

**VOLUNTARY EUTHANASIA BILL 2010**

*Second Reading*

Resumed from 21 September.

**HON ALISON XAMON (East Metropolitan)** [2.18 pm]: I will recap some of the key points from where I felt off last night. I agree with comments made by the Premier, which have been echoed by others, that in an ideal world we would not need to consider the idea of a Voluntary Euthanasia Bill because euthanasia it is an intensely personal matter and ideally would not be something that the Parliament would seek to legislate on. It would certainly be my preference that we did not need to have a bill on this matter at all. But, as I said last night, the problem with that position is that effectively it is making an assumption that the status quo on this matter is okay. I maintain that I do not believe it is.

**The PRESIDENT:** Order! Members, could you keep the audible conversations to a dull roar, please?

**Hon ALISON XAMON:** Certainly, what we do know is that medical practitioners are undertaking voluntary euthanasia, albeit quietly and respectfully, with families now. We also know that this is happening among families now. I do not think it is sufficient for us to take a position that we should just turn a blind eye to it and hope that people who are undertaking this are somehow not going to get caught or be pursued.

If a practice is going on that has wide acceptance, we should not pretend that it is okay to keep these activities unlawful. It seems to me that there are some agreed moral parameters within which many people—although I certainly recognise not all—acknowledge that there are some circumstances in which voluntary euthanasia is considered to be compassionate and humane, but also deeply moral. I agree that in many ways this bill is not ideal for achieving those outcomes, but, from my perspective, it is at least an improvement on the way that things are at the moment. I understand that it is difficult to legislate in this area. When I was trying to think of amendments that I could make to the bill to improve it, I found it to be quite a challenge; I would have appreciated it if others had perhaps been able to think of possible amendments that they could have made to address some of the concerns that people have expressed. Again, although it would be my preference in an ideal world for a bill on voluntary euthanasia to be unnecessary, after much thought and reflection I will be supporting this bill.

My reason for doing so is a simple one. It is that I do not trust the state to respect private decisions made by close and loving families. Voluntary euthanasia is a very personal matter, and I do not trust the state to not intervene. I have discussed the issue of voluntary euthanasia with my husband, as I am sure many couples have. I suspect that members of this place have also discussed this matter with their partners. What my husband and I want for each other is not dissimilar to what most within our society seem to want: that once our final time has come on this earth—when I get to that point I will be exhausting all available medical technologies—I will want the option to be able to insist that that final shot of morphine be larger than it is meant to be; and my husband wants the same. I also want my family to be able to be there; I want my husband and children present, and, if things go to plan the way I hope they will, I also want to hear the noises of my great-great-grandchildren running around outside!

However, as the law currently stands—the status quo that so many in this chamber seem determined to maintain—even though that may be my wish and my time will have come after having lived a full life, and that final overdose will prevent my remaining days being spent in excruciating pain, my husband and children will run the very real risk of being prosecuted by the state for being complicit in my passing. I have raised this concern with anti-voluntary euthanasia proponents, and asked them for their solutions for addressing this reality—how they propose to protect my children. I will say that no solution has yet been forthcoming, other than condemnation of me and my husband and all other dying people to the possibility of an unbearably painful and extended death. That is unacceptable; that is not an answer.

My concerns about the current situation can be distilled down to two salient points. Firstly, if I am facing certain death and I am in excruciating pain, I do not have access to medical intervention or technologies that would enable me to undertake a quick, gentle and painless death. At least, I do not think I do; I am not a medical practitioner, and I certainly do not want to have to head off to Mexico to get hold of some Nembutal. I would not know how to use it anyway, and could end up doing even more harm to myself. Secondly, and most importantly, if I decide to take my life when my time has come, under the law as it currently stands, I will be expected to die alone, and my family will not be able to be there with me, regardless of our wishes. Who is the state to make that decision on behalf of me and my family? I note that a comment was made by a member in this place earlier in the second reading debate about people dying on the battlefield, and how it was not so bad because they were surrounded by their mates, who were there for them. That is precisely my point; nobody should be forced to die alone, yet that is what the status quo currently demands—that I have to make a choice between dying alone or dying painfully. These are the two fundamental truths that I find unacceptable.

Members of this place will know that I do not support suicide; I have been too closely affected by the tragic and lifelong effects of suicide, and I simply know too much about it from very, very close life experience. However, I can make a very clear distinction between those who suicide before their time, and those who have already reached the end of their lives. In that regard, I can also make a very clear moral distinction between suicide and voluntary euthanasia of the type that is described in this bill. I am not in the pro-euthanasia camp of those who embrace the principle that to take one's life is solely a matter of individual choice; I do not embrace the principle of "my body, my choice", although I am certainly aware that a considerable number of people out there hold that view. As I said last night, I do not agree with what Dr Nitschke proposes, or how far he takes the euthanasia debate. I was devastated by the case of the mother with postnatal depression who went to Mexico and subsequently took her own life; I see that as a profound failure of our mental health system, and we clearly need to do better.

Equally, however, I do not share the views of some of the more fundamentalist and extreme religious groups—the ones who send me emails, threatening me and my children in the name of Jesus. Having listened to this debate, I have heard members speaking both for and against this bill express their frustration and anger at being falsely characterised as either lacking in compassion if they do not support voluntary euthanasia, or lacking ethics if they do. That is what happens when emotive debates such as that on voluntary euthanasia are hijacked by extremist positions. I particularly take enormous offence at the suggestion that this debate is somehow between those who are Christian and those who are not. That is simply a convenient lie being perpetrated by a minority with an extraordinarily narrow worldview. In fact, for many mainstream churches, the complexities and nuances of this debate are being recognised. There is no church, to my knowledge, that is advocating a "my body, my choice" position, nor have I heard of any church advocating for the mercy killing of anyone before his or her time or without his or her consent. However, many Christians and church groups out there have been reflecting and praying deeply on this issue, and they recognise that in some circumstances, voluntary euthanasia is not only a reality, but also a sign of deep compassion.

My church, the Uniting Church, held a synod on the weekend and released a statement in anticipation of this debate. I would like to read that statement. It states —

**Uniting Church calls for Compassion in the Euthanasia Debate**

Through our caring agencies, our hospital chaplains, our schools and in our local church communities, the Uniting Church works closely with people who are nearing the end of life in many different situations: some are older people who have led a full and active life and are ready to meet death; others have been unexpectedly affected by accident or illness at a young age.

The aspirations of all faiths are expressed in both hope and values for human life. Often faith is expressed in language of a reverence for life. There are a range of diverse expressions in religious faith and these will be understood and expressed quite differently. In the debate about Euthanasia this is not different.

For the Christian faith there is no one ethical stance but rather a range of views that come from each person's understanding and experience of their faith. The churches acknowledge that in a pluralistic society, Christians must be open to others regarding beliefs, values and ethics. An essential aspect for the Christian is the ethical value of tolerance and respect of one another's viewpoints.

The Law, when best applied, is not to be used to express one ethical perspective amid other valid ethical viewpoints; rather the Law is to protect and enable legitimate ethical stances to be expressed

Within our health system we have a number of value systems at work. Some relate to the medical profession and others draw from the principle of autonomy of individuals who are not simply subjects but people who must consent to any medical treatment or the withdrawal of such treatment.

There are times in the treatment of human beings where the treatment hastens death, whilst relieving pain, or by turning off mechanical life support systems.

The Uniting Church joins with others concerned about this legislation to seek a more informed way forward that addresses the dignity of human beings and enables suffering to be alleviated as far as possible. The Uniting Church also recognises that as a mature, culturally-sensitive society, there will be a range of sound ethical viewpoints that need to be heard.

In ethics there is also compassion. Human compassion means that some people wonder whether there may not be isolated, exceptional situations where patients are in such pain and distress that active euthanasia would be justified. In discussing this issue, it is not only pain, but also suffering and quality of life that needs to be taken into account.

In any discussion of such a sensitive topic, a central concern must be a spirit of compassion towards those who suffer: those who suffer in their dying, and those who suffer in watching their loved ones in pain.

The Uniting Church calls for compassion and sensitivity from all those who debate this issue over the coming days.

I seek leave to table the document.

Leave granted. [See paper 2530.]

**Hon ALISON XAMON:** I would like to thank those many people of faith who have put so much thought and love into that position.

I turn my attention to the issue of palliative care because it seems to me that that is being posited as a solution by many people in this place, and people who have written to me, as being the solution to everything. The obvious question I ask is: if that is the case, why is that not happening now? I have had experience of loved ones who would have come under the narrow auspices of this bill. A couple of months ago my grandfather passed away from lung cancer, the beginnings of which he contracted in the three years that he was a prisoner of war during World War II. He was a founding member of the West Australian Voluntary Euthanasia Society, as is my grandmother who is still with us. Both of them are committed Christians who undertook years of Christian mission work. My grandfather was also one of the Rats of Tobruk. He was a man of enormous dignity who my family was both intensely proud of and loyal to. He was also very clear, for as long as I can remember, that when his time came he wanted to be able to die on his own terms. He did not want to drag his death out; he made it very clear to us that he wanted to die with dignity. People have made comments about dignity. I point out that dignity is a personal assessment and it is not up to anyone else to tell my grandfather that his personal feelings about the importance of his own dignity are not relevant. Nor is it up to anyone else to tell me, my husband, my mother or anyone who I love how we should feel. My grandfather was very clear in his own mind.

It is true that he did not want to die in excruciating pain. Why on earth is that a bad thing? I experienced enormous pain with the birth of my three children. Each of those three times there were different levels of pain and each time the pain lasted for very different lengths of time—from an hour and a half for my second child to over five and a half days for my third. If the level of pain I experienced during the birth of my last child had been final and permanent, then I would have wanted to be finally and permanently relieved of it as well. I managed to have all three of my children naturally, without the aid of painkillers. I wonder if that means that because I could make that decision, that everybody else who gives birth should also be denied painkillers. I do not believe it is a valid argument to say that pain is the same for everyone. I hope those who have chosen to be so flippant about the issue of other's pain make a point of avoiding a Panadol the next time they get a headache. I suspect that they will not because it is a normal, healthy and natural response for people to avoid physical pain.

We are talking about extreme, intolerable, sustained and relentless levels of pain. My grandfather was used to pain; he had shrapnel left in him for almost 70 years that caused him pain for that entire time. I watched my grandfather die and I saw how much pain he was in. Neither my mother nor I could do anything to make the pain go away no matter how much he kept begging us. We were there with him while he was being looked after. In his final days he was at the Murdoch Community Hospice, and it was wonderful. The palliative care that was provided there was absolutely brilliant; I cannot fault it. I cannot think of anything more that they could have done for him, but we should not delude ourselves into thinking that any type of palliative care can magically make pain go away. I saw those people do their best; I saw them do everything they possibly could, but it did not make the extreme pain go away. I do not accept that it is an issue of just one or the other, although I accept arguments that we need to be doing far better in relation to palliative care.

The available care that was given to my grandfather in the months prior to his final passing was grossly underfunded and wholly inadequate. I am not talking about his hospital care; I need to acknowledge the amazing work of the oncology unit at Sir Charles Gairdner Hospital. They showed such extraordinary care and diligence and were so professional. We should be very proud of the level of service and care that they are able to provide. The home care was another story. My grandparents were living at home—my grandmother still is—and wanted to be able to stay there. My grandfather was eligible for care under the Department of Veterans' Affairs, so he had it even better than some. Even then, the care was nowhere near good enough. My mother became his full-time carer, but even she could not be with him 24 hours a day, seven days a week—occasionally she went home to see her husband. Therefore, she relied on people to come in and help with his care. We found that people who were charged with the responsibility of providing respite or assistance were very frequently late—several times a week—or they did not turn up at all. Some of them showed a frankly callous indifference about the fact that they were dealing with human beings who possessed dignity. They were clearly inadequately paid. Often, different

people came each night. I know that this added to my grandfather's distress quite considerably, and it also took a terrible toll on my grandmother.

Those in government who are serious about improving the lives of the terminally ill, but at the same time are opposing the choice to die, will have to start backing up their convictions with dollars, which—I point out the obvious—means more taxes. I am all for tax; I am fine with it. I support improved publicly funded services for our marginalised, our disadvantaged and our vulnerable. I do not struggle with that conflict. However, that is something that conservative politicians will have to start reflecting on because they cannot have it both ways.

In the months before he died, my grandfather and I had many wonderful discussions; we were very lucky. He knew that the Voluntary Euthanasia Bill was coming up and we talked at length about this issue. He said to me that he wanted to go to the media with his requests and his anger about the fact he was not being allowed to exercise the right to die. I talked him out of it and made it clear that, considering my position in Parliament, it would not take long for the media to cotton on to the fact that he was my grandfather and that that would not have been helpful. He was disappointed and begged me to support this bill to make sure that I enabled people such as him to have a choice at the very end of their lives. He was not keen to die at that point; he was not seeking to die, he just wanted to make sure that he had something in place for those very final days when he knew he had reached the point of absolutely no return. He still felt he had a lot to live for, and frankly he did. He used his remaining months to write his life story; we actually have his life story written down, which is wonderful for our family. However, he was very concerned about what was going to happen in his final days.

He said one thing during our many discussions at that time that I have not been able to get out of my head. I have already mentioned that he was one of the Rats of Tobruk and that his time in the Army was a very important part of his identity. He was active in Legacy and the 2/28th Battalion and the 24th Anti-tank Company Association right up until his death. He said, "When I was a young man with my whole life ahead of me and everything to live for, the state did not hesitate to send me off to my death. Now that I am older and I have lived a full life and my death is certain, the state won't let me die." I wrote it down at the time because that is the paradox and also the hypocrisy of this debate. When people who have their whole lives ahead of them choose to take their own lives, choose to suicide, they leave behind a lifetime legacy of pain and loss for their loved ones. I have heard suggestions that voluntary euthanasia would enable a floodgate of those suffering from mental illness or depression choosing to take their own lives. I, for one, would never agree to such a provision. That bill would never go through this place with my consent; and I know that this bill does not attempt to do that. There is a huge amount of misinformation floating around the community. I am not sure whether that is a deliberate campaign or not. I suspect it is part of a campaign by fundamentalists to falsely characterise as a murderer anyone who would support relief from inevitable pain and suffering at the end of a loved one's life. I have not heard a single member—not one—say that they would advocate euthanasia for someone against his or her will. How, then, can it possibly be said that such a bill should ever be presented? Clearly, if any member here introduced it, it would never pass. None of us would let such a bill pass. I suspect every person in this place without exception would vote against it.

I note that in Hon Sue Ellery's speech last night she made some of the same observations. I also note that most of the correspondence I have received made pretty identical points that have clearly been lifted straight from a lobby website somewhere, and seem not to reflect on this bill in any way. This bill does not support allowing people with a disability or a mental illness—anyone other than those who are clearly dying—from accessing these provisions. Instead, this bill specifically excludes the capacity to pursue voluntary euthanasia unless the primary basis for that request is based on the fact that someone is already going to die in the near future. This is a very difficult debate. It is not one to be taken lightly or flippantly. It is literally about the fundamentals of life and death. I have no idea whether this bill will succeed, but whether it does or not, with all my heart I hope there are some core outcomes that the mere act of bringing on this very important debate will achieve. For that, I thank Hon Robin Chapple.

There has been lots of talk about palliative care. Members of this place who have control of the state's purse strings, of which I am not one, extol palliative care as being the solution to ensure voluntary euthanasia becomes unnecessary. We have heard lots of "if only we had more, everything would be okay; if only we provided quality of life for people, then everything would be okay". My response is enough of the "if onlys". If members are that serious about it, they should put their money where their mouths are, because I do not have any control over the budget. I have already made my comments about the limits of palliative care so I do not need to repeat them. However, I certainly share the view that improvements to palliative care funding are a positive thing and will go some way, perhaps even some considerable way, to improving the current situation. Let us hope they do. The former head of Palliative Care WA has said that there is a chronic lack of funding for palliative care and palliative care beds. That is not good enough; so let us get better at it.

I have been informed that in Parliaments in which voluntary euthanasia has been debated, it tends to correlate to increases in palliative care funding. I certainly hope that will be the case here. I also hope that all the declarations we have heard about the sanctity of human life will translate into staunch opposition towards any calls to reintroduce the death penalty, if that should ever come up. On a more immediate level, I expect it to translate into support for any legal measures to limit or prevent the number of workers killed at work as a result of the pursuit of profit. If this bill is defeated, my concerns about the protection of my own family, and the families of so many others, will remain unheeded and unaddressed, in which case, if there is an understanding that this is a private matter, I expect that the state will basically back off and leave my family alone. I have not been given any reassurances or any comfort that this will be the case.

This has been a challenging debate. I have put in much research, thought and copious reflection. As a result of that, I have assured myself that I have a series of unassailable lines in the sand in relation to my own position on euthanasia. It is absolutely not a black and white issue for me. As I say, I wish this bill was not needed. I also wish the state would not stand in the way of genuinely dying and consenting adults and their families and the private and loving decisions they make. I do not think the state has the right to persecute my family for heeding my wishes to hasten what is inevitable. It is not a perfect bill but I do not know how I would amend it. I will support the bill because I know that the status quo is simply not acceptable.

**HON JON FORD (Mining and Pastoral)** [2.45 pm]: It was an interesting speech that I just witnessed from Hon Alison Xamon. I listened to her words with great care and reflection. I, like every other member here, have thought very long and hard about this issue. Not wanting to be a Mr Oakeshott, I will tell members up-front the position I have come to; that is, I am not convinced that as a society we are mature enough to support voluntary euthanasia. I will tell members why.

**Hon Max Trenorden:** In 45 minutes!

**Hon JON FORD:** But I told members the answer up-front!

I refer to the pharmaceutical benefits scheme. As a society, we make decisions about life and death through our representatives nearly every single day of our lives—some very publicly and some quietly. On a financial basis alone, we sentence people to long and painful deaths without treatment simply because the drugs that could assist them are put out of financial reach. Why is that important to a euthanasia debate? It is the same reason that an investment shortage in palliative care is important to this debate. As a society, we need to address a range of issues before we get to a point of discussing voluntary euthanasia. I do not accept what Hon Alison Xamon said; that is, that we, or any future government, would not accept anything but voluntary euthanasia because in effect we, as a society, by restricting funding and by not allowing affordable access to medical intervention, force people to die. Some of those people want to take their own lives as a result of that; in other words, because they are put in a position that they did not need to be put in, they think they have only a single choice—to end their lives. I listened to an argument on the *Four Corners* program recently about patenting human DNA and about who actually owns the rights to DNA. There was a case in the United States in which a woman died from breast cancer because she could not afford the treatment offered to her because the DNA had been patented; therefore, there was a price premium and there was no government subsidy. That woman died from a particular form of breast cancer. That argument about DNA involved very learned people, people of quite senior academic achievement. They argued the pros and cons of who has access or the ability to own human DNA. There were basically two groups. One group said that DNA should be patented so that it attracted investment and made a profit; it was all about the money. The other group was of the opinion that DNA should not be patented and that it should be researched by everyone so that the benefits flowed to not only the corporations, but everyone. That group believed that not patenting DNA would attract greater funding and allow a broader range of research. If we started making collective decisions about society's priorities—that is, whether there should be significant increases in palliative care and whether significant research funding should be made available to companies that are interested in palliative, pain and other treatments so that people are not confronted with a lack of choice—we would move much closer to being a society that is prepared to have a responsible debate about euthanasia. If that were to happen, I would be confident that we were funding organisations to a level at which their research would reveal whether there are any gaps or limitations in science.

In rebutting the statement made by Hon Alison Xamon about never being in a position to say that we have involuntary euthanasia, I indicate that in another life I took a proposition to cabinet to secure funding for endemic fish species because research suggested that they would be extinct within 18 months. Treasury told me that it would look at the application with more regard if I could demonstrate that they would be extinct within three months. The bureaucracy made a financial decision and ultimately the government did not support that position. It tells us where the situation is at; it opens up the gap. If there is general acceptance that voluntary euthanasia is a key plank of our society, it is not such a big step for people to say that society has different priorities, that there is a cheaper option or that we can defer investment in certain treatment, research or services

because we have a mechanism to relieve that pressure for a time. Whilst we would not be directly saying that there would be involuntary euthanasia, we would start to develop policies around that gateway.

I refer to the issue of family disputes. Some members have referred to the fact that without voluntary euthanasia legislation, people who choose to euthanase themselves because they feel there is no other way out have to do so alone for fear that a family member who assists with their death would be pursued under the Criminal Code. I have some sympathy for those people. Again, people make that choice because they do not think that they have a broad range of other choices. I agree. I do not like the status quo. If anything comes out of this debate, perhaps there will be greater focus on medical research and palliative care. I do not think people should have a lonely, long or painful death. I particularly do not think that they should have an undignified death. Many of those who wrote to me about this issue said that they would not want to spend their last days in an aged-care facility. Stuff that! One person said that he would rather shoot himself in the bush and let the dingoes deal with him. People say that because of their fear of dying an undignified death. My family had problems when it tried to find aged-care accommodation at which my mother would be treated with dignity. All of sudden people who suffer from dementia are not treated like humans. My mother was not treated in the way that a person who has dedicated her life to her community and country should have been treated. She received a bravery award during the war for her work as a nurse. She gave years and years of service to Royal Prince Alfred Hospital and to her community. She was treated as though she had to be put away until she passed away, which was of great concern to my family. We found a way of making sure that she was treated with dignity.

As a society, we must deal with the issues of aged care long before we debate euthanasia. We must also deal with the issue of pain mitigation. As members would be aware, I experienced pain when I injured my back. The pain was so bad that I seriously contemplated suicide. I can remember driving to Kalgoorlie one day to do some constituent work. I was in such pain that I thought it would be easier to drive in front of a truck. It was not until my neurosurgeon finally admitted that he could not fix me that I put myself in the mental position that I needed to be in to manage the pain, and that opened up a new world. I met a range of people who were previously hidden from me. My neurosurgeon told me that in the normal course of events it would have been five years before he would have admitted that he could not treat my pain, at which point I would have been referred to a pain specialist. I did not know that there was such a thing as a pain specialist. I thought I had to deal with only the neurosurgeon. I did not know that psychologists were trained in diversion therapy. I have been able to manage my pain. I have been advised that the effects of diversion therapy will become limited as I age. I am aware that there is a limit to medical intervention and that every time I receive pain intervention a tick is put on the board until it becomes less and less effective. I hope that sufficient research will go into that area. I understand people reaching the stage at which they feel that they need to end their lives because they do not have a choice. The point I am making by referring to my experience is that there are choices out there; they just need to be pointed out.

That brings me to the issue of conflicts within the medical profession. My neurosurgeon told me that it would be at least five years, under usual circumstances, had I not pressed him—he told me that he was retiring—before he would admit defeat regarding a medical condition. Out of professional pride, he wanted to leave me in pain and without other options for five years until the other options were explained to me. There was another conflict when my father was dying. He was a medical marvel because half of his heart did not work. The cardiologist told me and my brother that our father should not be alive, but he was. I know why my dad was still alive. He was still alive because he wanted to make sure that my mum was looked after before he died. When he was convinced that she would be okay, he let himself go. I had a constant battle with the hospital. The staff kept sitting him up in bed. My dad kept telling me, “Jon, just tell them to let me lie down because I am in so much pain when I sit up.” I spoke to a nurse who told me that she could not let him lie down because he would drown and die. I told her that he was dying and that it did not hurt him. I have been told since that no-one has ever died by drowning himself. It cannot be done because people involuntarily move themselves when they begin to drown. Nurse after nurse sat my father up and put him through pain while he was dying. That shows one of the paradoxes in the medical profession. On the one hand, doctors take an oath that they will do everything possible to look after their patients and make sure they are comfortable. However, they also take an oath to do everything possible to extend a patient’s life. Those two things do not necessarily go together. We need to resolve that paradox for the profession before we have a debate about euthanasia. An issue that we can move towards resolving is at what point a person can take control over the medical treatment that he accepts. My father came from a generation that took a doctor’s word as law and he did not feel that he had any rights. People’s views on that are changing and they are now considering what the doctor tells them. Many people are sceptical of what doctors tell them and do their own research and seek a second opinion.

Recently, a young woman who is alleged to have had a drug problem was dying from liver failure. I will accept that she had a substance abuse problem. She had already had one liver transplant and the powers that be decided that she was not to have another shot at life by having another transplant. The liver was to be supplied by a family member, so it was not an issue of organ donation; it was an issue of costs and resources. The medical

fraternity said that the young woman had been given one chance already and that because she was a drug abuser, the profession could do only so much for someone who would not change her ways. That was an example of a pretty skewed public debate. The media was trying to ramp up public opinion that the woman was a drug addict and therefore did not deserve to get any treatment. That is the same argument that people who smoke should not be given treatment in hospital. That is what I mean about our society's lack of maturity. As a community, we forced a father to mortgage his home to try to save his daughter's life by taking her to an overseas hospital. I understand that that is exactly what happened. The father was forced to sell the family home to pay for the family's debts. That is a decision that society made and found to be acceptable. I do not know why society agreed with that argument. The father was not given a choice; he would do anything to save his daughter's life. Society put a caveat on the choice he had to make. That is not a sign of a society that is mature enough to allow people to choose whether they should live or die.

Provisions in the bill refer to medical advice and opinions. I have told members what my view on that is. A neurosurgeon was willing to let me suffer pain for five years had I not pushed him. Other neurosurgeons would have a different view. It is a big ask to expect people to make those types of decisions. The people who assist in making an assessment on whether someone should be allowed to euthanase himself are placed in a very unenviable position. Part of my job, and that of other members, is to assist families who are grieving because of the death of a loved one, especially when that person dies intestate. Even if they do not die intestate, it is amazing how a family that seems rock-solid at one moment can be at each other's throat the next. There are huge disputes about that. There is the potential for a family to be torn apart if a senior family member—such as a father—who is loved by the family says that he wants to end it all. Everyone in the family loves the father but friction will be created if one group in the family intellectually supports the argument for euthanasia and agrees with the father's decision while another group desperately wants to see him live. Society is not giving people enough choices. There should be a lot more choices than just the option of voluntary euthanasia. People need to be presented with a range of choices. No-one should fear going into an aged-care facility because they fear being abandoned and dying in an undignified manner. People deserve to be respected and no-one should fear dying in pain. As a society, we should fund palliative care to a level that mitigates pain and suffering as much as possible. Society needs to invest in research to make medical advances that allow people to live their life with dignity and to end it as painlessly as possible. We need to make sure that people have a range of options available to them before they face death. As I said, I support the concept of euthanasia intellectually and in principle. But I do not think that as a society we are currently in that position.

I received a letter today. It is a pro-euthanasia letter. In order to protect his privacy I am not going to name the person who wrote that letter. I suppose a number of members will have received a copy of this letter. This person says in the letter, among other things, "I ask you to please answer the following questions." The first question that he asks is: do you think that death by starvation is acceptable in our day and age? No, I do not. I do not think it is acceptable. But I do not think it should be seen as one of the choices. I certainly do not think that euthanasia should be seen as an option to mitigate death by starvation.

He asks also: do you believe that society wants more compassionate laws for those in permanent pain? Yes, I do believe that. But I do not think that, at the moment, euthanasia is the final answer. There are quandaries within the medical profession that need to be addressed. Those quandaries are: when do we go all out to extend life, when do we know that we cannot do that, and when do we offer painless treatment rather than painful treatment? He asks also: do you think that for oldies in pain there should be better ways to die than by starvation? I have answered that. Of course we do. He asks also: do you consider that legalising euthanasia is wrong because in rare instances it could be abused? Well, as I said earlier in my speech, I do not agree with what Hon Alison Xamon has said, in that I do not think any person would consciously agree to a law that was framed in such a way that it would allow us to take this decision away from the individual and allow someone else to make the decision. Nobody is going to agree to that. But, as I have said, we already make those decisions as a society through policy, in that we restrict access to drugs that can extend life, purely on an economic basis.

As I have said, in my view, we are not ready to make this decision. We are a long way from that. I may be convinced. I do not think I am going to be, but I may be. So, what I am offering to the supporters of the bill is that I will support the second reading, so that we can address specific clauses of the bill, but I do not support the bill. The supporters of the bill may be able to convince me. I do not think that is likely. But I will support the second reading, and, if the house supports that, we can go to the third reading, because I think it is worth having a longer debate. But I do not support the bill.

**HON HELEN BULLOCK (Mining and Pastoral)** [3.13 pm]: The Voluntary Euthanasia Bill raises the question of whether our election to Parliament gives us the right to sanction the killing of other human beings in circumstances other than self-defence or the defence of the nation. This is not a difficult question. The answer is simple. No. We do not have such a right. We do not have the right to sanction the killing of our fellow human beings. For that reason alone, I oppose the bill.

**HON PHILIP GARDINER (Agricultural)** [3.14 pm]: I wish to speak to the Voluntary Euthanasia Bill 2010 sponsored by Hon Robin Chapple. I may be totally out of order, but I do not find this the challenging debate that people have talked about. This debate is really just about real life. We all live it. We all experience it. We all have compassion for the sadness that may come out of it. I do not think that the challenge of this debate is about the issue of death. In fact, some people will say that we are all born to die. This debate is really about what gives us ground to consider that there should be any element of choice in that decision.

I also think it is very hard for us in this chamber because when we speak on this particular issue, we are speaking for our electorates. We all know that, based on some form of survey, with some form of question that I must say I have not seen the precise words of, 88 per cent of Western Australians are in favour of voluntary euthanasia. So, in our electorates, if we are really considering our electorates, there is a move—at least a move—that suggests that voluntary euthanasia has a place. Perhaps what we are doing in arguing our case is saying, “I am representing my own view, and I hope my electorate will follow me.”

I also think that what we are talking about here is an issue that goes well beyond money. In my view, the way we die is a human right. It is often frustrated by accidents of life, but it is a human right. It becomes even more of a human right the older we become, because the older we become, the less we are able to influence our lives, and in particular how we die. Once we are infirm and in hospital, there is no way that we can have any other choice but to be at the control of others—unless we have a bill of the kind that we are considering this afternoon. I know people who, when they still had a choice, committed suicide, because, for reasons known to them only, they did not want to thrust themselves upon others by living any longer. These were lovely, decent, contributing people, who, because of some condition of their own, had reached that conclusion. It is with interest that I have discovered, with the help of Hon Michael Mischin, that although we cannot punish people for committing suicide, the law in the statute books, at least from 1913 right up to 1 July 1972, said that people are guilty of a crime if they procure another person to kill him or herself; or counsel another to kill him or herself and thereby induces him to do so; or aids another in killing him or herself. It is interesting, I think, that it took so long to recognise that suicide is not a criminal activity. I will come to that a little later.

I also believe that a good deal of fear and uncertainty has guided the framing of this bill, because it is restrictive. I presume that the sponsor has undertaken that in trying to navigate the way to get to a certain stage in our consideration of the relevance of euthanasia in our society. When I think about it, the most difficult thing for me to come to terms with is people who vexatiously wish to kill their loved one—their parent, grandparent or whoever—for some pecuniary reason or for some other reason that benefits the survivors. That is such an extreme position in itself that I suspect it rarely, if ever, occurs, but we have to guard against it. I can see that is framed deeply into this bill. I admit that Senator Ted Kennedy was not saying this in relation just to, or if ever, euthanasia when he said, “Our future may lie beyond our vision, but it is not completely beyond our control.” I think those words helped me decide the relevance of euthanasia to people who are seriously infirmed or whose ability to live in a world has surpassed them and when the pain of doing so, expressed in various ways, is so deep for them that they need euthanasia as one of their options from which to choose. I take Hon Jon Ford’s point that we need more options. At the end of the day, in my view, voluntary euthanasia should be one of those options.

This bill fails in dealing with many, many circumstances in which euthanasia might be appropriate. I have seen serious suffering. I have seen how difficult it is, not for me, because it is always sad for any of us to see someone we love die, no matter when it is, but for the person who is being inflicted with the pain and everything that surrounds that pain. That is the person we need to take into account in considering this issue, because the person, in my view, who is inflicted with this pain is often too good to deserve this pain. I have seen it firsthand. It is worse, in my view, having that than having the relief of that person being able to rise out of that pain and die, to our sadness but to that person’s relief.

I would like to go through some of the rights that have been talked about, not necessarily in this chamber but outside, just to put this euthanasia issue into context, as I see it. The right to life is one of the most relevant points about whether euthanasia has a place in our society. We all believe in the inviolability of life. It is sacrosanct; it is sacred. None of us likes to see people die, in no matter what form, but it happens. What we have to separate out is the sacredness of life, if we like to put it that way, from the biology of life, because the two have different consequences. The spirit, the example of the person who dies, to each of us—we have all experienced it—is so precious and guides us in the way we live our own lives, but the biology is something different. Biology is a tangible thing; it is the real thing; people feel it. Science has gone only so far in being able to control it, but we, in our own lives, if we wish to, can control the way we wish to die to help the biological aspect. The spiritual aspect is going to be there forever in the eyes of those who survive.

As for the suffering and the right to life, is it really our right to inflict this kind of suffering on those we love? Is it we who should be making that decision or is it the one who is actually incurring the suffering to whom we should give the right to make that decision? This is where I think we often get sidetracked when we discuss this bill. It is not our view; it is the view of the person involved. It is the person who is suffering to whom we should

give the credit and the ability to make the decision of how and when that person might wish to die. There is a sense of fairness about this issue. We talk about the challenging debate here, but the challenging debate of all the child deaths in our Aboriginal communities is to me equally important in this particular issue of the death of people we love when they are in pain and when they are infirmed.

As for the immortality we give to the right to life, there is no right time to die. Would we not all want to just keep on going and to see our children, our grandchildren and then the great-grandchildren, and the football games and the hockey games, and everything else continue on and on and on? Surely the answer is yes. There is no right time to die. Often, unfortunately, it comes about as a result of car accidents or other sudden deaths when suddenly our loved ones are taken away without any warning. But when we are talking about voluntary euthanasia, we are not quite talking about the suddenness. We have a chance to plan; we have a chance to get used to it, given that it is going to relieve the loved one about whom we are talking. If it is, that is what that person chooses.

Then there is the relevance, in a way, of suicide. I am cautious about raising that, except that there are some interesting aspects, because suicide, again, is a choice that some people exercise to end their lives. Whenever I go to the funeral of someone who has committed suicide, I come out of the funeral saying that if only that person were still here and saw how many friends were there, that person would never have done it. In one service I went to for a suicide—most of us knew, I suppose, that he had taken his own life—the rector said that it was not for us to ponder and wonder about this. He said that it was something between God and Terry—the man's name. That is a very interesting philosophical way of dealing with someone who has taken his life in a way that is a shock. That is quite dissimilar to what we are considering with voluntary euthanasia. It is a very interesting philosophical perspective, because once I started thinking of it in that way, I found a great relief in the fact that it was really a matter of communication between God and this person to sort that out. I know that brings a religious aspect to that situation, nonetheless it is relevant.

Whose interests are paramount in the right to life? I believe it is the ill or infirmed or those who are concerned about the pain and how they might feel as it gets tougher and tougher towards the end of their lives and the dignity they seek prior to their death. It is not the case for us; we are the survivors, saddened, as always, and with compassion for the way in which the person has suffered, and never with happiness about his or her death.

The next right I have on my list is the right of pain. Pain is something that we all bear at some time, and it is also something that we learn about from our parents and their parents, and so on. Hon Sue Ellery talked about pain in her speech, and she mentioned regional people perhaps having a higher tolerance for pain than city people. I learned from the example of my father that he ignored pain always, but maybe that is a country thing, because in the country we are always dealing with death—not human death, but death of animals. Humans are intelligent, and we regard our intelligence as being at a much higher level than that of animals, and the relationships we have with other humans are at a deep and high level. However, members should not believe that we do not have compassion for the animals on our properties. When one realises, after having tried to care for an animal and bring it back to health, that it is not going to survive, one has to make the decision that the animal will have to die. Life and death are part of living in the country, and we often have to make those decisions for our sheep, our cattle or our sheepdogs. In the city, people also have dogs and cats and face the same decisions. Those of us who are dealing with life and death day by day have a slightly different perspective.

The right of pain also has an endurance factor. When I think of serious, deep pain, I imagine being at one end of a jungle full of vines, trees and ferns. We have to get to the other side; we do not know how far the other side is, but we have to try to get there. We have to clamber through, and we trip and get cut and so on. That, to my mind, is what pain is—not that I have ever been there, but I suspect that that is what the pain will be like at the end, when we get there. Another example of the right of pain relates to the fact that dying is part of living. When I question my own views on voluntary euthanasia, I consider that, when parents concede to voluntary euthanasia and decide, in the most harsh terms, to bow out of life, it could be regarded as giving up. Culturally, that is not part of our vernacular; none of us is here to give up on anything. That is an example that can be translated back to the young children who are there with their parents when their grandparents are dying. What impact would seeing that have on their attitudes to living and the necessity to strive, continue on and battle through? I am not sure that I have resolved my conclusion on that, but that is one of the questions I have about the behavioural effect of voluntary euthanasia, if it is to become possible and practised within our communities.

The third right is the right of choice. The right of choice is really a fundamental right; we seem to allow it economically, but this is about freedom. We have freedom of choice when we go to buy things. Should that not apply when we consider all the contexts of the ways in which we want to die? In my view, we should not restrict that most fundamental of freedoms. How we wish to die is a very fundamental thing, and should that really be restricted? Should we not have a choice about that? In my view, we should have a choice about that. However, this is not an either/or thing, because palliative care is also fundamental to how we wish to live and how we wish

to be cared for. If people are considering palliative care and voluntary euthanasia as either/or situations, they should not; they are “and” situations. I suspect that people get to a point at which they want to exercise their choice to die only after all the best efforts of palliative care have been applied and are still in serious, insufferable pain and can see no future beyond it. More and more these days we have gene tracking to help identify whether we are prone to particular conditions that will end up causing us to be on the pathway to serious pain and death. Should we not then be allowed to plan in that context? As we understand more about genetics, we will be able to predict more and more what our future will hold, and this takes us back to Ted Kennedy’s statement that the future is not beyond our control. In my view, voluntary euthanasia plays a part in that future.

I now come to the right of doctors. A position statement released by the Australian Medical Association in 2007 recommended that good quality end-of-life care should ensure that the patient is free from unnecessary suffering. We are aware that doctors take suffering into account, and already administer euthanasia in many cases; it has twice occurred in my own family. It is done, in the view of the doctor and of the family, in the best interests of the patient. There are occasions on which we already recognise unnecessary suffering, as we all know; that is what we are talking about. However, good quality end-of-life care should also include treatment that gives respect, dignity and compassion. Again, the doctors’ view is that we should be aware of maintaining respect and compassion for, and the dignity of, patients of the kind we are talking about in the context of voluntary euthanasia.

I will not go into life experiences in any depth, which is the next point I wish to address, apart from to say that doctors are already conducting euthanasia, and they do so in the best interests of their patients and their patients’ futures. I have talked about the right of example in that we need to be thinking of others in terms of the person who is the bearer of pain. I have spoken about the attitude of Australians, especially Western Australians, and their view on the introduction of voluntary euthanasia.

Perhaps, when we analyse it more intellectually, if members like to use that term, or more diligently or with greater focus in a chamber such as this, we may see other aspects of what voluntary euthanasia implies for our society. However, it seems that the vast population is sympathetic to some introduction of voluntary euthanasia and I share that sympathy with them. But in the end, it is to each their own; each person will make his or her own choice. That in itself is one of the powerful elements contained in this legislation.

It is also of interest that the United States populace shows similar support for voluntary euthanasia; in general, 84 per cent of males and 64 per cent of females allegedly support it. Of the religious biases, Southern Baptists, Pentecostals, Evangelicals and Catholics oppose voluntary euthanasia; moderate Protestants, Lutherans and Methodists were mixed in their views; and liberal Protestants, the so-called Presbyterians and Episcopalians, were most supportive of voluntary euthanasia. I mention that briefly because it is interesting to see what guides the basis of some people’s interest in this area. African Americans were opposed to voluntary euthanasia. The conclusion that was drawn from the survey was that they opposed it due to their low trust in the medical establishment, maybe ignorantly, but that was the alleged reason for their opposition, whereas European Americans were accepting of voluntary euthanasia. However, among African Americans, the higher the education people had, the stronger the correlation with support for voluntary euthanasia.

I will conclude by going back to Kennedy. He was not a man to articulate his vision; he intuitively and in practice fought for human rights, as we all know from his wonderful history. Kennedy might have spoken about human rights as a promise to belong in dignity in community with others. Fear and uncertainty always have unintended and unplanned consequences and often compromise what we do when we bring changes into the fabric of our society. I think it is that fear and uncertainty about possible unintended consequences that guide a lot of how many of us think when we consider the factors that bring us to a conclusion on this issue. What is more, a lot of that concern arises when that change allows new freedoms, because I believe that is what we are talking about in this place; we are adding a new freedom to our society. Although the concern with a new freedom is that it might be abused or go off the rails, I believe it is most important that we do not allow that concern to stop us taking this most limited risk in allowing voluntary euthanasia. The risks that we fear, I believe, are so low that they might be non-existent, especially when taken into account with the benefits voluntary euthanasia offers the person who requests it. We will all be there as we get older and have less and less control over our lives, and we will get to the point at which we have no control, even if we want to euthanase the pain; therefore, we should all reflect again on the meaning of Kennedy’s words that our future is beyond our vision, but not beyond our control. Therefore, I believe those of us who vote yes to the Voluntary Euthanasia Bill are engaging with those who wish to have options and the freedom of choice in such a crucial area, if they are in a position to have voluntary euthanasia, of when and how to conclude their biological life.

**HON MICHAEL MISCHIN (North Metropolitan — Parliamentary Secretary)** [3.45 pm]: I debated with myself for quite some time as to whether I ought to speak on the Voluntary Euthanasia Bill 2010, but I feel obliged to do so by reason of the considerable public attention that it has attracted.

I, like other members of this chamber, have received a considerable amount of correspondence on the subject of this bill by way of letter, pamphlet and email. I started receiving this correspondence even before the bill was introduced into this place and it has continued apace over the past several months, reaching a peak in the past few days. I intended to respond to the correspondence but it has proved impossible, given the flood of material that has made its way to me in the past several days. The correspondence has been both for and against what people have described as “the bill” or “voluntary euthanasia”. It has ranged from bland assertions such as “no euthanasia”, “no unlawful killing” and “no murder” through to equally bland assertions such as “why should anyone interfere with my right to die”. It has ranged from those sorts of assertions through to reasoned argument. It has ranged from rational and respectful submissions and arguments backed up with evidence through to the emotive and the abusive. It has ranged from reliance upon personal experiences as being the source of what ought to be done in this area through to reliance on exhortations to religious belief, and, indeed, exhortations to so-called rights. There seems to be a lack of insight that both the religious exhortations and the resort to rights are essentially human constructs based on the way that people feel society ought to be governed and what is necessary for society to work satisfactorily. Some complained that religious beliefs should not inform views on this issue, but then speak of rights, exchanging United Nations conventions for the Holy Bible, scriptures from the Talmud or the Koran as their touchstone as to how society ought to work and what ought to be done or not done in this area.

I do not think that there is a right or wrong answer in this area. I am struggling with it, but I will get to that in a moment. Certainly, as Hon Brian Ellis observed, it is plain that the electorate is divided on this issue. I have received several letters, as no doubt have other members, telling me that the correspondents will be watching closely how I vote on this issue and that that will govern their decision as to how they vote at the next election. Those observations have come from both sides of the debate, so I suppose they more or less even themselves out. Some have asserted that I should not follow my own views on the subject and, indeed, that I ought not to have to be persuaded one way or the other; that I should “obey the will of the majority of my electorate”. They cite figures of what that majority might be, ranging from about 70-odd per cent through to 80 per cent, which seems to be the popular one today judging from an advertisement in the paper. I think Hon Phil Gardiner has mentioned 88 per cent. I suppose by the end of the week about 110 per cent or 120 per cent of the electorate will be in support of voluntary euthanasia! I reject that as an argument as to how I should approach this task. I feel I would not be fulfilling my responsibility to legislate for the peace, order and good government of this state if I simply were to pass laws on the basis of what the majority of the electorate might think based on what a media-driven poll says they may think. Claims of “overwhelming public support for assisted suicide” and “the Parliament should listen to the community at large” seem to be based on those sorts of polls. If we were to rely on media polls as the touchstone of what we ought to do, there hardly seems to be much point having an election every several years, for a start. It seems to ignore also that polls are a notoriously unreliable measure of public opinion, especially when we do not know how well informed the respondents to those polls may be about the issue that is being canvassed. It should also be borne in mind that polls tend to use very small samples. I think Westpoll tends to use something in the order of 300 or 400 people across the state on various issues. The questions tend to be those that can be answered with a simple yes or no without any nuancing or subtlety in the response required, or any filtering to see whether people understand the subtleties of the issue that is being posed before them for an opinion. Obviously, a poll of about 400 people out of the state’s population of something like two million people is a relatively small sample. It may have some statistical relevance but I note that something like over one million Western Australians, out of the 1.3-odd million Western Australians who were eligible, voted during the last daylight saving referendum.

People who say we ought to listen to what the electorate says are also being rather disingenuous. I can guarantee that if we were to legislate on that basis and pass this bill, and it proved to be an unmitigated disaster with unforeseen consequences, it would not be those people who say we ought to rely on public opinion who will be taking responsibility for it; they will be blaming us. So, I take the issue a little more seriously than simply relying on what pressure groups may say is the public feeling on an issue; although I accept Hon Phil Gardiner’s proposition that it plainly indicates some interest by the community in the issue. It may also be of course that those who are supportive of voluntary euthanasia in some form may not be happy with the actual model proposed by the bill. Again, we do not know how closely people understand what is proposed; its metes and bounds and the like. If anything, I have learned from my correspondence from people in the community that very few people seem to have an understanding of what is proposed in the bill, let alone have really thought about the implications of it or have thought deeply beyond the appeal of providing people with a choice to end their lives at times of unbearable suffering. I do not mean to dismiss their interest in it and their opinions on it, but it has shown me over the past 12 months, on pondering this issue, that it is an awfully lot more complicated than I initially thought it was. One thing is certain though: nothing I say in the course of this debate, indeed I think that nothing any of our members say in the course of this debate in this place, will make the slightest bit of difference

to the majority of members of the public. Those who bother to follow it will be following it in order to have confirmed in their minds what they have already decided upon. That is unfortunate but that is life.

I have considerable sympathy for the objectives of the bill and what has informed its drafting and its presentation. The relief of chronic and unrelieved suffering in terminal patients is something that has troubled me over many years. Before I had the responsibility to consider whether this ought to become law and in what form it ought to become law, I was inclined to be supportive of the idea of voluntary euthanasia in general and to think that there could be no harm coming from it because it would affect only those who passionately believed in it, or were suffering and wanted to resort to some means of ending their suffering. For a long time I have thought similarly to those who advocate the purpose behind this bill, and indeed this bill. However, as I say, now that I have a responsibility, albeit shared with 35 other members in this place, for making a decision that will not only affect the lives of individuals but, I feel, shape the social fabric and attitudes and futures of Western Australians generally, I find the matter nowhere near as straightforward as I once thought.

We get back to basics: voluntary euthanasia involves assisting someone to kill himself or herself. It requires a doctor and any supporting medical staff to deliberately cause the death of a patient rather than attempting to save a patient's life. Those people will be required to participate in killing. They will be required to participate in a manner of killing that has always been regarded as unlawful. The question of whether voluntary euthanasia ought to be recognised as a category of lawful killing is a difficult one with important moral and social implications. Some of those have been identified. I do not propose to go over the various arguments more than absolutely necessary. I certainly do not expect that what I say will be exhaustive of the several issues involved. What must be understood is that the bill seeks to introduce into law a limited facility for assisted suicide, albeit in cases of terminal illness to end unnecessary suffering. That is what it is about. Correspondents have told me, when I have described it in that form, that I am being unnecessarily emotive. I am simply reflecting what the Criminal Code says, and that is not much of an emotive document. It has been said in the course of one speech that the current law persecutes people. It does not. It is simply recognising what euthanasia is as a bland fact. It involves assisted suicide; assisting someone to kill himself.

Hon Philip Gardiner mentioned a provision in the Criminal Code that is a prohibition against assisting others to commit suicide and prohibiting counselling others to commit suicide. There are plain public policy reasons for that; it is to prevent people from being influenced by others and the destruction of life that may flow from that. Until 1 July 1972, section 289 of the Criminal Code made it a misdemeanour to attempt suicide. That was repealed, so it is no longer an offence against the criminal law to try to kill oneself. That is a reflection of many centuries of legal thought, based on religious conviction and Christian principles, that it was an offence against God to take what God had provided—one's own life. There was a special circle of hell that Dante identified as *The Wood of the Suicides* that dealt with punishment in the afterlife of those who took away the gift of life of their own volition. Things have moved on since then. We do not have the bizarre circumstance of helping a person to recover from a failed suicide attempt so that he or she can be charged with a criminal offence. During the Middle Ages people were hanged for trying to kill themselves, which is a bit of an irony.

**Hon Ed Dermer:** Did that happen?

**Hon MICHAEL MISCHIN:** Yes. I read about one case in which a person tried to kill himself by cutting his throat. He was patched up and sentenced to death by hanging. During the hanging his throat opened, which meant that he did not die. They had to think of other ways to kill him.

**Hon Adele Farina:** I am sure you researched hard for that case!

**Hon MICHAEL MISCHIN:** The member should wait until I talk about the criminal prosecution of animals. I digress; that is a debate for another day.

One argument that has been raised is the perennial one that we do not allow animals to suffer in the way we force humans to suffer. If a dog breaks a leg or is coming to the end of its life, we consider it a terrible cruelty to keep it alive. We put it out of its misery, which obscures the value that society places on human life compared with the value it places on the lives of animals, whether it is right or wrong. We do not eat each other for food. We agonise about taking children away from their inherently bad mothers; however, we have no qualms about removing puppies from their mothers. We do not put people down to put them out of their misery because we feel that we have control over their lives or a greater power over them. We deal with animals in the way we do because there is no other way that we can help them. Alternatively, we value human life. We spend vast sums of money and commit enormous resources to preserve and extend human life. To make our society work we must recognise as a community that human life is valuable. We do not write off someone and say that his life is worthless and that it does not matter whether he lives or dies. We try to rescue people and help them. We spend vast sums of money trying to dissuade people from committing suicide, yet this bill proposes to facilitate their committing suicide. I will deal with the ironies of that in due course. As I said, there are important moral and

social implications. It goes beyond what a particular person or a particular family may feel will help them in due course should a person or his or her loved one be subjected to a terminal illness that involves suffering, because the way that society deals with that problem is indicative of how society values life and it is indicative of what members of society can expect from their community.

My concerns arise from my reading the bill, considering the arguments that have been advanced over the past 12 months by correspondence, and independent research. The bill is flawed. It has not been sufficiently thought through. I say that with respect to Hon Robin Chapple because I think he has tried his best. I do not in the slightest dismiss his compassion for those who suffer. He is well motivated. I reject utterly the contribution of one correspondent who labelled him as a devil worshipper and who suggested, given that he is so keen on voluntary euthanasia, that he should start with himself. Hon Robin Chapple is not motivated by anything other than a genuine concern based on his own experiences. I am sure all those who have spoken in favour of the bill are similarly motivated. I do not think anyone is looking for the destruction of life gratuitously. However, that is one of my concerns should this bill become law. There are insufficient safeguards to prevent abuse.

One of my concerns arises from the experience of those who have reached the end of their lives and from the way that they deal with that situation. Along with Hon Nick Goiran and Hon Liz Behjat, I had the benefit of visiting St John of God Murdoch Community Hospice some weeks ago. During the visit we spoke to patients and staff. I was interested in the manner in which the human spirit survives the worst disease. Many of the people there went through a period of despair when they were confronted with the fact that they were terminally ill and that they may suffer the loss of faculties and be in considerable pain. They wanted to end their lives for a variety of motives. Some did not want to be a burden on their families; others did not want to encounter that which they feared. However, their attitudes changed after going to the hospice and being shown that life was not over, that their situation was not hopeless and that they had some good months or years ahead with the prospect of some enjoyment. They were grateful for the fact that the pain could be relieved and that they could continue to enjoy what they could of their lives. That sentiment is not universal. Everyone has a different experience and a different outlook. However, it would be a pity if the first option of those in such a situation proved to be their last; if their first reaction of wanting to end their lives out of fear of what might be and how they might suffer might be to resort to this legislation, which would lead them down the path of suicide and not allow them to see what is possible. Humans, unlike animals, do not think for the moment. Animals are forced to suffer; they do not have any choice in the matter because that is the way that their brains are wired. Humans are different. Our society—if it is a compassionate and civilised society—looks out for its own. I am concerned that the bill encourages the ultimate and irreversible option to be the first option and an option that is far too easy to obtain.

I should mention—this is not by way of any disrespect to Hon Robin Chapple—that much of Hon Robin Chapple's motivation for this legislation was formed by the death of his mother some 25 years ago.

**Hon Robin Chapple:** And others.

**Hon MICHAEL MISCHIN:** I am sure.

Palliative care has advanced considerably over the past 25 years. No-one would consider equating today's heart surgery with what was available 25 years ago, nor would anyone equate the risks of heart surgery today with what was known back then. It seems to me that many of those who support the bill have been informed by the suffering of a loved one many, many years ago. They have tended to refer to events that happened some decades ago. They may not be aware of the options that are now available.

I will briefly go through my many concerns. The bill does not require any psychiatrist assessment. It requires a medical practitioner to inform the patient of the avenues for counselling, but it does not require it. If someone of sound mind were to ring a helpline or go to a doctor's surgery and say, "I want to kill myself", the doctor would refer the person to counselling before going further. The doctor would urge the patient to take action to look out for his interests and mental wellbeing to overcome his despair and to analyse his reasons for wanting to do that. This bill does not require any of that. It has no cooling-off period. A psychiatrist does not have to ensure that the person who is seeking euthanasia is of sound mind. If a person was told he was suffering from a terminal illness and that he would lose some faculties before he died and was given an estimate of how long that might take, he might fall into despair and avail himself of this proposed course of action, and his first choice might be his last. The bill does not require all the approving physicians to be familiar with the patient. The second opinion can be obtained by a physician who knows nothing about the patient other than taking a quick look at the patient's file, if even that is required. The bill does not require the doctor to be an expert of the particular malady from which the patient is suffering. I mentioned that the bill does not require a cooling-off period or assisted reflection or counselling or for the opportunities for palliative care to be exhausted. Why is that? Is it thought that sick people's lives are less valuable than well people when seeking advice and assistance to overcome the urge to end their life? The bill does not guard against the abuses experienced under the Northern Territory legislation whereby patients have been killed, notwithstanding that they did not clearly fit within the criteria of the Northern

Territory act. Those cases are documented. The bill ignores the fact that prognoses that a patient will live for only two years are inherently unreliable. They may be reliable in many cases, but they are a guess. We have heard about far too many cases of people having been diagnosed with a terminal illness or with quadriplegia or paraplegia but who gain some use of their faculties or survive their illness. The bill does not address the logical problem inherent in the bill. Let us assume a certain level of unbearable pain. Why is a person who will endure that pain for up to two years before he dies eligible for assisted suicide but someone who may live for 10 years is not? Surely the person who is going to suffer for longer should get priority. The bill requires that a misstatement of the cause of death be made on the death certificate and risks the inevitable creep, if I can call it that. For example, Hon Robin Chapple indicated regret that the bill does not allow the administration of euthanasia by persons other than a medical practitioner. I am not sure what the member meant when he made that comment. Should we get a vet to do it or should someone get a do-it-yourself kit from Bunnings so that he or someone from his family can knock him off?

**Hon Robin Chapple:** When did I say that?

**Hon MICHAEL MISCHIN:** That was quoted by Hon Nick Goiran and refers to a radio broadcast, I think.

**Hon Nick Goiran:** It was from WAVES.

**Hon MICHAEL MISCHIN:** It was from the West Australian Voluntary Euthanasia Society Inc.

**Hon Robin Chapple:** It was a letter I sent, but it did not say that.

**Hon MICHAEL MISCHIN:** It did not? That is what Hon Nick Goiran quoted. If that is incorrect, I apologise. That is what I was working from. If WAVES got it wrong, it ought to be admonished.

Why is the bill limited to someone with only two years left to live? What about someone who has three years left to live? Will we have a similar situation to that which occurred in the Northern Territory whereby people were squeezed into the available criteria to help them out?

Hon Nick Goiran has now handed me the *WAVES News* volume 30 issue 1 of February 2010. The article reports Hon Robin Chapple speaking in the first person. On page 2, it states —

I realise this is a very restrictive Bill. However, it was my intention to draft a restrictive Bill. This is because a restrictive law has the best chance of being passed by the current Western Australian Parliament. I know many readers will be disappointed that this Bill does not go further, does not apply to more people and does not allow for administration of euthanasia by a person other than a medical practitioner.

I do not know whether the member said that.

**Hon Robin Chapple:** That is not exactly what I said. If you read the broad context, you will find out that that is what they were after, and I didn't support it.

Debate interrupted, pursuant to temporary orders.

[Continued on page 7043.]

*Sitting suspended from 4.15 to 4.30 pm*