JOINT SELECT COMMITTEE ON END-OF-LIFE CHOICES — ESTABLISHMENT

Motion

Resumed from an earlier stage of the sitting.

MRS L.M. HARVEY (Scarborough — Deputy Leader of the Opposition) [3.02 pm]: I rise to contribute to the debate around the establishment of a joint select committee on end-of-life choices. Once again I will put on the record the opposition's curiosity about this motion being moved by a government member and not being a government-sponsored motion. However, we moved past that during the debate on the suspension of standing orders, and I will now go to the substantive motion on the establishment of a joint select committee on end-of-life choices.

The opposition will move some amendments to the motion for the establishment of this committee. Those amendments come from an examination of this issue in our party room and contributions from a number of our members to ensure that, for an issue as important as the examination of end-of-life choices—and, potentially, if the Premier has his way, the introduction of voluntary euthanasia legislation in this state—a range of issues that could impact upon the decision-making of individuals considering these matters be considered as part of the committee process.

I have had some personal experience with some of these matters and feel very strongly about them. The opposition will ask the Parliament to consider, via amendment, an inclusion to the terms of reference to allow us to look at practices currently utilised within the medical community to include the role of palliative care and, specifically, the management of chronic and terminal illnesses.

I have an association with Palliative Care WA. The management of chronic and terminal illnesses is something at the forefront of its considerations and, indeed, something that the members of that association feel very strongly about. After reviewing legislation, proposed legislation and other relevant reports, I find it somewhat interesting that, notwithstanding the member for Morley and others saying there needs to be a reconsideration of this issue in this Parliament, they cited in excess of 50 examples of legislation of this nature being brought before Parliaments in this country and failing, for various different reasons. I believe that the legislation that came before the Northern Territory Parliament in Darwin is now no longer relevant because of some issues that occurred as a result of the exercising of citizens' rights in the Northern Territory. It is important that we engage in these discussions. Our constituents want us to engage in matters such as this. They look to us as elected members to represent their views in this place. I hope that all views will be considered through this parliamentary committee process. We have heard from members of the committee that has been proposed by the government. It sounds as though some strong views are heading down a particular path. I hope that all matters brought before this committee will be viewed on their merits without any biased thinking and opinions being brought by committee members to this examination process.

One area that the Liberal Party is particularly passionate about is the examination of the risks of introducing voluntary euthanasia legislation and the impact it may have on suicide prevention strategies. Suicide prevention has obviously been at the forefront of government consideration in this state, certainly during the eight years of the Barnett Liberal–National government. A number of suicide prevention strategies were put in place. We examined the issue. There are suicide prevention plans specific to particular communities across the broad depth and geographical spread of Western Australia. That is appropriate because different communities have different stresses on them, and different communities need locally driven initiatives to try to have an impact in the area of suicide prevention. The Liberal Party believes it is appropriate to have suicide prevention as a specific consideration when looking at a joint select committee on end-of-life choices. Obviously suicide is an end-of-life choice that some individuals make. Those individuals may be impacted by mental health issues. A range of issues may result in a person making an end-of-life choice, and that end-of-life choice is to take their own life. I feel that the examination of that particular issue is absolutely essential to this joint select committee's deliberations.

I would hope that in the interest of bipartisanship with respect to the establishment of this committee, the government would consider taking on and agreeing to the amendments that we have proposed. These are not controversial amendments. They are amendments that have been well thought out and have been given a great deal of consideration by members of the Liberal Party and indeed members of the National Party.

Point of Order

Ms A. SANDERSON: I was out of the chamber, but it is not my understanding that the amendments have been moved.

The ACTING SPEAKER (Ms J.M. Freeman): No amendments have been moved. The member is speaking to the motion.

Ms A. SANDERSON: So the member is speaking to the motion, not the substantive amendments that are intended by the opposition?

The ACTING SPEAKER: No; the member is speaking to the motion.

Debate Resumed

Mrs L.M. HARVEY: That is correct. I am speaking about the issue with respect to this motion. I have flagged that I will move some amendments to the motion. I am sorry the member was out of the chamber for that.

The other area that I am particularly passionate about—this has come from not only my personal experience but also my association with Palliative Care WA—is the examination in these end-of-life choices of other instruments that are available to individuals in our community at this time. For example, the role of advance health directives. To me, advance health directives are a really important instrument. I have put one in place. That advance health directive gives specific direction to the person I have appointed as my enduring power of attorney and enduring power of guardianship. If I suffer a series of catastrophic occurrences that render me incapacitated to a degree, it lets them know the level of medical intervention I choose or the level of medical intervention I choose not to have. For example, if I suffer a catastrophic stroke and need to be kept alive via a respirator, I can indicate in an advance health directive that I do not want artificial respiration to allow me to breathe. Should I not be able to swallow, and I am in an incapacitated state, I can choose not to have the intervention of a nasogastric tube to feed me while I am unconscious. If I have an advance health directive, and I am in that state, I can choose not to have the intervention of antibiotics; or I can also choose to have chemotherapy, radiotherapy or other pain-relieving methodologies to ensure that I have no pain and suffering while I am in that state. These are very important considerations. They are very confronting considerations for individuals and families. In having this conversation with family members, many of them were quite confronted at the concept of me being so precise and specific about these sorts of matters. But it is important to have those kinds of considerations and discussions with family members so that families understand that when a person is in those circumstances, and family members are gathered around trying to make a decision about what to do, the advance health directive can provide some guidance on what the person's wishes are.

Other legislative instruments available to people are enduring powers of attorney and enduring powers of guardianship. I think it is appropriate that these three instruments be examined as part of the discussion by the committee on end-of-life choices. It is incredibly important to have an enduring power of attorney for every individual in this place and in the community, because should we get to the point of incapacitation whoever is appointed as enduring power of attorney then has the ability to operate bank accounts, run households and pay living expenses—to take on all those activities in a seamless fashion. Under an enduring power of guardianship, the holder of that power can determine where we live if we are incapacitated. They determine who cares for us. They determine what level of care we receive. Should we get to the point of incapacitation, either physically or mentally, that enduring power of guardianship document is very important.

Examining the role of advance health directive, enduring power of attorney and enduring power of guardianship laws, and the implications for individuals covered by any of these instruments of any proposed legislation, should be integral to the committee's deliberations. That is why the opposition believes that these amendments should be taken in good faith by the government and by the member for Morley, who is the sponsor of this motion, so that all existing laws can be examined in the context of any new legislation that could be introduced. As an example, what would be the interaction between voluntary euthanasia legislation and an enduring power of attorney or enduring power of guardianship when a person subsequently loses their capacity to make that decision? Does the guardian then act in the interests of the individual who has a document about voluntary euthanasia? Do they exercise that right on behalf of the individual they are caring for? These vexing legal issues need to be examined by this committee, should it be looking at introducing a new legislative instrument. We feel it is a very important to specify that these matters be taken into consideration by the committee.

As a member of Palliative Care WA, I have not put my name forward to be part of this committee because I have strong views about these matters, based on personal experience, and experience I have had with my constituents, my family, and a range of other people in the community with whom I communicate regularly. I and other members on this side of the house feel it is very important that we look at this issue in its entirety, and not just through the narrow lens of the introduction of a new piece of legislation, be it for voluntary euthanasia or whatever else may be proposed, that has a narrow focus. My concern, and the concern of others on this side, is that when we start to hear strong opinions coming forward during the debate from committee members who will be considering these matters, we do not want there to be a question of impartiality about these deliberations hanging like a cloud over the recommendations of a joint select committee of this Parliament. It is particularly troubling for me to hear the leader of the state come out with a very firm view on this issue when a committee is being established and a number of members of his government will be on that committee. I hope that those members

will act independently and make decisions based on the evidence that comes before them and not act according to the view or the opinion held by their leader.

Dr A.D. Buti: We have a conscience vote on this issue.

Mrs L.M. HARVEY: I am not referring to that, member.

Several members interjected.

The ACTING SPEAKER: Members!

Mrs L.M. HARVEY: When the leader of the government or the leader of a party comes out with a very strong view on something, that influences other members of that party and other members of the government.

Several members interjected.

The ACTING SPEAKER: Shush! Hey!

[Quorum formed.]

Mrs L.M. HARVEY: I am very pleased to see some more members come into the chamber to listen to the debate on this important issue. As I was saying, one of the issues around voluntary euthanasia that I have always found quite troubling is the interaction of the introduction of such legislation with individuals who cannot speak for themselves. That is why I think it is important that the terms of reference cover off on how any new legislation will fit in with the existing instruments of the enduring power of attorney and the enduring power of guardianship. They are documents that give another individual rights over decisions about interventions or non-interventions by the medical fraternity. Those documents give the guardian power to make decisions about where an individual lives, who cares for that individual and who can visit that individual. Enduring powers of attorney give the person who holds that power over an individual who can no longer think or make decisions or speak for themselves the ability to distribute their entire wealth, if that is what the guardian chooses. They are very important documents and I feel that they and the legislation already available to people in this state should be specifically considered as part of the terms of reference of this committee with it being established.

The other area that I hope the committee will look into is to have a really good look at tracking the mental health and, if you like, the journeys of individuals who have chronic illness and terminal illness. I can tell members from the very close personal experience that I have had with this is that for individuals in that phase of their life when they have chronic illness there are many ups and downs. There are times when the treatment regime for chemotherapy and radiation therapy, for example, might appear so onerous and so insurmountable that the individual feels: “This is a cliff. This is a hill I just can’t climb.” For carers who are supporting that individual, the temptation is always there to say, “If you don’t want to climb that hill, we won’t make you climb that hill.” But what I have seen and what I have experienced from not only the experience with my husband, but also with other people who are in chemotherapy wards and hospital wards throughout that entire experience, was that they climb that hill and get over that hill. On the other side of that hill is a broad range of wonderful experiences that one can have with family. At that point when they are over the hill, having come through the critical part of a medical crisis that made one think: “I’ve had enough”, all of a sudden, a new world opens up.

[Member’s time extended.]

Mrs L.M. HARVEY: They have a breakthrough and then an ability to contemplate the wide range of opportunities, possibilities and experiences that are available to them. There is a mental health component for people who have chronic and terminal illnesses. We cannot underestimate the impact of a chronic setback in a treatment program for somebody with a chronic or terminal illness. A catastrophic setback can make an individual spiral into a depressive illness and, at that point when everything seems lost, what are the considerations for the treatment cycle? The person knows they have a terminal illness that will finish at some point and that there are ups and downs along the way. This is the vexing issue that I hope the committee will examine. That will be easy if a range of palliative care specialists is brought before the committee to give evidence. Palliative care specialists deal with this issue day in, day out. They work on advance health directives for individuals who are ill, put in place enduring powers of attorney and enduring powers of guardianship, and help people to construct their wills. They help people to understand the quality-of-life choices they want to make while they fight a terminal illness and at what point they want further intervention or no further intervention. They map the progress of individuals who they care for, including their ups and downs in mental health and crossovers with medical crises that individuals meet along the way. I think it is really important that the committee, in its deliberations, bring in a wide range of palliative care professionals. I can tell members from personal experience that when my husband and I were fighting pancreatic cancer, when the palliative care specialist stepped in—this is why I am so passionate about it—all of a sudden, we had a completely different focus on a treatment cycle, a quality-of-life outcome and

a direction for the way forward. Palliative care specialists are passionate about what they do. They work with families and carers.

I think a risk with voluntary euthanasia includes the influences on a person's decision-making process. I hope the committee will examine these influences so we have evidence before us to help make decisions as part of the deliberation process should there be a recommendation to this Parliament, for example, and legislation come forward. What different pathways have people chosen? What different choices were made available to people? How have people been managed through that cycle? In my experience, I have met people who have been terribly mismanaged through their treatment cycle. Once a palliative care specialist has intervened to look at an individual and their carers, all of a sudden, the treatment program changes and their entire view of the world can change. The impact that a properly qualified healthcare professional can have on the process is quite incredible.

I have always had difficulty with this legislation because, in my experience, I saw loads of patients with terminal illnesses who were hanging on to the cliff face by their fingernails just trying to keep going and trying to stay alive but their carers were standing outside their rooms saying, "This is too hard; I want this to end." The experience of carers is really important. At some point in their treatment cycle, an individual can say that they are a proponent of voluntary euthanasia and they have a contract, and a bunch of carers may not be receiving the kind of support that they need to support that individual to end of life. We are all going to die; it is the one thing that everyone has in common. What often happens in families is that discussions do not take place and carers are ill prepared for what is ahead of them. A bunch of carers who have enduring power of attorney might be standing outside the room of a patient who is hanging on by their fingernails, saying, "No, I want to stay. I'm still fighting". How does that interact with the decision-making? That is one of the issues that this committee will need to examine closely. I encourage the committee to bring in people from Carers WA and individuals who have had close personal contact caring for loved ones with not only a terminal illness, but also a long-term chronic illness to find out about their experiences and ask them whether voluntary euthanasia legislation is the answer. Perhaps the answer is more readily available grief counselling or more readily available counselling around the ups and downs and intricacies of being a carer, the burden that that brings and, indeed, the effect it has on the health and mental health of the individual in that carer's role. That should be examined by the committee because that will have an influence over the decision-making should any voluntary euthanasia legislation be brought in.

I think I have established that this is a very complex area. Legislative instruments that are available to every individual in this state are massively under-utilised. If I asked every individual in this chamber—I will not ask members to respond—whether they have in place an advance health directive, an enduring power of attorney, an enduring power of guardianship or even a will, I am sure that members would be surprised to learn that many of the lawmakers, the people who decide legislation in this state, have not taken those steps because it is too confronting to have those conversations with loved ones and it is too confronting to consider. We need a higher level of maturity in our thinking and our conversations if we are to get to a point at which we introduce legislation to expand the remit of the end-of-life choices currently available to individuals in our community. Indeed, we must look at some of the underlying issues that sit as a massive dysfunction in some families, such as elder abuse and elder financial abuse. Sometimes carers think that it would be easier if the patient just went. We do not necessarily want to make that decision for the carer; we want that decision to be made in the interests of the patient, including a patient receiving treatment for a chronic or terminal illness who has been assessed and is not in a part of the cycle of the treatment process in which they are experiencing a mental health crisis. It is an incredibly difficult area. I think members can hear my passion for the wider use of the instruments already available in our community before we start to consider introducing additional options, and that is a consideration.

The opposition will be moving two amendments to this motion. The first amendment, which I will move, relates to the inclusion of additional considerations for the committee. Should that amendment fail, the Leader of the Opposition will move the second amendment, which relates to the committee's reporting time frame. When the committee was first proposed, the reporting date was June 2018. However, we believe that the committee should be given 12 months from the date of its formation before it reports back to Parliament to allow it a fair and reasonable time frame to consider the various different nuances of this particularly vexed issue.

Amendment to Motion

MRS L.M. HARVEY: In doing so, I move —

To delete subparagraphs (a), (b) and (c) in paragraph 2 and substitute the following —

(a) assess the practices currently being utilised within the medical community to manage chronic illnesses and terminal illnesses, including the role of palliative care;

(b) review the current framework of legislation, proposed legislation and other relevant reports and materials in other Australian states and territories and overseas jurisdictions;

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

(d) examine the risks of introducing voluntary euthanasia, including the impact on suicide prevention; and

(e) examine the role of advanced health directives, enduring power of attorney and enduring power of guardianship laws and the implications for individuals covered by these instruments in any proposed legislation.

MS A. SANDERSON (Morley — Parliamentary Secretary) [3.30 pm]: I appreciate members' contributions to the debate on this motion. I particularly appreciate the contribution of the Deputy Leader of the Opposition. Obviously she has a lived experience of this issue, as do other members in this chamber who have been less vocal. I think it is important that we hear those experiences and that they are well canvassed in this debate. As I said in my speech in debate on the substantive motion, I have taken a no-surprises approach to this issue. I have been honest with the electorate about my position. I was honest with the Parliament about my position in my inaugural speech in this chamber. I was open and up-front with the Leader of the National Party and the Leader of the Opposition in my approach to this matter, as I have been with members in the other place, too. I have been having those discussions, and around six to eight weeks ago the terms of reference were circulated with the proposed committee make-up. I have attempted to continue those discussions. Disappointingly, I was given a copy of this amendment 10 minutes before the beginning of the debate. In my view, that is not a good-faith way to approach this debate. In fact, I was told that I was not going to see a copy of the amendment until it was tabled in Parliament. I do not think that is an appropriate approach if members opposite are genuine about making amendments to this motion. I opened the opportunity to have discussions behind the Chair to make those amendments. I opened that opportunity, and that opportunity was declined. Instead, we have seen an attempt to hijack the process with the earlier debate about the suspension of private members' business.

Several members interjected.

The ACTING SPEAKER: Members!

Ms A. SANDERSON: From my point of view, we have seen a last-minute attempt to amend the terms of reference. I am deeply disappointed that the opposition is taking that approach.

Mr C.J. Barnett interjected.

The ACTING SPEAKER: Member for Cottesloe!

Ms A. SANDERSON: It is not the approach that I have attempted to take, at all. I have been very open for a number of weeks, so it is disappointing. I want to go through the amendment and why I think it substantively changes —

Mr A. Krsticevic: There's not one minister here. Can you believe that—not one minister?

Ms A. SANDERSON: It is not a ministerial bill.

The ACTING SPEAKER: Members, this is a private member's motion and the member is on her feet responding to your amendment.

Mrs L.M. Harvey interjected.

The ACTING SPEAKER: Member, would you like to be called? Let us all settle down and listen.

Mrs L.M. Harvey: I was very distracted.

Point of Order

Mr S.K. L'ESTRANGE: Madam Acting Speaker, this is actually government business time and the suspension of standing orders was led by the government for this private member's motion to be brought on. The point was being made that in government time, when a suspension of standing orders —

The ACTING SPEAKER (Ms J.M. Freeman): Thank you for your direction of my speaking. I do not see that there is a point of order, but, yes, we can continue to listen. I appreciate your help.

Debate Resumed

Ms A. SANDERSON: It is disappointing because that is genuinely not the approach I have taken. I want to run through some of the amendments that I have not had a long time to consider. Paragraph (a) currently states —

> … assist a person to exercise their preferences for the way they want to manage their end of life …

The amendment simply reads —

> … manage chronic illnesses and terminal illnesses, including the role of palliative care;

"Including the role of palliative care" is contained in the proposed terms of reference. This amendment would remove end-of-life choices from the terms of reference, which is the intent of my motion. These amendments seek to substantially change the intent of this motion and inquiry, which is a very narrow examination. That is the intent I took to members of the opposition weeks ago. It is a narrow inquiry. It is about legislation, the legislative framework we operate under now and the legislative framework we may operate under in the future. It will not be a broad-ranging inquiry; that was not my intent in moving this motion.

Proposed amended paragraph (d) would read —

> examine the risks of introducing voluntary euthanasia, including the impact on suicide prevention; and

That is implicit in the existing terms of evidence. I totally agree with the Deputy Leader of the Opposition about the fluid nature of end of life in terms of mental health, physical health and the impact that can have on people's decision-making abilities. That is why the motion includes the words "including the role of palliative care", because that is a very central part of managing people's end-of-life care. That is managing their sense of wellbeing and how they cope at the end. It is absolutely right that there needs to be safeguards around people hitting a wall and feeling that that is absolutely it, and that not being the only option for them. I totally agree with that. I do not think this amendment does that because I see these two issues as suicide prevention and people with a terminal illness having another choice at the end of their lives when they are imminently about to leave this world as two fundamentally different things. Managing the mental health of people experiencing terminal illness and who are about to leave us is a palliative care issue; it is not a suicide prevention issue. That is why I do not support that amendment.

Proposed amended paragraph (e) reads —

> examine the role of advanced health directives, enduring power of attorney …

That is implicit in paragraph (b). We absolutely should examine that existing framework, but this is not a broad inquiry. I do not intend this to be a broad inquiry into how they operate and have been operating quite well for a number of years. They will be examined as part of the review. Paragraph (b) reads —

> review the current framework of legislation, proposed legislation and other relevant reports …

People have all those mechanisms, if you like, available to them now and they absolutely will be under review by the committee. That is not a necessary amendment. I have said that a better way of approaching this would have been to engage in those discussions behind the Chair, which I had attempted for weeks.

Mrs L.M. Harvey: Can I explain that, member? When we went into the winter recess, a lot of our members were away. We have all come together pretty much over the last three days, which is why this has come to you now. We had a member from the other place who returned only yesterday because that house does not reconvene until next week, so that has been our issue. This is not a stunt and none of this takes away from what you are trying to do.

Ms A. SANDERSON: Member, I am sympathetic but people still work over the winter recess. And we did not have only the winter recess; we had the weeks before the winter recess when I had raised this.

Mrs L.M. Harvey: You can talk. Don't go there.

The ACTING SPEAKER: Member, that is unnecessary.

Ms A. SANDERSON: I fear that has not been the approach that has been taken to these amendments. I have outlined that I am open to supporting, I think, the time frame, but that has not yet been moved. But that is not the approach that has been taken to these amendments, so as the mover of the motion I do not support them.

DR M.D. NAHAN (Riverton — Leader of the Opposition) [3.40 pm]: It is important that we show goodwill. Why did we bring this debate to the house, rather than debate it behind the Chair? It is because this is an issue of parliamentary concern. This is setting up a joint parliamentary inquiry. The debate will be recorded in *Hansard* and we have time to deliberate and discuss it. We do this with bills all the time. A minister will eventually be across consideration in detail and the opposition will put amendments to them. That is how we work in this chamber and in Parliament. This motion is being debated in Parliament because we have the backup of

parliamentary process and procedures and *Hansard* to vet these things. We are utilising the processes that the member offered to establish a joint parliamentary committee into end-of-life choices. One of the purposes of this amendment is to establish: What does end of life mean? Does it simply mean getting old? I think we need to home in much more closely on what is the central issue. What are we talking about here? It is voluntary euthanasia, amongst other issues such as palliative care. Palliative care is included in the motion. There is a range of issues that we could go on about forever. It is already there and, of course, it is part of the process.

The public is coming to me as the local member for Riverton and asking me what my stance is on voluntary euthanasia. I accept that it is not in the committee title because it has to be kept broad. There has to be a homing in on the essential nature of the issue here—that is, voluntary euthanasia. It will come down to the committee's review of the 50-plus reports around Australia and all the other experiences, and that is why we put it in the amendment. Yes, obviously, the committee would have considered it. Committee members and our member, John McGrath, would have ensured that that issue was considered. But good process requires that if we are talking about a specific thing and that is the major focus of the inquiry, we put it in the terms of reference. That is why we added paragraph (d). We need to home in on the issue of voluntary euthanasia so that we are not dealing with people who are not ill. If it is assisted suicide, we are not interested and the government is not either. We are not interested. I can give members stories of when I have been lobbied by constituents who are actually arguing for, in the name of voluntary euthanasia, assisted suicide when they were not dying. We all have these stories and I will not go into that.

When managing chronic pain and terminal illness, it is the terminal nature of the illness and the chronic pain in that process that are crucial. The committee will also explore the degree and extent of personal choice. That is why we put those issues in the amendment to the motion. We did not do it to thwart the issue. The member for Morley is doing us a favour by bringing this issue forward because, in my view, it needs to be addressed and debated. Despite the well intent of the member for Morley and the member for Baldivis, I was concerned when the member for Baldivis said that we have tried so many times and failed. Yes, that is all true. But those were deliberations of various Parliaments that came to conclusions against voluntary euthanasia. This cannot be perceived or pushed to be a fait accompli, because it might not come out that way. I do not know. If we present it as we need to do this to finally achieve a long-term objective that we may have—the member for Morley has a valid objective—we do not want this committee for that. This is an issue we have to get right so we have sat down and thought about how we can add value. One way is to focus on voluntary euthanasia because this is what the story is all about. We need to not only look at all sorts of issues with end of life—of which there are many—and managing that, but home in on managing chronic illness, terminal illness and chronic pain. That is the story. That is the focus. The member would have known that naturally; I accept that she would have done that. I have listened to what she said. I am sure that John McGrath would have done that and I am sure that her colleagues would have done that. That is why we have put forward the amendment. Under subparagraph (e), the committee would look at issues which the member says are important and she would look at anyway, but which she says there is no need to add.

We are not trying to score points against the member. That is not what we are trying to do. That is not the point. We have put this amendment in good faith. Yes, it will take more time than the member wishes and the process will be more complicated, but I can say that it has been a long journey for many people on this issue and it has probably not ended yet. Parliament is messy. It is essential, but messy. I would like the member to consider the amendment. I will sit down and maybe somebody else can talk for a few minutes, unless the member wants to respond, and then I want to put forward the amendment on timing.

MR W.R. MARMION (Nedlands) [3.45 pm]: I want to emphasise what the Leader of the Opposition has just said. I am looking at it purely from the point of view of the terms of reference. These subparagraphs are additions and will not take away what the member for Morley personally wants to achieve. I think we should be aiming for what Parliament wants to achieve, not what the member personally wants to achieve. I know she is upset that this does not follow her process or what she personally wants to achieve, but I believe that the issues in subparagraph (a), which would broaden the terms of reference a little further, would have been looked at anyway. I think that the committee should look at managing chronic and terminal illnesses. It would just broaden the terms of reference. I cannot see why the member cannot accept that. This is the Parliament's decision. It is not a big deal. The amendment will just broaden what the committee looks at so that when there is an outcome, we can claim that the committee has looked at more issues and there will be a better outcome by the committee. Under subparagraphs (d) and (e), the committee would examine two areas. The member suggested that the committee would probably examine those areas anyway. I am just an engineer, but I cannot see why it is a problem if we lock in two areas to examine in the terms of reference. This is fairly basic and simple to me. If I were sitting on the other side, I would accept the amendment.

MR P.A. KATSAMBANIS (Hillarys) [3.47 pm]: I rise to speak on only the amendment at this stage. I think the points have been made very well by other speakers, but there is another issue to this and that is that we are seeking to establish a parliamentary committee to examine these issues. We are trying to get broad support in both

Parliament and the community for a course of action that may or may not be undertaken. Unlike legislation that is proposed by the government—it is the government's legislation—if we are looking at getting broad support and broad acceptance of the process that we are going to embark on, perhaps, as I said in the debate on the suspension of standing orders, it is better to get more opinions right from the outset and perhaps on the drafting of the wording.

As the Deputy Leader of the Opposition and the Leader of the Opposition have said, people in the community do not talk about end-of-life choices. I have never had anyone talk to me about end-of-life choices. I have regularly had people talk to me about voluntary euthanasia. Some people are in favour of it and some people are vehemently in favour of it; some are opposed to it and some are vehemently opposed to it. Others just ask questions and want to know more. I suggest that a large chunk—I do not know whether it is a majority—of the population sit in the middle and ask lots of questions about whether it is a good idea. That is what we have been talking about as a community until now. Most of those reports and previous failed legislative schemes that we have heard about have also been outlining that. To start introducing much broader terms into the debate risks more alienation, and people will feel uncomfortable about the direction we take this process. In the last 30 years at least that I have been following this debate relatively closely, it has always been about managing chronic illness and terminal illness. That is what it has been about. It has not been about end-of-life choices, and I do not really know what end-of-life choices really means. It could even mean the choices people have about accommodation or the provision of general health services. It is a very, very broad area. Yes, I heard from the mover of the motion that this is the sort of area we will look at anyway. If this is the sort of area we are going to look at, why not put a ring fence around it? What is it about the proposed terms "manage chronic illnesses" and "terminal illnesses" that causes consternation? Can we expand on that and further amend it to include any other things that are needed? That is the sort of thing that a parliamentary process should tease out, as the Deputy Leader of the Opposition clearly said. The right place to do this is Parliament. If this is a committee created by parliamentarians rather than a committee created by the executive or by political parties, this is the right place to do it.

The examination of risks of introducing voluntary euthanasia, including the impact on suicide prevention—proposed paragraph (d) of this motion—is essential because the drafting of (2)(c) in the original motion reads —

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

It is almost saying without highlighting it, as I said in my contribution to the suspension motion, that this committee will look into what type of legislation and how we create it, rather than whether we should do it and then how to do it. If this is genuinely a committee that will examine both parts—whether we do this, and if we do this, how we do this—proposed paragraph (d) is absolutely essential, because right now, without that paragraph, my reading of this motion indicates a path down one track only and that is the "how" and "what type of legislation". It does not say whether legislation is required and what type of legislation it is. It states "what type of legislation may be required". That is important because even if that is not the intention, that is how it can be read by significant groups in the community that need to be brought with Parliament in any debate, not alienated from the debate. Proposed paragraph (d) in the amendment is provided in good faith, and it should be looked at in that good faith. Again, perhaps the wording of (2)(c) in the motion can be changed to make the proposed new paragraph (d) unnecessary, but do not dismiss it out of hand, because if the government is trying to bring the community together on this matter rather than divide it—there will be some division at the edges, but we need to keep as many people inside the tent as possible—do not just dismiss it out of hand but seriously consider it. If the government has any alternative words, we would be happy to consider those. The Deputy Leader of the Opposition, who moved this amendment, explained the position very well. A number of legal avenues are currently available to people in Western Australia to provide others—third parties, trusted family members or trusted people—with strong instructions about what happens to them and their health care at times when they may not be in a position to communicate those decisions themselves. The people who choose to avail themselves of these options are not people who make a decision on the run, let me tell you. I have some legal experience in this area and, as the Leader of the Opposition made clear, very few people consider these options—too few people do in my opinion. But those who do, do it having given deep thought to the issues they are confronting. They have thought about it or weighed up the consequences and then proceeded to make advance health directives and give enduring powers of attorney and guardianship. They have made the decision after having given deep thought to those issues. Having done that, they would have an expectation that any changes to the legal framework would not impinge on their own free will and the choices that they have communicated.

Yes, I hear from the mover of the motion that these things would probably be looked at—the terms of reference are wide enough to look at them—but why not include a provision that expressly indicates that the group in our community that has most considered these issues already will not either be disenfranchised, excluded or have some sort of necessary and unavoidable consequences come into play as a result of new legislation? Why not give them the comfort that their choices will be considered and that the instruments that they have already chosen to use will

not be disregarded? Remember, as I said at the outset, these are people who have turned their minds most to this issue, so they are the ones who should be patted on the back and not disenfranchised at all. I stress that I have only spoken at this stage to the amendments being proposed. I commend them to the house and I commend them to the mover. If this particular wording is not good enough, let us continue to work on it and get it right. By showing good faith, by showing good spirit right from the outset, we will be able to bring more of the community with us as we embark on what we know is going to be a difficult, contentious and highly public process over the next year or so.

MR R.R. WHITBY (Baldivis — Parliamentary Secretary) [3.58 pm]: I would like to speak to this amendment. I think I heard from the member for Hillarys that there was good faith, which I am glad to hear, because we are prepared to negotiate on this matter in good faith. This is an important issue for the Western Australian community. I make the point: what is wrong with the conversation? We have proposed that in paragraph (a) of the proposed amendments we insert a reference to end-of-life choices. That might not be a term that the member for Hillarys has heard, but around the world it is the way this issue is described. Around the world various jurisdictions have addressed this issue of giving an end-of-life choice to end pain and suffering when death is inevitable, when death is imminent, when intolerable suffering occurs and when there is no alternative choice than to live with that pain and suffering in the last months or days of life. We think it is an important issue to insert in that section of the amendment. We are prepared to accept the amendment with that inclusion of end-of-life choices. If we are being fair and reasonable and acting in good faith, we would include the opposition's suggestions. In turn, we ask the opposition to include ours.

Paragraph (e) of the amendment states —

> examine the role of advanced health directives, enduring power of attorney and enduring power of guardianship laws and the implications for individuals covered by these instruments in any proposed legislation.

We are prepared to accept that. We think that is fair enough. Paragraph (d) states —

> examine the risks of introducing voluntary euthanasia, including the impact on suicide prevention; and

Those issues will be discussed.

Debate adjourned, pursuant to standing orders.