might do. The so-called practical consequences should not be taken into consideration for what we are debating in this chamber. In this chamber we are debating and looking for ways to improve this motion to ensure that it does what it should—that is, to ensure that it will be an open, flexible and transparent committee and that all views will be heard. Hon Robin Chapple said that he would ensure that that will happen on the committee.

Hon Robin Chapple: If I'm on the committee.

Hon PETER COLLIER: Of course, I do not want to pre-empt membership of that committee. Quite sincerely, I have the utmost respect for Hon Robin Chapple—I really do. We are pretty much poles apart on a lot of issues, but I have utmost respect for him, and I think that he is a man of integrity and he will probably do what he said he will do. Having said that, it is not about the member; he may be on the committee with seven other people. My point is that Hon Robin Chapple said that he will ensure that it happens, so why not ensure that it does happen by putting a reference to assisted suicide and euthanasia into the motion. To me, it seems ridiculous. If the member agrees with that, why not just put the reference into the terms of reference?

Hon Robin Chapple: Lots of things are in the terms of reference. We have a broad terms of reference that covers everything.

Hon PETER COLLIER: Let us have a look at that. Hon Sue Ellery said that “in particular it does not restrict”. If it does not restrict, why not put it in? This is a particular concern and a particular interest. Why on earth are we running away from putting into the motion “on euthanasia and assisted suicide”? These issues are very, very pertinent to, dare I say it, this issue in a generic sense. Yes, we could draw on a whole raft of other areas, but we are talking about something very specific—it is euthanasia and assisted suicide. If the Leader of the House and Hon Robin Chapple do not have a problem with including a reference to euthanasia and assisted suicide, I do not understand why they are arguing against this amendment. Quite frankly, all we are trying to do is to get to a consensus position. This is an issue of social conscience. We are not talking about increasing land taxes or building another school in Meekatharra; we are talking about the right to life and euthanasia. This is an issue of major consequence and a lot of people have very, very passionate views on it—as does Hon Robin Chapple. All we are doing with this amendment is ensuring that this very, very pertinent aspect of the debate is covered and not ignored. Hon Robin Chapple does not disagree with that, because he said that he would make sure that it will happen. I will play the devil's advocate here. I would suggest that the three Labor members in the other place on the committee have very, very firm views on this issue—as does Hon Nick Goiran. There are three Labor members to one from the Assembly and potentially another Labor member and Hon Robin Chapple from this chamber. Again, I have the utmost respect for Hon Robin Chapple, but his having that view does not necessarily guarantee that it will happen; it really does not.

I do not think we are asking too much. We are not trying to be difficult, for goodness sake; we are just asking members to be reasonable about this. If the government is really genuine about having an open and transparent committee that will address all these issues and, in particular, the issues of assisted suicide and euthanasia, put it in the terms of reference. We are not usurping or remotely extinguishing the power of the committee; we support the motion. The opposition is not being unreasonable. Hon Nick Goiran is not being unreasonable. Members agree that they do not have a problem with a reference to assisted suicide and euthanasia, and purportedly the committee will cover it. Unless members have something to be afraid of or perhaps they are going into this committee with a predetermined idea about what they want to come out at the other end, they should just accept this amendment. I say to members: just accept this amendment. This is not a flippant issue; this is an issue of social conscience. We are not being unreasonable. All we are asking is that members accept this amendment and everyone will be happy. The lower house will accept it. It cannot argue against. It will see the writing on the wall. It wants to get this committee up and going and we do not want to stop it. How can members argue against the terrible situation of other members potentially making a contribution to the debate? Will part of the change to the standing orders that will come next month from the government remove that right? It is okay for every other committee; every other committee in the Legislative Council has that right. That is why we are so much better than the other place. We allow that diversity of opinions. We are not restricted and do not have that very enclosed, hidden collective

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decision-making that the other place has. We have an open, transparent view. This issue will get a high public profile. I can tell members that I have some views on it and I will express them when I look at the committee report and deal with the ultimate legislation. I will be following the debate and I would like to have the opportunity to question someone if there are issues I would like to know about. I really do not want that opportunity denied to me. We are not being unreasonable. All we are asking for is that which is done for every other committee in this place. If members on the other side or those who will vote against this amendment can put their hands on their hearts and say that what we do in every other committee is not wrong, how can they vote against this amendment? They cannot. They cannot vote against this amendment if they say it is right for every other committee.

In conclusion, we are not asking too much with these amendments. We are not moving them to usurp or derail the committee, or to put forward some preconceived outcome; we are doing it to ensure that all views are held, that the committee is open and transparent, that it adheres to the conventions of this chamber and that, ultimately, come the end of it, the report will reflect all of those issues. That is what we want. If members really want to push a preconceived notion of what they want that report to conclude, they should not support these amendments, but if they are genuine about this issue—I accept the views of Hon Dr Sally Talbot; she has been consistent with her views—do not deny us this. All we are asking for is members to say that things will be open and transparent and that as many views as possible will be allowed so that ultimately they can make the decision about this issue and also on the enormity of views canvassed as a result of the committee deliberations. Having said that, I commend Hon Nick Goiran for moving this amendment. We will continue to support the motion, but it will be much improved with this amendment.

HON MARTIN PRITCHARD (North Metropolitan) [5.18 pm]: Hon Peter Collier has convinced me somewhat. I believe that the current wording allows for a broad range of items to be investigated, but I also believe that whatever words are in the terms of reference influence where the committee directs its mind. I think the first part of the amendment is good and I intend to support it. I am pleased that Madam President determined that the amendment be decided in two parts, because I do not believe that it is in the best interests of the committee to open up its membership further. I think an eight-member committee will be quite broad ranging in itself, and opening it up further, as my experience with committees shows, means that it will not focus very well. I will not be supporting the second amendment. If the two amendments had been put as one, I think I might have let the first one go through, so I think Madam President did the right thing by Hon Nick Goiran and secured an additional vote. That is the way I intend to vote.

HON ALANNA CLOHESY (East Metropolitan — Parliamentary Secretary) [5.20 pm]: I want to briefly address both parts of the amendment, even though they will be taken separately. I will look first of all at the section of the amendment about whether a paragraph about examining the impact on suicide prevention should be included. Although I recognise the honourable member's concerns about this issue, a number of things need to be considered. First of all, the original motion is quite broad in the way in which the committee is established, for a couple of reasons. The definition of "end-of-life choices" should be up to the committee to consider. What does the committee mean by "end-of-life choices"? What I mean by "end-of-life choices" might be something very different. The committee may need to come to a shared understanding about a range of definitions and terminology. That has been the experience of committees in other jurisdictions when examining this issue. In order to come to that shared understanding, that the committee is considering a particular type, it will need to consider that.

That was the case in Victoria, where definitions and terminology needed to be clarified. The Australian Medical Association, for example, set out its own set of definitions and terminology on this issue. While the AMA might be considered a leader in the debate about what a particular activity means, other voices need to be heard. For example, the AMA has definitions of "voluntary euthanasia" and "passive euthanasia". The terms of reference in the original motion are broad enough to allow the committee to consider the question across a range of jurisdictions. The Québec jurisdiction looked at this particular issue in 2016, particularly providing physician-assisted dying for people with mental illness. They looked at this in the context of case law, and what it might mean for future legislation. The committee was able to do that because of the broad reference it was operating under. From my own personal understanding of what the role of the committee is to be, I think some key points in the original terms of reference of the committee are broad enough to allow debate to go ahead, and the committee can consider its own definitions. One of those is "end-of-life choices". The other hints of that are the terms "medical community", "terminal illnesses" and "the role of palliative care".

On the second part of the amendment, I cannot see anything in the original motion that would prevent members participating by observing the work of the committee or even making submissions to the committee. I cannot see anything that would prevent members from taking an active interest in the committee. As the chair of a broad joint committee, I think that the procedural and practical issues that need to be considered are great and many. The practical issues that need to be considered are how many times the committee might be able to meet, when it might be able to meet and the cost of running the committee. I have already experienced a range of those concerns and

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I would not want to do anything that would prevent the smooth running of this committee due to its size and scope. I think that eight members is the maximum and that anything broader would inhibit the smooth functioning of the committee. I, for one, do not want to do that.

HON ADELE FARINA (South West) [5.27 pm]: I want to speak very briefly on the amendment. We have been told by a number of contributors to the debate on this amendment that the provisions of the motion as it has been proposed do not preclude or prevent consideration of the matters raised in the first part of the amendment. If that is the case, I can see no offence created by supporting that part of the amendment. I strongly believe in the committee system and believe that this committee should be free to examine all aspects of this matter. We should not fear open and full debate on issues. In fact, we should be encouraging it on this and all other matters. We live in a democracy and need to consider all views in society in coming to a decision on this matter. I see no harm to the intent or purpose of the committee by adopting this part of the amendment. Indeed, in my view, it is important for all views to be considered and all aspects to be inquired into, so I will support the first part of the amendment.

On the second part of the amendment, I acknowledge that it is a provision that is in the standing orders of this house. I am somewhat limited in providing an example because I cannot disclose matters that have been discussed in committee, but I can tell members that we have not had an examination of the implementation of that provision. It may well be that in the practice of implementing this provision there are a number of problems. Although, on the face of it, it seems like a reasonable proposition, I suggest that members of this house who want to contribute to the consideration of the committee can do so by way of making submissions. I expect that the committee will invite submissions. As members of the house, we also have the opportunity to put our views on the matter on the record when we consider the committee's report. I can see a situation arising in which people with a particular view may come to question a witness who has a different point of view.

That could be quite disruptive to the work of the committee. I think we make a decision to establish committees of a certain size with a certain representation, and I think we should entrust the committee to do its work and acknowledge the fact that we have other opportunities to contribute to that process before a decision is made in the chamber and before we reach our own decisions. I will support the first part of the amendment, but not the second.

HON ALISON XAMON (North Metropolitan) [5.30 pm]: I rise to speak on this amendment. I was one of the members who participated in the debate on the Voluntary Euthanasia Bill 2010. By and large, my views on the matter are pretty much on the record. Having said that, a lot of nuances exist around this issue that I certainly hope will be captured; they have certainly honed my thinking around this matter in the last seven years.

From the outset, I have quite a bit of sympathy for the position put by Hon Nick Goiran in wanting to ensure that should this amendment not succeed, that will in no way be interpreted as any sort of endorsement by this place to not have as wide a debate as possible in the committee. In fact, that would concern me greatly. I understand some members are concerned about not holding up the deliberations of this committee any further by having a further amendment and having it go back to the other place for its further consideration. I recognise that many people just want to see us begin the activity of this committee as soon as possible and do not want to see it delayed any further.

Having said that, if the amendment put forward by Hon Nick Goiran does not get up, I would want to make it very, very clear that it is certainly my expectation—I hope it would be the will of the house—that in no way will the breadth of this debate be constrained. This issue is serious and important to many members of the community, on multiple sides and across the continuum of this debate, that it would be doing a great disservice to the public, to whom I believe we owe a duty, to try to limit the scope of this debate in any way.

For example, I have looked at the issue of the intersection with suicide prevention matters and measures, and I think it is a really important issue to unpick. Those of us from the suicide prevention sector take very seriously the intersection between people who have reached the end of life and need to make decisions, as opposed to people who, for a whole range of reasons, may be seeking support to die. I really hope that will be fully explored, and I would be extraordinarily unimpressed—in fact, deeply concerned—if there were any efforts to limit the scope of the exploration between these two matters. I really stress that point. Because the terms of reference of the committee have been framed very clearly within end-of-life decisions, hopefully, there will be some clear exploration and removal of, for example, any intersection between a desire to end one's life and people who experience depression or who have any form of mental illness or live with suicidal ideation. It is important that we ensure that these issues are very clearly distinct from the issues around decisions made at the very end of life and the role that the state may or may not play in the options for people. Likewise, I hope—I notice it is in the terms of reference—that due attention is paid to the state of our palliative care sector. As I have said before in this place on a number of occasions, I am deeply concerned about people seeking to have their lives terminated earlier simply because they cannot access appropriate palliative care. We have already discussed this matter in this chamber, particularly the impact that it could have on Aboriginal communities and people who live in rural and remote parts of the state. Although the terms of reference seem to focus particularly on medical responses and what happens

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when people reach end of life, I hope that a fulsome analysis is done on what is required to improve the status of palliative care within this state.

I have been thinking particularly about the first part of the amendment and have been contemplating how that could potentially be incorporated into the motion. It occurred to me that I do not want to inadvertently narrow the scope of issues that we could potentially be looking at. I want to be very clear that I absolutely support the intent of the motion so that when we are talking about euthanasia, we are also talking about the intersection with suicide prevention measures. I unequivocally support that. But I also want to be talking, for example, about the intersection with a desire of some people within the disability sector to die. I also want to fully explore some of the language that we use around disability and euthanasia and how that impacts on and influences the debate. For example, when we talk about people dying, we talk about dignity. I can say that people with disability are constantly calling for the inherent dignity of their lives and the way that they are living to be valued. I can tell members now that there are people with disability who take great umbrage at the way we use language around dignity, because they feel as though what is effectively being asserted is that their lives are somehow devoid of dignity. Likewise, when we talk about suffering. It is true that a lot of people who are living with disability are also living their lives in a degree of pain. They are very concerned that we are talking about suffering as though it is something that immediately must be alleviated through death. People with disability would say, “Hold on, I live with pain, and that may be your interpretation of suffering, but I do not accept that that means I have to die or that my life is not valuable and not worth continuing.” I think we need to be mindful of the way we use language.

Likewise, I want to pick up on the language we often use around “burden”. This is particularly concerning because often when people talk about euthanasia and the desire to take their lives, they talk about no longer wanting to be a burden to people. They may say, “I don’t want people to be helping me with intimate functions like toileting; I do not want people to assist me to feed.” They talk about the range of ways they consider themselves as being a burden on others. I point out that for many people with disability, this is their life. These are day-to-day functions, yet that does not mean that their lives are not inherently valuable, that they are not inherently important people and that they are not absolutely entitled to be treated as equal members of our community. I hope that as part of the scope of this committee, we will also explore, beyond the intersections with suicide prevention strategies, how the language that we use around euthanasia can inadvertently have detrimental impacts on valued and important members of our community. We need to ensure that we recognise that people with disability are often fighting to have their lives valued and recognised. I can tell members that they are often feel quite fearful of the medical profession and that they may go into hospital for a procedure only to wake up and discover that they suddenly have a “do not resuscitate” band around their wrist. That matter is raised with me time and again.

The scope of the words that have been used to describe the terms of reference of this committee is really broad. I share the concerns raised by people here; we need to ensure that it means that the intent is absolutely honoured and expected. I expect that and even without amendment, the sorts of issues I have canvassed and other issues that people in this place will raise, and are entitled to raise, will also be given the same level of respect and considered within the scope of this debate. That is my expectation. If it is anything less, quite frankly, I expect I will be a bit contemptuous of any outcome of this committee. If we want it to be the best it can be, we should not try to limit that scope.

I am also hoping and expecting that this committee will be inviting submissions for anyone who is interested, including members of Parliament, to raise a range of issues. It is too important an issue not to enable that to occur. I am pleased to hear that members in this place who have already indicated an interest to be on this committee, and who potentially will be on this committee, are committed to ensuring that that scope is respected, and I really hope that is the case. I wanted to make those remarks about this amendment and to make it quite clear that should it not succeed, I fully expect that it does not mean that there is any suggestion that the scope of the committee would be limited.

HON COLIN TINCKNELL (South West) [5.43 pm]: I will be brief. Today’s debate on this amendment to the motion is fantastic because this is such an important issue for everyone in Western Australia. The views of the house right across the board have been very encouraging. I took note when I heard Hon Martin Pritchard mention that he would be prepared to bring in the first part of the amendment if the second part were dropped. We on the crossbench are of the same thinking. We do not want to leave anything to chance. As Hon Peter Collier mentioned earlier, that is all. That is where we are coming from. We think it will be a worthwhile committee. However, we think that the first part of the amendment is very important. The crossbench mentioned that we would support the motion and we are, but we would like to compromise and work as best we can to move this debate forward and we are prepared to look at the first part being the only amendment.

The PRESIDENT: I will put the amendment. The question in front of us is an amendment moved by Hon Nick Goiran, which has now been split into two parts. The first part is —

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In paragraph (1) after “Choices” insert —

, subject to the Legislative Assembly agreeing to the following amendments to the resolution —

- (a) the insertion of a new paragraph (2)(e) in the following terms —
 - (e) examine the risks of introducing voluntary euthanasia, including the impact on suicide prevention.

The question is that the words to be inserted be inserted.

Division

Amendment (insertion of words) put and a division taken with the following result —

Ayes (14)

Hon Jim Chown	Hon Rick Mazza	Hon Tjorn Sibma	Hon Colin Tincknell
Hon Peter Collier	Hon Michael Mischin	Hon Charles Smith	Hon Ken Baston (<i>Teller</i>)
Hon Adele Farina	Hon Martin Pritchard	Hon Aaron Stonehouse	
Hon Nick Goiran	Hon Robin Scott	Hon Dr Steve Thomas	

Noes (17)

Hon Martin Aldridge	Hon Stephen Dawson	Hon Colin Holt	Hon Alison Xamon
Hon Jacqui Boydell	Hon Colin de Grussa	Hon Alannah MacTiernan	Hon Pierre Yang (<i>Teller</i>)
Hon Robin Chapple	Hon Sue Ellery	Hon Kyle McGinn	
Hon Tim Clifford	Hon Diane Evers	Hon Matthew Swinbourn	
Hon Alanna Clohesy	Hon Laurie Graham	Hon Dr Sally Talbot	

Pairs

Hon Simon O'Brien	Hon Darren West
Hon Donna Faragher	Hon Samantha Rowe

Amendment thus negated.

The PRESIDENT: We will now deal with the second part of the amendment moved by Hon Nick Goiran, which seeks to insert new paragraph (4)(b). The question is that the words to be inserted be inserted.

Division

Amendment (insertion of words) put and a division taken with the following result —

Ayes (12)

Hon Jim Chown	Hon Rick Mazza	Hon Tjorn Sibma	Hon Dr Steve Thomas
Hon Peter Collier	Hon Michael Mischin	Hon Charles Smith	Hon Colin Tincknell
Hon Nick Goiran	Hon Robin Scott	Hon Aaron Stonehouse	Hon Ken Baston (<i>Teller</i>)

Noes (19)

Hon Martin Aldridge	Hon Stephen Dawson	Hon Laurie Graham	Hon Matthew Swinbourn
Hon Jacqui Boydell	Hon Colin de Grussa	Hon Colin Holt	Hon Dr Sally Talbot
Hon Robin Chapple	Hon Sue Ellery	Hon Alannah MacTiernan	Hon Alison Xamon
Hon Tim Clifford	Hon Diane Evers	Hon Kyle McGinn	Hon Pierre Yang (<i>Teller</i>)
Hon Alanna Clohesy	Hon Adele Farina	Hon Martin Pritchard	

Pairs

Hon Simon O'Brien	Hon Darren West
Hon Donna Faragher	Hon Samantha Rowe

Amendment thus negated.

Motion Resumed

HON ALANNAH MacTIERNAN (North Metropolitan — Minister for Regional Development) [5.53 pm]: I am very pleased to be here today when this house is no longer dodging this very tough, existential issue that has faced us for many years. Across Australia, in the last couple of decades, there have been probably 15 or 16 attempts to introduce private members' bills to deal with this very complex issue that involves providing people who are suffering and in pain and distress at the end of their life with the right to medical assistance to relieve that pain and

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suffering. It is a really tough question. It forces us to consider our mortality. It forces many of us to consider some very deep questions about our religious views. It confronts some important issues about the sanctity of life and what this may do to the whole primacy that we give to protecting the right to life for our community. I am not in any way suggesting that this is an easy issue or that there is no reason that progress has not been made in the past. I have to say that I believe very profoundly that we, as elected representatives of our community, have an obligation to deal with these tough issues. There is absolutely no doubt in my mind that the vast majority of the population wants us to deal with this issue. As our community ages, through the advances in medical science and the allocation of resources to health care, people are living longer and life is being prolonged in a way that perhaps was not the case two or three decades ago. This creates challenges for us in what sort of life is left for many people.

Quite understandably, a number of members today raised the name Clive Deverall and Clive's decision to take his life on the last election day. One member suggested that this might have a more complex reason than a political statement. I last spoke to Clive at a meeting of Dying with Dignity Western Australia in November last year, in the lead-up to the last state election. He was begging us—me personally, and no doubt Hon Robin Chapple—not to let this ball drop again. He said that when the Labor Party got into Parliament—he was optimistic of our chances of getting into Parliament—it should not step away from dealing with this issue. Many members today have said that Clive was a great advocate of palliative care. He deeply understood palliative care and its limitations. At the last meeting that I had with him in November last year, Clive said he had calculated that at least 200 Western Australians every year were beyond the reach of the best weaponry that was available in the arsenal of palliative care. Notwithstanding the best endeavours of the best practitioners, there were people who, because of the nature of their condition associated with their terminal illness, were simply not able to get decent relief through palliative care and as a result were denied the opportunity to have a good death.

I know that we all think very deeply about this, but we must understand that although palliative care is going to be the most immensely important thing for many of us as we face our death, for hundreds of people each year palliative care will not be enough. We need to understand that this is not just a matter of resourcing. There are some limitations to our capabilities. In my view, we need to be very clear about that and make some very firm decisions about who should have the right to determine the level of pain and suffering that a person needs to endure in their last weeks or months.

Sitting suspended from 6.00 to 7.30 pm

Hon ALANNAH MacTIERNAN: As I was saying before we broke for dinner, I feel I made a commitment to Clive Deverall that I would not, this time round, shirk from picking up responsibility for and very actively supporting the legislation to ensure that Western Australians had the opportunity to, as I would like to put it, die with dignity.

I have always been a supporter of the notion that each person should have the right at the end of life, if they were suffering from distress and pain, to determine whether or not they want to end their life. There was no complication ever about me supporting that, but I have to say that I never gave it political priority. I want to particularly acknowledge the work of Hon Robin Chapple and the position he took up, when I was last in Parliament in the other place, in bringing forward a bill and seeking to stimulate debate and provide an opportunity for this Parliament to really seriously consider an issue that is very, very important to many Western Australians. I have to say that, although I have absolutely always been a supporter of the principle and have certainly recognised the complexities and that a raft of very strong protections need to be put in place, I had not made this a political priority.

In 2014 on one of those wretched plane trips to Canberra, I read a piece in *The Monthly* that reflected upon how often bills relating to voluntary euthanasia had come before the Parliament and how often they had failed, notwithstanding the overwhelming support at every poll from the Australian community for legislation to give people the choice that, if they were terminally ill, they could have medical assistance to end their distress. Some pretty negative commentary was made about political class in that article. It struck me that I was one of those who was being criticised, particularly because I supported this and would seek the opportunity—demand the opportunity—if I were ever in that position, but I really had not taken any more of an active role other than saying to Hon Robin Chapple when I was last in this Parliament that I would support the legislation. It really struck me that many of us have failed the public and failed to embrace and take on this difficult issue. That is in no way being critical of people who oppose it, but I really think that many of us have been caught up with other issues because many issues in politics demand our attention. But this issue has always been a difficult one and many of us who support it have for too long kicked it into the long grass. Tonight we here in this place have the opportunity to seize the moment and say that we will no longer put this off. We have to seriously think about this and how we might find a resolution to this issue.

With the feeling that I had not acted strongly enough in this regard, I found other people in federal Parliament who shared these views and we re-established the parliamentary friends of dying with dignity and were co-conveners

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with Richard Di Natale, Sharman Stone and many other good people across the parliamentary spectrum at the federal level. We worked together to see how, if this issue was too difficult at the state level, we could implement at the federal level the capability to provide people with medical assistance if their basic needs and their pain and suffering were not being dealt with through the traditional mechanisms of palliative care. An extraordinary number of people who are part of an extended group across the Australian community of organisations presented to us, including Dying with Dignity, voluntary euthanasia, Your Last Right—groups that provide the intellectual basis and stories that informed our decision-making. One such story was about Peter Short, a highly intelligent man who was dying from cancer and whose capabilities were being reduced daily while understanding what it might mean in his last moments. He put his efforts into ensuring that people have the opportunity to die well. One of the profound insights I received from that experience was how life-affirming this legislation can be, because so often it is all about the fear of how we are going to die—the fear of having a terminal illness that could drive us into the position of no longer having control over our lives and of suffering pain in an undignified way. I note Hon Alison Xamon's contribution that there are people who lead their lives in a way that others might consider to be challenging and without dignity, but, at the end of the day, we have to leave it to individuals to decide. None of us can make judgements for other people about what gives them quality of life; we should allow people to make the decision about whether they want to be in that condition. I am not proselytising and saying that everyone should feel the way I do—that if X happened to me, I would want to shuffle off the mortal coil—but we have to understand that we are all different and that we respond differently to these situations. It is in no way being judgemental in saying that if a person is like that, they would not be obtaining anything from life, because for so many people that actually is the case. I am sure that many people in this place and many people across the community want to be the agents of their own destiny. They want to be the ones who make the determination at what point they will draw the line under their lives.

I see this as life-affirming. The experience in jurisdictions where it is possible to have medical assistance, in which people go through processes that approve that they show mental competence and psychological integrity, and that establish the nature of their condition, is that many people who go through that procedure and receive official approval to have medical assistance with their death do not exercise it. But in achieving that approval, they know that they have attained the ability to control what happens at the end. In fact, we have heard over and over again from witnesses that it takes away their fear of what is coming. We do have tragic situations such as the Clive Deverall case. A number of people have actually terminated their lives early because they feared that they would lack the physical capacity to make or to execute that decision at some point in the future, so whilst they still have full capacity, they seek to end their life. That is not good. That is not what we want. We do not want to make people so fearful about those last years that they end their lives because they are fearful that they will lack the ability to exercise agency in the future.

There have been many tragic cases in this state, and a number of those have been raised this evening. One is the young man who had a terminal condition—I think it was Huntington's chorea—who did not want to continue with his life and go through the very, very painful death that was the likely trajectory of his condition. Fundamentally, the only right that he had was to refuse sustenance. He basically starved to death. We made that person go through a horrible, horrible experience. There was the elderly couple in Albany. Terminal illness and a great level of debilitation were involved. They made a suicide pact, but it only half succeeded. The husband survived and was then charged with murder. Mercifully, he was let out on bail, but sought pretty soon after to end his life by drowning himself in the ocean. We also saw in Albany a murder-suicide by a couple who found themselves in that situation. Those people want some relief. They make the decision that the joy they receive from life is not what they expect and they would rather depart with some dignity at a time of their own choosing. When we see those cases, we ask why we are making these decisions for other people. I do understand; I am not pretending that this issue is without controversy or complication.

A group of absolutely wonderful palliative care physicians came to see me in my electorate office last week. They were people of the highest value. They were so committed to ensuring that the people they dealt with, their clients, had great care, and there was a lot of reflection on this process of dying. I totally understand the concerns that people might feel that they have to be hurried into this process—that somehow or other by having this legislation we might detract from a true reflection on life and death and what it might all mean. But, at the end of the day, I say this: our medical science is such that we have the ability to keep people alive for a very long time. People need to have the choice about what they value in life and how they want to exit this planet once they have been diagnosed with a terminal illness. What is very good about this process is that we are going to tease out all the complications and those things that might be good or bad. In my many years as a member of Parliament, I have certainly come across many avaricious descendants, people who seek to preserve their parents' or grandparents' properties, not necessarily for the benefit of those people, but looking more after their own inheritance. We have to be mindful of that. We are mindful of the challenges that presents, but we cannot act so consistently against

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what is clearly, in my view as a politician of many years' experience, the sentiment of the majority of Western Australians. People want the opportunity to make that decision about what makes their life worthwhile themselves. I particularly want to thank Premier Mark McGowan for being prepared to take on this issue very early in a term of government so that we have got the capacity to really think and cogitate on this issue outside the cycle of electoral intensity. Members can then really and truly reflect on this issue, listen to what people say, think about the issues very profoundly and make a decision outside the maelstrom of the electoral cycle.

Again, I am very pleased to be here tonight. I think it is a great move forward. I am so pleased to see that we have such strong support for the idea of this committee, because this is clearly the way to go. We must tease out the issues. Although it allows some debate, a private member's bill does not allow the research and deep thinking and the attempt to establish common ground and consensus that the committee process offers. I compliment all members in the house. We have been having a fantastic debate here tonight. I urge them, through the mechanism of this committee, to give the people of Western Australia the opportunity to have their voices heard.

HON MICHAEL MISCHIN (North Metropolitan — Deputy Leader of the Opposition) [7.51 pm]: I thank Hon Alannah MacTiernan for her patronising lecture on what we ought to be doing and how we should be doing it. She has confirmed some of my concerns about this committee, which I thought Hon Nick Goiran had gone some way towards trying to correct and focus. It is quite plain that there is no question of teasing out issues or a debate. I have my particular views on this issue. I expressed them several years ago. None of the concerns I expressed have been allayed or answered, nor has there even been any attempt to do so. It is premature to debate the merits of legislation until legislation has actually been crafted. It has become quite apparent, from Hon Alannah MacTiernan's comments, that this committee is not intended to consider a range of views or to determine whether the law should be changed or to what degree. It is not intended to wrestle with the fundamental problems of where one draws the line on when suicide should be encouraged, allowed or assisted by the authorities. She has rambled over not only chronic terminal illnesses, but end of life more generally, with things like having capabilities reduced as a basis for deciding when to end one's life. No-one is saying that people cannot commit suicide. The question here is the extent to which suicide should be assisted by those who are charged ordinarily with the responsibility of saving lives. It does not seem that any of that will be debated. Because I will not be able to participate in the gathering of evidence and the raising of questions, I have no confidence that this committee will have the desire to explore those fundamental issues in any depth when, as the member put it, the choice for people to end their lives will be limited to chronic illnesses or the sorts of things that are being dressed up in surveys; it will, in fact, be broader than that.

I raise again a number of issues that I raised during the debate on Hon Robin Chapple's bill many years ago. I hope that this committee will consider those on their merits, beyond a simple desire to achieve an end. If we are talking about a fundamental right to choose when to end one's life, so be it. If we are talking about a fundamental right to choose to end one's life and to get assistance to achieve that end, why should it be under any constraint from any legislation? It is either a right or it is not. If it is a right that should be granted to people—if it is to be allowed, if you like, forgetting about the terminology or detail about how it is done—and if it is such a fundamental right for someone subject to a chronic and painful illness that is untreatable and unbearable, why should it be limited to any time limit before that? Why should it be limited at all to terminal, chronic illnesses when the pain is unbearable and untreatable? Surely, if someone has a lifetime of chronic pain that is unbearable and incapable of relief ahead of them, I would have thought that having a time limit is less persuading as to why someone should be allowed to kill themselves with assistance than being able to kill themselves well in advance. Why should it be limited to physical pain and not mental anguish? Why should it be limited to adults of sound mind? Should there be some kind of assistance from, perhaps, experts to make these decisions for others who are incapable of making those decisions themselves? Where do we cross the line between doctors being the ones who we can entrust with the responsibility of saving our lives to the ones who will counsel, "You are going to die anyway. Let me try to relieve your pain by helping you kill yourself"? Those are the issues that need to be wrestled with and platitudes about particular cases will not help. In other jurisdictions we have already seen cases in which that line has been crossed, and there have been advocates for allowing children to make these decisions for themselves. There are very sound reasons that has happened because we need to work out what the criteria are and how they will be applied. Talking in terms of things like rights is not helping; it disguises those issues.

One of the things that I would like this committee to do is to consider this so-called right and articulate it clearly. If there is such a right, I hope that no constraints will be put on the exercise of that right because only then is it a proper right. If it should be, as Hon Alannah MacTiernan has told us, that people ought to decide when to draw the line under their own lives, why should it be limited in the way that has been hinted at? Those are some of the things that I hope this committee will explore and do so robustly and not with any preconceived wishy-washy idea of limiting this to specific circumstances, knowing that someone will fall beyond those particular lines that will be

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arbitrarily drawn and having to extend them from time to time as time goes on. I expressed all this far more clearly and, I think, far more articulately on the last occasion I spoke of it. I am not alone in having those concerns.

I am concerned that people who may support the idea of the relief of pain and suffering but are genuinely concerned about where the lines are drawn will not have the opportunity to participate in this committee, to ask those hard questions and get answers that will satisfy themselves or even to get this committee to think about it. It would appear, with the panegyrics that we have heard, that this committee is to achieve an end that some desire, to achieve their political aims rather than something that will stand the test of time and be free of abuse in the future. The committee is what it is; we have attempted to focus it, but that has failed. So be it. We have already indicated our support for it. I just hope that this committee does the job properly. I will be looking at its findings very critically and with the knowledge that there are questions I expect will not have been answered. I hope they are but after what I have heard, I do not have confidence that they will be. I think there will be a lot of people in the community that will not either.

The ACTING PRESIDENT (Hon Dr Steve Thomas): Hon Robin Chapple.

HON ROBIN CHAPPLE (Mining and Pastoral) [7.58 pm]: Thank you, Acting Chair—Acting President. I am getting myself tongue-tied like I used to do last year. I have worked it out now, I think. No laughter from those down there on the front bench!

I have listened to the contribution of Hon Alannah MacTiernan and Hon Michael Mischin and I think that both parties have a lot to say that is correct. There are two issues here. As previous members of this place will know, I have introduced legislation twice in the past and prior to me, Hon Norman Kelly—he was the Australian Democrat—introduced legislation. None of those attempts have been successful.

One of the things we tried to do in the last iteration of the legislation I introduced was engage members of Parliament well before the bill came on for debate. I asked for their input, but unfortunately there was very little, and by the time the debate came on, a lot of the discussions we should have had before had not happened. I am really happy that we will have a committee.

I have served on some select committees in the past. One of the important things about select committees is that they are charged to do a job. I will fight vigorously on that committee, should I be on it—we do not yet know the make-up; I am hopeful —

Several members interjected.

Hon ROBIN CHAPPLE: Having said that, I will be charged with making sure that everybody who wants to have a voice will get that voice on that committee, whether it be through public participation or presentations to the committee. As we establish the committee, we will come together and say, “Who do you think should be providing evidence to the committee?” I have been involved in discussing these issues around palliative care—there are two palliative care departments in Western Australia—for many years, and I know there are diverging views. There are the religious organisations. All people must be able to come to that committee on the understanding that they will be able to put forward their views and that they will be listened to. That is the key issue for a select committee, or any committee that involves public participation. I will fight studiously to ensure that people’s rights are maintained as they provide their evidence to the committee, and that we record and report on that. At the end of the day, whatever the outcome of the committee—whatever the recommendation of the committee, be it positive or negative from my perspective—that will be the report of the committee. Only after the committee reports will someone—a private member or a government or opposition member—put forward a motion based on the findings of that committee. I think it a little presumptuous to start talking about what we desire as an outcome of the committee before the committee has actually had the chance to deliberate.

Several members interjected.

Hon ROBIN CHAPPLE: I am just making my point, and I will take it from there.

From my perspective as somebody who is passionate about dignity at the end of life, I hope there will be a good outcome from that committee. Having said that, I will charge that committee fearlessly and without favour to listen to the general public, the organisations and the doctors—everybody we can get to participate in that committee—and I will listen and learn.

Many, many years ago when George Cash was in this place, we used to argue like cat and dog, but I respected George because I knew where he was coming from, and he did the reverse for me. It is all going to be about respect and actually having a committee that discharges itself with proper deliberation.

Hon Michael Mischin: I am encouraged by what you are saying, Hon Robin Chapple. I have not suggested a predetermined outcome, but some of the rhetoric from the Premier and Hon Alannah MacTiernan suggests one, and that is what I am concerned about. There is not a balancing —

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Hon ROBIN CHAPPLE: I hope Hon Michael Mischin is happy that I am on the committee —

Hon Michael Mischin: I do have confidence in you.

Hon ROBIN CHAPPLE: — because I take that view.

Hon Peter Collier: The Premier has already stated that he is going to introduce a bill.

Hon ROBIN CHAPPLE: The politics around this have gone on for a very, very long time. We know the general population has a view that has not necessarily been reflected in past votes in this place.

Hon Michael Mischin: True, but also what they have a view of needs to be clearly defined. If you mention words like “euthanasia” or “end-of-life choices” they may disguise a variety of circumstances. That is the sort of thing that needs to be explored.

Hon ROBIN CHAPPLE: Member, I do not want to start arguing about or debating an outcome; I actually want to talk about the establishment of the committee.

I have read in great detail the findings of the Victorian inquiry. I think that it was an incredibly good inquiry. Every single stakeholder presented to that committee, and people changed their minds. The outcomes of that committee and some of the constraints that the committee recommended should go into any legislation, if it is to be formulated, surprised me. I think that that inquiry took to the next level matters that I thought to be quite prescriptive and tight when I introduced my private member’s bill. I think that that is something that might come out of this committee inquiry. When I was drafting my bill I held dialogue with members of the church and they said that they were fundamentally opposed but that if I wanted to do it, I needed to do this and this. I am very open to recommendations, changes and deliberations through the committee process.

I am here tonight supporting the establishment of the committee. It will have a year to do its work. The only thing I would suggest is that it does not travel, which is something that a committee can end up doing. If we want to bring experts from around the world, bring them here at half the cost of the committee travelling.

Hon Peter Collier: We can move an amendment to that effect, if you like! We will support it!

Hon ROBIN CHAPPLE: Do not encourage me, members!

Seriously, I am genuinely happy that we are going to have a committee of review. When I have been on select committees and inquiries such as that, there has been a genuine will on the part of all participants to be responsible and diligent. If I find that the committee is not doing that, I will be advising the committee to that extent. I want diligence, recommendations and outcomes. I hope Hon Nick Goiran will be on that committee; he will either be my foil or my colleague. I look forward to his being on that committee should he be appointed.

HON AARON STONEHOUSE (South Metropolitan) [8.07 pm]: I rise to back the establishment of a Joint Select Committee on End-of-Life Choices. As a libertarian, someone who believes passionately in the inalienable right of the individual to do as they choose with their own body, my support of this motion should come as no surprise. This is an issue I have pondered long and hard. Our approach to death and to end-of-life choices in particular has evolved over the years. We have relegated to history the medieval idea that those who take their lives early have broken the law and deserve to have their estate forfeited and their remains denied a Christian burial. From the middle of the eighteenth century to the present day, public attitudes towards end-of-life choices and suicide have softened. While it still saddens us to see a life ended early, I hope that fewer of us would try to lay claim to the life of another. Our lives belong to each of us as individuals and that is why I have to believe, as sad as I find it to acknowledge, a person may have valid reasons to want to take his or her life.

Currently, the law states that we are only allowed to die by our own hand, without assistance from anyone else. In fact, in three of our neighbouring jurisdictions a reasonable degree of force can be used to stop a person from taking their own life. The law effectively states that if a person is too weak or incapacitated to end their life, they must suffer until nature or God’s will takes hold. As things stand, it is a serious offence for anyone to either help a person to die or to tell them how to do it. Personally, I think the situation as it stands is cruel, and unnecessarily so. Denying someone the right to die at a time of their choosing can result in a lingering and painful death. I do not see how that can be justified when alternatives are available to us.

I acknowledge that not everyone here will agree with me, and that is one of the reasons I welcome the establishment of a joint select committee to further investigate the issues surrounding euthanasia and assisted suicide. It is my hope that the committee, if established, will pay special attention to the safeguards that would need to be put in place to reassure people. I would not be happy associating myself with any bill that did not have such safeguards. I imagine almost everyone here would feel the same. At the end of the day, whatever we may or may not believe about the actions that lead someone to take their own life, I feel that the law should respect the right of the

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individual to make his or her own choices. In my opinion, our approval of those choices is neither necessary nor relevant. For that reason, I would like to see a well-thought-out bill presented to this house in due course, and I see the establishment of this committee as the first step towards that. As such, I welcome this motion to establish a committee and urge members to join me in supporting it.

HON SAMANTHA ROWE (East Metropolitan — Parliamentary Secretary) [8.11 pm]: I also rise to make a few comments on the motion before us. I support the establishment of a Joint Select Committee on End-of-Life Choices with members of the Assembly and the Council. For the record, I support voluntary euthanasia and I would like to see progress in this area. I acknowledge at the outset that this is a very sensitive and, for a lot of people, emotional debate. So far the debate in the chamber has been one of honesty and respect, and I am really pleased that members who have chosen to stand and make a contribution have done so in a respectful manner because, as I said, this is a sensitive issue.

If the motion before us is successful, it will allow the community of Western Australia to engage with the committee and have their wideranging views discussed at length. Obviously, when we are talking about human life, we are going to have very divisive views and feelings on this topic. It is important that members of Parliament and the committee have that consultation process so that people feel that they can contribute to and engage in such an important debate. I welcome the select committee being established, if this motion is passed tonight.

Many people in our community have been calling for action on this issue for some time. During the recent election campaign, I was doorknocking in Redcliffe and the only thing that one woman wanted to talk about was my view on voluntary euthanasia. If I can be honest here in the chamber, my initial internal reaction was “Oh, no! I’m going to have to have this conversation and it’s going to go either really well or really badly”, because we cannot hide behind any sort of pretence. Either we support it or we do not, and I was just honest. I did not know this woman’s view when she asked, but I was open and honest with her about my support for it. She happened to be in the healthcare services industry and she was also in favour of it. More and more people are raising this issue with us in our electorate offices, so it is timely to establish a select committee. I do not remember anyone raising this issue with me when we were doorknocking in 2013. That is not to say that it was not of great concern to a lot of people, but it just never happened. During the recent election campaign, people certainly raised the issue. I welcome the community engagement and consultation process that I hope we will see through the establishment of this committee. This is a very important issue and even though it is a difficult debate, I think it is one that we need to have.

I would like the committee to consider certain areas in its examination of this issue and I will raise some of those areas in my contribution tonight. Even though I have already clearly stated my position, it is important to try to understand and appreciate others’ point of view. Therefore, in my research for this motion I have tried to look at alternative views and read papers that contradict my own beliefs. That will probably not change my opinion. However, it raises questions and views that the committee may wish to examine further when it is, hopefully, established. I would like to raise some of those concerns for the benefit of the members who will be on this committee.

One of the papers that I looked at during my research was written from a palliative care perspective. The paper is titled “Legalizing physician-assisted suicide and/or euthanasia: Pragmatic implications”. I will not list the authors of the paper, but to give members an idea of the wide range of people who were involved in putting this paper together, they were from the Centre for Palliative Care, St Vincent’s Hospital, Melbourne; Queens University, Belfast, Northern Ireland; the University of Melbourne; the Department of Nursing, University of Melbourne; and the Department of General Practice and Elderly Care Medicine, Amsterdam, the Netherlands. I do not necessarily agree with all the implications that are listed in the paper, but it is important that the committee thoroughly considers the implications for patients and families of the introduction of voluntary euthanasia. The paper states that euthanasia may be seen by a person as a solution to being a burden on their family, and it gives the following example —

An elderly woman was afraid of being a burden to her adult daughter, knowing that her daughter would need to take leave from work to care for her. This fear led her to express a desire to “end it all.”

We need to be aware of that, because that is a genuine concern for many people in the community. We need to make sure that people are informed about the choices available to them to access respite and palliative care services. It would be awful if people felt they had to end their life because they did not want to be a burden to a family member or carer.

The paper refers also to the implications for healthcare professionals who may be required to perform euthanasia or assisted suicide. The paper states —

Responding to a request for EAS requires exquisite skills, judicious timing, and the capacity to engage in shared decision making. Without this confident, competent clinical judgment, the physician can never be satisfied that there really is no other reasonable solution for a patient’s suffering.

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It goes on to state —

In The Netherlands, the practice of EAS is not part of medical training and has ambiguous status: EAS is not considered “normal medical practice”, but “extraordinary end-of-life care” entrusted—by law—to physicians.

Accordingly, if EAS were legalized, a wide-ranging review of all associated education curricula would be needed.

I think that is pretty important because of the practical implications for those who are possibly going to be carrying out such things. There needs to be education and a lot of information. It needs to be fleshed out, probably during the committee process. There are also implications for the community. A number of the contributions that were made today and this evening touched on the idea that it is not one or the other; it is not palliative care or voluntary euthanasia. The decision should not be whether we should do one or the other. Without a doubt, we absolutely need to make sure that we have the highest level of palliative care in this country. It is not one or the other. More information probably needs to be provided to the community to let it know there are those options; it is not one or the other.

I wanted to raise some of these ideas for the committee either to consider or not. That is up to those members who will be involved. I do not necessarily share these views, but I think it is important to try to remove myself from what I think is the right thing and say that the committee needs to make sure that it looks at every possible view because it is such a sensitive issue.

On the other side of the argument, I want to talk about a paper that was written in the United Kingdom. The article is by Raymond Tallis, a former professor of geriatric medicine, titled “Should the law on assisted dying be changed? Yes.” This article gives the other view and I think it makes some important points that I would like to share with the chamber. It states —

Living well includes dying well, and supporting a dying person who seeks help to die is an expression of this. It is not to devalue human life, or the life of a particular person, or to collude in their devaluation of themselves. It is to accept their valuation of a few remaining days or weeks that they cannot endure for reasons that are self evident and should be respected.

The paper further explains issues of trust, which we need to consider, and that they could be a slippery slope if we start down that path. I suppose it debunks some of the queries that are raised on the other side of the argument. I do not think this is the place for me to go on or try to convince members that my view is the right view. This debate is about why we should set up the joint select committee, which I really hope will happen tonight and we will find out who the members on it will be. I look forward to the committee doing a really thorough review into what we might be able to do here in Western Australia. Even though I do not always agree with him, I think Hon Michael Mischin made some really interesting points. I suppose I had not thought of it from his point of view. I highly doubt whether that will change my mind but it is really good to hear everyone’s point of view. I have no doubt that the committee will do that. In Victoria, a huge inquiry has already been undertaken. I think it had something like 1 000 submissions and 153 witnesses in 17 hearings. It was really extensive. It is really important that we go through that thorough process and consult with the community on such an issue. It is important that members of Parliament take on the difficult issues and that we are not afraid to debate them. It has been done in a really respectful manner. I thank those members who have contributed for the way that they have handled themselves. I think it is really great in this chamber that we, for the most part, tend to do that. We tend to be quite respectful to each other. I hope that continues.

HON DARREN WEST (Agricultural — Parliamentary Secretary) [8.25 pm]: I, too, rise to make a contribution to this motion to establish the Joint Select Committee on End-of-Life Choices. I, too, support such a measure. Any member who was in the house when I gave my inaugural speech in 2013 would remember that I referred to this issue and stated my views about the subject at that time. I think at the time I said, “It’s 2013; it’s time that we addressed this important social issue.” Here we are in 2017 finally addressing this important social issue. I am very pleased that we are taking these little steps. I perhaps have a bit of a stronger view now, that we should just get on with it, but let us have the committee. I support the establishment of that and getting a group of people together who have diverse views such as we find in the community when it comes to such an important social issue as assisted dying. I have learnt that there are issues in politics and in the community that not only divide the community but also divide Parliament. They divide political parties and they divide individuals. A person can find themselves making a case for both sides of an argument on many social issues. There is quite a list of them—one is very topical in the federal sphere at the moment. I look forward to the progress of this action and what this committee might find out and what conclusions it comes to.

Extract from Hansard

[COUNCIL — Tuesday, 22 August 2017]

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Hon Peter Collier; Hon Martin Pritchard; Hon Alanna Clohesy; Hon Adele Farina; Hon Alison Xamon; Hon Colin Tincknell; Hon Alannah MacTiernan; Hon Michael Mischin; Hon Robin Chapple; Hon Aaron Stonehouse; Hon Samantha Rowe; Hon Darren West; Hon Pierre Yang; Hon Stephen Dawson; Hon Sue Ellery

Members may also remember that in many of my earlier speeches I had a strong emphasis on the importance of social change. Certainly over my lifetime, since the mid-1960s, there have been times of immense social change. I feel that we are entering another one of those times of immense social change. If we look back at the reforms implemented during the Whitlam era, we see that there was an immense change in social cultural issues in Australia. As I say, I think we are there again now. I note that there is general support for the establishment of the committee. That is also a big step forward. If this motion had been brought to the house as little as 10 years ago, I am not sure that there would have been this level of support across the house. It reflects the change of view in the community about many of these social issues. Many members here have perhaps changed their views somewhat. Little steps are the key. As we move on, it is important that everyone acknowledges and recognises that we all have a slightly different take on this. The advantage of the committee process is that it will take all those on board and be able to come up with, hopefully, a way forward. My view is that we should proceed to the point of legislation, but that of course is a matter for the committee, as Hon Michael Mischin pointed out earlier. We all have our individual views, but I think it is important that we work on this issue as a collective. I look forward to that. The committee could do such things as strongly engage the views of the community. Although there are polls, opinion polls and documented community views, a series of hearings and engagements with all quarters of the community would be useful to the committee. It is important that everyone gets to have their say on this issue. I am hoping that my view will be reflected more broadly by the community, but let us see how that goes. It is also very important and paramount that we show one another due respect; there certainly is a divergence of views and we do not always necessarily have to agree, but I am heartened by the level of respect and acknowledgement of other views that has been shown so far. I know we can do that, members.

It is also important that we do not let this debate take focus away from other important debates that need to be had. As Hon Samantha Rowe just pointed out, this does not have to be a case of either/or. Of course we have to be mindful of those who wish to continue their life to its natural end, and the palliative care, aged care and medical support services that they need. I do not think anyone is making this into an either/or debate; it is a choice that certainly I am seeking for people, and I hope the committee is able to come up with a form of words or an action that can do that, but it is all about choice, and the committee will certainly take that into account.

I just want to speak briefly about the fact that people's views on this are enhanced by their own personal circumstances. I have mentioned my mother's twin sister in this house a few times. My aunty Robyn Johnson suffered from mesothelioma and sadly lost that battle; we farewelled her recently. Watching her suffer for six years after she had been given six months to live upon diagnosis has only enhanced my views and perhaps even made my views more concrete about the importance of the choice to end life. I do not think my aunty Robyn would have exercised that choice; as a matter of fact, I know she would not have exercised that choice, such was her way. As her disease took hold, watching her move from being a very active, fit, strong woman to losing a lot of her grace and dignity towards the end of her life makes me understand why people would like to have the option to exercise the right to end their life. I do not think this is something that a particularly great number of people would exercise. I think one would have to be in a certain spot to even contemplate that, and I believe that if people are suffering dreadfully with a terminal illness, as my aunty Robyn did, and have no prospects of a full recovery, are of sound mind, have the support of their family and the blessing of medical practitioners, such circumstances are fair and reasonable for them to have the opportunity to take that step and make that final decision in their life. I am very firmly of that view, and I hope the committee has the opportunity to talk to people who might be in a similar situation to that of my aunty Robyn. We were very close. My mother was obviously very close to her twin sister, and it is really hard to watch a loved one's health deteriorate to such a point that they become fully dependent on their family and those around them. For some, that is not a life at all; that is not the way that they want to live. I think it is important that we at least countenance that option for people who are in that position.

I am not going to speak for very long, but I did a bit of research on what other countries around the world have done on assisted dying. I learnt that in 2002, the Netherlands—a very progressive society—changed the law to allow for assisted dying. In 2010, 3 136 people in the Netherlands exercised that option, which is not a great number in a country the size of the Netherlands. Off the top of my head, I am not exactly sure what the population of the Netherlands is, but I do not think this will ever be widely taken up in the community. As I said earlier, I think only a very small group of individuals who find themselves in a terribly unfortunate position will countenance such a way forward.

My research discovered that five states in the United States allow assisted dying. The first state to do so was Oregon, which is a progressive jurisdiction, having passed such laws in 1997. In 2002 the laws in Belgium were changed to allow for assisted dying. My research indicates that in 2012, 1 432 Belgians exercised their right, their option, under Belgian law to end their own life. With a number of 1 432, again, this measure will not end the lives

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of a vast number of people; rather, it will provide a choice to those who find themselves in a very unique set of circumstances should the committee and Parliament move in that direction.

I also note that of the 1 432 Belgians who chose to end their life in 2012, more than 50 per cent were 70 years of age or older. I found that interesting because that tells me that roughly 50 per cent of those who chose to end their life were younger than 70, which I do not consider old. There was a time when I considered 70 old, but, most generally, life expectancy is higher than that. Fifty per cent or over 700 people in Belgium under 70 found themselves in a particular set of circumstances that caused them to make the informed decision—they were able to make that informed decision—that the best choice for them was to end their life.

Hon Nick Goiran: You know that in Belgium it does include children.

Hon DARREN WEST: I did not do that level of research so I would have to take Hon Nick Goiran's word for it. I would be concerned if people below the age of 18 were allowed to make that choice. It is important to note that my view is that the decision must be made by the person themselves. I take that on board, Hon Nick Goiran, but I cannot debate it.

Hon Alannah MacTiernan: He is correct, member; but it is not a good move.

Hon DARREN WEST: I would have thought that the committee might look into that. In Australia, 18 is the age at which we vote, drink and do other such things and it is the age at which we consider people experienced enough to make their own decisions. We consider them adults at that point, but I take the member's point on board. The committee should investigate in what circumstances, if any, people under the age of 18 should be given that choice. It may be that a set of circumstances will enable that choice or it may be that the committee and Parliament in their wisdom decide not to give people under the age of 18 that choice. Sadly, people of a young age suffer from terminal illness with no prospect of a cure. If we looked at the statistics on that, I think we would find that that is happening more and more.

I want to talk briefly about a discussion I had on this issue and on several other important social issues with the outgoing bishop of the Geraldton Catholic parish, Bishop Justin Bianchini, who has moved on and become—I believe this is the word—an adjunct bishop. He remains a bishop, but he does not have a parish because he is retired. For 90 minutes we had one of the most fascinating discussions I have ever had and probably ever will have about the church's views and the change in society's views. We were very open and frank with one another. Bishop Justin is a beautiful man, and I thoroughly enjoyed my discussion with him. We were able to talk very frankly and openly about issues such as euthanasia, same-sex marriage, the termination of pregnancies and other issues that I always thought were a bit taboo to talk about with such an esteemed member of the clergy. I was delighted to have that conversation. Of course, Bishop Justin has very strong views on this and other matters that we spoke about, but we were able to engage in respectful debate. We agreed to disagree on some of these issues, but I think we both went away wiser for and more enriched by the discussion. I note that Bishop Justin's views were very much against the prospect of people taking their own lives, but we were able to have that discussion in a reasoned and respectful manner, and I am very confident that we will do the same in this chamber.

The countries I mentioned are generally seen as more progressive or left-of-centre jurisdictions. It is possible that Western Australia could be the first jurisdiction in Australia to legislate for assisted dying. I could be proven wrong on that, and I know that Victoria is making some moves in that direction.

Hon Nick Goiran: You know that we did have it in the Northern Territory.

Hon DARREN WEST: Yes, we did have it in the Northern Territory. The member is quite right. I think some people did choose to take that option. Correct me if I am wrong, because the Northern Territory is not a state, it comes under the commonwealth jurisdiction.

Hon Alannah MacTiernan: The federal government, led by Kevin Andrews, sought to remove the power of the territories to make those decisions, so it actually overrode the legislation.

Hon Peter Collier: It's not a state.

Hon DARREN WEST: I understand that because the Northern Territory is not state, it does not have the rights that Western Australia does.

Several members interjected.

The ACTING PRESIDENT (Hon Matthew Swinbourn): Order, members! Perhaps we can have these debates about state and federal issues at another time and in another place.

Hon DARREN WEST: I take that advice.

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This is not a simple issue and we expect that there will be a lot of intricacies in the course of this debate. Western Australia could be the first state—aside from the Northern Territory, which is, indeed, a territory—to introduce these laws. If Western Australia is not the most conservative state, it is up there. I would have thought that this would be a fillip for it to be at the forefront of some of these types of social reforms. We could be progressive on such social issues. That remains to be seen, but it is not a point that is lost on me.

Should the committee determine that there is no way forward or should we decide over the fullness of this debate an outcome that does not allow people the option of ending their life early, I believe we will be denying people a human right. We would be denying people the opportunity to make an informed decision about something that affects their life and to make perhaps the final and ultimate informed decision in their life—I use the word “informed” quite deliberately—and I think that would be a shame.

Hon Michael Mischin: If the honourable member would take an interjection, I am genuinely interested. Will you articulate this right?

Hon DARREN WEST: I take the member’s interjection and I would say to him that that is my view. I listened to his view and I know not everyone in this place is going to agree with my view, but in my view it is all right to make that informed decision, as we make decisions about all kinds of things in our lives. As a matter of fact, I think it is the ultimate decision we make and I think we all have the right to make it; that is my view.

Hon Michael Mischin: I think you are correct there. The question is: What right do you have to get someone else to help kill yourself? Isn’t that the problem?

Hon DARREN WEST: Yes, I take that view on board as well. I do not necessarily agree with it, but I think that is why we need to change the legislation to allow a medical practitioner the right to assist someone in a safe manner who has chosen to end their life.

Several members interjected.

The ACTING PRESIDENT: Order! If the member wants to take an interjection, he can take an interjection, but it is not an opportunity for others across the chamber to engage in debate.

Hon DARREN WEST: I think we have laboured that point long enough, and as is often the case the honourable member and I will agree to disagree. But that is my view and I am here putting it. I think it is very important that everybody gets the opportunity to do so, as much as that view may not agree with the member’s point of view. It is my view that denying people that basic choice is the denial of a right, and I would like to think that we can get to an outcome that would not deny people that.

Taking on board the Leader of the Opposition’s point, which I have listed next, there is the Hippocratic oath that medical practitioners take when they become doctors. We need to perhaps be mindful of the oath, ensure that medical practitioners do not breach it and that there are no provisions in legislation that counter that Hippocratic oath, because I know it is very important for the medical profession. It has been around since ancient Greek times. We know that the medical fraternity abides by that oath and we need to be mindful of it when we move forward, if we do, with any legislation.

Hon Alannah MacTiernan: That can go both ways, can’t it?

Hon DARREN WEST: That is my understanding, so let us find out. Do medical practitioners end suffering or do they sustain life?

Hon Alannah MacTiernan: How do you do no harm?

Hon DARREN WEST: Exactly. I think we need to be mindful of that.

Generally, the community accepts that that choice is a right that people should have, but there are concerns about the circumstances and the processes. Who gets to decide? There are visions of a family ready for the inheritance and the elderly relative getting very deep into their life. The counterargument is always what to do about these people who just want to end the life of the rich uncle so they can secure an inheritance. I am quite sure that we can put enough checks and balances in place so that it is never a consideration. I am quite sure that should we move forward with this, we will have a model that can be ticked off by family, the individual in question and medical practitioners. There might be some psychological assessment to make sure that the person who wishes to exercise the option to terminate their life is of sound enough mind to do so, and so on. It is hopefully a matter for the committee to come up with a model we can move forward on.

As members all know, my views are rather to the left and progressive, but having watched people I know and love suffer intolerably through terminal illness, having done some research about what happens in other countries and having talked about this in my inaugural speech back in 2013, I think this is an important social reform that we need to at least consider, and I am delighted that we are at least now taking the time to consider this matter.

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I wish the committee well. I note that the proposal is to constitute the committee of eight members of the Parliament, including four members of the Assembly and four members of the Council. I was away on urgent parliamentary business today, but I understand that some amendments to the bill were proposed, but will not proceed. I look forward to the rest of the debate. I have been very interested in the views so far. I know those of very strong faith have views very different from mine, and I look forward to hearing more of what they have to say, and perhaps how I might change my view. However, I have heard nothing to this stage to make me do so. I support the proposal as put forward, for the reasons I have given. I look forward to an engaging and respectful debate, in which everyone's views are taken into account equally. I very much hope that, as a result of this committee, there will be a way forward for this important social reform, as I think there will be a way forward on marriage equality in a very short time. I think this is the next social reform on the list. I look forward to the debate, and wish everyone involved in the committee well.

HON PIERRE YANG (South Metropolitan) [8.51 pm]: I rise tonight to address this very important issue of establishing a committee to look at end-of-life choices. Whether we like it or not, as soon as we are born there is one certainty in life, and sooner or later all of us will be leaving this wonderful world. I hope that when we leave we are heading for an even better place. This is a very important issue, given that aspect. Some of us will be very fortunate to live long, healthy and happy lives. Some of us will be even more fortunate that, towards the end of our lives, we will experience a painless end without suffering, finishing our journey in our sleep. However, not everybody will be that fortunate. Some of us will be infected by disease and suffering towards the end of our lives, and sometimes that will be a very excruciating and painful journey. That is why it is very important for us to look at a range of options, examine the information and evidence available to us, hear a range of views available to the Parliament and then make a decision accordingly.

I will turn to the history. As members before me have discussed, a range of jurisdictions have brought in euthanasia laws. In 1995 the Northern Territory Legislative Assembly voted 15 to 10 to introduce such a law, and in 1997 the federal government, under Prime Minister John Howard, intervened and overturned that legislation. In the same year, 1997, the state of Oregon in the United States held a plebiscite, and then enacted the Death with Dignity Bill, which passed into law. Although my research did not reveal whether that plebiscite was binding on members, in that year Oregon passed the death with dignity law. Following that, in 2008, Washington state; in 2009, the state of Montana; in 2013, the state of Vermont; and in 2016, the state of California, all enacted similar legislation for this measure. From a population point of view, one seventh of the citizens of the United States now have access to voluntary euthanasia laws should they wish to access them.

Turning to Europe, in 2002 the Netherlands and Belgium enacted similar legislation; in 2009 it was Luxembourg. In Latin America in 2015, Columbia became the first country on that continent to have a euthanasia law. In 2015—the same year—the Canadian Supreme Court ruled in favour of a law for medically assisted dying, which the Canadian government legislated for in 2016. Turning to home, our very own member of state Parliament, Hon Robin Chapple, introduced a private member's bill for euthanasia twice—in 2002 and 2010. The Legal and Social Issues Committee (Legislation and References) of the Victorian Legislative Council delivered a report with, if I recall correctly, 66 recommendations, and I understand that legislation on this issue will soon be introduced to the Victorian Parliament.

I would like to look at the arguments against and for euthanasia. There are very powerful arguments against and also very powerful arguments for this issue. When I came to this country some 19 years ago, I did not even understand what the word meant or how to pronounce it, let alone the implications of this issue. However, I gradually learned how to pronounce the word euthanasia and I hope that I am pronouncing it correctly tonight.

Hon Alannah MacTiernan: It's very good.

Hon PIERRE YANG: Thank you, minister.

I learned the implications of this issue by looking at people who are suffering from debilitating diseases and trying to put myself in their shoes and think about what I would do in their situation. It is a difficult mental process but I sympathise with people who are suffering from terminal illness. Turning to the arguments against euthanasia, it is argued that alternative treatments are available. There is an argument along the lines of, "You don't have to kill the patient to kill the symptom." It is also argued that nearly all pain can be managed and relieved. I understand that with the rapid development of medical science, these are powerful arguments. Furthermore, it is argued that there is no right to kill and that there is a real danger of a slippery slope of voluntary euthanasia, non-voluntary euthanasia and even involuntary euthanasia. It is further argued that despite best intentions, regulations and legislation, it can never truly be controlled. Another argument I want to explore and look at is that if there is an assumption that the patient has a right to die, that will impose the duty to kill on medical practitioners. I must say that these are all powerful arguments. I think we need to look at these arguments and hear people's views, and

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I am confident that with the establishment of the committee we will be able to look at them more thoroughly and come to a more informed decision of our own when the substantive issue comes before us.

I would like to turn to the arguments for euthanasia. There is a compassionate argument. It is argued that not all pain can be managed. Not all symptoms can be relieved. Furthermore, sometimes people lose their quality of life to the extent that there is more suffering. To lose the quality of life is a suffering in its own right. I was watching the ABC news website when I saw a report on the passing of Mr Clive Deverall. I recall him being interviewed in November 2016. He said he was looking at Palliative Care Australia information that four to eight per cent—I hope I am recalling this correctly—of pain cannot be managed. Looking at it like that, that is a very powerful argument for euthanasia.

Furthermore, it is argued that people should have the right to terminate their own life. Like Hon Aaron Stonehouse, I believe in freedom, individual freedom, and in individual rights. I, too, think, based on that rationale, people should have the right to determine the choices themselves during their life and when they come close to the end of their life. It is also argued that with good regulation, voluntary euthanasia legislation can be used to assist people who, after an informed process, come to an informed decision and decide to adopt and access voluntary euthanasia. I certainly hope that if we are looking at a bill in the future, we explore all the issues and concerns raised by all sides of the debate, and hopefully these concerns can be thoroughly examined during our deliberation.

I understand the arguments against euthanasia are very powerful and very important, because we are talking about people's lives. At the same time, I understand the arguments for euthanasia are also very important because people suffer. We see stories of people suffering from terminal illness, and we sympathise with them. We certainly hope that if the committee is established, when it provides a report to this Parliament we can—using its report to provide the guidance for our moral compass—use that to navigate through the complex, difficult, legal, moral and ethical views to come to a decision with the best interests of the people of Western Australia at heart. I take this opportunity to pay my respects to Dr Clive Deverall and his work, and to voice my support for the motion to establish a joint select committee on end-of-life choices. I certainly hope that a report will be provided in the near future after the committee has examined all views, opinions and evidence available to it. This Parliament will then examine the report and come to its determination.

HON ADELE FARINA (South West) [9.05 pm]: I will be very brief in my contribution on the motion. I would like to put on the record that I support the motion for establishing a joint select committee to inquire into end-of-life choices. Regardless of one's views on assisted dying, this motion is broad, and I believe that the time is ripe for a detailed assessment, analysis and inquiry into end-of-life choices to be undertaken and I believe that the establishment of a select committee is the best way to go forward with that inquiry. I support and encourage the select committee inquiring into every aspect of assisted dying and end-of-life choices and I am strongly of the view that the committee should not be fettered in any way in its inquiry on this matter. I support and encourage the select committee inquiring into every aspect of palliative care services in this state, including the stark difference between home care palliative care services in the metropolitan area compared with regional WA.

I remind members who were in this Parliament during the last term of government that St John Ambulance in Bunbury provided a 24/7 home care palliative care service in the greater Bunbury area. The WA Country Health Service decided to terminate that contract with no discussion, no consultation with the community and no indication, even, that it was happening—it was just done. After taking control of the delivery of home care palliative care services in the greater Bunbury area, the WA Country Health Service cut that service from a 24/7 service to a nine-to-five service, operating only on weekdays. The ramification for those who had made the choice to die at home and for those families who were supporting people who had made that choice was huge. That support service, that lifeline they counted on in the early hours of the morning when things were going wrong, was just cut. People are now faced with the choice of either having to put their loved one into hospital palliative care or to cope as best they can at home. They have been given a number at Bunbury Hospital to call and have been told that it would be manned after hours. They have found that it is not; the phone is not always picked up. They have also learnt that the only advice they will get when the phone is picked up is to bring their loved one into the emergency department. Anyone who has gone through the experience of caring for someone who is dying at home will understand just how difficult it is, especially in those last weeks, to actually move that person, especially if they are not capable of movement and are totally reliant on other people to lift them and for other things. Relying on the St John Ambulance service in the metropolitan area is not an issue; in regional WA it can be an issue. If that ambulance has been called to transport a patient to Perth, it is not in the regional town at the time a person might call and need that support to take their loved one to the emergency department. The implication of that has been huge.

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Members who were here in the last term will know that my father passed away almost three years ago and that he had made the choice that he wanted to be cared for at home and to die at home. It was a very slow and long process. I was very fortunate to have the support of the now Leader of the House and my colleagues throughout the chamber to take time off to support my mum to care for my dad in those final weeks, and I will be forever grateful to everyone in this chamber for that support. Not everybody is in the position to do that, and I consider myself privileged. Despite the fact that there were two of us, without the support of Silver Chain, which is absolutely amazing, we would not have been able to cope. All the people living in the greater Bunbury area did not have access to the service to the same extent as those in the metropolitan area; it is not funded in the same way as it is funded in the metropolitan area so it was not the same. They had access to someone 24/7, but that has gone. Having lived through that myself, I know that we would not have been able to manage without that support service. When we talk about end-of-life choices, it is really important that we understand that those end-of-life choices are very different depending on where people in this state live. In regional WA, people have little to no choice in end-of-life decisions. I really encourage the committee to inquire into the cuts to the home palliative care service in the greater Bunbury area and the fact that some areas of regional WA have a nine-to-five weekday service and some have no service at all. We really need to do more in this state to fund palliative care services.

We encourage people to live at home for as long as they possibly can. I thought we encouraged people to have the choice about how they want to die, but the reality is that that choice has been taken away from people living in regional WA, and in some cases they never had a choice and were forced to go into hospitalised palliative care. It is important that this committee understands that there are very stark differences between the services offered in the metropolitan area and the services offered in regional WA. I encourage this chamber to ensure that there are people from regional WA on the committee. If people have not lived that experience of the lack of services in regional WA, they cannot possibly understand that. My parents lived in metropolitan Perth, so when dad was dying, we had access to excellent support services from Silver Chain. We would not have been able to manage without that. Even with the excellent support services from Silver Chain, we would frequently have to call the ambulance and rush dad to the emergency department in those final weeks. He was constantly in and out of emergency care. I urge the committee to look fully at that.

A number of members have raised the fact that we have previously considered voluntary euthanasia legislation in this house and I concur that we have. I acknowledge the hard work and the enormous effort that was put in by Hon Robin Chapple in drafting that legislation and bringing it before this chamber. It is not easy to bring a private member's bill to this chamber. A private member does not have the support that ministers and government have with departmental staff and lawyers, and Hon Robin Chapple did all that work as a private member. Although ideologically I support voluntary euthanasia, I acknowledge that there are very real concerns about striking the right balance between ensuring that the checks and balances are in place and not unnecessarily hindering that choice and making it so difficult that it is unachievable.

Hon Robin Chapple sought in his bill to address the checks and balances by requiring that two medical practitioners authorise the process. In regional Western Australia, people might struggle to find two general practitioners to authorise the process. Metropolitan members will not understand that. In Bunbury we are very lucky, because very good health services are provided by St John of God Bunbury Hospital and Bunbury Hospital. We would not have those services were it not for the personal efforts of Mark Grimes, the chief executive officer of St John of God Bunbury, in sourcing federal funding for the delivery of those services. However, there are still massive gaps. We need to ensure that this committee does not explore only the issue of voluntary euthanasia. We need to do much more in the delivery of palliative care services. In many regional areas, the service that is provided by St John Ambulance is appalling. It is very difficult for regional people to access an ambulance, and often it is staffed by volunteers and not qualified paramedics. The stark differences between regional Western Australia and the metropolitan area need to be acknowledged by this committee inquiry and addressed.

If the committee comes back with a proposal for voluntary euthanasia, it will need to have explored and identified how to deal with the risks, and how to provide the necessary checks and balances so that people will make a conscious choice and not take the option of voluntary euthanasia because they believe they have no alternative. We also need to ensure that we do not impose conditions that will make it impossible for people to make that choice. We need to remember that in regional Western Australia, services do not exist to the same extent that they exist in the metropolitan area.

I urge the people who will be tasked with this enormous and important job to do it thoroughly and properly. If it takes more than 12 months for this inquiry, that is fine with me. Some serious legal issues will need to be addressed by this committee. It is one thing to support something ideologically. However, to reduce it into an act of Parliament and ensure that all the safeguards are put in place is more complicated to achieve.

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I support the establishment of this committee. It is very timely and important. I wish the members who are chosen to work on this committee the very best in their endeavours. I urge members of this place to ensure that there is regional representation on the committee so that all views are presented and we have a thorough and proper discussion of all the issues that need to be addressed before we consider going down this path. Thank you.

HON STEPHEN DAWSON (Mining and Pastoral — Minister for Environment) [9.17 pm]: I am pleased to indicate my support for the establishment of a joint committee into end-of-life choices. This is one of the rare moments for members of the Labor Party when we are able to exercise our vote based on our conscience. This is obviously a very difficult issue for the community. I echo the comments that have been made by Hon Adele Farina about the need to ensure that regional members of Parliament are represented on this committee. Things are very different in regional Western Australia and there are limitations on the number of services it has, and access to doctors and medical staff in the regions.

There are those in democratic society who argue that every person should have the right to make choices in accordance with their own values as long as those choices do not impinge on the liberties of others. There are also those who believe that the duty of the state to protect the life of all its citizens justifies limiting a person's choices. They are two very different views and two very different paths that this committee needs to look at.

As somebody who grew up in a Catholic household, it was always impressed upon me that euthanasia was a sin. Whether it was the Pope or the parish priest, or whomever in whatever position of authority in the church, they always reminded us that euthanasia is a grave violation of the law of God. Over the years, as my Catholicism has waxed and waned, I have always had mixed feelings on the issue. I have spoken in this place before about how my mother is a carer. My family moved to Australia when I was a teenager. Being a young family, we adopted—not in the legal sense—older people into our lives who became our grandparents over the years. My mum cared for some of them, and others we knew through church. During that time, I saw many people with a variety of different illnesses and ailments, some whose lives were torrid and who suffered immensely. For those people, there were times I wished there were opportunities for them either to be assisted with suicide or have end-of-life choices that did not involve just palliative care. I am a member of the Parliamentary Friends of Palliative Care. Albeit that I have not been a regular attendee of its meetings, I think it is an important committee of Parliament and I respect the need for quality palliative care in this state. Like the previous member who spoke, I think more needs to be done in this space. We need more opportunities and more focus put on palliative care by government. However, at the end of the day, some people want to have the choice to end their own lives and end their suffering. I believe that provided proper safeguards are in place, that should be an option for people. Some members spoke previously about some of the other places around the world that already have legislated either to allow for voluntary euthanasia or assisted dying, including Belgium and the Netherlands and states in the United States. I echo the comments made by the Minister for Agriculture and Food this evening when she spoke about Belgium and the fact that it allows children to access voluntary euthanasia. I, too, have a real issue with that. It is certainly not something that I would like to see allowed in Western Australia and I would have a problem voting for it.

I look forward to this committee doing its work. The issues definitely need to be considered again. Hon Nick Goiran spoke about the last parliamentary committee, I think in 2009, which looked into them. I was not a member of Parliament in 2009 and many of us in this place were not members. In fact, I dare say that more than half of members in this place were not members then, given that my colleagues over in the corner are new. It is appropriate for the fortieth Parliament to look into this issue. I respect the fact that the thirty-eighth Parliament looked into it and I respect the fact that it voted as it did. I believe that now is the time for Parliament to look into the issue again. If we believe the published polls that society certainly supports it, I think we should be responsive, not to polling necessarily but to the views of the Western Australian community. I think we owe it to ourselves and to the community to properly consider this issue again.

The first time I looked at this issue as a political issue was around the time the Northern Territory legislated, in 1995, to allow assisted suicide, as it was then called. I have to say that I was shocked when the then federal Parliament voted in favour of Kevin Andrews' private member's bill to overturn the Northern Territory law. Notwithstanding that it was a progressive law, the Northern Territory Parliament, as Hon Pierre Yang pointed out, voted 15–10 in favour of that law. It was shocking that that right was taken away from the Northern Territory. Since then, a number of countries around the world have acted. The South Australian Parliament recently debated this issue and the Victorian Parliament is debating voluntary euthanasia at the moment. A variety of views have come to the fore. I was not here earlier when Hon Alison Xamon made her contribution, but I believe she referred to some disability advocates or people with disability who have been very vocal about voluntary euthanasia or assisted suicide. Activists from Western Australia involved in the disability space have been vocal and have campaigned against the South Australian law and are currently campaigning against the Victorian law. That is

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their right. Those people, rightly or wrongly, feel that these types of laws put more pressure on people with disability.

I look forward to the committee doing its work over the next 12 months. I hope that those activists or those people with disability in Western Australia who have strongly held views participate and put a submission into the committee's inquiry, and get an opportunity to raise their concerns and have their voices heard in the debate. In terms of my support or otherwise for euthanasia, I would hate to think that people with disability think this puts them more at risk or puts their lives at risk. This is not about ending the lives of people with disability; this is about allowing people to make an informed choice, obviously with safeguards in place, with the safe opportunity to take action under the constraints of the law. I am appalled to think that people think that this puts their lives at risk. I look forward to them having a voice and having an opportunity to have a say when the committee does its work.

Another point in the motion before us states that the committee should look at jurisdictions around the world and around the country. I certainly hope that it does. There is a lot to be learned from around the world. Of the countries that have legislated, some have legislated to allow for voluntary euthanasia or assisted suicide. Some have done one or the other and some have done both. Some have, by virtue of their criminal code, allowed for certain things to happen in their states or countries. I think—in fact, I know—that in this state, at the moment, there are medical practitioners who are taking the law into their own hands. They are making a choice to help people who feel like they need to take their own lives because they are terribly ill and do not see a future for themselves. Those medical professionals are breaking the law as it exists and I do not think anybody should be put in that situation or circumstance. I am glad, too, that the committee is to assess the practices currently being utilised within the medical community. We owe it to the citizens of the state to ensure that our laws are not forcing people to act outside the law.

The motion before us is a good one. I look forward to following the work of the committee. Obviously, all members in this place have a view, but I certainly hope the members of the committee really take the opportunity to consult and seek feedback from the community, that they can put their personal views aside and go in there with an open mind and listen to the evidence being given to them, and come back to us in 12 months' time with some solid work that we can then make a decision on.

HON SUE ELLERY (South Metropolitan — Leader of the House) [9.31 pm] — in reply: I rise to make some comments on this. I am already on the public record as having indicated my support for the proposition of voluntary euthanasia, but I particularly want to make some comments about why I think the committee process is the appropriate one to take. When the house last debated a private member's bill on the question of voluntary euthanasia, I found myself in the position of really having to question whether my principled support for voluntary euthanasia was met and satisfied by the conditions and constraints of the bill before the house. The notion that we will have a committee that will examine the regulatory spectrum is, I think, going to be really useful.

I made the point during debate on the private member's bill on voluntary euthanasia when it was before the house that there were lots of people in the media commenting about how the politicians should just get on with it—that we should just make the decision and get on with it. But when it came to casting the vote, 36 people in Western Australia had to ask themselves, "Can I vote for this particular bill, with its particular criteria about what would trigger a person's right to exercise their right to die with dignity and to make their own decision about the nature of their death?" That, I thought, was very hard for those 36 members of Parliament. It was fine for the media commentators to say, "They should just get on with it," and it was fine for people who were campaigning publicly to say that politicians should just get on with it, but when we are actually given the task to exercise our vote on literally a matter of life and death, it is a big step and we actually need to be satisfied that we have examined all the legal possibilities, all the possibilities for abuse, and the range of protections that need to be offered to the medical profession.

In the end, what convinced me was a conversation I had with Marshall Perron, and I will come back and talk about him in a minute. Marshall Perron is a former First Minister of the Northern Territory and he was the one responsible for taking a voluntary euthanasia bill through the Northern Territory Parliament. He subsequently campaigned, and continues to campaign, on the question of voluntary euthanasia. He wrote an opinion piece in *The West Australian* at the time and then he contacted me by email and said, "You probably won't know who I am, but this is who I am, and I'm coming to Perth and I'd be interested in meeting any MPs who want to catch up with me." I did indeed know who he was and I indicated that I would be happy to catch up with him, which I did. It was Marshall Perron who convinced me and he did so on two grounds. The first was that in politics, we have to take opportunities when they present themselves because we may not get the same opportunity again. I had to make a judgement; if that was the only vote that I was going to cast on voluntary euthanasia in my parliamentary career, how did I want to cast it? I made the choice based on my examination as a legislator of some 10 years, my

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capacity to read a piece of legislation—I reckon I am okay!—and the view that I might not get the opportunity to do so again. I needed to grasp the opportunity and vote for it.

The difference between then and now—I wanted to speak today even though my views on this subject are well known—is that I really do think that the work that a select committee will do will remove the kind of pressure that the 36 of us felt back then. I cannot speak for anybody else who cast a vote back then. I was a longstanding member of Voluntary Euthanasia Western Australia and I was categorically and philosophically supportive of voluntary euthanasia. But when it came to casting a vote about the detail around which an individual could make that choice and exercise that choice and the protections or lack thereof that we were putting in place for medical practitioners, I felt that I was alone in making that decision. I could read all sorts of things and do my own research, but if the house had had the opportunity that I hope this committee will give this version of the house, I think the vote might have been slightly different—I do not know. I doubt that it would have got up, bearing in mind the membership of the house at the time, but I think the vote might have been slightly different. I am glad I cast my vote the way that I did and I think I made the right decision. It was a narrowly cast bill. The protections in that bill were adequate and did satisfy me, but we did not have the opportunity that I think the select committee will give us to examine the spectrum and broad range of regulatory things that need to be properly examined before the house can make a decision. If a recommendation comes back about a particular bill, the Parliament of Western Australia will be so much better informed and able to make decisions than it was a few years ago.

There is a range of measures—I will talk about them in a minute—that the committee can investigate from a minimalist approach to a far more regulated approach as to the nature of the regulations that the house ought consider setting as a test or a checklist as to how to cast a vote if a bill comes before us. Marshall Perron made the point that there is a lot of talk about polls, opinion polls and where most Australians sit. I think most Australians sit in a position that is generally supportive of the right for people to die with dignity, and for most Australians that means that they believe people ought have the right to seek medical assistance to end their lives painlessly if death is the inevitable consequence of a diagnosis and/or the extent of pain is such that they do not believe they will have any quality of life. I think that is where most Australians sit. My personal view is that the Parliament of Western Australia will end up passing legislation. I do not think that talking about voluntary euthanasia in this debate is pre-empting what the committee will do. My assessment is that some form of bill will come before the house. The value of the work that will be undertaken by the committee will be to examine the full range of regulatory protections that we will need to put in place, and that is why it is important that I place my point of view on the record tonight. During the course of the debate today, members will have observed that members of the Labor Party have a conscience vote on the establishment of the committee as well as when if ultimately a piece of legislation comes before us. That is unusual for the Australian Labor Party. It has meant that members have taken different positions and cast their votes in a different way. When we exercise our conscience vote, members have the right to stand and speak, and vote however they choose. I admire and respect all those who have chosen to speak thus far and those who I know might want to make a contribution after me whatever their positions are. I urged my colleagues to conduct themselves respectfully and to exercise their right to speak on this issue.

If I may, I want to touch on the spectrum of issues the committee might consider. We start from the premise expressed by Marshall Perron in an online opinion piece in 2012. He said —

We have a stalemate.

Over 80% of adult Australians believe someone who is close to death and suffering should be able to access assistance to die at a time they choose.

In the past 17 years there have been 38 bills presented to parliaments —

This is until 2012 —

on the subject and all of them have been blocked, deferred or rejected.

He goes on to make a point about polls. Madam President, it is not normally my practice to quote myself, but I am going to refer to a speech I made in 2010 in which I quoted a 2007 keynote address Marshall Perron gave to the Victorian Dying with Dignity annual general meeting. On voluntary euthanasia—VE—he said —

I have never believed VE should be decriminalised just because a vast majority of the population supports it. Widespread community support should not be a prerequisite for all social reform.

Parliaments regularly legislate to meet the needs and wishes of minorities. There is a raft of laws aimed at making life more just for small numbers in our society, such as the disabled, indigenous Australians,

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organ donations, IVF recipients. (Even the terminally ill are catered for in some way: the law allows them to access their superannuation before they turn 65 ...)

Only the individual initiates VE. All participation in the process by medical personnel is voluntary. Nobody who objects need have anything to do with VE.

It is my view that legislation aimed at meeting the proven legitimate needs of a tiny majority should be enacted even if most of the community were disinterested.

The consistently proven overwhelming support for responsible VE legislation is simply a bonus. The case stands without it. In principle the extent of support is not necessary—but very welcome.

People can sometimes get distracted by polls. I think that they are clear and that they represent the view of the majority of Australians, but we should not make change just because of polls. Depending on what side of the debate people are on, polls are a bonus or a problem. From my point of view, they are a bonus, but they are not the reason to act.

Debate adjourned, pursuant to standing orders.