Hansard

LEGISLATIVE ASSEMBLY

60th Parliament

Tuesday 28 October 2025

By authority of the Victorian Government Printer

Office-holders of the Legislative Assembly

60th Parliament

Speaker

Maree Edwards

Deputy Speaker

Matt Fregon

Acting Speakers

Juliana Addison, Jordan Crugnale, Daniela De Martino, Paul Edbrooke,
Wayne Farnham, Paul Hamer, Lauren Kathage, Nathan Lambert, Alison Marchant,
Paul Mercurio, John Mullahy, Kim O'Keeffe, Meng Heang Tak, Jackson Taylor and Iwan Walters

Leader of the Parliamentary Labor Party and Premier

Jacinta Allan (from 27 September 2023)

Daniel Andrews (to 27 September 2023)

Deputy Leader of the Parliamentary Labor Party and Deputy Premier

Ben Carroll (from 28 September 2023)

Jacinta Allan (to 27 September 2023)

Leader of the Parliamentary Liberal Party and Leader of the Opposition

Jess Wilson (from 18 November 2025)

Brad Battin (from 27 December 2024 to 18 November 2025)

John Pesutto (to 27 December 2024)

Deputy Leader of the Parliamentary Liberal Party and Deputy Leader of the Opposition

Sam Groth (from 27 December 2024)

David Southwick (to 27 December 2024)

Leader of the Nationals

Danny O'Brien (from 26 November 2024)

Peter Walsh (to 26 November 2024)

Deputy Leader of the Nationals

Emma Kealy

Leader of the House

Mary-Anne Thomas

Manager of Opposition Business

James Newbury (from 13 October 2025)

Bridget Vallence (from 7 January 2025 to 13 October 2025)

James Newbury (to 7 January 2025)

Members of the Legislative Assembly

60th Parliament

Member	District	Party	Member	District	Party
Addison, Juliana	Wendouree	ALP	Lister, John[7]	Werribee	ALP
Allan, Jacinta	Bendigo East	ALP	Maas, Gary	Narre Warren South	ALP
Andrews, Daniel[1]	Mulgrave	ALP	McCurdy, Tim	Ovens Valley	Nat
Battin, Brad	Berwick	Lib	McGhie, Steve	Melton	ALP
Benham, Jade	Mildura	Nat	McLeish, Cindy	Eildon	Lib
Britnell, Roma	South-West Coast	Lib	Marchant, Alison	Bellarine	ALP
Brooks, Colin	Bundoora	ALP	Matthews-Ward, Kathleen	Broadmeadows	ALP
Bull, Josh	Sunbury	ALP	Mercurio, Paul	Hastings	ALP
Bull, Tim	Gippsland East	Nat	Mullahy, John	Glen Waverley	ALP
Cameron, Martin	Morwell	Nat	Newbury, James	Brighton	Lib
Carbines, Anthony	Ivanhoe	ALP	O'Brien, Danny	Gippsland South	Nat
Carroll, Ben	Niddrie	ALP	O'Brien, Michael	Malvern	Lib
Cheeseman, Darren[2]	South Barwon	Ind	O'Keeffe, Kim	Shepparton	Nat
Cianflone, Anthony	Pascoe Vale	ALP	Pallas, Tim[8]	Werribee	ALP
Cleeland, Annabelle	Euroa	Nat	Pearson, Danny	Essendon	ALP
Connolly, Sarah	Laverton	ALP	Pesutto, John	Hawthorn	Lib
Couzens, Christine	Geelong	ALP	Read, Tim	Brunswick	Greens
Crewther, Chris	Mornington	Lib	Richards, Pauline	Cranbourne	ALP
Crugnale, Jordan	Bass	ALP	Richardson, Tim	Mordialloc	ALP
D'Ambrosio, Liliana	Mill Park	ALP	Riordan, Richard	Polwarth	Lib
De Martino, Daniela	Monbulk	ALP	Rowswell, Brad	Sandringham	Lib
de Vietri, Gabrielle	Richmond	Greens	Sandell, Ellen	Melbourne	Greens
Dimopoulos, Steve	Oakleigh	ALP	Settle, Michaela	Eureka	ALP
Edbrooke, Paul	Frankston	ALP	Smith, Ryan[9]	Warrandyte	Lib
Edwards, Maree	Bendigo West	ALP	Southwick, David	Caulfield	Lib
Farnham, Wayne	Narracan	Lib	Spence, Ros	Kalkallo	ALP
Foster, Eden[3]	Mulgrave	ALP	Staikos, Nick	Bentleigh	ALP
Fowles, Will[4]	Ringwood	Ind	Suleyman, Natalie	St Albans	ALP
Fregon, Matt	Ashwood	ALP	Tak, Meng Heang	Clarinda	ALP
George, Ella	Lara	ALP	Taylor, Jackson	Bayswater	ALP
Grigorovitch, Luba	Kororoit	ALP	Taylor, Nina	Albert Park	ALP
Groth, Sam	Nepean	Lib	Theophanous, Kat	Northcote	ALP
Guy, Matthew	Bulleen	Lib	Thomas, Mary-Anne	Macedon	ALP
Halfpenny, Bronwyn	Thomastown	ALP	Tilley, Bill	Benambra	Lib
Hall, Katie	Footscray	ALP	Vallence, Bridget	Evelyn	Lib
Hamer, Paul	Box Hill	ALP	Vulin, Emma	Pakenham	ALP
Haylett, Martha	Ripon	ALP	Walsh, Peter	Murray Plains	Nat
Hibbins, Sam[5, 6]	Prahran	Ind	Walters, Iwan	Greenvale	ALP
Hilakari, Mathew	Point Cook	ALP	Ward, Vicki	Eltham	ALP
Hodgett, David	Croydon	Lib	Wells, Kim	Rowville	Lib
Horne, Melissa	Williamstown	ALP	Werner, Nicole[10]	Warrandyte	Lib
Hutchins, Natalie	Sydenham	ALP	Westaway, Rachel[11]	Prahran	Lib
Kathage, Lauren	Yan Yean	ALP	Wight, Dylan	Tarneit	ALP
Kealy, Emma	Lowan	Nat	Williams, Gabrielle	Dandenong	ALP
Kilkenny, Sonya	Carrum	ALP	Wilson, Belinda	Narre Warren North	ALP
Lambert, Nathan	Preston	ALP	Wilson, Jess	Kew	Lib

[1] Resigned 27 September 2023
[2] ALP until 29 April 2024
[3] Sworn in 6 February 2024
[4] ALP until 5 August 2023
[5] Greens until 1 November 2024
[6] Resigned 23 November 2024
[7] Sworn in 4 March 2025
[8] Resigned 6 January 2025
[9] Resigned 7 July 2023
[10] Sworn in 3 October 2023
[11] Sworn in 4 March 2025

Party abbreviations

ALP – Australian Labor Party, Greens – Australian Greens,
Ind – Independent, Lib – Liberal Party of Australia, Nat – National Party of Australia

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Tuesday 28 October 2025

The SPEAKER (Maree Edwards) took the chair at 12:04 pm, read the prayer and made an acknowledgement of country.

Bills

Children, Youth and Families Amendment (Stability) Bill 2025

Introduction and first reading

Ben CARROLL (Niddrie – Minister for Education, Minister for WorkSafe and the TAC) (12:05): I move:

> That I introduce a bill for an act to amend the Children, Youth and Families Act 2005 and for other purposes.

Motion agreed to.

James NEWBURY (Brighton) (12:05): I seek a brief explanation of the bill.

Ben CARROLL (Niddrie – Minister for Education, Minister for WorkSafe and the TAC) (12:05): The bill will amend the Children, Youth and Families Act 2005 to provide the Children’s Court with greater discretion and flexibility to extend timeframes for family reunification orders when it is in the child’s best interest. The bill will also remove adoption as a case plan objective and replace the term ‘permanency’ with ‘stability’, including a holistic definition of this term.

Read first time.

Ordered to be read second time tomorrow.

Victorian Early Childhood Regulatory Authority Bill 2025

Introduction and first reading

Ben CARROLL (Niddrie – Minister for Education, Minister for WorkSafe and the TAC) (12:06): I move:

> That I introduce a bill for an act to establish the Victorian Early Childhood Regulatory Authority, to provide for the Victorian early childhood worker register, to make related consequential amendments to other acts and for other purposes.

Motion agreed to.

James NEWBURY (Brighton) (12:06): I seek a brief explanation of the bill.

Ben CARROLL (Niddrie – Minister for Education, Minister for WorkSafe and the TAC) (12:07): The bill will establish a new Victorian early childhood regulatory authority, consistent with recommendation 9 of the child safety review. The bill will also establish in law the Victorian early childhood worker register, as well as the necessary powers for the new Victorian Early Childhood Regulatory Authority to maintain this register and share information.

Read first time.

Ordered to be read second time tomorrow.

Mineral Resources (Sustainable Development) Amendment (Financial Assurance) Bill 2025

Introduction and first reading

Lily D’AMBROSIO (Mill Park – Minister for Climate Action, Minister for Energy and Resources, Minister for the State Electricity Commission) (12:07): I move:

> That I introduce a bill for an act to amend the Mineral Resources (Sustainable Development) Act 1990 to introduce a trailing liabilities scheme and require notice of change in control of certain declared mine licensees

> and to make consequential amendments to that act and the Mineral Resources (Sustainable Development) Amendment Act 2023 and for other purposes.

Motion agreed to.

James NEWBURY (Brighton) (12:08): I seek a brief explanation of the bill.

Lily D'AMBROSIO (Mill Park – Minister for Climate Action, Minister for Energy and Resources, Minister for the State Electricity Commission) (12:08): The Mineral Resources (Sustainable Development) Amendment (Financial Assurance) Bill 2025 amends the Mineral Resources (Sustainable Development) Act 1990 to create a trailing liability scheme that will empower the Victorian government to call back a declared mine licence holder if they have failed in their duty to rehabilitate a declared mine.

Read first time.

Ordered to be read second time tomorrow.

Planning Amendment (Better Decisions Made Faster) Bill 2025

Introduction and first reading

Sonya KILKENNY (Carrum – Attorney-General, Minister for Planning) (12:08): I move:

> That I introduce a bill for an act to amend the Planning and Environment Act 1987, to make consequential amendments to the Land Acquisition and Compensation Act 1986, the Subordinate Legislation Act 1994 and other acts and for other purposes.

Motion agreed to.

Richard RIORDAN (Polwarth) (12:09): I seek a further explanation of the bill.

Sonya KILKENNY (Carrum – Attorney-General, Minister for Planning) (12:09): The bill will make significant reforms to the planning system to improve efficiency, provide for greater transparency, increase certainty and ensure that the act is fit for purpose. The bill will align the objectives of planning in the act with community aspirations identified during the development of a plan for Victoria.

Read first time.

Ordered to be read second time tomorrow.

Business of the house

Notices of motion and orders of the day

The SPEAKER (12:10): General business, notices of motion 14, 31 to 36 and 71 and orders of the day 9 and 10, will be removed from the notice paper unless members wishing their matter to remain advise the Clerk in writing before 5 pm today.

Petitions

Hamilton–High streets, Broadford, traffic lights

Annabelle CLEELAND (Euroa) presented a petition bearing 1161 signatures:

> Issue:
>
> This petition of residents in Victoria draws to the attention of the Legislative Assembly the plans of Inland Rail that do not provide signaled traffic lights at the dangerous intersection of Hamilton Street and High Street Broadford. This decision threatens the safety of all road users and pedestrians and does not provide duty of care to all users of this dangerous intersection. The new higher bridge will be 1.7 m higher than the current road deck and the distance to Hight St is the existing distance of 54 m. The steep descent will impact the waiting traffic, the turning and traversing through the busy, dangerous intersection. Without signalization this

will cause even more accidents, near misses and poses an unacceptable risk to Broadford and to all road users. Broadford citizens are being ignored by Federal and State Government.

Action:

The petitioners therefore request that the Legislative Assembly of Victoria call on the Government to ensure traffic lights and pedestrian safety measures are implemented on the bridge as a matter of priority.

Ordered that petition be considered tomorrow.

Committees

Public Accounts and Estimates Committee

Report on the 2025–26 Budget Estimates

Sarah CONNOLLY (Laverton) (12:11): I have the honour to present to the house a report from the Public Accounts and Estimates Committee on the inquiry into the 2025–26 budget estimates, together with an appendix and transcripts of evidence.

Ordered that report and appendix be published.

Scrutiny of Acts and Regulations Committee

Alert Digest No. 14

Gary MAAS (Narre Warren South) (12:11): I have the honour to present to the house a report from the Scrutiny of Acts and Regulations Committee, being *Alert Digest* No. 14 of 2025, on the following bills, together with appendices:

Consumer Legislation Amendment Bill 2025
Labour Hire Legislation Amendment (Licensing) Bill 2025
State Taxation Further Amendment Bill 2025
Statewide Treaty Bill 2025
Transport Legislation Amendment Bill 2025
Voluntary Assisted Dying Amendment Bill 2025.

Ordered to be published.

Documents

Documents

Incorporated list as follows:

DOCUMENTS TABLED UNDER ACTS OF PARLIAMENT – The Clerk tabled:

Health Complaints Commissioner – Report 2024–25

Interpretation of Legislation Act 1984 – Notice under s 32(3)(a)(iii) in relation to Statutory Rule 89 *(Gazette G42, 16 October 2025)*

Planning and Environment Act 1987 – Notices of approval of amendments to the following Planning Schemes:

Boroondara – C400
Darebin – C229
Greater Shepparton – C198
Hume – C278
Knox – C201
Mildura – C116
Victoria Planning Provisions – VC294, VC296
Whittlesea – C249, C286

Integrity Oversight Victoria – Report 1 January 2024 to 30 June 2024 under s 30Q of the *Surveillance Devices Act 1999*

Recycling Victoria – Report 2024–25

Regional Development Victoria – Report 2024–25, together with the Minister's reported date of receipt

Statutory Rules under the following Acts:

Child Wellbeing and Safety Act 2005 – SR 107

County Court Act 1958 – SR 112

Criminal Procedure Act 2009 – SR 104

Gambling Regulation Act 2003 – SR 106

Magistrates' Court Act 1989 – SR 111

Mineral Resources (Sustainable Development) Act 1990 – SR 108

Surveillance Devices Act 1999 – SR 105

Victorian Civil and Administrative Tribunal Act 1998 – SR 110

West Gate Tunnel (Truck Bans and Traffic Management) Act 2019 – SR 109

Subordinate Legislation Act 1994:

Documents under s 15 in relation to Statutory Rules 104, 106, 107, 108, 109, 110, 112

Documents under s 16B in relation to:

Essential Services Commission Act 2001 – Energy Retail Code of Practice (Energy Consumer Reforms) Amendment 2025

Victorian Electoral Commission (VEC) – Report 2024–25, together with the Minister's reported date of receipt

PROCLAMATIONS – Under SO 177A, the Clerk tabled the following proclamations fixing operative dates:

Consumer and Planning Legislation Amendment (Housing Statement Reform) Act 2025 – Parts 9, 10 and 12 – 15 October 2025 *(Gazette S557, 14 October 2025)*

Mineral Resources (Sustainable Development) Amendment Act 2023 – Parts 1 and 3 – 20 October 2025 *(Gazette S557, 14 October 2025)*

Regulatory Legislation Amendment (Reform) Act 2025 – Division 1 of Part 6 – 20 November 2025 *(Gazette S576, 21 October 2025)*

Bills

Casino and Gambling Legislation Amendment Bill 2025

Statute Law Revision Bill 2025

Council's agreement

The SPEAKER (12:13): I have received messages from the Legislative Council agreeing to the following bills without amendment: the Casino and Gambling Legislation Amendment Bill 2025 and the Statute Law Revision Bill 2025.

Domestic Animals Amendment (Rehoming Cats and Dogs and Other Matters) Bill 2025

Council's amendments

The SPEAKER (12:13): I have received a message from the Legislative Council agreeing to the Domestic Animals Amendment (Rehoming Cats and Dogs and Other Matters) Bill 2025 with amendments.

Ordered that amendments be taken into consideration later this day.

Australian Grands Prix Amendment Bill 2025

Casino and Gambling Legislation Amendment Bill 2025

Statute Law Revision Bill 2025

Royal assent

The SPEAKER (12:14): I inform the house that the Governor has given royal assent to the Australian Grands Prix Amendment Bill 2025, Casino and Gambling Legislation Amendment Bill 2025 and Statute Law Revision Bill 2025.

Consumer Legislation Amendment Bill 2025

State Taxation Further Amendment Bill 2025

Appropriation

The SPEAKER (12:14): I have received messages from the Governor recommending appropriations for the purposes of the Consumer Legislation Amendment Bill 2025 and the State Taxation Further Amendment Bill 2025.

Business of the house

Program

Mary-Anne THOMAS (Macedon – Leader of the House, Minister for Health, Minister for Ambulance Services) (12:14): I move:

> That, under standing order 94(2), the orders of the day, government business, relating to the following bills be considered and completed by 5 pm on 30 October 2025:
>
> Transport Legislation Amendment Bill 2025
>
> State Taxation Acts Further Amendment Bill 2025
>
> Consumer Legislation Amendment Bill 2025.

We come together in this place this week for a very big and important debate on a range of bills that are on the government business program but also an important bill that is not on the GBP, which is because it is not on the guillotine, with the amendments in the Voluntary Assisted Dying Amendment Bill 2025.

I just want to take a few moments to talk about this bill. This is a bill on which I know many people in this chamber have spent some time deliberating, and that will form their opinions about how they will vote on the bill. I can inform the house that on this side of the house the Australian Labor Party will be enabling each of our members to have a conscience vote. We are doing that because we recognise that this is a sensitive issue. I want to say from the outset that within our party we respect the differing views that are held by members in our caucus, just as we do those on the other side.

I was here back in 2017, and it was a big threshold debate at that time. It was challenging in many ways for a number of reasons. This is a bill that amends existing law and seeks to better align us with other states and jurisdictions. However, I am not going to talk to that, because that would be improper in the GBP debate, and I do not want to give the member for Brighton an opportunity to jump up on his feet right now. However, I do just want to take time – and I am sure the member for Brighton will join me in doing so – to speak to the house about the importance of us looking out for each other during this debate, because it raises many, many issues. I do not know what is going on in everyone’s life in this chamber, but I do know that for some people some really difficult things are happening right now, and have happened, and that this debate can bring up a number of those issues. I think it is incumbent on all of us to be respectful of one another, to listen to one another and to hear each other out. For that reason, I also need to flag that, to ensure that everyone who wants to use their voice can, we will be sitting late tonight and may sit late tomorrow night, but this is in the hands of the chamber. I did just want to say all of that. I look forward to the debate because I know that we will have many considered contributions. I know every contribution in this place is considered by my colleagues – I know you all put a great deal of thought into them – but this is one where I know that there will be many deeply felt speeches, and some people will find that hard. Again, I want to say that we are all here for all of us. We hold this unique, strange role, but we have got to look out for each other in times like this.

We will also be debating the Consumer Legislation Amendment Bill 2025, which is about our government's commitment to tackling the rising cost of living and ensuring that the markets that serve Victorians are fair and transparent and work for them. This goes in particular to renters rights. Our government is resolutely on the side of renters. We want to make renting fairer. We want to ensure that Victorians that are renting have greater access to protections, and this bill delivers on our commitment to create a portable rental bond scheme, amongst other things.

We will also be talking about the Transport Legislation Amendment Bill 2025. That is about improving the safety and amenity within our public transport system. The bill delivers on our government's commitment to strengthening compliance and enforcement of industry laws, as they relate to the transport sector, and to improving industry transparency.

We will also be debating the State Taxation Further Amendment Bill 2025. It makes a range of amendments to various taxation acts to keep our tax system fair for property owners who are living on their property, makes reforms to tackle the spiralling cost of congestion in our city and makes amendments to make sure Victoria has an efficient and fair tax code. I commend this government business program to the house.

James NEWBURY (Brighton) (12:20): I will first make some remarks in relation to the government business program but then, in the spirit of the rest of the government business for the week, will make some comments in relation to that, as did the Leader of the House. In relation to the government business program, which sets three bills for debate this week, we will be opposing the government business program. Considering the activity of the chamber this week on the Voluntary Assisted Dying Amendment Bill 2025, there is no way that this house will be able to do anything with those three bills other than to ram them through.

One of them I can certainly understand in relation to state tax. We on this side of the house know the government has increased or introduced 63 new taxes, so it does not surprise me that there will not be much time for debate during government business on the State Taxation Further Amendment Bill 2025, as is the case with the other two bills. We can see that the government's chamber time, as I have said repeatedly, is mismanaged. You can see that any bill, especially when it comes to taxation, is rushed through at every opportunity, sometimes with under two hours of debate – very, very swift ramming through of very impactful legislation. These great big new taxes on car parks and on pets will certainly have an impact on every Victorian. Not allowing the chamber enough time to debate these issues properly of course should be opposed.

I will also make some comments around the voluntary assisted dying legislation. The coalition will be enabling a free vote for all members on that legislation and all matters relating to it. When it comes to amendments moved by any member, every member on our side of the chamber will have the capacity to consider each issue on its merits and vote in that way, as will also be the case when it comes to any procedural matters. That may be a different approach to the government's in terms of motions of that nature, but on anything relating to procedure and anything in relation to an amendment and the substantive matter, members on this side of the chamber will have a free vote to consider the matters on their merits and vote as they will.

Also I believe the minister is considering a consideration-in-detail opportunity. Every member, if that were to occur, would have an opportunity to talk to the minister throughout that process. Consideration in detail is not an opportunity many members have experienced before, but it is an opportunity for members to ask questions of a minister and have answers on issues which they are concerned about or queries in relation to a bill. Consideration in detail is a very important opportunity for the chamber, so I would certainly encourage any member who has genuine questions around a bill to come and in good spirit ask questions relating to the substance of the matter. I was very glad to hear the Leader of the House outline that members would have an opportunity to speak, because, as the minister said, this is a deeply personal issue, and I am sure it will be a very, very difficult debate for everybody. No matter where you sit on this issue, I am sure we will all find this a very difficult conversation and a difficult conversation for the broader community; for our communities talking to us as their members, this is a very difficult issue. I know that the house will have time extended. I am aware that at least half the members of this chamber want to speak on it already, so the opportunity to speak is important.

I am also really glad and thank the Leader of the House for her indication that we will likely move the debate into a second day rather than trying to run through the night. Because it is such an important issue and because it is such a deeply personal issue in many ways, I think it is important that we all have a clear head when we talk about these matters. Going through the amendments exhaustively in the middle of the night probably, in my view, would not be the best way to do it. I think having a full debate today and then a bit of a debate tomorrow and then going through the consideration in detail and other matters is appropriate tomorrow. I thank the government on that matter. On the government business program, as I said earlier, we will be opposing it for the reasons that I outlined earlier.

Dylan WIGHT (Tarneit) (12:25): It is a pleasure to rise this afternoon and contribute in favour of this government business program. It is a pretty packed legislative agenda that we have here for this sitting week – coming into this sitting week with a packed legislative agenda right off the back of creating history in the last sitting week by passing Australia’s first ever treaty bill. It is a packed legislative agenda. As has been spoken about prior to my contribution, we will be dealing with a voluntary assisted dying bill. As has been spoken about, we will be sitting late to deal with that. I think, as the member for Brighton said, a lot of people in this chamber would like to make a contribution on this side and, as we have just heard, on the other side as well. Members will be afforded a conscience vote on this issue, which I think is appropriate. I will respectfully disagree with the member for Brighton that because we are dealing with this piece of legislation we cannot deal with anything else this week – of course we can. It is a packed legislative agenda, and there is incredibly important legislation on here.

Just to go to the Voluntary Assisted Dying Amendment Bill 2025, at the outset I acknowledge that there are a lot of deeply held personal views on this issue. I also acknowledge that those personal views often come or are often informed from deep personal experiences that people have had with loved ones and with friends across the journey, and I am absolutely no different than that: my view on voluntary assisted dying is informed by a deeply personal experience from when I was young. So with the acknowledgement that it is a conscience vote, I will reiterate the sentiment from the Leader of the House just about having respect for people’s views and respect in particular for the experiences that people have had throughout their lives in respect to this piece of legislation.

As I said, that is obviously an incredibly important part of the government business program this week and one that will take up a considerable amount of time, as you would imagine – a conscience vote, sitting late. But there are other pieces of legislation that we need to debate this week as well, because as I said, this government has a packed legislative agenda – it has had since it was elected in 2014, and this term has been absolutely no different. We have got the State Taxation Further Amendment Bill 2025 as well. I think the member for Brighton touched on this briefly. I think he may have called it a ‘big new tax’, which I once again will very respectfully disagree with. I mean, this is not a tax hike; this is about holding larger corporations to account and closing loopholes that they have been exploiting for some time.

Members interjecting.

Dylan WIGHT: It is about closing loopholes that have been exploited for some time – I was trying to have a really respectful government business program contribution today – whilst protecting small and medium businesses at the same time, right? So that has not changed. What we will do is close loopholes that have been exploited for far too long, and I think that is absolutely appropriate to be able to do this week, whilst we also deal with the very important voluntary assisted dying piece of legislation.

We have consumer legislation on the government business program as well, which aligns Victoria's consumer framework with national standards and reduces duplication rather than adding to it. I said at the beginning of this contribution that we come into this sitting week with a packed legislative agenda on the back of creating history in the last sitting week by passing Australia's first ever treaty bill. There are three incredibly important pieces of legislation on the government business program this week. Obviously we will be sitting late and going to all hours of the morning to pass the voluntary assisted dying bill, and I commend it to the house.

Jade BENHAM (Mildura) (12:30): I too rise to support the Manager of Opposition Business in opposing this week's government business program. I will first deal with the three bills that are on the government business program. To come back to some comments made by the member for Tarneit that the State Taxation Further Amendment Bill 2025 does not introduce or increase taxes, along with the 63 that have already been introduced or increased, wanting to have a respectful debate would also denote that one should be factual whilst having those debates.

Talking about the pet tax, for example, I got quite a response to a little Instagram post about how our pets are quite often the best source of mental health support that we can have, particularly in the regions. Increasing pet registrations during a cost-of-living crisis certainly does not help that case. That is the cost to councils, mind you, and if councils do not pass that on, then it is just another cost-shifting exercise to local government, which again, can ill afford that. And let us not forget the car park tax. Again, if we want to keep debate respectful, then we need to be factual in that debate. There are increased taxes and extensions in that bill.

The Consumer Legislation Amendment Bill 2025 is the portable bond scheme. When I was a renter, that would have been very, very helpful. Hopefully that will help out landlords as well, because we know that during a housing crisis we need to incentivise those housing providers – we call them that now because the term 'landlords' has apparently been demonised. That is the best way we know to solve a housing crisis, not set unrealistic targets.

The Transport Legislation Amendment Bill 2025 also gives an opportunity for members, including me, to talk about public transport or the lack thereof, particularly in Mildura. I think I have brought up no less than about 12 times in this place during my term the lack of public transport in the Mildura electorate and the lack of a passenger train, which we will continue to work on.

So with three bills as well as the very important debate and consideration in detail of the Voluntary Assisted Dying Amendment Bill 2025, I am hoping that those on this side get a chance to talk about those other bills that are on the government business program. I know that my colleagues that sit beside me are very, very passionate about all of the issues that are going on within those topics, particularly the state taxation amendment bill, in their own electorates, having been talking to people within the community.

We will be of course sitting late tonight to debate and contribute on the Voluntary Assisted Dying Amendment Bill. As has been stated by the speakers before me, this is something that will draw on the lived experience and personal experience of a lot of members in this place. Oftentimes people will say that perhaps we should separate emotion from our role in this place. I respectfully disagree. I think lived experience is the best place to contribute from in this place. The members for Morwell, Shepparton and Euroa of course have done an extensive amount of stakeholder engagement and personal engagement on this subject. Having never sat through consideration in detail during this term, I think it is something that – although the debate will be quite impactful – we are all looking forward to working through over the course of the next couple of days.

Although we oppose the government business program because we probably will not get a huge amount of time for all of those speakers – and as we can see from our government business program, the Nationals have got a long list of speakers on all of the bills and parts of business during this week – I just hope we get an opportunity to each make meaningful contributions this week.

Sarah CONNOLLY (Laverton) (12:35): I too rise to speak on this week's government business program and in support of it. It has been pointed out to me – I mean, we all get very busy in this house – that there are only a couple of sitting weeks to go before we wrap up here for the year. Someone did send me how many weeks it is to Christmas, which also gave me quite a big fright. But this week, from our government business program, it is entirely clear that we are not intending to slow down any time before the Christmas and crazy season is upon us.

This week is shaping up to be another incredibly busy week here in this place as we aim to pass some very substantial and very important legislation through this chamber. Four bills in total will be going through the Assembly this week, and I know for a fact that some of them will generate some very important and serious debate in this place. We have the Consumer Legislation Amendment Bill 2025, which will deliver on our government's planned reforms, including our government's fair fuel plan which we announced earlier this year, as well as delivering more of our bold and ambitious rental reforms, including the portable bond scheme. I am looking forward to speaking in this place on this bill in particular when it comes before the chamber.

We also have the Transport Legislation Amendment Bill 2025, which will make a number of legislative changes to the operation of our commercial passenger vehicle industry as well as delivering on modernising our public transport ticketing system so that at long last people can use their debit and credit cards to tap on. I, for one, cannot wait for that. I cannot wait to speak on that bill in particular. The next one off the rank is the State Taxation Further Amendment Bill 2025, which will, among other things, act on some of the tax changes announced in the state budget this year, such as the changes being made to the congestion levy. And we have a really important bill before the house, the Voluntary Assisted Dying Amendment Bill 2025. There has been a lot of talk about this bill and these proposed changes over many weeks and months. I know this is probably going to take up the lion's share of the debate this week.

But all pieces of legislation are important, and this week they are all quite substantial. When I think about the government's fair fuel plan I have to say – I would not normally say this in here – I had some amazing feedback from this random guy at a servo in Melbourne's west. I was all dressed up heading off to Werribee for the West of Melbourne Economic Development Alliance summit before spending some time with the Premier in Sunshine. I was filling up my car. I drove my car in on empty, and as I was filling it up I could see this person out of the corner of my eye smiling and starting to wave at me. I thought, 'Oh my gosh, what is going to happen here? It is 8 o'clock in the morning.' He wanted to tell me he had been on my Facebook page that morning at 7 am and seen the Servo Saver announcement that we had made. He had seen it on my Facebook page. He told me I was not even his member of Parliament but he had driven to this service station to fill up because it was the cheapest place in Melbourne's west to fill up at the time. I thought that was so funny. And he said, 'Thank you so much. Thank you for everything that you do, and this Servo Saver is absolutely brilliant,' so there is a bit of wonderful feedback. It was a great start to the day in Melbourne's west. I cannot wait to talk on this bill; I thought that was great.

All of the pieces of legislation before the house this week are very important. Another five pieces of legislation have been introduced to Parliament this morning to sit in the dock for future sitting weeks. This is another example of this government getting on and undertaking the really important work of legislative reform here in Victoria to create an equal, fairer Victoria for all Victorians. The government business program is just another example of the very meaty business programs that we put before the house that get on with the job of passing the legislation that the Victorian community want us to bring to this place and, as members of Parliament and politicians, they expect us to get on and talk about and deliver. I think this is another really great government business program, and I wholeheartedly commend it to the house.

Chris CREWTHER (Mornington) (12:40): I rise today to speak on the government business program, joining my colleague the member for Brighton, my other colleague the member for Mildura and others who have spoken on this. Firstly, the coalition, for the reasons outlined by my colleagues, will be opposing the government business program. We have a number of bills that are coming up this week and indeed a long set of debates. We do have the State Taxation Further Amendment Bill 2025, the Transport Legislation Amendment Bill 2025 and the Consumer Legislation Amendment Bill 2025, and also we are debating this week the Voluntary Assisted Dying Amendment Bill 2025. We are looking to run potentially to 10 pm or perhaps later tonight and potentially running that debate tomorrow as well in what is a very important issue as to if, when and how voluntary assisted dying should occur or should not occur. There will be many MPs on all sides of this chamber, and also in the other chamber when they get to debate it as well, who will have various opinions and very strong opinions on this issue. There will be a number of free votes on this issue and amendments that I am sure many colleagues will be putting up.

I want to go further into this state taxation bill, which effectively is adding a congestion tax here in Victoria. We have a government that has introduced 62 new or increased taxes and is only adding more. We have a 100 per cent increase in the state government portion of pet registration fees. There are so many Victorians – I believe there are more than 1 million households in Victoria that own pets – who will be facing increased charges because of this. We will also have a 73 per cent increase in the congestion levy. Going further into this, there are a number of flaws and concerns about the state taxation bill. The congestion levy hike is basically a blatant cash grab, not a congestion measure, and the Department of Treasury and Finance admitted that no modelling has been done since 2016. It will see $85 million to $90 million in new annual revenue but with no evidence it will reduce congestion or emissions. The costs will be passed directly to consumers, consumers who are already struggling, and industry says it will be $13 a day per car space, not the government’s claim of $3.50 a day.

Going to the Transport Legislation Amendment Bill, I was pleased this week to have been announced as the new Shadow Assistant Minister for Public Transport, assisting my colleague the member for Nepean in this new role. I look forward to contributing in that role and doing what I can to increase access to public transport in Victoria, as well as for more frequent public transport, more speeds and more access, particularly for regional Victoria – like a train in Mildura or a train in Mornington or in many places that do not have public transport altogether. This Transport Legislation Amendment Bill, while it has been framed as a safety measure, in effect establishes a broad surveillance regime with minimal safeguards, granting sweeping and disturbing discretion to the regulator and booking service providers. There are a number of other issues. It is a major and massive privacy overreach. Recordings will, for example, capture private, privileged and sensitive conversations without consent. There will be no requirement for passenger notice or consent, leaving travellers unaware that they are being recorded.

On the Consumer Legislation Amendment Bill, there are a number of concerns with that as well. We have the portable bond scheme, which is underwritten by the Victorian government, exposing taxpayers to financial risk for unpaid or disputed bonds, with no published cost estimate. The fuel price scheme adds daily reporting obligations and heavy red tape for small, family-run fuel retailers. The claimed $330 a year savings per household are unrealistic and based on flawed modelling, assuming consumers buy at the market low each day.

Overall we have a government business program which is heavy on overreach, regulation and new costs and light on transparency and accountability. With the transport bill, we have privacy overreach and surveillance without consent. The consumer bill is introducing new red tape, and we have the tax bill adding more taxes – *(Time expired)*

Assembly divided on motion:

Ayes (49): Juliana Addison, Jacinta Allan, Colin Brooks, Josh Bull, Anthony Carbines, Ben Carroll, Anthony Cianflone, Sarah Connolly, Chris Couzens, Jordan Crugnale, Lily D'Ambrosio, Daniela De Martino, Steve Dimopoulos, Eden Foster, Matt Fregon, Bronwyn Halfpenny, Katie Hall, Paul Hamer, Martha Haylett, Mathew Hilakari, Melissa Horne, Lauren Kathage, Sonya Kilkenny, Nathan Lambert, John Lister, Gary Maas, Alison Marchant, Kathleen Matthews-Ward, Steve McGhie, Paul Mercurio, John Mullahy, Danny Pearson, Pauline Richards, Tim Richardson, Michaela Settle, Ros Spence, Nick Staikos, Natalie Suleyman, Meng Heang Tak, Jackson Taylor, Nina Taylor, Kat Theophanous, Mary-Anne Thomas, Emma Vulin, Iwan Walters, Vicki Ward, Dylan Wight, Gabrielle Williams, Belinda Wilson

Noes (29): Brad Battin, Jade Benham, Roma Britnell, Tim Bull, Martin Cameron, Annabelle Cleeland, Chris Crewther, Wayne Farnham, Will Fowles, Sam Groth, Matthew Guy, David Hodgett, Emma Kealy, Tim McCurdy, Cindy McLeish, James Newbury, Danny O'Brien, Michael O'Brien, Kim O'Keeffe, John Pesutto, Richard Riordan, Brad Rowswell, David Southwick, Bridget Vallence, Peter Walsh, Kim Wells, Nicole Werner, Rachel Westaway, Jess Wilson

Motion agreed to.

Members statements

Colac Show

Richard RIORDAN (Polwarth) (12:50): Melbourne Cup long weekend of course often symbolises a wonderful time in the Polwarth electorate. Even though it is going to be a sunny, clear day on Melbourne Cup Day, we do look forward to the rain at that time of year across Polwarth, and we are having a wonderful season after what was a very, very tough start for so many people. But Melbourne Cup long weekend also usually symbolises the start of the Colac Show, which of course will be on this Saturday. It is the 159th show in fact, and yours truly will be there in all his livery and out pushing the message for a fresh start – a fresh start in Victoria and a fresh opportunity for the people of Polwarth to make a stand over the next 12 months against the tyrannical nature and overtaxing habits of this current government.

Housing

Richard RIORDAN (Polwarth) (12:51): I would also like to point out that when we are talking about a fresh start we are also talking about a fresh start in the housing sector. It is disappointing again to see the most recent Victorian housing register waiting list, which has ballooned. Unfortunately for those waiting for a home in Victoria, in just the last 12 months, can you imagine, 5294 extra families have been added to the ever-growing waiting list for a home here in Victoria. This government talks big on housing but acts so little. It is not putting the focus where it is needed. We need a fresh start in Victoria. We need a fresh start to make sure families that deserve a home get one.

Pakenham electorate community events

Emma VULIN (Pakenham) (12:52): This month has been a whirlwind of community activity. I attended the Pakenham Lions Netball Club presentation night to join in on the celebrations. I was honoured to award Gabbie Smethurst with a life membership. Gabbie is an active and dedicated club member. She continues to play, coach and act as the club's wellness officer.

It was a delight to celebrate Diwali festivities with hundreds in our community at the Gurdwara Siri Guru Nanak Darbar in Officer. I attended the Katina celebrations with the English Dhamma Temple and many from our Pakenham Buddhist community.

It is always great to visit Kuyim Primary School. This time Senator Lisa Darmanin joined me and principal Cope for a tour. The new gymnasium is fabulous, but the best part was the Qs and As with years 3, 4 and 5 on all things government.

Also, a big shout-out to everyone that attended the MND Victoria walk in Pakenham. These events raise awareness and funds vital for those living with MND, and I thank you all.

A massive happy 100th birthday to the Upper Beaconsfield fire brigade, where I am a proud member. Their list of accomplishments and outstanding work serving to keep our local community safe over this century is second to none.

Matt Broderick

Emma VULIN (Pakenham) (12:53): I have got a few seconds left, so let me finish by thanking my beautiful partner Matt, who does so much for me and does not complain even when I do. I hope that one day you learn how to use a hair dryer and apply make-up for me. I love you.

Gippsland Cancer Care Centre

Martin CAMERON (Morwell) (12:54): Latrobe Regional Health cancer care fundraiser day was held a couple of Sundays ago. It is a time where the cancer unit is needing more funds. The community, through the Moe Racing Club – and a special shout-out to Cassandra Rendell and the entire board there – came up with the idea that we were going to have a fundraising day at the races. Over 200 people attended this particular day. Kellie Eddy was our MC and did a marvellous job for the day. We raised over $26,000, which goes directly to the cancer care centre, which was an absolutely wonderful effort. Thank you to all the sponsors with their donations and everyone who attended. We look forward to our second year at it next year, and hopefully it will be an ongoing event, because as we know, cancer has no friends and we need to do whatever we can to eradicate it.

Jade Melbourne

Martin CAMERON (Morwell) (12:54): Last Saturday I attended John Cain Arena for the opening round of the WNBL. It was a near-capacity crowd for the first instalment of the league this year. I was there to watch Traralgon’s own Jade Melbourne. Jade plays for the Canberra Capitals, so it was terrific to be able to be down there to lend my support. I think the time has nearly come to once again push for the Jade Melbourne arena in Traralgon to take over the naming rights of the Gippsland Regional Indoor Sports Stadium.

Nangana Landcare Network

Daniela DE MARTINO (Monbulk) (12:55): Congratulations to Nangana Landcare Network, which won the silver tier award at the 2025 Australian Geographic nature awards for the ‘Coranderrk country – saving faunal emblems’ project. This project contributes to the restoration of habitat and hope for Victoria’s faunal emblems, two iconic critically endangered species, the helmeted honeyeater and Leadbeater’s possum. The passion and drive of those involved in Nangana cannot be understated, and I thank and commend them for the important work they do in conservation across Monbulk and beyond.

Bushfire preparedness

Daniela DE MARTINO (Monbulk) (12:56): With summer fast approaching, now is the time to connect with your local CFA and get your property fire ready, especially for newer residents to the hills and foothills. If we learned anything from the Montrose fires back in March, it is to have a fire plan in place, make sure your go bags are ready and ensure you have the VicEmergency app on your phone and understand what the different alert levels mean. Throughout October local CFAs have hosted Get Fire Ready open days for anyone to drop by and learn how to prepare their properties and get those fire plans ready. If you have missed one, contact your local brigade and they will be more than happy to help.

Victorian Seniors Festival

Daniela DE MARTINO (Monbulk) (12:56): It has been a hive of activity across the hills celebrating seniors month, though I have taken votes and the overwhelming majority have told me they would like to be referred to as elders. That is democracy in action. It has been great to visit the Life Activities Club Knox, the Paul Bianco photographic exhibit in Emerald and the Olinda Probus Club, where I was entertained by Singularity Choir's staging of *Iolanthe*, a satire against politicians. Some things never change.

Dandenong Ranges Literary Festival

Daniela DE MARTINO (Monbulk) (12:56): A huge shout-out to the inaugural Dandenong Ranges Literary Festival, which has been a raging success. I cannot wait for next year.

Crime

Bridget VALLENCE (Evelyn) (12:57): Crime in Victoria is at its highest level in 20 years under the Allan Labor government, with nearly 640,000 crimes reported last year. That is one crime committed every 49 seconds in Victoria. Lawlessness in Victoria is at crisis point. A car is stolen every 17 minutes, there is theft from a retail store every 13 minutes, serious assaults every 29 minutes and knife crime – machete attacks – is occurring each and every day, with people being stabbed in the city and the suburbs. A fat lot of good Labor's machete bins have been. My community in the Yarra Ranges has suffered a 62 per cent increase in residential aggravated burglary and a 58 per cent increase in motor vehicle theft.

It is no exaggeration to say that Victorians no longer feel safe in their homes or on the streets under this Labor government. We know that 40 per cent of the crime is committed by just 5400 offenders. The cycle of these crims terrorising Victorians must be stopped. That is why the Victorian Liberals under Brad Battin take a different approach. 'Break bail, face jail' laws will ensure that strong consequences are there for repeat offenders, and our $100 million safer communities plan will give police greater powers to remove knives from our streets and toughen sentencing to ensure crooks know that there are serious consequences for committing crime in Victoria. It is time for a fresh start.

Eureka electorate

Michaela SETTLE (Eureka) (12:58): What a month it has been in Eureka.

Over the last two weekends we celebrated our vibrant multicultural community in Ballarat, first with the Bangladeshi community spring carnival and then, on Saturday night, the 16th Diwali event hosted by the Ballarat Indian Association. Congratulations to the committee, in particular the president Ashish, and the wonderful MCs Geetha and Manoj.

On Sunday I visited two CFA open days, at Dereel and Morrisons. Dereel do such great work with community outreach, and while the rain kept the numbers down, it was a fun celebration of CFA values at work. In Morrisons Second Lieutenant Ken showed me around the upgraded shed, and it was wonderful to see so many other brigades like Wallace, Rowsley and Ballan attend to show their support.

I attended the second Veterans, First Responders and Families Expo. It was just wonderful to see how many organisations there are out there supporting our wonderful veterans and first responders.

I had a really lovely visit down to Inverleigh to see the new public hall upgrades, which were made possible by a wonderful Tiny Towns grant. But the sweetest part of all was that they had a cake made which was emblazoned with 'Hooray for Tiny Towns'. I know that my regional colleagues feel the same.

Kew Home of Chinese

Jess WILSON (Kew) (13:00): I would like to congratulate Hinkay from Kew Home of Chinese for running the second table tennis friendship match at Balwyn Evergreen Centre. It was wonderful to see the table tennis in action. I was able to have a little bit of a hit myself. I did okay, but nothing compared to the tournament winners. The competition was absolutely fierce. It was terrific to see the

Australian Vietnamese Association Boroondara's Hanh Tran there, the friendship between those two organisations and the community spirit in action.

Methodist Ladies' College

Jess WILSON (Kew) (13:00): Can I also congratulate Allanah and Vicky for organising Methodist Ladies' College's democracy day. It was absolutely enlightening to hear from the years 7, 8 and 9 students about the issues that they are concerned about and how they would like to address them in their school. I heard about compost bins and sustainability; increased services on public transport, particularly during peak times; and inserting a section into the curriculum around women in conflict. The girls were incredibly passionate; they were incredibly informed. Congratulations to the students for being part of MLC democracy day and being part of our democracy in broader terms.

Children's Week

Jess WILSON (Kew) (13:01): Finally, can I congratulate the Kew Toy Library and Kew Neighbourhood Learning Centre for both running teddy bear picnics for Children's Week over the past weekend. It was wonderful to take Patrick down to do some colouring in and to see the teddy bears enjoying the picnics at both of the centres.

Ripon electorate

Martha HAYLETT (Ripon) (13:01): There have been some big, historic milestones for communities across Ripon recently.

Ten days ago Amphitheatre Primary School celebrated its 150th birthday. The whole community came together for the occasion, with over 200 former students, teachers, parents and lots of cake. Thank you to principal Louis Franc, school council president Hayley Richards and the 15 incredible students for welcoming us all for such an important milestone.

Last Friday we also celebrated St Arnaud Primary School's 150th birthday. There was a time capsule ceremony, a plaque unveiling, a historic display in the arts centre and a brand new mural painted for the school community. The school captains Tadi Shayamano and Maddox Stewart did a tremendous job on the day, as did principal Melissa Mitchell and her team. I especially loved meeting two-week-old Silas with his superwoman mum Emily Gosden, the school's learning specialist.

A big congratulations also to the St Arnaud brass band, who also celebrated their 150th birthday a few weeks ago. The band has never skipped a beat in that time, being the soundtrack to the community during commemorative days, annual show days and so much more. Thank you to secretary Helen Burns and every band member for all you do for the St Arnaud community.

A big congratulations also to the Lilyana Country Women's Association in Beaufort. Last week they celebrated 50 years of friendship, support and service with a get-together at the Beaufort community centre. There were endless laughs, stories, songs, cups of tea, sandwiches and scones shared.

Renewable energy infrastructure

Kim O'KEEFFE (Shepparton) (13:03): Constituents in my electorate are disgusted that the *2025 Victorian Transmission Plan,* which was released by the government in August, has had no community consultation or consideration of the impact on the local community. The final plan has added a completely new renewable energy zone east of Shepparton, which was not originally included in the draft plan back in May this year. With outcry from the community in another location, they simply moved it elsewhere. What we now have is the government pushing ahead with creating a new renewable energy zone without any notice, denying locals an opportunity to give their feedback and to have their voices heard. This is prime agricultural farmland and home to the most productive, high-yielding cropping country in the state, and protecting the land must remain a priority.

The government's decision to completely bypass the local community and impose a renewable energy zone on the land, without warning and without consultation, is just wrong. This decision has caused significant uncertainty and anxiety amongst local community. We support renewable energy and the infrastructure needed to deliver it but not without correct processes, protections and consultation with those who will be significantly impacted. The government has also taken away landholders' rights to appeal through VCAT to challenge inappropriate renewable energy transmission developments. We will repeal the legislation and restore landholder rights if we get into government in 2026. This side of the house look after our farmers and do not ignore their rights.

Brandon Park Reserve

John MULLAHY (Glen Waverley) (13:04): It was great to be down at Brandon Park Reserve to inspect the progress of building works on the new pavilion. This Labor government delivered $500,000 to rebuild and modernise this essential community hub, and I am proud of our record of continuing to deliver pathways for greater participation by women and girls in local sport and of our unwavering commitment to investing in critical infrastructure.

Felix Hughes

John MULLAHY (Glen Waverley) (13:04): On another matter, a boy from regional Victoria, Felix Hughes, moved to Melbourne to pursue tertiary education. Felix is a kind, caring and thoughtful young man, and he is driven by a sense of duty and service. His commitment to helping those in need shines through in everything he does. He knows that values matter most when they are demonstrated through actions that create a lasting impact, not only through words or catchphrases. Felix, happy belated birthday. Here is hoping this year rises to the occasion, just like it did in your Trentham Bakery days.

Dustin Kim

John MULLAHY (Glen Waverley) (13:05): Like so many others, Dustin Kim is a migrant to the Glen Waverley area. He went to the local schools and played sports there. People often remark that Dustin possesses wisdom beyond his years, and indeed he does, yet he remains open to learning and welcomes feedback. Dustin's grandmother once slipped out of her hospital bed to vote, a commitment to civic participation that has been instilled in him. Dustin recently turned 21 – 생일 축하해요. They have both been with me from the start, and I thank them for the work that they do in serving our community.

Community safety

Kim WELLS (Rowville) (13:05): This statement condemns the Allan state Labor government for allowing Melbourne to become the protest capital of the world. How proud we were once upon a time when Melbourne was voted time and time again as the most livable city in the world, and what a worldwide marketing bonanza that was. Now, day after day, residents stop me in the street and say that they will never take their kids into the Melbourne CBD because of the ongoing protests. You can ask: why have we become the protest capital? Because there are no consequences from the court system. I squarely blame the Allan Labor government for this disastrous situation. In Melbourne you can throw rocks at police officers, throw things at police horses and set bins on fire, and guess what you can be guaranteed: if you do get caught by police, you will be freed on bail so you can join next week's protest and repeat your disgraceful offending all over again.

I feel for the small businesses in the CBD who are desperately fighting to survive but have to close week after week because of the protest violence. Just when you think it cannot get any worse, the Premier of our state says that Melbourne is a safe city. Yes, she may be right if she visits the CBD with her personal bodyguards in tow, but what about ordinary Victorians who just want to go about their ordinary business without fear of being impacted by the protests? We all believe in and treasure freedom of speech; however, blatant violence is not a right, it is a crime.

Western Port Secondary College

Paul MERCURIO (Hastings) (13:07): A very big congratulations to Western Port Secondary College, which has taken out not one but two big awards at the Victorian Education Excellence Awards, presented by the Minister for Education. Principal Christopher Quinn was named outstanding secondary principal, and the whole school team was recognised with the Outstanding School Improvement Award for the amazing cultural shift that has lifted behaviour, engagement and results.

Somerville Tennis Club

Paul MERCURIO (Hastings) (13:07): On another matter, a few weeks ago I had the pleasure of going to Somerville Tennis Club to officially turn on their lights. I am delighted to say that the Minister for Community Sport will be coming down soon to view the upgrades at Somerville Bowling Club that have recently been completed thanks to funding from the 2024–25 budget.

Dolphin Research Institute

Paul MERCURIO (Hastings) (13:08): On another matter, I dropped into the Dolphin Research Institute, which is based in the Hastings marina, to have a chat to Jeff Weir about the great work he and his very small crew do to keep an eye on the health and wellbeing of our local dolphin population.

Bushfire preparedness

Paul MERCURIO (Hastings) (13:08): On another matter, over the last few weekends I have been incredibly busy visiting my local CFA stations to talk about getting fire ready. I am told that the fire season coming up could potentially be pretty bad, so if you did not get down to your local CFA, please pop down on the weekend and have a chat about what you can do to get fire ready. I thank all those CFA volunteers.

Hastings electorate ministerial visits

Paul MERCURIO (Hastings) (13:08): Lastly, a big thanks to the Attorney-General and the Minister for Economic Growth and Jobs for coming down to my electorate to talk to the community about what we are doing to make our electorate better.

Cohealth

Tim READ (Brunswick) (13:08): Cohealth is about to close their GP clinics in Collingwood, Fitzroy and Kensington. I worked at these clinics for about six years back in the 1990s, so I feel for the 25 counsellors and doctors who will be redeployed or looking for new jobs and who are already farewelling their patients. These are people with unusually large numbers of social and psychological problems, often mixed with chronic disease and pain or addiction. Seventy per cent of these patients have a concession card. Thousands of vulnerable inner-city residents will soon need someone else to look after them, and it is not going to be the private system supported by Medicare, which caters best for people with simpler needs. Indeed this care will fall to our public hospitals, particularly our busy emergency departments, and the state will end up paying even more for this than if it had supported Cohealth to continue treating them in the first place.

For decades the state has been slowly walking away from the medical care provided by community health centres, leaving it to Medicare. This outsourcing, which began in the 1990s, along with the corporatisation of community health, has led to this situation. When state and federal governments fail to invest adequate funding in social services like community health, the need does not just go away, it gets heaped on crowded emergency departments and overrun social services. Community outcry has shown that Victorians want these clinics saved, and the Victorian Labor government needs to listen to them.

Year 12 students

Tim RICHARDSON (Mordialloc) (13:10): I want to take this opportunity to acknowledge our year 12 students who have kicked off their studies and who would be in the midst of completing English at the moment and looking forward to their journey. Our message to them is: do the very best you can. It is a really stressful time as they embark on this journey, but the resilience, courage and commitment that they have shown over these years will be matched with some of their efforts and performances. Even if it is not the score that you might anticipate or cherish, over the journey of your life it will just be a landmark in a series of stories that you will achieve over that time. We greatly admire the work that you have done and the effort that has been put in. We wish all the very best to our year 12s as they complete their year 12 exams over this period.

Frankston Hospital

Tim RICHARDSON (Mordialloc) (13:11): I also want to acknowledge the significant redevelopment of Frankston Hospital, now Peninsula University Hospital. This is a $1.1 billion investment in our community. For anyone in the Mordialloc electorate, you go to the points of the compass – you go to Frankston Hospital, you go to Sandringham, you go to Monash or you go to Dandenong if you need that support and care. With the helipad testing underway now, it has been an extraordinary journey to see the investment, the floors of patient care, the additional beds that will be provided, the support for mental health and wellbeing, the extra support of oncology. This is what Labor governments do – they invest in health, they support their health workers. We have had thousands of health workers added to Victoria since we came to government, and Frankston Hospital, now Peninsula University Hospital, will be amazing.

Mildura electorate

Jade BENHAM (Mildura) (13:11): I wish to recognise some truly remarkable achievements throughout the Mildura electorate recently.

Last weekend my team and I attended the final Pink Ball, a beloved Sunraysia institution that over 17 years has raised an extraordinary $920,000 for Sunraysia Cancer Resources, including an incredible $90,000 this year alone. The event has not only raised funds but brought our community together in strength, compassion and generosity. I have a couple of staff members who have been on that committee for several years, and they are extraordinary people. To Deb Chandler and her pink army, the organisers, the sponsors and the supporters, thank you for turning pink into power for local cancer support.

Congratulations to Mildura Senior College principal Belinda Hudak on her nomination for the Colin Simpson Outstanding Secondary Principal Award. Belinda leads with integrity and vision, fostering inclusion, empowering her leadership team and ensuring every student feels connected and supported. Her leadership has lifted student engagement and wellbeing beyond state averages, and through her roles as vice-president of the Victorian Association of State Secondary School Principals and Mallee chair, she continues to champion regional education at the highest level.

A sincere thankyou also to the CFA volunteers who responded to last week’s fire at the historic Minapre pub in Lascelles – another reminder of the selflessness and dedication that defines country Victoria and our CFA volunteers.

Also, best of luck to stepson Brooklyn, doing year 12 exams today.

St Francis Filipino Senior Citizens Club of Whittlesea

Bronwyn HALFPENNY (Thomastown) (13:13): Congratulations for the 30th anniversary of the St Francis Filipino Senior Citizens Club, a club that has contributed so much and is still going strong. I would like to thank the current president Del and current treasurer Bernadette and all committee members for their commitment and hard work providing support, cultural activities, food and entertainment for over 30 years. I would also like to congratulate all the seniors and the great celebration they put on a couple of Sundays ago, which I attended. It was a great afternoon with good food, dancing and goodwill. I would also like to just quickly go through and congratulate the recipients of the parliamentary award at this event. These are volunteers that have given their time over many, many years to support Filipino seniors and also the wider community in the Thomastown electorate: Cristinely Estacio, Christine Catudio, Mercy Evang, Albert Galang, Maparaluman Cruz, Carlos Marabat, Ed Escall, Tetchie Rouillon, Luz Lastimoso, Ian Boon, Fe Dustagheer, Tita Lasala, Diony Lapuz, Gabby Ocampo, Helen Javier, Celia Mungcal, Bernadette Cowley, Liza Eyles, Delilah Mungcal, Marilou Barnard, Felicisimo Pineda, Erlinda Minter, Rome Samuel and Leo Javier.

Vietnamese community

Meng Heang TAK (Clarinda) (13:14): Congratulations to the Australian Vietnamese Women's Association, the South Eastern Melbourne Vietnamese Associations Council and other organisations, who are joining us here in Parliament this week for their exhibition which marks 50 years since the resettlement of the Vietnamese community in Victoria. This week is a great opportunity for celebration and reflection of all the amazing contributions of the Vietnamese community. Our Vietnamese community is significant in size, but more importantly, it makes a significant contribution to our vibrant community. We know that there are an extraordinary number of stories to tell about these many varied journeys from Vietnam to Victoria. From humble beginnings to today, the community has transformed our streetscapes and suburbs, particularly in Springvale South, into vibrant centres. The stories of all Vietnamese who are here and how they have come here are such a crucial part of our history. They make us who we are as individuals and as a community and contribute to the diverse state that we are so proud of. As a community, we recognise the wonderful contributions of the Vietnamese community in ensuring that Victoria has become such a multicultural success story. Thank you to Nicky Chung, Dr Kimson Vu, Cr Loi Truong and so many of the staff, volunteers and community members for what they have been doing here this week.

Tarneit electorate businesses

Dylan WIGHT (Tarneit) (13:16): We have heard a lot in this place and from those in the media who are happy to talk down our western suburbs, but in Tarneit we know just how great it is to be a westie here in Victoria. Lawpath's business index knows it too, as their August new business index has pegged Tarneit, Truganina and Hoppers Crossing as the fastest growing business hotspots anywhere in the country, with 1120 new businesses registered in the 3029 postcode last month compared with 1047 in Melbourne. This surge in economic growth has helped create a booming entrepreneurial centre, and the suburbs recorded a 38 per cent growth in business registrations compared with a year ago. I am incredibly proud to say that there were over 10,000 new businesses in my community from January to September – one of the highest of any postcode nationwide. This boom will support jobs growth in the area, enabling more residents to work locally in the fantastic area that is Melbourne's west. On this side of the house we are always looking to keep the Victorian economy growing, and that is exactly what we have done. Since Labor came to government the Victorian economy has grown by a massive 31 per cent – faster than any other state anywhere in the country. So to anyone who wants to talk down the west, I say this: the numbers do not lie. The people in Tarneit, Truganina and Hoppers Crossing are not just growing our suburbs, they are powering Victoria's future.

Northern Hospital

Lauren KATHAGE (Yan Yean) (13:18): We know that the Northern Hospital is full of fantastic staff, and soon they are going to have upgraded facilities to match their skill. We have reached structural completion on the new ambulatory centre, on the Costco side of the hospital. Soon they will have the facade works. They have been working on the fit-out. Of course that is paving the way for our brand new emergency department at the Northern. This is part of a nearly $1 billion investment in the Austin and the Northern hospitals, meaning that the communities of the north will have fantastic health care closer to home and the better experience of emergency departments that we are all looking for. There will be special areas, especially for paediatrics and for children, and there will be special separate areas as well for people who need help with their mental health or with alcohol or other drug issues. This means that, on top of having over 200 treatment spaces, they will cater for people in their hour of need. I am so proud that this government is not only delivering for the communities of the north but that the fantastic workers there – the staff and medical staff – will have the facilities, to enact their profession, that they truly deserve.

Narre Warren North electorate schools

Belinda WILSON (Narre Warren North) (13:19): It has been a very big few months of celebrations and milestones in Narre Warren North.

Fountain Gate Secondary College have just opened their brand new VET health classroom. With the help of their aspiring nurses and dedicated staff, the classroom is now in full action, and it is a really great learning space. I had my blood pressure taken. The girls are doing an incredible job.

I also had the chance to spend some time with the amazing group of girls from the Gleneagles Secondary College who are proudly participating in the City Futures program, which is run through Melbourne City. I witnessed all their hard work paying off as they played the warm-up game of the Blue Ribbon Cup. It was a fantastic achievement. They won, and it was a glimpse into the amazing future of our women’s sport in Narre Warren North.

I also want to congratulate Sophia-Rose Dodds and Yashica Yashica, both who are incredible role models from Fountain Gate Secondary College year 12. They were the recipients of my respect and integrity award, which I was able to present to them at the final assembly last week.

I really want to wish all our year 12 students across the electorate the very best for their exams. You all work so hard. I will be cheering you on from the sideline, and just remember, it does not matter what the score is, do your best. You can do absolutely anything in this world. We are really excited for you.

Bills

Voluntary Assisted Dying Amendment Bill 2025

Second reading

Debate resumed on motion of Mary-Anne Thomas:

> That this bill be now read a second time.

Emma KEALY (Lowan) (13:21): It is a great honour to be the lead speaker on this very important and sensitive debate on voluntary assisted dying. I was the lead speaker also on the first iteration of this legislation when it came through the house. For me, that was an honour in that I was able to put both sides of the argument forward at that point, and I was able to have time to share the views of people within my electorate. I particularly note Neville Galpin, who was from my electorate. He sadly passed away with motor neurone disease before voluntary assisted dying was available in Victoria. I would like to touch on his journey again later today, but I will pre-empt that this debate today on the primary legislation but also through the consideration-in-detail process is likely to raise some really confronting issues for a lot of our members and for those who are listening.

When we talk about our end-of-life decisions it instantly for some people is a very, very difficult discussion. Some people are not comfortable in speaking about the process of ageing, of perhaps being diagnosed with an illness or a terminal illness. Some are just not comfortable at all about speaking about dying and no longer being on this earth. There are many that might have a loved one, a friend or family member or a work colleague who they know has a diagnosis of a terminal illness, and to have to share those stories or even consider those privately means that this can be a very confronting piece of legislation. For those as well who have lost somebody recently, for the people who lost somebody a long time ago, for those that have seen traumatic deaths, for those that have seen dignified deaths and for those that reflect upon whether that death could have been more comfortable, more peaceful, more appropriate to reflect the life that that individual lived, it is difficult. However, I am confident that the debate today and this evening will be just as respectful towards the sensitivity of the nature of this topic as it was back in 2017.

I thank the government for bringing this legislation forward. I would like to thank the government for their comprehensive summary of the amendments that were put. An information pack has been provided to members of Parliament in a very succinct and transparent way, where key data has been shared, with the rationale behind the amendments that have been proposed and the views of any reviews or reports, such as the coroner’s report, that fed into the rationale behind these amendments being put. I do appreciate that, and I thank the government for providing that information. In some ways I wish that that was something that was provided on every piece of legislation. It may make for a more harmonious place and for the passage of legislation to be perhaps more productive through both houses.

I would also like to acknowledge that there will be a number of amendments that will be tabled throughout today’s debate. I understand that there will be a reasoned amendment and that there are some amendments which have already been circulated privately to members. I think also the Office of the Chief Parliamentary Counsel is working very, very hard to draft some amendments that will come through as well. I look forward to having the opportunity to make statements on specific clauses and to debate the pros and cons and otherwise of the amendments that are put forward, and I look forward to it being a constructive debate utilising the mechanisms of the parliamentary system, the Westminster system, to their full advantage.

I would like to acknowledge all of the people in Victoria who do an amazing job supporting people through their end-of-life care. Whether it is VAD practitioners, the statewide care navigator service employees and workers and those who are directly working within the VAD framework or whether it is other healthcare workers and other people in our community who are supporting people through the last weeks, months, hours and minutes of their lives, I appreciate deeply their work. I appreciate the work of palliative care nurses and the care teams, whether they are medical teams or otherwise, within our healthcare system. It might be in a hospital, it might be an aged care service or it could be in the community. It is a difficult journey, but to provide comfort to somebody in their last moments and last breaths on earth is something that I actually find deeply comforting. I really appreciate the work of everybody who is involved in those last moments of care. Having worked within a hospital system, I know how much comfort that provides to individuals who are dying but also to friends and family members and other workers around them. It does truly take people who are absolutely inspirational to dedicate their lives to a healthy journey to absolutely that last breath, and I do appreciate and thank everybody who has participated in that.

I would also like to acknowledge the carers of people in our community, particularly friends and family who are supporting a loved one through the end stages of life or through a terminal illness. They take on an incredible load in our community, and it is not always something that they signed up for and that they expected. Perhaps they sometimes doubt that they have the capacity to give as much as is required. There are many people who sacrifice their own time, their private lives and sometimes even their employment to provide care for those around them, and that is an enormous commitment. Carers are so frequently overlooked and not appreciated, but they are absolutely valuable. I think all members of this place would acknowledge the important work of carers. As I said, whether it is children, grandchildren, friends or family – sometimes it is parents and grandparents as well who are the carers – thank you so much for the care that you provide, because quite frankly Victoria’s care system could not cope without that voluntary work.

This legislation builds upon the legislation which was first passed in 2017. As those who were members of Parliament at that time would recall, it was an extensive debate with many amendments, and it was truly an honour to engage with the community to hear of their experiences around end-of-life decision-making. I would like to acknowledge the work of the former Shadow Attorney-General

Robert Clark in his ability to navigate the legislation and provide support to all members of the house. I note that Robert has also provided a level of support through informing us what the implications of the proposed amendments would be through an amended version of the legislation, which has been very helpful for us. His wisdom has been enormously appreciated by all. He is a wonderful human, and even though he is, I think, either a vegan or a vegetarian, he is still a very good bloke! I have a lot of time for Robert. I do miss him, but I do appreciate that his support continues for sound legislative process in this place.

I would like to go to the key provisions of this legislation. Firstly, how we got here is that there was a review, which was part of the act, which was undertaken by the Voluntary Assisted Dying Review Board. The review board had an obligation to review the processes and systems to see what worked, what did not work and how it could be improved. In some respects it was addressing the concerns of those who made contributions during the previous debate and those in the community who were concerned that in some way this legislation may be exploited for the wrong reasons or, on the other hand, that there may be barriers in place within the legislation that would prevent people who perhaps would otherwise have been eligible, or should have been eligible, accessing voluntary assisted dying.

The review board did an enormous amount of work in considering the operation of the legislation, particularly those systems, processes and practices involved in the voluntary assisted dying framework, and it found that generally voluntary assisted dying is working appropriately. However, it also identified areas for improvement, including addressing barriers to access, support for the health workforce and maintaining strong safeguards.

These are consistent themes that stakeholders have expressed to us. There are some stakeholders that would still prefer that voluntary assisted dying were not available on various grounds, and that is based on a belief system as opposed to any other framework. I respect that. I respect all views on this debate, and I think it is something that is exceptional but also is a positive that we can have different views and respect those around this particular piece of legislation and what it means in operation.

There are some people who still have the view that this is equivalent to voluntary suicide. As the Shadow Minister for Mental Health, I do not agree with that perception. It is an entirely different scenario when somebody is facing a mental health crisis as opposed to somebody who is suffering intolerable pain, whether through the illness itself or through the medication and treatment of that condition, where they are already working towards a timeframe of death, which is a very short timeframe towards death. The hope has gone because the diagnosis is present as opposed to the challenge of suicide, where the hope has gone from the mental framework. I see that it is quite different. I know others will not agree with that, but I do think that this is an opportunity for individuals with terminal illness when they are looking at a very painful, excruciating death, with perhaps the alternative being ever-increasing doses of morphine until somebody is asleep, in a coma and then essentially dies of a morphine overdose.

Voluntary assisted dying provides a framework that provides safety and security and safeguards. There are second opinions in place. There are appropriately trained medical professionals involved in the process. There is a review and approval process that takes place, and it is a far more robust framework than what you might see in other healthcare settings. That may still be operational now – the ever-increasing morphine overdoses. Unfortunately the reason that we have some of the amendments that are before the house today is because it is difficult in some circumstances to access voluntary assisted dying.

The key provisions of this legislation include clause 6, which is around conscientious objection. Currently there is no obligation on medical practitioners who have a conscientious objection to voluntary assisted dying to provide any information to patients on this subject, even if requested. The bill changes this position to ensure people seeking information about voluntary assisted dying are provided with minimal information on how to make inquiries and access information and services. There remains no obligation for any practitioner to provide assistance or referral to another health practitioner in relation to voluntary assisted dying, beyond the provision of information sources. This provision is different to what we see in Victorian legislation in regard to abortion services, for example, where a doctor must provide a referral to a doctor to enable those services. This requirement can be fulfilled by medical practitioners who are conscientious objectors in that when you inevitably walk out of the doctor's office with an envelope full of information one of those pieces of paper that has been put into the envelope can be a mention of this in a framework that is understood and of the appropriate standard. It does not mean there has to be a referral to a particular known practitioner who offers voluntary assisted dying.

I do respect that there are people where this is deeply against and conflicts with their religious beliefs or their personal beliefs. However, I believe that the amendment that is being put forward by the government, from my perspective, meets that balance of providing the information without compelling somebody to speak on a process that they are not supportive of. I think it is the least best pathway forward so that people are aware that this may be available to them given their diagnosis but it does not compel them or influence them in any possible way. Clause 6(2) provides that an objecting practitioner must advise the patient seeking information that another practitioner would be better placed to assist them, noting that this does not mean that the practitioner is required to refer to another practitioner, and provide minimal information approved by the Department of Health secretary, which includes contact details for the statewide care navigator service and a link to the Department of Health VAD webpage.

Clause 7 relates to health practitioner-initiated discussions. The current law in Victoria prohibits health practitioners from starting a conversation about voluntary assisted dying with a patient. While a practitioner may raise other options for someone with a life-limiting condition, such as palliative care or treatment, VAD cannot be offered as part of this discussion – the patient must always raise it first. This new provision is intended to ensure clinicians are able to provide a full range of choices for individuals during conversations about end-of-life care.

Clause 7 inserts new section 8A and further allows registered health practitioners other than medical practitioners and nurse practitioners, such as allied health professionals regulated by the Australian Health Practitioner Regulation Agency, to initiate discussions about VAD under these conditions. These discussions will take place in the context of broader end-of-life conversations, and the health practitioner must advise their patient that the most appropriate person to talk to for further advice about VAD and palliative care is a medical practitioner. Breach of these requirements will constitute unprofessional conduct within the meaning under the Health Practitioner Regulation National Law.

This clause really acknowledges that care for an individual consists of many more people than just a doctor. There are many people involved as part of that care team. At times discussions about end-of-life care and end-of-life options may arise. This amendment to the legislation allows for those conversations to continue in a limited way to ensure that there is no inadvertent breaching of the current unprofessional conduct codes within the meaning under the Health Practitioner Regulation National Law. These are possibly conversations which are happening now. I would hate to think that a patient who had felt more comfortable with somebody else in their care team started this discussion but that practitioner was unable to continue that discussion because their registration would be at risk.

Clause 8 relates to the Australian residency requirement. Currently an applicant must be an Australian citizen or permanent resident and have lived in Victoria for at least 12 months. Prior to the introduction of VAD legislation in other states there was a greater justification for tighter residency rules to prevent people from travelling interstate to access voluntary assisted dying in Victoria. Clause 8(1) updates the residency requirement to include someone who has been ordinarily resident in Australia for at least three years. My colleague in Shepparton I believe will have a lot to say on this matter, having had a very close friend who was a resident of Australia for an extended period of time but who never became an Australian citizen. Because of that she was unable to access the voluntary assisted dying framework. I look forward to the member for Shepparton's contribution on this bill.

Clause 9 relates to the Victorian residency requirement. Clause 9 includes compassionate exemptions to the Victorian residency requirement for people with a strong connection to Victoria, including living close to the Victorian border, being a former Victorian resident, having family or work ties to Victoria or receiving medical treatment in Victoria. Of course for my electorate of Lowan, which is 20 per cent of the state and abuts the South Australian border, this is important. We have people who live in South Australia accessing medical services, education services and work in Victoria, and vice versa. This was no more exposed than during the COVID lockdowns, when the border was shut down for extended periods of time, so this clause is important.

I would like to acknowledge at this point in time someone who has been a friend of mine for a very long time, the Honourable Kyam Maher, the Deputy Premier in South Australia, who fought for voluntary assisted dying laws over the border in South Australia, and that was in recognition of his mum Viv Maher, who was an absolute warrior in many different parts of her life and in the community. Sadly, Viv was unable to access voluntary assisted dying after her terminal diagnosis. Ky has been a fabulous advocate for voluntary assisted dying. He led the fight for voluntary assisted dying legislation in South Australia. I would like to acknowledge his work, his wife Carmel, who is from Horsham, ironically, and also his wonderful dad Jim and of course Ky’s brothers Cam and Gib and their partners. Thank you for standing up for Viv and what she believed in, and thank you, Viv, for your legacy to the community, as I said, in so many different ways. She was a feisty woman, she was a very fun woman and she certainly left her mark on the world.

Clause 8(2), the prognosis requirement standardisation, sets a consistent 12-month prognosis window for all applicants instead of making a distinction between neurodegenerative illness and other conditions. This replaces the current threshold for eligibility, which is an expectation of dying within six months, or 12 months for neurodegenerative conditions. A 12-month prognosis reduces urgency, improving access and preventing the unintended effect of the six-month limit – that it results in applicants being unable to access voluntary assisted dying at six months. The review board found that many patients start the VAD process very late in their illness. In 2024–25, 171 applicants died before receiving a permit.

It is obviously very difficult to ascertain what the prognosis is for an individual. It can improve; it can be quite limited. It is difficult to hear the stories of people, particularly those with motor neurone disease, as I referenced earlier. Someone who I have known my whole life, Neville Galpin, had motor neurone disease, and he actually could not access voluntary assisted dying. He asked his daughter to source the drug internationally, which she did. For Neville unfortunately the first serious implication of motor neurone disease was that it affected the lumbar area of his back and then affected his swallowing, so he was unable to take the substance. I read out Brandi Galpin’s letter to me in relation to the passage of the last VAD bill, and it still sticks with me that the barriers that Neville faced remain the barriers that are in place today so many years later.

I would like to acknowledge Emma Vulin in the chamber. Emma has been an absolute champion for motor neurone disease. For all of us this is a difficult conversation, because we know that this will impact on her choices as well. She has been a courageous advocate for many, many parts of living, and I appreciate that she has influenced and made an imprint on every single person in this chamber as well as in the community. It is difficult in many ways to talk through motor neurone disease and how it impacts the body and end-of-life decision-making, but to consider that this legislation may mean that others can make choices that have not been made available in the past is something we can all be proud of. So Emma, thank you very much for your advocacy in this area. We are all behind you every step of the way.

Clause 10 relates to medical practitioner eligibility, amending the requirement for a medical practitioner to have five years of experience practising as a specialist to just one year. This provision expands the eligible workforce, increasing access, especially in regional Victoria. Specialists have already trained and practised for many years before attaining specialist registration through a medical college. The legislation still requires independent assessment by two specialist medical practitioners.

As was quite eloquently put by a specialist who presented to the National Party in relation to this legislation, you study for a very long time and undertake extensive clinical placement to become a specialist in particular. They have done their time, and they have experience in some serious clinical and treatment decisions which have an impact on the welfare of and also the prognosis for their patients. This is consistent with the prior training and education that they have had to get to that position in the first place.

Clause 15 concerns the removal of the third prognosis assessment. This removes the requirement for a third medical practitioner's assessment for people with neurodegenerative disorders to confirm that the condition will result in death within six to 12 months. The first and second assessments must still be conducted by specialists with expertise and experience in the patient's illness. This measure can help reduce the burden on these applicants, particularly in regional areas where they may have difficulty accessing a third practitioner, in addition to mobility issues.

I would like to cite at this point in time, in relation to part of the information pack provided by the government about the second diagnosis being undertaken by telehealth, that there are some in regional areas who have sought that amendment. But I would like to note that this is related to Commonwealth legislation. The Commonwealth Criminal Code prohibits discussion or distribution of information about suicide electronically, and because there is not a clear definition of 'voluntary assisted dying' versus 'voluntary suicide', there is a risk that a practitioner may face criminal charges should they go down that pathway. I urge the government to advocate to their Commonwealth counterparts, because that is something else that should be considered. I know that this is always a sensitive debate, but if we are talking about equity in access, then we should be doing that at all levels of government.

Clause 28, the shortening of the request interval, reduces the time between the first and final VAD requests from nine days to five days. For the majority of applications the current median time between first and final requests is 14 days. It is a very short timeframe. For some that may mean the difference between being able to consume the relevant drug and not and therefore impact the ability to make that end-of-life choice. The intention is to allow compassionate consideration for a small number of applicants who experience rapid deterioration in their health and prolonged suffering while waiting for the minimum time limit to elapse.

Administration methods and permits – the current method must be self-administration of the VAD substance. If a person cannot physically take that substance, a medical practitioner can administer it for them, with the requirement of a new permit specifying the administration method. Clause 32 allows for a person to make a decision, in consultation with their coordinating medical practitioner, to self-administer or have the substance administered to them by the administering practitioner. This is simply because with some conditions, particularly neurodegenerative disorders, the ability to self-administer is removed. At this point in time a whole other permit must be obtained. This will take pressure and a burden off people who are facing their dying days, quite literally.

In clause 42 'administering practitioners' includes medical practitioners, nurse practitioners and registered nurses with at least five years' registration. They are required to complete specified training. Clause 34 provides for only a single permit to be used by a person choosing VAD, without the need to make a new application. Clause 75, which we will have some debate about during consideration in detail, is about interpreter accreditation. At the moment the legislation requires interpreters to be accredited by the National Accreditation Authority for Translators and Interpreters. Unfortunately, for some languages there are very few qualified or accredited interpreters available, so this opens that up.

There are a number of other amendments, but I note that there are other speakers who wish to debate this before we go to question time. I therefore look forward to consideration in detail, and I hope that the remainder of the debate is respectful of both the sensitive nature of this and other people's deeply personal views on this matter.

Emma VULIN (Pakenham) (13:50): I am pleased to contribute today to speak on the Voluntary Assisted Dying Amendment Bill 2025 and some of the 13 proposed changes. This is a law that is both deeply personal and profoundly important. Firstly, I would like to thank the Minister for Health and her team for all the work they have done to get this bill to the house. I have appreciated the support and information from the minister's team, Dying With Dignity Victoria and Go Gentle Australia, in particular the beautiful Jane Morris.

Eight years ago Victoria made history as the first state in Australia to legalise voluntary assisted dying. It was a courageous step, one that balanced compassion with careful safeguards, ensuring that terminally ill Victorians could face the end of their lives with dignity, autonomy and less suffering. It was a debate that was led by my dear long-time friend the Honourable Jill Hennessy. Today I speak not just as a Victorian but as someone living with motor neurone disease, a progressive and terminal illness. It is a condition that gradually strips away strength, movement and ultimately independence. It does not take my mind, but it does take my body. Like so many others facing this illness, I must look at my future honestly. I may one day choose voluntary assisted dying. That is not a decision that will be made lightly. It is not about giving up; it is about retaining agency over the most personal decision any person can ever make: how they leave this world.

The five-year review gave us a chance to look closely at how the law has been working well and, just as importantly, identify and address problems with the current legislation. Over the past six years more than 1600 Victorians have accessed the VAD pathway. Every single case has involved rigorous checks and multiple medical assessments. The legislation has operated with extraordinary care and oversight, with no evidence of systemic misuse. In addition to the 68 safeguards embedded in the legislation, all VAD cases are reviewed upon completion by the Victorian VAD review board to ensure compliance with legislation.

This framework has provided comfort not just to those who have chosen VAD but to many more who have found reassurance simply in knowing they have the option. For people with illnesses like mine, that reassurance is powerful. It brings peace in the face of something that often feels uncontrollable. I want to share what this means on a human level. MND does not wait. It does not pause out of kindness. It progresses relentlessly and at times insidiously. I have already had to make adjustments to daily life. I have already had to accept help that I would never have imagined needing. In time I may lose my ability to speak clearly, I may lose the ability to move and I may face the kind of suffering that no palliative care measures can fully ease. Knowing that voluntary assisted dying is there means that I, and people like me, can spend less time fearing the end and enjoy the remainder of my life without worrying too much about what the end may look like. It means that if I reach a point where my suffering becomes unbearable, I can make a choice on my own terms of when and where I would like to die, surrounded by the people I love.

Victoria's law was deliberately built with some of the strictest safeguards in the world. Two independent doctors must assess patient eligibility. In cases in which the individual suffers from a neurodegenerative illness, a third assessment by a second neurologist is required to confirm a 12-month timeframe until death prognosis. The person must have decision-making capacity right up until the commencement of the VAD process. The illness must be incurable, advanced and expected to cause death within six months or 12 months for some conditions. The person must act voluntarily, free from coercion. And beyond these clinical safeguards, there is a cultural safeguard: this law respects choice but never imposes it. No doctor is compelled to participate, no family is forced to agree and no patient is pressured to apply. From every aspect, participation by the individual and health providers is voluntary.

In practice the law has not opened any slippery slope. Instead, it has provided dignity, structure and compassion at the most vulnerable time in a person's life. But as this review makes clear, no law remains perfect forever, especially legislation based on societal views. Six years of lived experience gives us an opportunity to refine and improve. It allows us to provide equitable access to VAD for the very Victorians that the act was designed to help.

With only 10 minutes, I cannot cover all 13 proposed amendments, but I will speak to a few key ones. One: remove the gag clause to allow registered practitioners to initiate discussions about VAD with eligible patients as part of holistic health care. This is an important amendment that allows patients with an eligible terminal illness to make informed choices about their options as they face their future. Only a few weeks ago I spoke with a beautiful gentleman, who told me about the painful ending his mother endured with a terminal illness 20 years ago. He then went on to say his father also died a painful death in December 2020. The family were unaware at the time that VAD was a legal option here in Victoria and that it had been in place since June 2019. He said if they had been informed by their medical team, this absolutely would have been a serious consideration for his dad, as he too had watched his wife's passing and feared the end.

Two: amend Australian citizenship and permanent residency requirements to allow people who can demonstrate at least three years of ordinary residency in Australia to access VAD. In June I was contacted by a friend, a remarkable and courageous woman who was nearing the end of her life with MND. She had gotten to the point where life was unbearable. When she decided to seek information about VAD, she quickly learned that even though she had lived in Australia for 50 years, because she was a New Zealand citizen but not an Australian citizen and not recognised as a permanent resident, she was not eligible to access VAD. This was devastating for her, her loved ones and me. May she rest in peace.

Three: update the prognosis requirements to 12 months for all VAD applicants. For people with rapidly progressing conditions, the current timeline can be too slow. Some die waiting. We must ensure the process moves at the pace of the illness, not at the pace of bureaucracy.

Four: remove the requirement for third prognosis assessments for people with neurodegenerative conditions. Importantly, for people suffering from neurodegenerative conditions, like me, this bill will remove the requirement to be assessed by three separate medical practitioners and reduce it to two, in line with other conditions. This one is especially relevant to rural and regional Victorians. Too many Victorians outside metropolitan Melbourne struggle to find doctors who can assess or support VAD applications. Dying well should not be a postcode lottery.

Five: shorten the time period between the first and final requests to access VAD from nine days to five days. Sadly, I have spoken to many families and also witnessed firsthand the issues faced due to the current nine-day period. Lots of people who wish to access VAD do so towards the very end of their life. In some cases people have died waiting for the ninth day to make their final request, or at nine days they no longer have decision-making capability, often due to increased pain relief medication or their body shutting down. This bill will help to address some of these issues and bring Victoria in line with the other states and the ACT. It is only fair that Victorians have the same rights as most of the nation.

Choosing VAD is not about losing hope, it is about shaping hope into something deeply personal: the hope of a peaceful passing, free of unnecessary pain. It is about respecting each person's unique journey. Some will choose palliative care alone. Some will choose to fight for every last breath. Some, like me, may one day choose to say 'enough', on their own terms. Each of these paths deserves equal dignity and respect.

When this Parliament passed the VAD law eight years ago, it did so with courage. It did so because Victorians wanted compassion and autonomy at the end of life. Today, as we reflect on those six years, I urge us not to accept a backward step. Instead, let us build on what we have achieved to ensure every Victorian with an eligible terminal illness is afforded equitable, fair and timely access to choice. I do acknowledge there are different views on this issue, and I respect that. This is not a political issue. It is a profoundly human one.

I do not know how my journey with MND will end, but I do know this: the knowledge that I may have voluntary assisted dying as an option gives me strength. It allows me to live with more peace, to focus on the moments that matter and to spare my loved ones from witnessing my prolonged suffering, which serves no purpose. I am grateful to live in a state where this choice exists, and I hope that through this reform we make it even more compassionate, more accessible and more humane. Let us continue to lead with empathy. Let us continue to honour the dignity of every Victorian facing the end of their life. Let us remember this is an individual choice. I commend this bill to the house.

Business interrupted under sessional orders.

Members

Minister for Government Services

Absence

Jacinta ALLAN (Bendigo East – Premier) (14:01): I wish to advise the house that for the purposes of question time today the Minister for Consumer Affairs will answer questions for the portfolio of government services, the Minister for Equality will answer questions for the portfolios of women and prevention of family violence and I will answer questions for the portfolio of treaty and First Peoples.

Questions without notice and ministers statements

Bail laws

Brad BATTIN (Berwick – Leader of the Opposition) (14:02): My question is to the Premier. Mark, Tenille and their children are victims of crime. They have been left traumatised after young offenders broke into their home this month. One of the youths, despite threatening to shoot his victims, was released on bail. Their experience was so terrifying that the family is now sleeping in a single room. Their teenage daughter is still fearful and cannot understand how someone can break into their home and be granted bail. How is it that under this government's bail laws youth offenders can break into homes, threaten to shoot their victims and be granted bail?

Jacinta ALLAN (Bendigo East – Premier) (14:03): Firstly, in responding to the Leader of the Opposition's question, can I acknowledge the family that he referred to in his question and extend my sympathy to them, because clearly, as he has articulated to the house, they have had an incredibly traumatic and difficult experience. That is, I think, as we have seen for other Victorians, an experience that does cause trauma, and it is through listening to victims of crime and hearing their experiences, and also understanding that crimes like this are causing concern across the Victorian community, that as a government we have made a number of important changes, including strengthening the bail laws. And we are seeing, as a result of those stronger bail requirements, an increase in the number of people on remand and therefore people in jail, not out on bail. So in terms of the intention of the passing of that legislation through this Parliament, we are seeing more people on remand, not on bail. But it is also to note –

James Newbury: On a point of order, Speaker, on relevance, this question was about offenders who actually are on bail.

Mary-Anne Thomas: Speaker, on the point of order, there clearly is no point of order. The Premier was being entirely relevant to the question and addressing the issues that were raised by the Leader of the Opposition. I ask that you rule the point of order out of order and let the Premier get on with answering the question.

The SPEAKER: The Premier was being relevant to the question that was asked.

Jacinta ALLAN: Indeed, as I was saying, the changes that have been made in strengthening the bail provisions have seen a 46 per cent increase in the number of young people who are in remand, not out on bail. But I have also acknowledged – the government has acknowledged – through continuing to listen to the experiences of victims of crime, listening to the Victorian community and taking our advice too from Victoria Police, that we need to continue to do further work. Victoria Police are undertaking that work with the transformation that is being led by the chief commissioner to see more police on the streets to support a driving down, as he has identified it, of the offence rate.

Also we know that there needs to continue to be that work on looking at consequences for this repeat, brazen, violent offending that is causing such concern in the community, but also we understand that there does need to be further work on measures to stop this sort of violence before it starts, which is why supporting the work of Victoria Police is important and also the work that we are doing across government, with more resources in our education settings, in our child protection settings and in our TAFE settings to support young people away from this behaviour in the first place.

Brad BATTIN (Berwick – Leader of the Opposition) (14:06): The Premier has said that she will continue to listen to victims of crime. Mark and Tenille are in the gallery; they have come to see you. Will the Premier commit to meeting them immediately after question time?

Jacinta ALLAN (Bendigo East – Premier) (14:07): In acknowledging that there are members of the family that the Leader of the Opposition referred to in the gallery today, I hope they can see from my answer to the first question that I have conveyed my deep concern for the trauma that they have experienced, which is deeply unacceptable. I will continue to listen to victims of crime. In answering the Leader of the Opposition's question, I wish to say this: I know it is inappropriate to acknowledge the gallery, but I think the Leader of the Opposition knows well that I actually will be speaking on the voluntary assisted dying bill when question time has concluded. If there is not the opportunity to meet with the family today, I apologise for that, because there are requirements for me to be in the house.

Ministers statements: West Gate Tunnel

Jacinta ALLAN (Bendigo East – Premier) (14:08): From 6 am yesterday motorists drove for the first time across the new Wurundjeri Way extension. This is the first city bypass that has been built in over 25 years. Every day thousands of motorists will have the opportunity to take in the panoramic views that a number of us, including the minister for roads, the Minister for Transport Infrastructure and, let me get this right as there were a number of members of Parliament, the members for Point Cook, Werribee – who have I left out? – Tarneit and Laverton, had the opportunity to on Sunday morning. They will also have a smoother, toll-free trip around the CBD. This is a road connection that is going to make a big difference. There will be fewer cars on the thoroughfares of Spencer and King streets, and also that means less time being stuck in traffic for families in places like Footscray or Yarraville. This of course is another big step towards the opening of the West Gate Tunnel, a project that is going to change substantially the way people move through and around our city, cutting travel times, taking thousands of trucks off local roads and giving people, whether they are in the inner, middle or outer west or the western regions of our state, the connections they need.

While we are cutting time for people travelling in their cars, there are some who want to cut a whole range of other things, because of course they have a $10.8 billion hole and no plan to fill it.

James Newbury: On a point of order, Speaker, ministers statements are not an opportunity for sledging.

Jacinta ALLAN: On the point of order, Speaker, I simply refer the Manager of Opposition Business and former Shadow Treasurer to the fact that I had not mentioned any particular identity of an individual who was doing this, so I have not offended the standing orders in any way.

The SPEAKER: There is no point of order.

Jacinta ALLAN: Whilst we are working hard to invest in the things that support families, there are some who want to make things harder for those families. But of course we have seen this before: cuts to TAFE, to hospitals. The difference could not be clearer. It is only a Labor government –

Members interjecting.

Jacinta ALLAN: I will come to that. It is only a Labor government that is going to keep building the state and investing in jobs and the frontline services that Victorians deserve.

Bail laws

John PESUTTO (Hawthorn) (14:11): My question is to the Attorney-General. The young offender who broke into Mark and Tenille's home was granted bail despite threatening to shoot his victims if released. Is this what the Attorney-General means when she says 'in every bail decision community safety is of overarching importance'?

Members interjecting.

The SPEAKER: The member for Mordialloc is warned. Other members are on notice.

Sonya KILKENNY (Carrum – Attorney-General, Minister for Planning) (14:11): I thank the member for Hawthorn for his question, and I acknowledge in his question that, yes, community safety is of overarching importance in all bail decisions, and I remind everyone here that no-one who poses an unacceptable risk to community should be getting bail. That is the matter for our courts, who have before them the case to hear and all of the facts and circumstances before them. I think it is very important to remind members here and everyone that community safety is of overarching importance in every single bail decision, as is absolutely appropriate. No-one should be committing violent crime in this state, and everyone has the right to live free from harm, intimidation, harassment, incitement, vilification. It is the Allan Labor government that works hard every day to ensure that we have in place the laws that do put community safety first in all bail decisions. It is the Allan Labor government that has put in place laws to stop posting and boasting, to implement the first national ban on machetes, to ensure –

James Newbury: On a point of order, Speaker, the Attorney is debating the question. This went to alleged offenders that threatened to shoot and were let out on bail.

The SPEAKER: Order! I ask the Manager of Opposition Business not to use his points of order to make statements to the house. In terms of the debating of the question, the Attorney-General was not debating the question.

Sonya KILKENNY: I was actually going through the list of reforms that we have introduced just this year that go to show that we put community safety first – that we put the safety of our community as a priority of this government. But as we have heard from Victoria Police and the Chief Commissioner of Police just recently, we are seeing a new kind of violent crime increasingly being committed by children, and Victoria Police and the chief commissioner have been very clear that this is a new kind of crime that requires a new kind of intervention. That is exactly the work that Victoria Police has committed to doing. The chief commissioner has been clear, with a new-look police that is going to put more police out on the streets to prioritise crime prevention.

Members interjecting.

The SPEAKER: Order! The member for Nepean can leave the chamber for half an hour.

Member for Nepean withdrew from chamber.

Sonya KILKENNY: We will support and back in our commissioner of police and Victoria Police. We recognise and acknowledge the incredible work they do every day to keep our community safe. We will continue to work with Victoria Police. We will continue to support Victoria Police in their important work.

John PESUTTO (Hawthorn) (14:15): Last week the Attorney-General said:

> It is important that the voices of victims are heard and are listened to and are acted upon …

Mark and Tenille want the Attorney-General's weak bail laws fixed. Will the Attorney-General listen to Mark and Tenille?

Tim Richardson interjected.

The SPEAKER: The member for Mordialloc can leave the chamber for half an hour.

Member for Mordialloc withdrew from chamber.

Sonya KILKENNY (Carrum – Attorney-General, Minister for Planning) (14:15): As I have said, the voices of victims are extremely important in this conversation, in the work that we are doing, in all of the reforms that we have brought in, significant reforms we have brought in to our bail laws this year, but not just our bail laws – significant reforms that go to the very issue of community safety, putting victims first and ensuring that they have a voice in all of this too. We have introduced significant reforms this year, and we know that they are having an impact. Those significant reforms to our bail laws are having an impact. The facts speak for themselves. A 46 per cent increase – I keep repeating this number, it is significant – in the number of young people and children on remand, a 100 per cent increase in the – *(Time expired)*

Ministers statements: West Gate Tunnel

Gabrielle WILLIAMS (Dandenong – Minister for Transport Infrastructure, Minister for Public and Active Transport) (14:16): On Sunday we announced the opening of the brand new Wurundjeri Way extension, the first road to open as part of the West Gate Tunnel project and of course, as the Premier just outlined, the first city bypass to be delivered in about 25 years. The road provides a new connection from Melbourne's west to the southern part of the city and will take thousands of cars off busy city streets, including in particular Spencer Street and King Street.

Good governments build for the future. They build projects that cater to growing communities and changing needs. That is why we have got on and built the West Gate Tunnel – to serve one of the fastest growing areas in our nation. While Labor builds, the Shadow Treasurer and her team are planning on ripping $10.8 billion out of the budget, and $10.8 billion in cuts means no roads investment, it means no rail investment and it means sending Victoria backwards. When we do that not only do we harm the economy but Victorians suffer from those decisions.

The West Gate Tunnel not only delivers time savings for those in the west but has created over 6000 jobs. But it almost did not happen, because the Liberals tried to block it.

Jacinta Allan interjected.

Gabrielle WILLIAMS: Absolutely, they teamed up with the Greens. They voted against building Wurundjeri Way. They voted against building the West Gate tunnels, they voted against the veloway and against the upgrade of the West Gate Freeway. They voted against thousands of trucks off local streets. They voted against 6000 jobs for Victorians. Labor builds; those opposite block. I am very proud to stand here and say the West Gate Tunnel is looking very close to being finished, just like the Leader of the Opposition.

Crime

James NEWBURY (Brighton) (14:19): My question is to the Attorney-General. Recently the Deputy Premier called for a zero-tolerance approach to violent crime, saying, 'Kids who commit violent crime should face time.' Given the remarks of the Deputy Premier, is this zero-tolerance approach now government policy?

Sonya KILKENNY (Carrum – Attorney-General, Minister for Planning) (14:19): Is there job-sharing going on on the other side? I am not sure what is going on. Anyway, I thank the member for his question. It is a serious question. This goes to prevention of crime in this state and keeping our community safe. The difference again: we on this side of the house are aligned; we are not reckless and we are not divisive. We are aligned: community safety must come first.

Members interjecting.

The SPEAKER: Member for Bulleen, this is your last warning.

Sonya KILKENNY: Community safety must come first, which is why, in our very first tranche of bail reforms, that is exactly the principle we made to be of overarching importance in all bail decisions.

James Newbury: On a point of order, Speaker, on relevance, this question went directly to the Deputy Premier's call for zero tolerance, and I would ask you to bring the Attorney back to that question as to whether it is now government policy.

The SPEAKER: I cannot direct the Attorney how to answer the question, but I do remind the Attorney of the question.

Sonya KILKENNY: I was being directly relevant to the question. We have introduced the toughest bail laws in this nation because no-one should be committing violent crime or crime of any form in this state at all. As I have said before, everyone has the right to live free from crime, and that is why we have introduced two significant tranches of bail reforms that are having a significant impact.

James Newbury: On a point of order, Speaker, the Attorney is defying your ruling.

Mary-Anne Thomas: Speaker, there is no point of order. Firstly, you did not make a ruling and, secondly, the Attorney-General, on her feet, is being responsive to the question that was asked of her. I ask that you ask the opposition to settle down and listen to the answer being given by the Attorney-General.

The SPEAKER: Member for Brighton, I repeat: I cannot tell the Attorney how to answer the question, but I do remind the Attorney of the question.

Sonya KILKENNY: In being entirely relevant to the question, I was taking the member through the significant bail reforms that we have already made this year to ensure that community safety is the overarching principle in all bail decisions, that remand for children as a last resort has been removed, that bail breaches have now been included as an offence, that further work –

James Newbury: On a point of order, Speaker, you have asked the Attorney to come to the question twice. I can understand why she does not want to, but I would say for a third time that it would only be reasonable to bring her to the substance of the actual question.

The SPEAKER: Order! Member for Brighton, I ask you to be succinct with your points of order. I again repeat that I cannot tell the Attorney how to answer the question. Attorney, the question went to zero tolerance. I ask you to come back to the question.

Sonya KILKENNY: The member for Brighton is quick to accuse others of gaslighting, but there is a bit of gaslighting going on here.

James Newbury: On point of order, Speaker, I am very concerned. If I can seek your guidance, you have now three times asked the Attorney to come to the question, including by having re-read the question and directing her to the substance of the question. If the Attorney refuses to go to the question, perhaps she should sit down.

The SPEAKER: Member for Brighton, that is not a point of order. Attorney, I ask you to come back to the question.

Sonya KILKENNY: I have already said that I am being directly relevant to this question. No-one should be committing crime or violent crime in this state, and I am now taking the member through all of the reforms that we have made in relation to bail laws. I was about to take the member through all of the other reforms that we have also made that indicate the work this government is doing to address crime and to address community safety in this state. I keep getting interrupted.

James Newbury: On a point of order, Speaker, the Attorney is filibustering. You directed her to the zero-tolerance element of the Deputy Premier's comments. You have directed her to that, and I would ask you now for the fifth time to actually deal with the substance of the question.

Mary-Anne Thomas: Speaker, there is no point of order. Indeed the Manager of Opposition Business is repeatedly misrepresenting you and the advice that you have given to the minister on her feet. I ask that you rule these pointless points of order out of order and let the Attorney-General get on with answering the question.

The SPEAKER: I again repeat that I cannot tell the Attorney how to answer the question.

Sonya KILKENNY: The member for Brighton asked about our approach to community safety in this state. I was taking the member through our changes to bail laws, as well as all of the other reforms that we have undertaken this year to address community safety, including electronic monitoring of –

James Newbury: On a point of order, Speaker, numerous Speakers have ruled that when a minister responds to a question they cannot use it as an opportunity to respond generally and must deal with the substance of the question. I appreciate, of course, your ruling that you cannot direct a minister how to answer, but I would put to you that the minister is deliberately being evasive to avoid answering the question and being general to be evasive of the question that was asked because she is embarrassed about the Deputy Premier's comments.

The SPEAKER: There is no point of order. The Attorney has concluded her answer.

James NEWBURY (Brighton) (14:27): The Deputy Premier also said more needed to be done to ensure judicial decisions were meeting community expectations. Why aren't judicial decisions meeting community expectations under this Labor government?

A member interjected.

Sonya KILKENNY (Carrum – Attorney-General, Minister for Planning) (14:27): I will not say that again, but the member for Malvern would not have asked this question and recognises that there is separation of powers, and rightly so.

James Newbury: On a point of order, Speaker, on relevance, the Attorney only a month ago boasted about writing to all the judiciary. She boasted about it and now she is talking about separation of powers.

The SPEAKER: Order! That is not a point of order, member for Brighton. I again remind members that a point of order is not an opportunity to make a statement to the house.

Sonya KILKENNY: It is an important tenet of our system that we do have separation of powers here in Victoria. The changes that we have made to our bail laws are about community safety and the overarching importance of community safety in every bail decision. I have made it clear that that is my expectation, and I have made it clear that that is the community's expectation. We expect our courts to apply the law in that way. We are seeing the courts apply the law in that way purely based on the numbers. We are seeing a 46 per cent increase in the number of children on remand.

Ministers statements: planning policy

Sonya KILKENNY (Carrum – Attorney-General, Minister for Planning) (14:29): I rise to update the house on how the Allan Labor government is delivering the biggest shake-up to our planning system in decades, building a modern, fair and efficient system shaped by *Plan for Victoria*. For too long our planning system has been stuck in the past – slow, complex and holding back the homes Victorians desperately need. Right now it takes, on average, 140 days to get a planning permit.

James Newbury interjected.

The SPEAKER: Order! The member for Brighton is warned.

Sonya KILKENNY: If there is an objection, that can blow out to 300 days. That is months of delay, keeping young people, renters and families locked out of the housing market. Victorians deserve better. That is why we are reforming our planning system to be modern and fit for purpose and to cut red tape, speed up approvals and get more homes built faster. We will have three clear approval pathways because a single home should never be treated the same as a multistorey apartment complex. Ten days for single homes and duplexes, 30 days for townhouses and 60 days for larger apartment buildings means less waiting, more certainty and more Victorians getting the keys to their homes sooner.

We are also introducing commonsense appeal rights. At the moment Victoria has the broadest third-party appeal rights in the country, meaning anyone from anywhere can hold up a planning permit. That is not fair, and it is not sustainable. We are making it easier for councils to update local planning rules so small fixes can happen quickly, while bigger changes still get the proper scrutiny. Together these changes are expected to unlock more than $900 million in economic value each year and help deliver thousands more homes for Victorians. While we are delivering solutions, those opposite are too busy fighting each other. The opposition are so hopelessly divided –

James Newbury: On a point of order, Speaker, ministers statements are not an opportunity to sledge the opposition, especially when the minister blocked one in her own electorate.

The SPEAKER: Order! Member for Brighton, I have cautioned you several times about making statements with your points of order. The Attorney to come back to the ministers statement.

Sonya KILKENNY: Only the Victorian Labor government is on Victorians' side, getting on with better decisions made faster to build more homes for more Victorians.

Community health services

Ellen SANDELL (Melbourne) (14:31): My question is to the Minister for Health. Ten days ago our communities received the devastating news that our community health centres in Kensington, Collingwood and Fitzroy will close their GP and counselling services or close their doors entirely. This will hit the most vulnerable in our community the hardest, particularly public housing residents and people with complex health needs. Over 12,000 people will be affected. Now they will either not get adequate health care, because we simply do not have enough bulk-billing GPs, or be pushed into the already overrun hospital system. Evidence shows that for every $1 the government invests in community health services $14 is saved in other areas of the health system. Community health funding is a joint responsibility between state and federal governments. Minister, will the state Labor government step in with urgent funding to save our community health centres from closing?

Mary-Anne THOMAS (Macedon – Leader of the House, Minister for Health, Minister for Ambulance Services) (14:32): I thank the member for Melbourne for her question, which I welcome. The Allan Labor government has always backed in our 23 independent community health centres. They are an extraordinarily valuable part of our health service system and operate right across this great state of Victoria. Of course our community health centres receive funding from a range of sources. They receive state government funding; indeed $188 million is invested by our government. They receive funding from the federal government. In some instances they receive funding from local government, and some community health services also receive philanthropic funding for particular programs.

I want to thank Cohealth, who I know strive to meet the needs of some of Victoria's most vulnerable patients. But I want to be clear: the decision that has been taken by Cohealth in relation to the GP clinics reflects their concerns about the adequacy of the Medicare payment as it relates to long consults for some of their most complex patients. I have worked closely with Cohealth, indeed with the CEO

Nicole Bartholomeusz, who I know very well and have very high regard for. She is an amazing leader in our health service system. Working with her I have advocated to the federal government. I have written to the federal minister Mark Butler, and as a consequence of that the federal department of health and aged care officials are working with my officials and indeed with Cohealth.

But I want to be clear: primary health care funding is a federal government responsibility. Yet no state or territory government has done more in primary health than us. Under a former Liberal–National government that trashed Medicare, we were required to step in and open urgent care clinics in order to meet the unmet need for primary health care during the COVID time, and indeed we continue to support those urgent care clinics. In response to the member for Melbourne, our government will work with the federal government and with Cohealth and aim to find a way through here to address the gap in Medicare funding that Cohealth are receiving.

Ellen SANDELL (Melbourne) (14:35): I thank the minister for that response and thank her for being engaged on this issue. I understand there is a federal element to this funding, but there is also a state element. The community health sector have been raising the alarm for many years about insufficient funding at both the state and federal government level putting their services at risk and not being adequate to meet the need. For example, only 0.3 per cent of the state Labor government's health infrastructure funding is spent on community health services, even though they deal with some of the most complex cases and keep people out of hospital, which obviously saves the state government money. Infrastructure Victoria recently recommended the state government increase this to 3 per cent to better fund these services. Will the minister commit to increasing community health service infrastructure funding to 3 per cent of health infrastructure funding as recommended?

Mary-Anne THOMAS (Macedon – Leader of the House, Minister for Health, Minister for Ambulance Services) (14:36): Thank you again to the member for Melbourne for the supplementary question. Community health centres have always been eligible to apply for funding through both our Regional Health Infrastructure Fund and our Metropolitan Health Infrastructure Fund, and indeed we have supported a range of community health infrastructure projects in the time that we have been in government. We will continue to work with our community health service providers in order to ensure that they can continue to deliver vital care. In terms of that infrastructure investment, as I have said, they have always been eligible to apply for those programs. But, again, we need to remember that community health was established by the Whitlam Labor government back in 1972, and here in Victoria we have continued to support those centres and we always will.

Ministers statements: fuel prices

Nick STAIKOS (Bentleigh – Minister for Consumer Affairs, Minister for Local Government) (14:37): Victorians are sick of playing fuel price roulette – one price on the way to work, a totally different one on the way home, and somehow it is always higher. We are putting a stop to that game. Under the Allan Labor government's fair fuel plan every fuel retailer in Victoria is now required to report their fuel prices in real time, and inspectors from –

James Newbury: On a point of order, Speaker, I draw your attention to the anticipation-of-debate rule. The matter raised by the minister is directly dealt with in the bill, and this is clearly an anticipation of debate.

Mary-Anne Thomas: On the point of order, Speaker, I believe that the minister on his feet is talking about an app that is related to a project of this government, which is not part of the bill and is therefore not anticipating debate.

Danny O'Brien: On the point of order, Speaker, the minister specifically said 'under the Allan Labor government's plans, fuel retailers are now required to'. That is directly related to the bill that has not even yet been debated.

The SPEAKER: I remind the minister about pre-empting debate on legislation. Be very careful in your ministers statement.

Nick STAIKOS: There are more than 2 million Victorians on the Service Victoria app, and I would hazard a guess that every Victorian in this chamber is on the Service Victoria app. I invite those opposite to open up the Service Victoria app. There is a tab at the bottom of the home page, Servo Saver, and those opposite will be able to map out their route home from work and actually get the best possible fuel deal just at the touch of a button. I would also point out that this is the only fuel comparison app available where every retailer is required to report their fuel prices.

This is backed up by data from the ACCC. Data from the ACCC indicates that Victorians stand to save hundreds of dollars a year just by using Servo Saver, and that is real cost-of-living relief – money back in the pockets of workers and their families. When we announced this plan earlier in the year, the Leader of the Opposition put out a statement describing it as anti-competitive and desperate politics. On this side of the house we call it giving Victorians a fair go, and we will always back the interests of Victorians ahead of serving the interests of fuel giants.

Fire services

Danny O'BRIEN (Gippsland South) (14:41): My question is to the Minister for Environment. How many of the 290 forest fire management G-Wagon firefighting appliances recently taken offline due to a fault cannot be repaired and will be written off?

Members interjecting.

The SPEAKER: The member for South-West Coast is warned.

Steve DIMOPOULOS (Oakleigh – Minister for Environment, Minister for Tourism, Sport and Major Events, Minister for Outdoor Recreation) (14:41): I thank the member for his question. He tried this last time, and my answer to his question is that Forest Fire Management Victoria have all the resources they need. It is our priority to keep them safe, and we keep them safe by making sure that their fleet is safe. That happens every year, all year round, and there is no difference this year.

Danny O'BRIEN (Gippsland South) (14:42): Tony is a CFA captain in eastern Victoria who is fighting to keep all of his brigade's appliances in his town rather than having to loan them to forest fire management. Given the need for the CFA to maintain surge capacity and the requirement to properly resource forest fire management with appliances, when will the FFM have its fleet fully replaced and operational?

Steve DIMOPOULOS (Oakleigh – Minister for Environment, Minister for Tourism, Sport and Major Events, Minister for Outdoor Recreation) (14:43): There are two things on this. The first is that forest fire management have the resources they need right now to tackle bushfires, and they will be absolutely prepared for fire season.

Danny O'Brien: On a point of order, Speaker, on the question of relevance – I am jumping in early so that the minister does not sit down and not answer the question again – the question is: when will they be fully operational?

The SPEAKER: The minister has only been on his feet for 20 seconds. The minister to come back to the question.

Steve DIMOPOULOS: I said that Forest Fire Management Victoria will be fully prepared for bushfire season. I would have thought that would be an answer for the member. Point number 1: fully prepared. Point number 2 is that we have invested in forest fire management. I have enormous respect for their work every single day of the year, not just in bushfire season. Like I said last sitting week, 1000 kilometres of strategic fuel breaks they have maintained just this year – all the preparatory work. To draw some correlation of CFA and FFMVic – in other words, one depending on the other – they do that every day of the year too. They depend on each other.

Ministers statements: education policy

Ben CARROLL (Niddrie – Minister for Education, Minister for WorkSafe and the TAC) (14:44): I rise to inform the house about some of the education policies that are being discussed in our state. As the minister, I often hear a lot of good ideas coming through. We know on this side of the chamber that we are the party of education and the party of the light on the hill. We are very proud about that. But since there has been a reshuffle, the ideas factory has been well and truly at work. It is nice to see that they are producing ideas, but they are still not doing their homework. We saw the new Shadow Assistant Minister for Education, Mrs Hermans in the other place, wrote an opinion piece only two weeks ago saying that within classrooms distracting mobile phones should be banned. That was two weeks ago. I have reminded Mrs Hermans we did that five years ago. It gets better; there is more. Only a few more weeks ago Mrs Hermans was behind the typewriter, out writing good policy, getting ready for the next election, and she said the Victorian government should back mandated synthetic structured phonics. I wrote back to Mrs Hermans. We have not only backed it, we have mandated it. Speaker, as you have already ruled, we should never pre-empt debate, but I am already pre-empting the next policy idea out of Mrs Ann-Marie Hermans. I reckon she is going to come up with the idea that education should be free, should be secular and should be compulsory.

Constituency questions

Gippsland South electorate

Danny O'BRIEN (Gippsland South) (14:47): (1339) My question is to the Minister for Emergency Services. I ask her to explain to my constituents how the fire danger period is set by the CFA. We have recently had new fire danger periods set, and I have a number of constituents from South Gippsland who are concerned that they are already in the fire danger period as of Monday this week – yesterday. There has been quite a wet and very windy period, and many farmers are concerned that they have not been able to undertake fuel reduction burning and to clean up fallen trees and limbs. They are perplexed as to why South Gippsland is already under restrictions but Bass Coast, right next door, where it has been pretty dry too, is not. Certainly it has been dry. I understand that the CFA have a process, including talking to their local brigades about current conditions, but my constituents would appreciate a better explanation of how the process works and who makes the decisions.

Bayswater electorate

Jackson TAYLOR (Bayswater) (14:48): (1340) It was great to get out and officially open the new Bayswater Library in its new and refurbished location down the back of Mountain High Shopping Centre on the ground floor. A big thankyou to the Minister for Local Government for coming out and officially opening it with Knox council, Your Library and a range of important stakeholders. My question is to the Minister for Local Government. I would like to know how many people have visited the Bayswater Library since it opened its doors a number of weeks ago. It is a spectacular new space, refreshed with spaces for young people and people of all ages. There are magazines about knitting there as well, which I thought was quite niche, but funnily enough, someone was actually taking some of those magazines and borrowing them when we were there opening. I thought, well, there is at least one for it. It is going to be a place that locals will enjoy for many, many years to come. I am proud that the Allan Labor government were part of the partnership to help deliver that fantastic space – 40 per cent bigger than the last one. I look forward to the minister's response.

Nepean electorate

Sam GROTH (Nepean) (14:49): (1341) Recently – and I will say any funding commitment towards Rosebud Hospital is welcome – the Minister for Health was down at Rosebud Hospital making a commitment for some changes to the emergency department and some ventilation. As part of her media release in regard to that announcement the Minister for Health said:

> The hospital provides a range of health services including emergency care, planned surgeries as well as range of community-focused programs.

My question to the Minister for Health is: how is Rosebud Hospital delivering planned surgeries when the theatres have been closed for a number of years now?

Mulgrave electorate

Eden FOSTER (Mulgrave) (14:50): (1342) I would like to direct my constituency question to the Minister for Public and Active Transport and Minister for Transport Infrastructure. How many passengers who will use Springvale and Sandown Park stations in my electorate of Mulgrave will benefit from the introduction of the Metro Tunnel and frequency improvements on the Cranbourne–Pakenham line? I would also like to congratulate the minister for the work she has done on this project and note that I speak to locals every week about how excited they are for the opening of this project. Having seen four of the five Metro Tunnel stations, I too am very excited for the opening.

Kew electorate

Jess WILSON (Kew) (14:50): (1343) My question is to the Minister for Roads and Road Safety. In January last year Nitin Prabhu was tragically killed while riding his e-bike when another e-bike user collided with him on Mont Albert Road in Balwyn. Nitin was a devoted and loving father and husband, and his family continue to deeply grieve their loss. Coroner Audrey Jamieson investigated Nitin's death and found the other e-bike rider involved in the collision was riding aggressively, and described the current set of regulations for e-bikes as 'suboptimal'. She has called for stronger regulation of e-bikes in her findings into the circumstances of Nitin's death. Minister, on behalf of Nitin's widow Soni, I ask if your department has now reviewed the recommendations by the coroner and, if so, when will you act to improve e-bike safety for users?

Glen Waverley electorate

John MULLAHY (Glen Waverley) (14:51): (1344) My question is to the Minister for the Suburban Rail Loop. How is the Allan Labor government supporting the Glen Waverley community as works ramp up on the Suburban Rail Loop? The SRL East is powering ahead. Major construction is now underway, with more than 3000 people working on the project as we gear up for tunnel-boring machines to arrive imminently and tunnelling to begin next year. Just last week I joined the minister to announce the preferred bidder that will now be party to negotiations to build the SRL underground stations at Glen Waverley, Burwood and Box Hill. While construction continues to ramp up, the Suburban Rail Loop Authority are working to strengthen the local community by developing and delivering bespoke support. The Community Projects Fund presented yet another opportunity for the Suburban Rail Loop Authority to support the Glen Waverley community, from local groups seeking funding for new sports equipment and upgraded club facilities to improving the local shopping precincts. It has been a pleasure to support many of these applications. I thank the minister in advance for her response.

Mildura electorate

Jade BENHAM (Mildura) (14:52): (1345) My constituency question today is for the Minister for Local Government, and it comes from the Yarriambiack Shire Council and a ratepayer that contacted them. Why is the pensioner rebate on rates notices not also increased accordingly like taxes and charges on his rates notice? This concerned ratepayer noted that the pensioner rebate, which is capped at $266 annually, has not been adjusted accordingly to match the rising cost of living. He was particularly concerned about the rise in his emergency services tax and, along with other charges, taxes and increases, his rates notice had gone up by around $200. He expressed concern that this increase significantly exceeded the corresponding pensioner adjustment and further noted that the emergency services rebate remained unchanged at $50, despite an 18.2 per cent increase in his overall charges. So we ask the minister: why is the pensioner rebate not increased?

Preston electorate

Nathan LAMBERT (Preston) (14:53): (1346) My question is for the Minister for Housing and Building, and my question is: in the context of supported or social housing, what rights and protections are available to people who have a neighbour with complex needs that are contributing to distressing or unsafe behaviour? I think many of us in this place know the very difficult situation where someone is enjoying their peaceful home and then, for whatever reason, they end up with a neighbour who can be very aggressive, who may be very loud, who keeps them awake at night, who keeps their children awake at night, who possibly makes threats and who generally makes their home life unbearable. People are often surprised to find that they have limited rights in that situation, and unfortunately we have seen some people who have simply had to move home as a result. But before they do that, they often ask the relevant landlord, if the neighbour is a renter, if they can take some responsibility for the situation, and in circumstances where that landlord might be the state government or a community housing operator, we ask our question in the hope that the minister can provide some advice on what that process would look like and how people may take some steps to ensure their families' safety.

South-West Coast electorate

Roma BRITNELL (South-West Coast) (14:54): (1347) My constituency question is to the Minister for Environment. When will my community in South-West Coast see construction begin on the promised wildlife hospital and see its doors open to support the carers and the land, coastal and marine animals who desperately need it? In 2023 the government committed $4.7 million to establish this vital facility, yet more than two years later there is no timeline, no consultation and no visible progress. Meanwhile the Allan Labor government has just announced a new wildlife hospital for Kyabram Fauna Park, backed by $2 million. That is welcome, but so is a timeline for the wildlife hospital project in South-West Coast. Our region is home to some of the most dedicated wildlife carers in the state. Places like Mosswood Wildlife are doing amazing work under immense pressure. They need real support, not just promises. This better not be another broken promise.

Cranbourne electorate

Pauline RICHARDS (Cranbourne) (14:55): (1348) My question is to the Minister for Public and Active Transport. How much time will be saved by my constituents when Parkville station opens later this year? The Minister for Public and Active Transport recently visited Cranbourne to celebrate the imminent opening of Melbourne Metro and to chat about free public transport – coming soon. I am particularly conscious of all the constituents in my electorate who this will help, and I would like to acknowledge our extraordinary healthcare workforce. With indulgence, I would like to take the opportunity to congratulate the new secretary of the Australian Nursing and Midwifery Federation Maddy Harradence and her team on their recent resounding election. In addition to our healthcare workforce, I also know our students attending Melbourne Uni are eagerly awaiting the big switch. They are rapt. I look forward to the minister's response.

Bills

Voluntary Assisted Dying Amendment Bill 2025

Second reading

Debate resumed.

Brad ROWSWELL (Sandringham) (14:56): I rise to address the Voluntary Assisted Dying Amendment Bill 2025. In doing so, I would like to thank a number of people, especially my colleague in the other place Ms Crozier, the Shadow Minister for Health, for her leadership and carriage of this bill from an opposition perspective. I would like to thank my colleagues and stakeholders who have engaged in a meaningful but also respectful way, and I thank the Office of the Chief Parliamentary Counsel and the clerks for their guidance as well.

My framework for undertaking consideration of this bill and of these matters is reasonably straightforward in my view. My starting point is this: every Victorian, in my view, deserves to be loved, to be valued and to be respected. While I acknowledge there are deeply held views on this matter, I have formed the view myself that the majority of government amendments proposed in this bill do not have my support. I have a number of evidentiary points to convey during this contribution.

Firstly, I believe that the government's consultation was not as comprehensive as it could have been. The terms of reference for the triggered five-year review under the existing legislation, the Voluntary Assisted Dying Act 2017, did not include consideration of changes to legislation. In fact the Victorian government at the time made it clear that as this legislated five-year review is operational, it is not considering changes to the legislation itself. In practice this means that many respondents to the review will not have had the opportunity to offer views on potential legislative changes. The review itself makes no recommendation for legislative change. In fact possible amendments are raised only in the addendum to the review, based solely on the feedback of a proportion of respondents who made submissions outside the review's initial terms of reference.

The government's proposed legislative changes are therefore, in my view, neither supported by their own review nor based on the submissions of all participants to that review. The Department of Health has undertaken this consultation, in my view, in some haste, offering respondents just two weeks to respond to what amounted to some very vague descriptions of proposed changes that could have far-reaching consequences for many Victorians. Given the magnitude and seriousness of what is being proposed, I believe it is appropriate that any changes be carefully and thoughtfully examined. Any proposed amendments should be first published as an exposure draft to allow thorough public consideration and debate, particularly given the many participants in the review who were not invited to comment on potential legislative changes.

I am grateful, as I mentioned at the start of the engagement, for a number of stakeholder groups, including Palliative Care Victoria. They have provided a submission to the opposition and have outlined a number of their key concerns, including use of non-accredited interpreters and culturally accessible interpreters; prognosis clarity and timing of eligibility; face-to-face specialist requirements and rural access; removal of practitioner experience requirements and a number of other matters. It is in that light that I, under standing orders, wish to advise the house of amendments to this bill and request that they now be circulated.

These amendments are in relation specifically to palliative care. Although one of the government's amendments in the bill inserts a new section 8 specifically referencing that a practitioner must take reasonable steps to ensure the person knows that palliative care options are available to them and palliative care is also mentioned by the minister in their second-reading speech and the bill's statement of compatibility and frequent and specific references are made in the government's information pack for MPs, I am advised by the clerks that one of my proposed amendments is in fact out of scope of the bill. As a remedy to that I have been advised by the clerks that at the commencement of the consideration-in-detail stage I will be required, if I choose to proceed with these amendments, to seek leave for the scope of the bill to be extended to include palliative care in relation to two elements, being funding and access – two very important things which I believe should be considered as part of the conversation underway in the chamber today. I think that it should have been mentioned in the principles section of the bill, and that may be an omission on the part of the government. All the same, I alert the house to my intention to move that amendment at that stage.

I also wish to note, in addressing matters relating to palliative care, that at both the 2018 and 2022 state elections I was very proud to be part of an opposition or alternative government team which proposed quite a significant uplift in funding for palliative care in this state, acknowledging that your postcode should not determine the health care that is provided to you, acknowledging that there are practitioners within the palliative care space that do their very best in an under-resourced environment and acknowledging that regional communities are disproportionately impacted by a lack of funding and therefore a lack of access.

The 2024–25 Voluntary Assisted Dying Review Board annual report, on page 7, revealed that 39 per cent of all VAD applications in Victoria come from applicants living in rural or regional areas, even though only 25 per cent of Victorians live in rural or regional areas. One perspective on the gap in those statistics is that in regional Victoria accessibility to palliative care options is in fact not an option. Further, it is important that additional funding be provided for such treatment.

In 2017 when the threshold question was asked and answered in relation to voluntary assisted dying, the government at the time announced a package that provided some $9 million a year in ongoing palliative care funding, but that was compared to the $65 million a year minimum that at the time Palliative Care Victoria estimated was needed. I contend at this point in time that that disproportionate amount of funding has continued to our present day.

In anticipation of the consideration-in-detail stage, there are a number of concerns that I have in relation to amendments proposed by the government, in relation specifically to the government's specifications on information about voluntary assisted dying, which practitioners opposed to voluntary assisted dying must provide; the allowing of any registered health practitioner to initiate a discussion about voluntary assisted dying; clause 8, in reference to extending the time-based prognosis to death from six months to 12 months; specifically in relation to clauses 8 and 9, which amend residency requirements; clause 10, which references the reduced standards for coordinating and consulting practitioners; clauses 11, 19 and 49, relating to the exclusion of practitioner conflict of interest, which in fact I signal at this point in time my support for but wish to engage on during the consideration-in-detail stage with a series of questions to the minister in relation to that; in relation to clause 28, which reduces timeframes for voluntary assisted dying to proceed; clause 32, which expands the scope from assisted suicide to euthanasia; clauses 74 and 75, relating to the exemptions from interpreter requirements; and so on.

I have sought to engage in this debate, in this contribution, in a respectful way. I trust that every contribution forthcoming, as with those prior to mine, will be addressed in a similar way.

Lily D'AMBROSIO (Mill Park – Minister for Climate Action, Minister for Energy and Resources, Minister for the State Electricity Commission) (15:06): I rise to speak in support of the Voluntary Assisted Dying Amendment Bill 2025. I do want to take the opportunity to thank the Minister for Health for bringing this bill forward. I wish to say from the outset that I will not be utilising my full 10 minutes. I know that there are many, many people who want to speak on this bill, and I say that not as a signal to anyone else to curtail their contributions but simply to affirm that everyone should be afforded the opportunity to have their say. I am very keen to and confident that I will be able to acquit my sentiments in a shorter period of time.

When the original act passed the Parliament in 2017, Victoria became the first state in the nation to legislate for voluntary assisted dying. That day was a landmark moment for dignity and choice. This bill builds on that legislation, and it makes the law fairer. It does that by improving equitable access to the pathway of voluntary assisted dying for those who choose it. The amendments respond to lived experience and a lot of conversation and dialogue that occurred around the five-year review by the Voluntary Assisted Dying Review Board. This government has always approached this issue with empathy and care, regardless of individual member views on such reforms, and that is why every safeguard that existed in the 2017 legislation remains in place. The amendments follow a long and respectful dialogue with a broad cross-section of the community – a dialogue that has been informed by the operationalisation of the 2017 laws, by what works well and what could certainly be improved and also by the fact that other jurisdictions have incorporated further improvements not contained within the Victorian law. That is by virtue of the fact that they have come subsequent to Victorian legislation and have had opportunities to consider further fine-tuning.

There are certainly important reforms here. Presently, clinicians cannot mention that VAD exists unless the patient knows to ask, and we have heard many examples from many community members that some have gone by without actually knowing or acknowledging that they had the opportunity to make such a request. There is no other area of medicine where a doctor must withhold legal information from their patient. By removing this, access to the scheme will be much more equitable. It will boost access to the scheme for Victorians who come from marginalised communities or those who are less engaged in public life. These conversations will be accompanied by discussions of alternative options such as palliative care – that is another safeguard. Safeguards against coercion remain comprehensive, with independent assessments, strict eligibility tests and offences for undue influence. All other jurisdictions, except for South Australia, have already introduced this change, and they have done this safely.

For practitioners who hold a conscientious objection, this bill also provides clarity. It recognises their right to abstain from participation but balances that with a patient's right to information about their medical options, similar to the way the abortion reforms operate in Victoria. It is also about ensuring that no Victorian is left without a pathway to lawful, compassionate care because of someone else's personal belief. At the same time, it is careful not to compel participation.

Although the VAD service is used infrequently, for the patients and their families who do use it, it is a profound exercise of human agency. The ability to exercise this agency during one's final days echoes far beyond the patient's final days. In 2017 the government promised that Victorians with a terminal illness would be empowered at the end of life. This bill honours that promise.

I do want to, just in passing, reflect on the contribution of the member for Pakenham. The member for Pakenham's contribution just preceded mine. For me, no clearer am I in my thinking on the life-changing matter in this bill than when I hear the member for Pakenham talk about her own personal experiences of motor neurone disease. Her contribution to this debate puts into focus, for me, every Victorian who has freely chosen the pathway of VAD and those who will benefit in the future from these reforms who also may choose that pathway. I will leave my comments there, and I certainly do commend this bill to the house.

Nicole WERNER (Warrandyte) (15:12): I rise to contribute to the debate about the Voluntary Assisted Dying Amendment Bill 2025. At the outset, I acknowledge that there are many different views in this chamber and in Victoria and appreciate that we have the opportunity to have a respectful debate in this place to discuss a matter of such importance.

To the bill at hand, we have concerns given the removal of safeguards that were imposed when the bill was first introduced, which were deliberately designed to protect vulnerable Victorians. When the Voluntary Assisted Dying Act 2017 was passed, the Labor government called it the safest in the world, with 68 safeguards. Now the government is attempting to remove those same safeguards, despite there not being public demand and also no clinical evidence to justify it. So we are concerned, and I do hold concerns on this. There have been many in my community that have written to my office listing their concerns on the amendments that are being proposed today.

The five-year review of the Voluntary Assisted Dying Act did not recommend these legislative changes. None of these major amendments appear in the recommendations. The government is claiming safety improvements while it is ignoring its own expert framework. The other concern is that the department's consultation was limited. It was very limited. It was very narrow too. It was also rushed, and it was not transparently communicated. Stakeholders were misled that no legislative changes were being considered. This, to me, shows a lack of mandate and trust. Some stakeholders were given full access to the bill, whilst others were given limited access. Therefore it was not equitable and there was not proper consultation that took place, given that the limited stakeholder consultation that did take place only gave stakeholders two weeks to respond. Following the review, the Department of Health wrote to a limited number of stakeholders, providing them, as I said, only two weeks to respond on such serious matters as life, death and freedom of conscience. That is concerning.

Now to clauses 74 and 75, where it speaks to the interpreters that are used. The bill allows exemptions from using certified interpreters. What these two clauses, 74 and 75, mean is that there is an exemption from accredited interpreters being used. This directly contradicts the government's own multicultural review recommendations and creates a risk of misunderstanding or coercion via mistranslation. That does beg the question that if the recommendation is already in the government's own multicultural review, then why is it being disregarded and contradicted in this bill at hand and in these amendments at hand? Coming from a multicultural background myself and having a second language – English was actually my second language growing up – it is of concern to me, because there are language nuances, there are translation nuances and there is slang that is used as well when you are translating from one language to another. When you are not having an accredited translator being used in a major decision about life and death in these scenarios, that is concerning.

In clauses 74 and 75, just to present them here, it says at present all interpreters who assist patients with accessing voluntary assisted dying need to be accredited by a prescribed body. This bill amends this by allowing the Secretary of the Department of Health to grant an exemption from this requirement if no such interpreter is available and if there are exceptional circumstances. This exemption is contrary, as I said, to the Victorian government's own policy in this review, which says:

> Victorians who cannot communicate effectively through spoken or written English must have access to professional interpreting and translation services –

and it lists the reasons and when –

> - when required to make significant decisions concerning their lives
> - when being informed of their rights
> - where essential information needs to be communicated to inform decision making, including obtaining informed consent
>
> Interpreters and translators –

and I am reading this from this review –

> should be credentialed by the National Accreditation Authority for Translators and Interpreters … at the Certified Interpreter / Translator level.

This is the government's own policy, which states:

> Failure to provide a qualified interpreter can have significant negative impacts including:
>
> - Reduced or adverse health outcomes, for example due to incorrect diagnosis because of miscommunication between a patient and a health professional …

To me it is extraordinary that the government is failing to adhere to its own policy in this area, when voluntary assisted dying so clearly involves life-and-death decisions and risks of adverse health outcomes. Allowing exemptions from using an accredited interpreter for such weighty decisions – literally on life and death – contradicts the recommendation of the government's own recent multicultural review, where it indicates all of these areas in which we would need an accredited interpreter.

I think having had this language barrier with family members – with my parents, with my grandparents and with different members of my family – I can understand that it is a challenge to interpret when there are vulnerable people involved or when there are very sensitive issues at hand, particularly when it might be a family member that stands in as the interpreter or as the conduit between the health practitioner and the patient. That is quite concerning. It is also concerning where there might be financial benefit that is sought – where a family member might seek to derive an outcome from this patient's life and there might be financial benefits for them. That also opens up the issue of possible elder abuse or abuse of the vulnerable person that is at hand, who now does not have access to an independent, third-party accredited translator. That is of deep concern to me and of deep concern to multicultural communities, who we are here to represent and whose rights we are here to stand up for in the Parliament. These people should be afforded the opportunity to have accredited interpreters to be able to help them be guided in translating when it is something to do with the life-and-death choices that they are making.

As a person from a multicultural background, as a person who is an English-as-a-second-language speaker, I am concerned that this is in the bill, I am concerned that this exemption has been carved out and I am concerned that this is not supportive of multicultural communities as the Labor government purports it to be. I want to put that on record today.

With the limited time that I have left I also want to look at clause 7, which inserts new section 8A, which I am concerned gives Victoria the weakest coercion protections in Australia. Victoria is one of only two jurisdictions that currently prohibit practitioner initiation, and this bill would remove that safeguard. It also, in clause 6, forces conscientious objectors to act against their principles. On this side of the house we stand for people being able to have their own views and practise according to their own ethos and perhaps religious beliefs or personal beliefs and their own conscience. Practitioners will now be compelled to provide government-prescribed voluntary assisted dying information with no limits on what the government can require, given that it is written into the bill that it is up to the bureaucracy to be able to decide post the fact. This is a risk to these vulnerable individuals, and this is why there will be an amendment moved in this place around that, because this is a challenge for these individuals who might have a differing opinion and who might not want to actually go against their own conscience, go against their own beliefs, go against their own religious practices, go against their own lived experience. I put to the house that it is going to remove that freedom for individuals to be able to then have that freedom of conscience and to be able to make the decision for themselves as the health practitioner. I know that has been raised with us by many health practitioners, and that has been raised in my community as well. I will leave it at that, given the time that I have left on the Voluntary Assisted Dying Amendment Bill.

Iwan WALTERS (Greenvale) (15:22): I acknowledge previous speakers and the hurt that deliberations in this place today will bring to many inside this Parliament and those watching beyond, and I extend my sympathies and condolences to those who are suffering, those who are caring for others in pain and those who have lost loved ones in difficult circumstances. We all have experiences of witnessing and experiencing the distress of suffering and of the process of loved ones dying, yet as a Parliament we have the invidious task of both acknowledging individual cases while also considering deeply the wider social, ethical, practical and medicolegal impacts that this bill would have.

This debate is not about the ethics or legality of euthanasia and assisted suicide as threshold issues. This Parliament engaged in an extensive debate in 2017, following a robust and long period of public and expert consultation. That debate and vote meant that euthanasia and assisted suicide became legal in Victoria, and there is no campaign in this place to rescind those laws. Both forms of death are accessible for those whose circumstances meet the criteria of the VAD act, with 634 permits issued and 389 deaths occurring through the provisions of the act in 2024–25, noting that original projections envisaged demand for VAD stabilising at around 100 to 150 people per year.

The passage of the 2017 act was predicated upon the notion that both methods of prematurely ending one’s life must only be available in the most extremely limited circumstances – a tacit acknowledgement of the risks of harm associated with VAD and the need to protect the vulnerable from a system failure that would result in a premature or wrongful death. A close review of the second-reading debates in both houses emphasises that votes at the margin, which resulted in the legislation passing, were focused on particularly difficult cases, with fears expressed by parliamentarians that crossing the Rubicon might create unmanageable risks of harm, abuse and coercion for vulnerable Victorians, allayed by the assurance of safeguards and what was described as the world’s most robust and safe euthanasia and assisted suicide regime. And yet now, despite assurances that crossing that Rubicon in 2017 would not result in a creeping process of wider eligibility, what might be termed the slippery slope, here we are only a few years later, within the life of the same government, where those safeguards are now barriers and those essential protections apparently undue hindrances for Victorians to be able to be euthanised by a health practitioner or to access self-administered assisted suicide.

In seeking to remove those safeguards and protections, this bill will necessarily render Victoria's VAD laws less safe for both patients and the health practitioners who facilitate them. In fact it rather seems to bear out what Paul Keating cautioned on the very day that this house last considered these issues:

> … once termination of life is authorised the threshold is crossed. From that point it is much easier to liberalise the conditions governing the law. And liberalised they will be.

I am interested in the process that has led us to this point of proposed liberalisation. As other speakers have noted, the statutory five-year review that was undertaken of the operation of the existing assisted suicide and euthanasia framework, the VAD five-year review, did not consult upon or propose changes to the VAD act. The Department of Health noted at the time that because the review was an operational exercise it would not be considering changes to the legislation itself. A brief addendum to the review, appendix 6, suggests that a limited number of advocate organisations proposed legislative changes during the review, and subsequently the minister has elected to adopt the recommendations of this narrow subset of consulted parties. In practice, only those who knew the review would in fact report on potential legal changes made fulsome submissions to the review on that basis. Other stakeholders were not afforded that opportunity.

Given the magnitude of the amendments we are considering as part of this bill, I am concerned that there has been limited consultation across Victorian society and that inadequate consideration has been given to the profound risks that these amendments pose to patient wellbeing, the integrity of our healthcare and palliative care systems or to bedrocks of that democratic polity like freedom of conscience. This should not be a rushed, furtive or selective process that ignores the consequences for both patients and their health practitioners. Indeed the risks, both overt and unintended, of such substantive changes to our existing and settled assisted suicide and euthanasia laws and to our society deserve proper discussion, consideration and scrutiny. Therefore I move:

> That all the words after 'That' be omitted and replaced with the words 'this house refuses to read this bill a second time until adequate time is given to allow full consideration of the anticipated and unintended consequences of changes to the Voluntary Assisted Dying Act 2017 and until further and broader consultation is undertaken.'

If this bill is not about the legalisation of euthanasia or assisted suicide laws, what then does it seek to do? Via clause 7 it would, for the first time, allow medical practitioners to raise euthanasia and assisted suicide with patients who have never asked about it at the time in their life when they are at their most vulnerable.

Emma Vulin: On a point of order, Acting Speaker, sorry to interrupt, but I would like the member on his feet to stop referring to it as 'assisted suicide'.

The ACTING SPEAKER (Meng Heang Tak): There is no point of order.

Iwan WALTERS: Via clause 7 it would, for the first time, allow medical practitioners to raise – I will, forgive me, speak directly in the terms of my speech – euthanasia and assisted suicide with patients who have never asked about it at the time in their life when they are at their most vulnerable. When the VAD act was passed in 2017 the bar on doctors initiating discussions about both methods was portrayed as an essential safeguard. This bill seeks to depict it instead as an access barrier, the removal of which will elevate assisted suicide and euthanasia from a legal but exceptional end-of-life option into a standard or expected response to suffering that carries a professionally endorsed equivalence with health care. If a doctor initiates these conversations with vulnerable members of my community, I am concerned that power dynamics, language barriers and other cultural factors will mean that both assisted suicide and euthanasia may be interpreted less as part of a pallet of options that may be available but rather as a prescription. This amendment would not solely enable doctors who may have clinical expertise in end-of-life care and decision-making to initiate conversations about euthanasia or assisted suicide. Instead clause 7 applies to all Australian Health Practitioner Regulation Agency registered health practitioners, a remarkably wide spectrum of professionals, including many whose practice and training is not customarily centred on end-of-life care, such as podiatrists and optometrists.

The dangers inherent in the changes proposed in clause 7 for vulnerable members of my community are compounded by clauses 77 and 79, which propose diminishing interpreter requirements. This contradicts the recent Lekakis review, which recommended that government should only engage properly National Accreditation Authority for Translators and Interpreters credentialed interpreters and translators. Doing so in the context of such nuanced and sensitive areas of patient care demonstrably increases the risk of misinterpretation and confusion. In these settings where decisions carry such significance, precise and accurate communication should be central. Health practitioners are continually warned of the inadvisability of amateur interpreters and translators in standard health care. There is even more of a reason to avoid it in end-of-life care, where abuses and mistakes most certainly cannot be undone.

This bill also impinges upon an essential democratic freedom by compelling health practitioners with a conscientious objection to euthanasia or assisted suicide to provide information at the discretion of an unelected official that would be neither immediately subject to parliamentary oversight nor made explicit in legislation. The current drafting contains no limits at all on what information the department secretary may require to be provided.

The VAD review did not recommend this change and in fact noted broad support for the retention of conscientious objection provisions. Those drawn into palliative and geriatric medicine are often called by a sense of vocation and a belief in the worth and value of the elderly and infirm, guided in their clinical practice by ethical principles of non-maleficence, the idea of doing no harm. Compelling them to share information that goes beyond a referral to another practitioner and instead could include substantive details about assisted suicide and euthanasia may be interpreted as rendering them active participants in interventions that have as their primary intention the ending of life. This measure risks driving those with a genuine commitment to palliative care and the alleviation of suffering throughout the end-of-life process away from the specialism, depriving vulnerable Victorians of their skills, empathy and dedication. At a time when deficiencies and funding challenges remain in palliative care systems in all developed and ageing societies, including Australia, I am concerned that this bill does nothing to address those but renders assisted suicide and euthanasia less exceptional and recasts them as pillars of the state's palliative care system.

In expanding eligibility criteria to those with a 12-month prognosis of death the bill also amplifies the risks and uncertainties associated with diagnosis and prognosis of terminal conditions. By moving the point of eligibility for VAD further from the time of anticipated death the bill also deepens the intellectual and conceptual inconsistencies in our society about the value of life and the inherent tension between our state's suicide prevention policies and these proposals to expand our VAD system. I only note that the further those limits on accessibility to euthanasia and assisted suicide are loosened and the longer the time span between death without intervention and eligibility for assisted suicide and euthanasia becomes, the greater is that inconsistency between divergent policies' commitments to the protection of life on the one hand and to individual autonomy on the other.

Given the difficulty in intellectually and conceptually defending any particular set of requirements, once separate classes of people exist in the health system with access to different courses of treatment and action and noting that the pressure to expand eligibility will remain strong even if this bill is passed, my question to its proponents is: when will the eligibility criteria stop moving, and which safeguards will be deemed barriers next time the VAD act comes under review?

I suggest that this bill has come to this place in haste, without due consideration of the anticipated and unintended consequences and with little robust consultation beyond a select group of advocates. VAD is legal, and this bill will not change that. VAD is accessible, and this bill will not limit that. But if enacted, these measures would substantially weaken the safeguards in the 2017 VAD act, with profound consequences for the safety of vulnerable people in our community; diminish the capacity of doctors to exercise their conscience; and fundamentally transform the nature of the doctor–patient therapeutic relationship. Each colleague will need to examine their own conscience on the approach of the bill as a whole, but I do ask them to consider the reasoned amendment I have moved.

Ellen SANDELL (Melbourne) (15:32): I rise to speak on the Voluntary Assisted Dying Amendment Bill 2025 amendments we have before us today. I am one of the MPs in this place who was here in 2017 when we first introduced and passed voluntary assisted dying legislation in Victoria. There is probably a shrinking group of us who were here back then, and not everyone in this chamber who is here now was here then, but that was a really historic moment and one that I was really proud to be a part of, despite the very, very long nights. I remember I was actually breastfeeding my first child at the time. She was just a few months old. We were here all through the night, and I had to pump milk all through the night, exhausted, as we sat I think until 2 am one night then 2 am again and then all through the night to midday the next day to pass the historic laws. It is probably too much information, but I think I brought home enough pumped breast milk that week to feed a whole nursery of babies. It was one of the most gruelling experiences we have had in this place but also one of the most meaningful and memorable.

I want to thank my Greens colleagues who were here at the time, especially Colleen Hartland, who played a really important role in that legislation in campaigning for it to be brought to Parliament in the first place, in the parliamentary inquiry that recommended it and then in making sure it ultimately had the votes to pass. I would also like to thank the former health minister Jill Hennessy, who did a great job on the legislation and also plied MPs with hot chips at 2 am when they were needed. I hope the current Minister for Health will do the same.

One of the reasons that the 2017 legislation was so important was that Victoria ended up being a catalyst for other states to follow suit on a really important piece of health reform. After Victoria passed our laws we saw state after state finally introduce their own laws. Back in 2017 though, unfortunately, as we were sitting all through the night here, there were a lot of amendments put to the legislation in this place, and in order to get enough votes to pass these historic laws, some of the laws had to be watered down, and that meant that they ended up being quite conservative in some ways. There were lots of safeguards, and restrictions were put in place. Safeguards are really good when they protect people from harm, but unfortunately some of the restrictions that had to be put into the legislation at the time so that it would pass ended up putting significant barriers in front of people who simply wanted to access the health care, voluntary assisted dying, as it was intended, and it has meant that it has become extraordinarily difficult for some people to simply access VAD. The legislation we have before us is trying to fix some of that.

Other states, when they introduced their own laws, actually fixed some of these things from the start. If you look around now, you will see that Victoria is not really a leader anymore in this space, it is actually a laggard. We are behind almost every other state, and our scheme has become one of the most restrictive in the country. So this bill tries to fix some of those issues and simply brings us into line with other states where the legislation is working really well.

I also want to thank the current health minister for bringing these updates to the Parliament – they are very much needed – and also thank my Greens colleague Dr Sarah Mansfield in the upper house. She has done a power of work bringing these issues to light, working with stakeholders over many years. I do not think it is fair what the member for Greenvale was saying – that consultation has not happened. She has been talking for several years to stakeholders about the fact that these reforms are needed. She has been advocating, and she brought her own private member’s bill to the Parliament to deal with a lot of these issues that the government has now picked up. So this has not come in a rush. Dr Mansfield deserves a lot of credit for this outcome. We are fortunate in the Greens to have two former medical doctors as Greens MPs. One of them is sitting near me here, Dr Tim Read, and their expertise and experience with patients have been invaluable in informing our work on this important matter.

So what are the things that the bill is trying to fix? Currently you need a prognosis that you are likely to die within six months to access VAD or 12 months for some conditions. The bill proposes to change that to 12 months overall, which is a much more reasonable timeframe. It was only reduced to six months in 2017 in order to get the numbers to get it over the line in the first place. Other states do have 12 months, and we are simply bringing our laws into line with the other states. We have also heard many stories of people who cannot access the scheme because they are not an Australian citizen or permanent resident, even if they have lived here for years and years. Maybe they are a New Zealand citizen, they cannot get Australian citizenship or they have not been able to get Australian citizenship, but they have lived here for years. Now they will be able to access the scheme if they have been ordinarily resident in Australia, and that just simply makes sense.

The amendments also mean that a person from another state or territory would be able to access and apply for VAD in Victoria rather than in their home state or territory. You might want to do this for a number of reasons. You might want to be closer to family and friends or closer to a specialist in the disease. Or it may be that your closest healthcare service is in Victoria and you might just live on the other side of the border – you should be able to access it as well.

The bill also removes the requirement for a third consulting practitioner in the case of neurodegenerative illness, which the Greens support, to make it easier for people to access VAD. And the bill removes the ban on practitioners from initiating conversations about VAD as an option for end-of-life care, the so-called gag clause. Currently doctors cannot even raise VAD with their patients at all. They cannot initiate a conversation. They cannot even let patients know that it is available. The bill will remove that gag clause so doctors can have an honest conversation with their patients, and that just makes more sense.

This bill tackles some of the overly restrictive safeguards, but also just some of the logistical issues with accessing practitioner-administered medication. Currently individuals have to self-administer the medication or, if they are unable to, their practitioner needs to apply for a practitioner administration permit, and the process is pretty cumbersome and slow. It has led to some pretty distressing situations, which we would like to avoid in the future.

Finally, the bill inserts a section which requires an ongoing review of the act, which is a sensible thing. We know that the previous review could only focus on operational matters, not on the legislation, and that does not really make sense, because things change and legislation might need to keep up.

So overall the Greens are very supportive of these amendments and we will be voting for them. However, there are a number of patients, healthcare practitioners and stakeholders who have raised with us that there are other issues that make it difficult for people to access VAD that are not included in this bill in these amendments but still do need to be fixed so that people can reasonably access VAD. So the Greens will be moving some amendments to ensure that people are not unnecessarily prevented from accessing VAD, particularly in rural and regional areas. I grew up in a regional area myself, so I know the restrictions on health care. Some of these will be moved in my name; then there are some alternatives, if they should fail, that will be moved in the name of the MP for Richmond. I would now like to ask that those amendments be circulated.

The ACTING SPEAKER (Meng Heang Tak): I am advised that the amendments are not ready to be circulated, so the member can circulate them later.

Ellen SANDELL: Okay, I will circulate those amendments later. They have been circulated by email to all members, and I would like to say that if any members have any questions about those amendments I am very much available to have those conversations. I just want to go through some of them so that members are aware of the amendments that the Greens will be moving and the intentions behind them.

The first is that this bill means that you will need to have a condition where death is expected within 12 months. One of my amendments is seeking to remove that timeframe entirely, and I want to explain why. It is not to just have open slather. The reality is that the progression of many terminal illnesses can be unpredictable, meaning that requiring a really strict time-based prognosis has become a significant access barrier for many people because even though they are suffering greatly and their condition is terminal, they may not be able to find a doctor who will say that they are likely to die within six months or within 12 months. According to Go Gentle Australia, health professionals are often reluctant to give specific estimates of time of death and can be particularly cautious in the context of VAD because it has legal implications. It is also often very hard for doctors to be able to tell exactly when someone is likely to pass away and give a definitive timeline, and that has created a kind of lottery where some people can access VAD because they encounter a practitioner who is comfortable giving a time-based prognosis while another eligible person in the same situation might have their application rejected because their practitioner is just not comfortable giving that specific certainty around the timeframe for the prognosis. Also, a time-based prognosis means that some people start the process simply too late, leading to suffering that does not need to happen. Go Gentle notes that since the commencement of the act a total of 765 applications, or 35 per cent of all applications, have been withdrawn before the substance was dispensed, and of these, 45 per cent were withdrawn because the applicant died less than two weeks after making the first request. That is our first amendment, to remove the time-based prognosis.

If that amendment is not successful, the member for Richmond will move an amendment that means that there could be a compassionate exemption to the 12-month timeframe, which I think is a very reasonable suggestion. This is what they do in Tasmania – people can apply to a board for an exemption from that 12-month period. In our case, with the way that our law is written, it would mean that the application goes to the Secretary of the Department of Health and then that secretary is given discretion to determine whether an exemption can be granted if death is not strictly expected within 12 months but there are other important factors to consider and it is a terminal illness. Similar to the Tasmanian legislation, we would like the secretary to have to seek expert advice to inform their decision regarding that particular type of exemption, so the safeguards are still in there. That is our first amendment.

Our second amendment is to repeal the requirement in section 10(3) of the Voluntary Assisted Dying Act 2017 for one of the consulting or coordinating practitioners to be a specialist in the disease the person is dying from. Victoria is the only state to have this restriction. It is a huge barrier to access, especially in rural and regional Victoria where it is difficult to find a specialist at all, let alone a specialist in the exact disease a person is dying from. We also believe that nurse practitioners should act as coordinating or consulting practitioners. They have the qualifications and the experience to do so. There are many nurse practitioners already playing an important role in VAD, and they are well placed to take on more formal roles. There will still be a requirement for at least one appropriately qualified doctor to be either the coordinating or consulting practitioner to ensure safeguards are still in there. That is our second amendment.

Thirdly, we will seek an amendment to require healthcare services to allow VAD to occur onsite, including in aged care services, as is the case in other states, including South Australia, Queensland and New South Wales, and the ACT. We believe that people should have a reasonable expectation that they can access VAD in their home. For many people that home is a residential aged care facility. These facilities should not be able to reasonably prevent someone from accessing VAD onsite in their home, but there are currently challenges to this. It is a significant and widespread problem in Victoria, as highlighted in Go Gentle's recent report. In fact 90 per cent of Victorian providers either deny access to VAD in their facilities or do not provide any public information about VAD access. That is pretty shocking – 90 per cent.

This amendment also makes it an offence for a health service provider to withdraw a health service from a person or refuse to provide a health service to a person on the basis that the health provider knows the person has made or is likely to make a request regarding voluntary assisted dying. I think that is a pretty commonsense amendment. People are in their home – they should not have to leave their home to go somewhere else to access VAD. But if that amendment is not amenable to the house or not successful, we will seek an assurance from the minister that health services will be required to have a VAD policy and be transparent about communicating this to the people in their care, to avoid a person only discovering they cannot access it in their aged care residence only after they apply for it.

Our fourth amendment is to seek to amend section 13 of the act to require that a health practitioner who is not comfortable participating in the VAD process at least document that request and their refusal to participate. That is simply so that a person's medical files reflect their requests to access VAD and have those requests adequately documented in their medical files – a small but important change.

Fifth, we will move an amendment to clause 28 of the bill that would seek to further shorten the required time period between the first and last request to 48 hours, and that is for no other reason than to limit suffering as far as possible. There have been many instances we have heard of of people requesting access to VAD but then having to wait, suffering in pain for days – for too long – while they wait for that approval. If we can reduce that suffering but still have the safeguard of 48 hours, surely that would be a good thing for patients. That is our fifth amendment.

Our sixth and final amendment is to amend the five-yearly review of the act to a three-yearly review. We know a lot can change in this space. We know that things move quickly – clinical practice, other jurisdictions, changing social expectations – and we think that three years is reasonable for reviews.

I very much hope that MPs will consider these amendments carefully and support them as commonsense improvements – small improvements, but commonsense improvements – to the legislation. And as I said, I am open to any conversations, as is the member for Brunswick Dr Tim Read and as is member for Western Victoria in the upper house Dr Sarah Mansfield. For any questions or any conversations about why we have chosen these specific amendments or the evidence behind them, please, please come and talk to us.

I understand that people have very different views about this legislation; I absolutely respect that. All of us in this place – yes, many of us represent parties – are informed by our own experiences, our faith, our family and our histories. That includes me. In my original speech I spoke about the reason I supported VAD, and one of those reasons was my dad. He passed away in 2014 – just before I was elected to Parliament – from melanoma. It is the kind of disease that strikes an otherwise healthy and fit person seemingly at random, and if you did not catch it early enough, the survival rate back then, 10 years ago, was very, very low. It was less than two years from diagnosis to death for my dad. Fortunately now, due to some incredible advances in medicine, which I am so grateful for, the survival rate for late-stage melanoma is much, much better than it was 11 years ago. But not everyone is lucky enough to survive. Not every cancer has these success stories. There are still so many people in our communities that have a diagnosis that leads to a painful drawn-out death. They deserve more comfort and control at the end of their life.

I always remember when my dad was diagnosed he would say to my mum, 'When the time comes, you won't let me suffer, will you?' But she would look at him – and she was a health professional – and what an extraordinarily difficult position to put her in, because she knew back then that if the time came that he was suffering greatly, there would be very little she could do within the law to help end his life peacefully and with less pain. What a horrible position to put loved ones in. Now, with VAD, we are not putting people in that position. And we heard back in the debate in 2017 that unfortunately often what ends up happening is people take matters into their own hands and try to relieve their own suffering and take their own life, often in violent and painful ways, and that is just awful.

I absolutely understand those who say, 'Let's invest in better palliative care instead.' In the last two days of my dad's life he was fortunate to get one of the very, very rare public palliative care beds in the Royal Melbourne Hospital. He had come down from Mildura for some appointments and unfortunately had an episode where he collapsed and ended up in the Royal Melbourne – not somewhere we ever expected him to be. But he was very fortunate to get one of those beds, and I cannot thank the nurses there enough – they provided extraordinary care at the end of his life. They also provided a lot of defence against the other elements in the hospital who wanted to give him treatment beyond the point he had said, 'No, I do not want any more treatment.' Those nurses were absolute saints. But the thing is that it is not an either/or. We do not need to have VAD or more palliative care; we can actually have both. The government can invest more in palliative care; we can prioritise palliative care as well as giving people the dignity of choice at the end of their life. People have the right to choose for themselves, and there are simply some conditions and symptoms that cannot be alleviated sufficiently with just palliative care – that is simply a medical fact.

Thinking back to the first time that we discussed this bill, in 2017, the question we were being asked as MPs was essentially the same one we are being asked now: should people with a terminal illness have the right to choose the end of their life with dignity, with the least amount of pain and trauma as possible, or should this remain illegal – or in this case, should we continue to have significant barriers for them to do so? Supporting assisted dying legislation is Greens policy, but my view is also informed by my experience. I think it is ultimately the compassionate and commonsense choice, so I very much hope this bill will pass and that some of our amendments will pass as well.

Jacinta ALLAN (Bendigo East – Premier) (15:52): In rising to speak on the Voluntary Assisted Dying Amendment Bill 2025, I would like to start by paying tribute to my friend and our colleague the member for Pakenham for her incredibly powerful and personal contribution to the chamber earlier today. It was back in 2017 – and I was proud to be part of that debate at the time – that this Parliament made a decision that has gone on to change the lives of thousands of Victorians. Like this debate we are having today, it was difficult and deeply personal for so many of us in this place, because this was not just any typical piece of legislation; this was about people, real people, in the hardest moments of their lives – Victorians who were dying and their families forced to witness the suffering of those they loved most. I pay tribute to the member for Melbourne and her family, as she has shared what it was like for her family to witness the suffering of her much-loved father who passed away.

Back then in 2017 we spoke a lot about pain. We also spoke a lot about courage and the simple wish for people to have peace at the end of their life. Through that debate Victoria became the first state in the nation to give terminally ill people the right to choose a dignified, peaceful end to their suffering. It was a decision built on compassion, and I witnessed the deep compassion that ran through the debate at the time on the belief that dignity should not end when illness begins. Because of that choice, thousands of Victorians have been able to face their final days on their own terms. Also, because of the actions of the Victorian Parliament in 2017 other states have followed, and across the country many thousands more families have been given the chance to have access to something they once thought impossible: comfort, control and the chance to say goodbye with peace instead of fear.

Back before 2017 we began the process carefully and deliberatively. We built some of the strongest safeguards in the world to make sure compassion could never be separated from care. Six years on we know that approach was right, because we have seen how voluntary assisted dying has worked safely, responsibly and humanely. But since the passage of the legislation here back in 2017 and the actions of other states who have since followed, it has also shown us where the system here in Victoria can be clearer, fairer and kinder and where people who are already suffering have been left to navigate barriers that were not meant to be there. That is what this bill is about: strengthening those same principles that guided the debate in this house in 2017 – of dignity, safety and compassion – and making them work better for the people who need them the most, because we must always remember at the heart of this legislation that we are debating today are real lives and real families.

I will share today a story I also shared when I addressed the house on this matter in 2017. It was an incredibly powerful meeting I held in my office in Bendigo, and it was this meeting with Graham and his daughter Diana that shaped my own process and thinking, alongside other discussions with family members, with friends and with professionals. But I want to retell the story about Graham and his daughter Diana that they shared with me back then. It was about their wife and mother Dorothy. She was frail and in pain. She had no lawful option to end her suffering. She ended up taking her own life, and in the immediate time after Dorothy had passed away her husband Graham, in his 80s, was questioned by police for hours, treated like a criminal simply for being by the side of his wife when she died. That story is a story that has never left me, and it reminds me of what happens when we leave people without a safe, regulated and compassionate choice. And it is a key reason, among others, that I voted back in 2017 for Victoria to take that step, and as we have heard through the course of this debate, since then more than 3500 Victorians have accessed the process and 1683 have used it to end their suffering and have done so not out of despair but out of love – love for their families and the wish to spend their last moments in calm and dignity.

I was reminded of Graham and Diana and their mother Dorothy's story when I met a few weeks ago Liz Tower, who joined the minister and me when we talked publicly about bringing this bill to the Parliament. Often we think of these people who are accessing voluntary assisted dying as people who are older – much, much older. Well, hearing Liz talk about her fiancé Alex, they were in their 20s. Alex had cancer. It was a rare form of cancer, a cruel illness. It was taking everything from him. And Liz spoke about how when Alex was approved to be able to access voluntary assisted dying, something in him changed. His fear eased. His laughter returned. His family got their brother back. And as Liz said, he did not die because of VAD, he lived because of it. And I want to thank Liz and the countless other Victorians who have shared their personal story, because it is hearing those personal stories, understanding the power that accessing voluntary assisted dying has had on people like Alex, that is helping all of us to understand what we need to do to continue to support Victorians to be able to access voluntary assisted dying and to do so in a way that is about compassion, dignity and choice.

The amendments that are in this bill are built on that purpose. They do make the process clearer for patients and simpler for doctors. They make sure that people with long unpredictable illnesses are not forced through unnecessary hurdles. They also let doctors speak openly and honestly with their patients about the options that are available, and they ensure that families already carrying so much worry and so much grief and concern for their loved one are not trying to make sense of a complicated process.

These are careful, measured changes drawn from that six years of experience we have here in Victoria and guided by those strict safeguards that have protected this law from the start, because those safeguards remain. Every person must act freely, must have decision-making capacity and must make multiple requests that are witnessed and verified. It is safe, it is steady and it is working.

This is not about expanding access to death, it is about extending and expanding compassion for those who are dying. As I have said, we have heard directly from those with a terminal illness that people know that when they have a choice they live their remaining time with less fear and more peace. Doctors and nurses tell us what a difference it makes not only for the patients that they are caring for but for the families, who can share stories, hold hands and say goodbye without panic or pain. That is what this reform protects – the right to choose comfort over suffering and calm over chaos. And I choose to support those Victorians with a terminal illness to have the right to have that choice of being able to access voluntary assisted dying.

This reform is careful. It is kind. It is right. It is about the simple belief that how a life ends matters and that it should end with that care, comfort and respect. That is what this bill protects, and that is why I am so proud to support it and acknowledge the work of the Minister for Health and so many others who have continued to work with the government to bring the bill to the Parliament today. I hope to see it supported and pass through this Parliament as we continue to provide Victorians in the most difficult of times to have that choice, because we know it gives them that care, comfort and respect. I commend the bill to the house.

Brad BATTIN (Berwick – Leader of the Opposition) (16:00): I rise to speak on the Voluntary Assisted Dying Amendment Bill 2025. I join the Premier in thanking the member for Pakenham for her obviously very emotional position, which everyone in this place felt and listened to intently. I thank you very much for putting your voice on the record and the Premier for the stories that she has told from personal experiences as well.

Most in the room who were here – I think there were 30-odd here in 2017 who are still here today; 39 I think, if I am correct – will know that at the time I voted against the Voluntary Assisted Dying Bill in 2017. Since then many things have happened that have had impacts on my life and how I think about what happens when it comes to voluntary assisted dying. In this place we should look at what is happening in our community, but also you have to take into consideration your personal circumstances and how they impact the way you think, the way you feel and what you see people go through.

I am going to give two different examples. One is one of my best friends – one of my groomsmen – Paul, whose father Cliff ended up with pancreatic cancer. Cliff was a very proud man. He was larger than life in more ways than one, and he enjoyed a drink. We loved our time with him. To watch him make the decision to use voluntary assisted dying for his ending of his life gave us an opportunity to go to his place and have a glass of red at his calling when he knew he still had some time left. I did promise him I would buy an expensive bottle.

A member interjected.

Brad BATTIN: It was $200, but he is not going to complain now. We sat down and we had a glass. I will not forget it because Kaye, his wife, when he went to have the second bottle with us, turned around and said, ‘Cliff, you don’t need it.’ He said, ‘Well, it’s not going to wait around for me. I’m not going to be here much longer, so let’s enjoy it while we can.’ It is those moments that will now stick with me forever. Speaking to Paul after was when the impact was real. Paul got a phone call in the evening, and his father said, ‘I’m going to leave tonight.’ Paul went around and sat with him, and we had the view – Paul was pretty convinced – Cliff was going to be gone by about 9. It was all planned. About 5 in the morning was when Cliff decided it was time to go because he wanted to spend those few extra hours with his family. As others have said, it was in a place of peace and a place of safety. He knew everything was in his hands then – everything was in his hands. He made that decision at 5 in the morning to depart. Obviously Paul had the opportunity to spend all those hours with his dad that he probably would not have in other circumstances.

The other side of it: my best mate Matt lost his wife last year to cancer. We watched, as everyone does when you see people with cancer, the impact on them, on their body, on the way they look and on the way they act. Chrissy lived every moment of her life to the fullest, and in the end she did not go down the path of voluntary assisted dying. She believed that every last breath was there for Maddy and Elly and for Matt and it was there for her friends so each and every one of us could have memories with her that last a lifetime. It was actually that that impacted me more, not for the fact that we are all sad when we lose someone, but it was proof there was the choice. I am a fundamental believer in freedom of choice. I did say that the first time I made a contribution in here. I think it takes a bit to come into a place like this and have a total change of position on something that is so serious, but it does highlight this place when it is at its best.

I agree with the Premier, because it is about people, it is not about politics. People in this room will have a totally different view to me, and I 100 per cent accept that. I will make some decisions on the amendments as we go through, but overall my position has changed on the facts of what I have done and what I have seen. Then you do go and speak to others in your community. I do believe that out in the electorate of Berwick people have over time moved in the way they think about this, as a rule and as a whole – not everyone, but people have moved. But the best thing about this is that for those that do not want to move and those that say, ‘I want to go through and get palliative care. I want to get the support in the health network. I want to live every last breath with my family,’ that is a choice they have, and I believe that that should be their choice. But those that opt not to – and I am going to say the Cliffs of this world – are going to be leaving a message behind with their kids and their family that they can sit with them in their time and leave this world when they are ready.

To come in here today and talk about two people that obviously I dearly loved was always going to be a challenge, but I will walk out of here today knowing that I have made the right decision based on what I have had to live with in those experiences as well. I do implore people that it is a good thing to think about. It is not just about what you want, it is about giving and creating choice for every person in this place. I have listened to Emma, the member for Pakenham, and we all know the circumstances for the member for Pakenham at the moment. We all stand with you. We know that. But hearing you in here as well should send a very, very clear message that it is about choice. You may get to a stage where you say, ‘No, I don’t want to do that.’ That is fantastic. But we need to make sure that choice is here.

I will say now that I will be supporting this bill as it goes through the Parliament. I will be looking at some of the amendments. I will hold my position on a couple of those, but for the rest of it I think it should be going through and that the people in Victoria should be getting the choice they deserve.

Steve McGHIE (Melton) (16:06): I rise to contribute to this very important debate on the Voluntary Assisted Dying Amendment Bill 2025. Firstly, I would also like to acknowledge the member for Pakenham’s contribution; it was amazing, and I thank her for it. But I also want to commend the Leader of the Opposition for his contribution and the personal stories that he told. Of course he has changed in regard to his position on the bill. I think the most important thing that has been raised today is that it is a personal choice. It is an individual choice. No-one is right. No-one is wrong. It is about their body. It is about their life. It is about their choice, and we should not interfere with someone choosing what they would like to do at end of life, whether that is live it out to their last breath or whether they think they want to reduce and stop the suffering. It is a personal choice.

Many members of this place would know back in 2017 we saw the passage of the Voluntary Assisted Dying Act 2017. This act led the nation in offering a safe, compassionate and dignified end-of-life choice for those suffering from a life of limiting illness. In the eight years since this act came into force many of the other states obviously have followed Victoria’s path and introduced their own voluntary assisted dying models. They have taken the Victorian legislation and made it their own and even improved on the original legislation. That has since left the Victorian legislation in need of some important adaptions to catch up to the rest of Australia. When the legislation was passed in 2017 we did not stop listening or learning to better improve this act for Victorians. Importantly, we have listened intently to people with lived experiences, families of people who have accessed VAD, clinicians, advocates and people and organisations that oppose VAD. All these discussions have been had with respect and compassion, and that is really important. It remains essential that the discussion here today retains respect and compassion for people’s individual positions on this important bill.

Since 2017, 79 per cent of the patients that have both applied for and accessed VAD have been in palliative care. Palliative care is an essential provision, and we all know that. The integration of palliative care options remains an important aspect of the end-of-life care delivery model. In 2024–25 75 per cent of applicants were accessing palliative care when they first requested VAD. This suggests that VAD is being appropriately accessed in conjunction with palliative care rather than as an alternative to it. It is not an alternative to it, it is part of the continuum of care. Since 2017 there have been more than 2700 permits issued to prescribe self-administration or practitioner administration of VAD substance and 1683 deaths from administration of VAD substance. Of the 2700 permits that were given, 32 per cent of those applicants with a permit died without administration of a VAD substance, so obviously their life ended before they could action taking the VAD substance. These people who chose to access VAD to end their pain and end their suffering did not want to live with the pain anymore, and so they should be able to decide when they have had enough and are ready to end their suffering.

Again I come back to what the Leader of the Opposition said and what others have contributed, and that is it is the individual’s choice. These decisions are theirs to make. As other VAD laws have been rolled out across the nation there has been no evidence of coercion in our Victorian experience or in any other state. No evidence has been provided in regard to coercing a patient into accessing VAD. It is not a choice between life and death; rather it is an additional end-of-life option for those who are already dying and want to end their pain and suffering. It should be seen as a continuum of care, and it is a continuum of care. It should be obvious that these choices are not made lightly or without great consideration of all options.

The 13 proposed amendments that are before this house are designed to improve equity of access, improve the practical experience of those patients and families navigating VAD, improve safety for all involved and finally, but still importantly, improve the administration of the scheme. Allowing registered practitioners to initiate discussions has been one of the issues that has been raised in concerns. Of course humans innately struggle when it comes to talking about death. Whether it boils down to death being a primal fear or it is simply too overwhelming to even think about, humans struggle to talk about death, even if we are already suffering from a life-ending illness. It is taboo, but that does not mean it should be. Some of these discussions about our own end of life may be some of the most important conversations that one will have, especially if we do become unwell and want to make sure our wishes are known to those around us. It is important that we talk to our family members early on if we are diagnosed with a terminal illness.

Dealing with death has changed over the years. I remember when I first started as a paramedic and we attended someone that either was dying or had died, it was almost taboo – you know, the person would be put into a bedroom, doors would be locked and family members would not attend to the body and sit with the family member that had passed away. As a paramedic, we would load that patient up and take them via a public hospital for certification of death and then off to the city morgue. I am pleased to say that that has all changed now. We have become more compassionate and are dealing with grieving in a better way, where we encourage family members to sit with their family member that has passed away. Paramedics no longer transport people to public hospitals for certification and then off to the Coroners Court. It is all done through the police, and you ring the private undertakers that will come and pick up the body and work with the family. It is a much more humane process.

The first proposed amendment that I will talk to will allow registered health practitioners to initiate discussions with patients about VAD rather than waiting for the patient to raise it first. Not only can this ensure that the patient is aware of all their options, this is also about information sharing by practitioners to their patients. It may also even speed up the process for some who may have not been aware of all of the options available to them in regard to their issues. The amendment will further empower the patients to hold on to a level of autonomy and agency over how they wish to move forward with their life. Nothing is being taken away from those patients; they will still be able to refuse VAD if it is raised with them by their practitioner. But it still provides the patients with the information on all of the options available for them, and they can decide what is next for them. It is the patient's choice and their choice only – no-one else's choice, not their family's. It is the individual's choice, not their practitioner's. No-one else around them can choose for them to access VAD, only the patient. This proposed amendment is in line with WA, Tasmania, Queensland, New South Wales and the ACT, and it recognises that VAD is part of health care and arguably one of the most important healthcare discussions a patient can have with their practitioner and with their family. This amendment will allow for enhancing safe, compassionate and dignified end-of-life choices for those who continue to suffer from a life-threatening illness.

Of course conscientious objection is another issue that has been raised. VAD discussions encompass more than just the patient themselves and their families; the health practitioners also play a vital role in the discussions. Those who choose to conscientiously object to providing VAD should be able to object and refuse to provide VAD as well as provide information on VAD. This amendment respects and protects the autonomy of the health practitioners also. Maybe it is the taboo-ness of death coming into play or other valid reasons for not wanting to be involved in the VAD process; nonetheless this amendment will bring the Victorian legislation into line with other Australian jurisdictions. Other than the minimum information on VAD to patients – that being the contact information for the statewide care navigator service and relevant department website – any practitioner who objects to this process will not be compelled to do any more. Again, it is just about providing the statewide care navigator service and the relevant department website. It is not about coercing their patients. It is not about informing their patients. It is just telling them about that information. This is an important bill, and I commend this bill to the house.

David SOUTHWICK (Caulfield) (16:16): I rise to make some comments on this amendment bill, and I begin by acknowledging the contributions made by those in this chamber. This is a very difficult bill, and as we know, there are varying views on the bill. I appreciate the importance of those views that they have both personally but also with many of their constituents. I also want to recognise the member for Pakenham – her contribution and her own struggle and how very difficult this would be for the member. I also understand the choice that the member wishes to make and the very personal circumstances in which she is in. That is something that I have had to really think about and contemplate, because back in 2017 my view was probably slightly different to what it is right now. For me, I absolutely understand that there should be choice, but also it should be very informed choice, and there do absolutely need to be safeguards. That choice needs to very much be with the patient, particularly those suffering a terminal illness, but it is also the choice of the medical practitioner. So I will, in a minute, propose some amendments dealing with that.

Personally, when the VAD was first introduced, in 2017, it was the year in which my father passed and a very, very difficult time. People know when they lose a loved one – a father, a mother. I was his carer – as I was my mother's carer – and had to go through those moments in palliative care when the morphine would be slightly increased, to the point at which he passed. I will never forget that night in which I slept in the hospital alongside him and stayed with him until his last breath. I suppose that informed a lot of my thoughts, because he was well managed in that process and he had really good palliative care.

I know in my area, as around the state, we have some really good palliative care facilities. Calvary Bethlehem does a fantastic job of managing all of the stages, from those in retirement, with their new facilities, all the way through into palliative care. I think it is really important when we talk about choice that we ensure that those palliative care services are well funded and well supported to give everybody all of that choice.

Back in 2017 I did talk about elder abuse, and I think, again, there need to be protections around that to ensure that a loved one – a parent, a grandparent – does not get to the point where they are choosing to end their life because they are feeling like a burden on somebody. That is where those safeguards need to be protected.

I know part of this bill talks about interpreters for those for whom English is a second language and for our multicultural communities. Again, that is something which I do think needs to be looked at as part of this, because we need to ensure that those that are vulnerable have the right information. Accredited translators are very, very important when dealing with that, and I know that is something that many in my community would support, as would many of my constituents. I would like to see that strengthened.

In dealing with health professionals and talking about choice, I think it is really important that people of faith that have very strong views and are conscientious objectors to providing this information based on their own religion or their own views also have that choice and those freedoms protected. It is about managing that, and I understand the sensitivity in dealing with that.

It is with that that under standing orders I wish to advise the house of amendments to this bill and request that they be circulated, which I will do now. They deal with clauses 6 and 12:

1. Clause 6, line 32, after "information" insert "about the voluntary assisted dying care navigator service that is".
2. Clause 12, line 27, after "information" insert "about the voluntary assisted dying care navigator service that is".

This specifically deals with the information that the health provider is obliged to pass on. In the current form of clause 6, talking about the department secretary having the ability to approve, it talks about minimal information, but what that information might be is a little open to interpretation. I think it is really important for that information to be very specific – as in name and number. But in terms of additional information, if that is to change, I do not think that should be up to the department secretary to make those decisions in terms of what additional information would be provided – that should be up to Parliament. If there is an obligation on the health professional to have to continually provide more and more information, then we should debate that. We should discuss that. I do not think we should abdicate responsibility and say to the department secretary, 'Off you go. Let's have more obligations on somebody,' particularly somebody that is of faith and who does not believe it is their obligation to do that.

I know all health professionals – really everyone in the health sector – are all about ensuring life and working in terms of life, but when I talk specifically to many of the medical professionals in my constituency of a Jewish background, they are really concerned about what they would be forced to have to provide. I think that when we talk about choice we have got to look at choice from all aspects. When we talk about freedoms we talk about freedoms with all people and for all people. Absolutely we should value those with a terminal illness having that choice, but at the same time, those providing the health advice should also have that choice and those protections as well in terms of what they signed up to. Those protections should be mutually protected at both ends of the scale.

The final thing that I would raise is in terms of the definition of 'medical professional'. I know that has been extended to other services and other providers in terms of who is providing advice. I see in here that clause 12 applies to all registered health practitioners, which includes Chinese medicine practitioners, chiropractors, dentists, midwives, occupational therapists et cetera. Again, I think it is important to have the right people, when you are talking about this particular situation, providing the right advice. These are very serious stakes. These are the highest stakes on offer when you are talking about someone's life. We need to be protecting that, the information and those that are properly qualified to provide that information, so I do query that in terms of the extension of all of this.

Again, it has been a tough bill, but an important one, to talk to. I do hope that the amendment that I put forward will be considered, because I think it is really important to protect everybody, certainly those that have signed up in the profession that save lives each and every day. Their whole profession is about ensuring life and protecting life, and they should also have that choice.

Matt FREGON (Ashwood) (16:25): I will make a brief contribution on the bill before us today. I originally was not on the list – and I thank members on my side for allowing me to jump up – mainly because, without anticipating debate, I will probably spend a very long time sitting in the chair as we go through consideration in detail, and I will do my best to be completely impartial in that sense. But after hearing the member for Pakenham and all members, I felt it was at least necessary to give a small contribution, because although we stand here today with a conscience vote and we represent in some ways ourselves, we also represent the 50,000-odd people in our communities who have varied views. So, if for no-one else but for them, I will at least try and relay where I am.

To those who have contacted me, I have responded that this is a very serious bill, as we all are taking it, and my considerations are such. We all come into contact with death in our lives more often than we would like. I can recall my grandmother many, many years ago had bowel cancer and it was not a good way to go. I can remember my grandfather had dementia and we saw him to the end of his life. As I think the member for Lowan mentioned, all too often before VAD was an option, people just kept upping the morphine until they would have a chat with the doctor and they would all nod at each other, and we all know what happened next. Now, in his case, dementia would not be part of VAD, and I do not think any of us are suggesting it should be.

I had an experience myself about 13 years ago where my appendix burst and I had peritonitis following that and I was in hospital for about a month. I am all fine now – thank you, antibiotics – but there was a moment during the course of that. Essentially with peritonitis your guts look like something out of *Alien* and your whole gastric system stops. I can tell you it is not good, and during that time I had a gastric tube. I have got to tell you, I do not know how people live with these things. I had a tube down my throat for, I do not know, 12 hours, and I could not get my head around it. To feel like you are constantly choking and to know that this thing is keeping you alive – 12 hours. So for people who are in the position where they know exactly where the path leads – and if I can hopefully quote, with enough respect, the member for Pakenham – I do not see the point of unnecessary suffering.

I was not here in 2017. On probability – and this is what I have told constituents – should I have been here, I probably would have voted for the bill. The review has said the bill is working well. I do have some concerns about some aspects in the sense that I think maybe we could have worded them a bit better. I will look at amendments. I will consider it very, very carefully. But no matter what we do in this house today, VAD is still a part of medical treatment in our state and should be. I think regardless of where we end up here, we need to all consider ourselves, our families and those that we do not know as well.

I probably should not pre-empt myself or anything, but on balance I may have questions on amendments but I am most likely to support the bill. There is a sort of oxymoron in there or a contrast of opinion. In general I have some concerns about conscientious objection. We use the word ‘provide’ in the explanatory memorandum for the bill. We use the word ‘provide’ elsewhere. We have changed the word to ‘give’ in the bill. I am not suggesting to put forward any amendments. That is not part of my role when I am sitting there, and I would not be doing it anyway, but that is one thing I think probably does not make that much of a difference.

I do not oppose removing the gag clause for medical practitioners. I understand there will be a time and a place when medical practitioners should have that conversation with compassion. We could put more caveats around that – that the person would qualify for VAD – but again it is not really going to change the emphasis of it. I have some queries about the health practitioners. I notice in the Queensland legislation health practitioners are able to respond on request. To that I would say that in our original legislation, as others have said, we were very cautious. The review says that has served us well. I understand that we can go further. I am not a slippery slope argument sort of bloke. I do wonder in regard to health practitioners whether we could go to that request model and still allow them the roles that they have in terms of them caring for their patients where that is relevant.

I will leave it there. This is going to be a very long and serious debate. We are all going to think of loved ones. We are all going to think of what the rest of our lives are like, what the rest of their lives are like and potentially what we leave behind afterwards. This could be the house at its best, and so far I thank everyone for a very respectful debate. I will leave it there.

Jess WILSON (Kew) (16:33): Voluntary assisted dying is surely one of the most profound and complex ethical challenges that we will grapple with in this chamber. The legislative framework we put around a person’s ability to choose the manner of their passing goes to the very heart of how we as Victorians value life, dignity, compassion and personal choice. It is an issue in which I feel deep personal struggle between two of my sincerely held values: that of personal choice alongside the inalienable value of all human life. When we consider voluntary assisted dying, we must seek to balance two vital principles: on the one hand the right of individuals to make decisions about their own lives and on the other hand the responsibility of society to protect the most vulnerable and affirm the sanctity of life. Striking this balance is no easy task. I have reflected at length on these values and principles as I have considered the bill before us today.

I want to thank the many residents of Kew who have reached out to me and shared their own views about voluntary assisted dying. I have read carefully and considered every single email and letter. I thank the member for Pakenham for her incredible strength and her ability to articulate what must be immense pain and suffering at many times. You are a simply wonderful person, and I am proud to be able to serve alongside you in this place.

For context, I note that the legal framework establishing voluntary assisted dying in Victoria was debated and passed before I entered the Parliament. I have heard incredibly powerful stories from current and former members of Parliament about the debate that ensued at the time, from both perspectives. What most people talk about and what most former members and current members recount is the incredible passion and respect that was on display at the time. From the debate that I have seen today, I believe we will see similar respect right across the chamber here as we debate this piece of legislation into the night.

Voluntary assisted dying, as we know, came into effect in 2019, and since then 1683 people have accessed VAD in Victoria using this option. Voluntary assisted dying is just one of the options for people with a terminal prognosis and exists alongside other options, including treatment and palliative care. The act requires a review to be undertaken by the VAD review board in the fifth year of operation, and the bill before us today seeks to implement a number of changes to that pre-existing framework. I approach this bill from a place where I have accepted that the threshold has already been crossed and voluntary assisted dying is now legal in Victoria and accepted as part of the end-of-life care offered to Victorians in our healthcare system. As such, I have examined each change proposed in this bill on its standalone merits within the existing framework, rather than trying to reprosecute the many valid arguments both for and against voluntary assisted dying itself.

There are a number of amendments contained in this bill, and I do not propose to speak to all of them given time limitations, but I do want to address a number in detail. The first is the set of amendments that will allow greater choice of administration method for the VAD substance. In doing so, I want to acknowledge Dr Roy Karna, a resident of Kew who has very recently lost his wife to lung cancer and wrote to me to share the experience of her passing. Dr Karna’s wife wished to access VAD and had been granted approval to do so given the progression of her lung cancer, but a rapid deterioration in her condition days before her death prevented her from fulfilling her deeply personal choice around her end-of-life care. With his permission, I will share her story here. Dr Karna writes:

> … my wife somewhat unexpectedly rapidly deteriorated over one day and night. In doing so she lost the capacity to swallow. And with it her chance to access VAD and ameliorate suffering. To access the intravenous option, notwithstanding having been granted the initial permit, would have been a bureaucratic nightmare with further doctor interviews and submission to the board taking up to 10 days (she died 2 days later). Knowing how she wanted the VAD to prevent her own and the family’s suffering this was devastating.
>
> As a doctor I can also say, at the very end of life often a neurological event occurs … often randomly without warning. And with that the VAD option goes.
>
> Clearly this is wrong and unacceptable. I believe at the time the permit is given the intravenous option (based on contemporaneous medical evidence) should be made more easily accessible. Safeguards to the process can be added but the option needs to be there.

Clearly the situation experienced by Dr Karna’s wife and her family is intolerable, and I thank Dr Karna for reaching out and sharing what is a deeply personal story.

Previously this chamber voted to make VAD legal for Victorians. They did so in the belief there is inherent dignity in allowing people to choose to reduce their own suffering and the suffering of their families at the very end of their life. But overly complex rules around accessing VAD are not giving effect to the intent of that legislation. This particular amendment before us today seeks to resolve this clear failure of the framework, and I am pleased to offer my support for it. No Victorian family should endure what Dr Karna endured, where final wishes cannot be granted due to bureaucracy.

I am now going to turn to the second aspect of the bill that I wish to address – namely, the requirement for doctors to provide minimum information about VAD to patients who request it. I do have deep concerns about this measure. I am incredibly uneasy with the idea that healthcare professionals who conscientiously object to VAD should be forced to provide information about it to patients. It is one thing for them to be expected to provide contact details for practitioners who do support VAD, but it is another thing to expect them to provide what the government deems to be minimum information about VAD. While the minister said in her second-reading speech that the minimum information was simply a referral to a healthcare practitioner who can assist a patient to access VAD, the bill itself contains two instructions that a conscientious objector must follow, the first being to make a referral to a healthcare provider who can assist the patient to explore VAD as an option, and the second being to give the person the information approved by the secretary.

This lack of clarity creates uncertainty, and uncertainty creates distrust. There has been, I think, some unfortunate demonisation of healthcare practitioners who find VAD to be irreconcilable with their duty to preserve human life, but it is entirely a valid ethical position that many healthcare professionals hold, having reflected and consulted their own conscience and their experience caring for people at the end of their life. I feel it is wrong for these healthcare practitioners to have their sincerely held views so disregarded. That is why I will be shortly circulating amendments that would ensure conscientious objectors need only provide contact information for the statewide care navigator service and the relevant Department of Health website. I believe this is a sensible, middle-ground reform that would allow patients seeking VAD to still access information about its availability, without asking conscientious objectors to provide unspecified information from the Secretary of the Department of Health. I encourage colleagues in the chamber to consider supporting this modest amendment as a way to improve the bill and allow it to better strike a balance between two important ethical considerations.

I will now turn to the set of measures that has been collectively referred to as lifting the gag clause, which enable practitioners to raise VAD as an option in their discussions with patients about end-of-life care. I want to recognise that these amendments have troubled many constituents of mine who have reached out to share their concerns. I reflected on this at length and have found I am compelled to place my trust in doctors and nurse practitioners to use their judgement about when raising VAD is appropriate for their patients. I place my trust in them that they will raise it only when a patient’s condition is truly terminal and their suffering likely to become so intolerable that VAD would be an act of compassion. I appreciate that not all will share my assessment, but that is the judgement I have come to after careful consideration and deep reflection. What I cannot reconcile with my conscience, however, is delegating that authority to raise VAD to healthcare practitioners who do not have the same degree of medical expertise as doctors and nurse practitioners. The definition of a registered health practitioner who is not a medical or nurse practitioner is incredibly broad and raises concerns about these discussions taking place in inappropriate settings.

I believe these conversations should only be had with medically trained professionals – with doctors and nurse practitioners. This will ensure conversations are navigated sensitively and in a manner that is appropriate to a person’s diagnosis. For that reason I will be shortly circulating amendments to the bill that will remove section 8A of part 2, which in its current form will allow healthcare providers who are not doctors or nurse practitioners to raise VAD with patients. Again I would ask colleagues to consider this amendment as a way to improve the safeguards we put in place for vulnerable Victorians to ensure VAD is always raised only when medically appropriate.

On balance I have chosen to cast my vote in support of the passage of the bill before us today. I do this because on balance I believe it will make the existing VAD framework better for Victorians who seek to choose the manner of their own passing. I am, for the most part, satisfied with the safeguards in place to protect vulnerable Victorians, although I believe the amendments that I have just spoken to would offer further important protection, and I commend them again to the house. I note that this debate will never entirely be settled and that deep and ethical questions of morality can never be answered to the satisfaction of every single individual. But as policymakers we face the same dilemma that healthcare workers face when confronting this issue. We must grapple between the competing priorities of the preservation of life and the alleviation of suffering. These are never easy questions to answer and nor should they be, but I believe this bill strikes the right balance.

Paul MERCURIO (Hastings) (16:43): I am very happy to stand and talk about the VAD legislation before us. My body, my mind, my spirit, my soul, my life, my choice – a lot of people have talked about choice in this debate today, and I think that is one of the key elements of this debate and this legislation. In making that statement about my body, my life, my choice, I also understand that VAD exists. It was debated in 2017, and I thank everyone for the amazing work they did then. It came into law in 2019. This debate and this bill, this legislation, does not change that at all. It does not affect that at all, which is good.

There are so many things going around in my head. In a lot of ways I think once the member for Pakenham had made her speech in the debate we should have just voted. Anyone that still wants to debate this I feel in some ways misses the point. We are talking about a very serious subject, but we are also talking about people's pain. I do not know if we can really talk about people's pain without feeling it. We are talking about legislation. We are talking about making different choices. We are talking about what a doctor might say or when someone should be allowed to apply for VAD or any of those things, but in the background, every second of every day, every moment, these people are in extreme pain and suffering. I find it a little bit difficult to quibble about some of these things in here, because I just want to help them, to support them, to save them, and I cannot. None of us can, but we can be with them, walk with them and hopefully help them a little bit.

A lot of people are saying that this debate is really difficult, and I guess talking about death is difficult. The member for Lowan in her debate mentioned that voluntary assisted dying is different to suicide and the reason for that is people applying for voluntary assisted dying have a terminal illness, and that is true. They are in extreme pain, and that is true. But people who commit suicide – and I go back to when my brother wrote me a letter, his suicide letter. In that letter he said, 'I don't want to die. I just want the pain to stop,' so there are some similarities. I know the word 'suicide' has been used in here, and we have talked about whether it is a great word or not, and I would like the sense of shame around suicide to disappear so that we can better help those people in our community to deal with those feelings and especially with the shame. I think we would be able to save more people. In fact the definition of 'suicide' is 'the act or an instance of ending one's own life voluntarily and intentionally'. I know I am being a bit cheeky, but maybe we will call suicide 'voluntary unassisted dying'. I think that is fair enough.

What this debate is about and what this legislation is about, I just wonder – I am taking it seriously, but I just wonder if we have got it right. What it is about is life and living. I hear a lot about dying and death, but what VAD does and what this legislation does – or is meant to do, and I know we are going to have a lot of amendments, and I look forward to hearing them and debating them – is focus on giving someone with a terminal disease the best possible living experience of life right up to the moment of their last breath. It is not about them dying. I learned this when I went to a palliative care unit in Frankston a while ago. I visited there. They had done a cookbook and they were launching the cookbook, and they asked me to come and launch it. I thought this was great. I walked through the palliative care unit and it was incredibly confronting because I saw people dying and waiting to die. I mentioned this to one of the nurses and doctors there and expressed my discomfort, and they said, 'Absolutely not, Paul. We are here to give them the best quality of life up until their last breath.' I would really like everyone in this chamber and the other chamber to make that the focus of whatever amendments we bring into this. I would like people to make that the focus of the debate: the best quality of life for people who are suffering intolerably.

This idea of a nine-day cooling off period I find sort of absurd because it is like an added punishment. Someone is saying, 'Hey, I'm feeling so bad I want to die,' and we go, 'Hey, just wait nine days and we'll see how you're going then'. They are terminal. That is not giving someone the best quality of life. That is not giving someone hope. You would think if you were terminal, maybe you would think there was no hope, that you would not have hope. As we all know, hope lives rent free in my heart. Hope lives rent free in everyone's heart. Everyone deserves hope and everyone should have hope no matter what, even when we are terminal and we are looking at VAD.

One of the other things, and the reason I wanted to speak in the debate after the member for Pakenham spoke, is that we on this side always talk about lived experience. We pride ourselves on the lived experience, and it has been wonderful to hear some stories in this chamber about lived experience and dealing with and being confronted by people as they live their last few months or few moments. We have again the member for Pakenham who is living this experience, and I thank the member for sharing that so bravely and honestly. I have only had people email my office in support of this. Well, actually, I am sorry, that is incorrect. I have had people write to my office in support of it, but the only people that have written to me that are not in support of it are from faith-based places. That is okay, we are all entitled to our own opinion and to our own choice.

I still want to go back to this fact: if we focus on what this is about, the quality of someone's life up until their very last breath, I do not think there is any other outcome. I think we can understand what we are here to do. That is pretty much what I want to say. I just want to make sure people focus on that aspect. I will leave with just a statement. We hear about the journey of people getting VAD and getting the medicine and all of that. I was talking to someone, a doctor who had a patient, and basically they said that this person on securing their meds said, 'Now I have my death sorted out, I can get on living my life.' That is what this debate is about. I commend the bill to the house.

John PESUTTO (Hawthorn) (16:51): I am pleased to rise on this bill. I would like to begin by saying that it is such a wonderful thing to be able to listen to speeches right across the chamber and that I hope that more and more Victorians can see Parliament at its best. I have to confess to being overwhelmed by a sense of great empathy for those opposite when I am listening, something that we are not always used to in the hustle and bustle of the debates we have. It is a very human experience to be able to hear the very personalised stories of all members of this chamber. It is a wonderful thing, and it is reminiscent of the debate back in 2017, with a similar kind of exchange of viewpoints and many diverse ones on the same sides of the house, to be quite honest. But it is something that I hope all Victorians can look at with great pride to see the Parliament operating in this fashion.

In 2017 I did vote against the bill that became the law at that time, and I explained my reasons at the time. I approach this debate on the basis that it is now law. It is part of the established law and, I would argue, the customs of this state. So I look at the bill in terms of what changes are proposed to make the system work more smoothly for those who want to use it. I guess this would be a similar experience for a lot of us in the house. A lot has happened in the last eight years, and the reflections that I would offer – and I only have a few to make – are that terminal illnesses are really cruel, they are random and they give no quarter. I approach the debate on the basis that we all have experiences, in my case in my own family, where we have seen the ravages of those long-term illnesses. Anything that we can do to support people going through those ordeals with the capacity to maintain their humanity, their dignity and their agency is something that I am prepared to support now.

It does not mean that there should be an unfettered licence to do whatever we would like to do under the scenarios we are discussing here. I do think it is important that there are safeguards that remain in place and that we do not, in the process of watering them down for good reasons, wash them away and extinguish the benefits that come from an appropriate level of scrutiny. I will come to some of those comments in a short moment.

There are some of the amendments, and I only want to speak about a few. I think the change that is proposed to allow registered medical practitioners to raise those issues is something that I am prepared to support. I think in a system where voluntary assisted dying is legal that we should not be requiring that registered medical practitioners actually desist from what may well be, and often is, a very obvious extension to a conversation; they should be allowed to initiate those discussions, and I am prepared to trust in our medical profession that they will apply that in a very professional and humane way. I think those who are consulting their clinicians in those circumstances in any way will have an increased level of awareness about the options generally that are available – perhaps not everybody. But I do think it is a sensible change to approach the exercise in a very candid way, not to pretend that this is not part of a discussion that should take place when somebody has an obviously diagnosed terminal condition. I think that obviously follows in those circumstances.

I come to the conscientious objection. I just want to make a couple of comments about that. I do think that if as a matter of legislative policy we want to respect the ability of registered medical practitioners not to have to in any way participate in something they deeply disavow and resist, we should maintain a system that respects that – otherwise get rid of it. To require people in the profession to take a step that for them triggers the resistance that they have to a particular issue is something that we can balance better than this bill does. I do think there is an opportunity to require registered medical practitioners to at least refer patients to the navigator service, and I am comfortable with that. I am a little resistant to the idea that the secretary shall determine what information will be prescribed, because that leaves it totally open-ended, and I do not think that is an appropriate policy outcome that I am prepared to support. I do have a partiality to the amendments which have been raised which would limit that capacity of the secretary to do that. I think something that is fairly non-contentious that does require registered medical practitioners at least to refer patients in those circumstances to a general information service on the one hand respects the need to provide some level of guidance to those who are seeking advice but also does respect what I said before was the inherent right, which we continue to respect – even in this bill – of registered medical practitioners to maintain their conscientious objections.

To adopt a very humane and realistic approach to the bill, amendments that reduce the timeframe from nine to five days and also extend the prognosis period in the circumstances of someone who is facing a certain death in a certain period of time are in my mind a very humane approach. Again, I say that as somebody who is working on the premise that we have a system that is in place now – it is operating. Let us do what we reasonably can to tend to the challenges that terminally ill patients and their families and friendship groups are experiencing at that time and do whatever we can do to address that.

I am prepared to support the changes in relation to people in regional areas and translation services, but I do call on the government to invest in the resources that will make sure that as far as possible those services will be available in regional areas. I will leave my comments there, having indicated that there are some amendments that I will support. But for the sake of the people of my electorate, I would like to conclude by saying that I do thank everybody who has contacted me as the member for Hawthorn to raise their issues. I know they feel very strongly about these matters, and there are different views that have been brought to my attention. I respect those views and thank them for reaching out.

Alison MARCHANT (Bellarine) (16:59): I rise to speak on the Voluntary Assisted Dying Amendment Bill 2025. In 2017 Victoria became the first jurisdiction in Australia to pass voluntary assisted dying legislation – a historic, courageous step that placed compassion, dignity and choice at the heart of end-of-life care. It was the result of many years of consultation, evidence and deep personal stories – stories of pain, courage and love. Members of this house debated with sincerity and conviction and, in doing so, set a standard of what it meant to legislate with humanity. That legislation has given Victorians with a terminal illness the ability to make an informed, voluntary and compassionate choice about the end of their own lives. It was built upon the principle that, while death is fated, suffering should never be.

Speaking and voting today, though, is slightly different to other legislation that I have dealt with in here in that we have a conscience vote. I come to this place every time always representing the best interests of the Bellarine community, and today I do the same. These are moments that not only test our judgement but also our compassion. Conscience votes are rare and difficult and can be deeply personal, but I believe the Bellarine community would expect me to approach this with humility, care and courage.

The question before us, the accessibility for terminally ill Victorians to have a choice about how they face death, represents one of those moments, and it is not an abstract issue. It has been lived and felt in homes and hospitals across Victoria. Over the recent months I have spoken to constituents who have shared their personal stories of illness, care and loss. I have listened to doctors and palliative care experts who bring professionalism and compassion to some of life’s hardest moments, and I have corresponded with advocates and families and people who hold deep values and heartfelt convictions, often coming from very different perspectives. And like many members in this place, I have deliberated carefully on this bill.

Five years on, we have now reviewed how this law is working in Victoria. The findings are clear and reassuring: that Victoria's voluntary assisted dying scheme is operating safely, ethically and as intended. The independent five-year review found no evidence of misuse or coercion. It found that safeguards are robust and that the scheme provides comfort and autonomy to those facing the most difficult circumstances. Since 2019 that scheme has provided hundreds of Victorians and their families with peace of mind, knowing that they have choice. Even for those who do not ultimately access voluntary assisted dying, the knowledge that it exists does bring profound comfort. But the review also identified areas for improvement, areas where the law can better reflect the realities of a terminal illness and the experience of those navigating the process. We have listened to patients, families and practitioners, and we have heard that while the law is strong, the process can be complex, the timelines can feel unforgiving and access, particularly in regional Victoria, can be difficult.

I would like to take a moment to thank the constituents that I have met regarding VAD for opening their hearts and sharing their deeply personal experiences with me. I would just like to share a couple of those examples. Despite living and working in Australia for over 55 years, voting in our elections, paying taxes and participating fully in our community, a Bellarine family has been grappling not only with a terminal diagnosis but with the realisation that they were not eligible for VAD because they were not deemed Australian citizens. Currently, limiting access to only citizens and permanent residents has unintended consequences and has excluded a significant amount of long-term residents who have lived in Australia for decades and who consider Australia home. This group includes people who are not required to hold permanent residency, a visa or citizenship to remain in the country – for example, people who came from New Zealand or British citizens who made Australia their home before current visa requirements. For this Bellarine family, our current laws denied a choice that they had earned after a lifetime of contribution. Their son also shared recently with me and begged for Parliament to urgently simplify VAD laws, to help other families with this commonsense and humane legislative change.

I also spoke with a Bellarine gentleman whose wife passed away suddenly after an unexpected cancer diagnosis. He told me that they had so little time and no real opportunity to consider voluntary assisted dying. Under the current laws, the timeframes and application process meant that by the time they understood what was happening, the chance for that conversation had already passed. He carries with him a profound grief, not only for the loss of his wife but for the way she died. It was a distressing death and one that left him wishing she had more control, more peace and more dignity in her final days. Today he speaks out around courage and for change. He believes that voluntary assisted dying should give those with only a short amount of time left – and their families – the right to make a choice, to receive comfort, control and compassion when suffering cannot otherwise be eased. I will never forget those conversations, and I will always be grateful for the trust that he placed in me in sharing his deeply personal story. I trust that after today's debate – and I am sure he is listening – hopefully these reforms if passed will give him some peace.

We have a few amendments to the Voluntary Assisted Dying Act 2017. This is not about reopening the old fears or revisiting the debate from six years ago, where we had careful evidence which was already settled, but rather it is about drawing on the review's evidence to make thoughtful, modest reforms, practical improvements that are already working well in other states, without altering the core principles or social contract that underpins Victoria's original and world-leading legislation. I will not go into all the amendments. I have them listed here, but I will not go into all the amendments today because of time. I support the amendments that have been put in this bill. Those amendments will honour the original intent of the law: giving Victorians the right to choose the manner and timing of their death within a framework of compassion, integrity and care.

Before I conclude, I would also like to acknowledge the member for Pakenham. Thank you for sharing your voice in this debate. You share your lived experience with grace, with courage, and you give so much of yourself at what must be a very difficult time to bring awareness to MND and to VAD. Thank you for your courage.

This debate is not theoretical, it is personal. Each of us have known or will know someone who has faced the end of life with pain that medicine cannot relieve, someone who has faced the question of choice, control and dignity. This bill is for them – for the families who have sat beside loved ones through suffering that no-one should endure, for the clinicians that have walked beside them with care and compassion and for the individuals who, faced with the end, have asked for the simple right to choose peace. Victoria was the first state in Australia to legislate VAD, and today we take another careful, considered and compassionate step forward, ensuring that we respect the choice, that compassion remains central and that a person who is terminally ill can choose dignity at the end of their life. I commend the bill to the house.

Danny O'BRIEN (Gippsland South) (17:07): I will not say I am pleased to rise. This is always a difficult topic for everyone in this chamber to deal with. For some it is not, for some it is straightforward and easy, but it is certainly an issue that has caused me a lot of thought. I would say, to be frank, I was blessed or privileged to have been here in 2017 and to have gone through the debate over whether we should in fact have voluntary assisted dying in Victoria. I remind those who were not here at the time that I opposed the introduction of voluntary assisted dying at the time. But in considering my position today, and for all of us, I must acknowledge that this legislation today is not a debate about whether or not we have voluntary assisted dying. It is about changes. What we are debating today will not change whether voluntary assisted dying is available in Victoria or not. We are considering whether there are worthwhile changes to be made to it.

In saying that, I do need to go back briefly to the 2017 debate and point out – and I did this to the Minister for Health, and I thank the Minister for Health for the opportunity she gave to brief me on this bill a couple of weeks ago – the slippery slope argument. Many of us argued at the time that whilst the government was planning a number of safeguards – I think 68 safeguards was what the Premier and the minister at the time talked about – many of these are now being removed. It is a point of argument, not necessarily a point of policy, but it is relevant nonetheless that many of us said that that would be the start and those so-called safeguards would be removed over time. And to be frank, that is what some of today's legislation is doing. I think the Premier talked about the bill in 2017 having strong safeguards, and now they are seen as barriers. That is the point I wish to make. Having said that, as I indicated, we are faced with the fact that we have voluntary assisted dying. It is not up for debate today. Even if it were, I strongly suspect that the vote would remain in the majority in terms of the people in this place.

I know many of my colleagues have already indicated that they have probably changed their position somewhat since 2017, and I would probably also be one of them. I am not sure, if we were debating it today, what my position would be, but I certainly have grappled with it over the years. There have been a number of individuals who came to me at the time with concerns. Acknowledging the member for Pakenham, one of those individuals spoke about having motor neurone disease in her family and simply wanting the option. I have thought about that person a lot ever since, even though I voted against it. It highlights that this is a tricky decision. I think it is not easy to decide on voluntary assisted dying in principle. It is even harder when it comes to the practice of a certain individual, and previous members have spoken of their experience with individuals.

On that score, I would like to reference a person from my electorate, Amanda Mundy, who has spoken on behalf of Dying With Dignity Victoria about her experience with her father Don Wright, who I knew. I played footy with Amanda's brother Danny and her other brother Matthew. Amanda gave a very eloquent explanation of the experiences of her father, particularly the experience of him being a regional Victorian and some of the challenges that that caused. Her position was very moving. Again, I am influenced to some degree by that specific experience.

In saying all of that, I raised at the time concerns particularly about coercion and about the prospect of that occurring. I must say, eight years down the track I have seen no evidence nor heard stories of the things that I was concerned about then actually occurring with voluntary assisted dying. I emphasise that is not to say that they have not. It is very unlikely that anyone would be able to ever prove that a person was coerced or pushed into voluntary assisted dying.

It is on that issue that I still am somewhat conflicted on two of the amendments in this legislation. One is with respect to clause 7, which allows health practitioners to initiate discussions about VAD. The mere fact of a health professional giving the option to someone could be interpreted by them as something that it is being suggested that they should do. The second matter is the issue of interpreters. Again, there is a risk – I think a very small one but a risk nonetheless – that an unaccredited interpreter, perhaps a family member, could make statements that would make it difficult for someone facing a decision on this. They are two issues that I grapple with as well. I will be interested to listen to further debate on this.

As I said, I remain conflicted on parts of the bill. There are some, though, that I am happy to support. Clause 8, about Australian citizenship requirements, and clause 9, about Victorian residency requirements, I have no issue with. Clause 10, about medical practitioner eligibility, and clause 15, removing the requirement for third prognosis assessments for people with neurodegenerative conditions, I do not have any issue with. Shortening the time period from nine to five days between the first and second request – I understand the concerns about that, I genuinely do, but I think when it comes to someone who is genuinely at the end of their life this becomes an issue. Simplifying the permits, removing the forms from the act and requiring the additional review of the act every five years I certainly support. Even though there are parts of the bill that I am uncomfortable with or that I am grappling with, I would certainly support clause 11, the prohibition on practitioners from being a beneficiary or a family member.

As I said, I think in respect of allowing health practitioners to initiate discussions on VAD, so removing the so-called doctor gag, there is a risk that people are not informed. As MPs we deal with certain things day after day and we know what is available, and there is no doubt that there are people, particularly someone going through a very stressful time, who will not be aware of these issues. I think it is a tricky one, and I am conflicted on this because there is the risk that doctors simply raising it, as I said, does potentially send a signal to someone that they should take up the option of VAD, but I will consider discussion on that further.

The conscientious objection is the other one. I am concerned that anyone should be forced to do anything against their will or their conscience, but I am pleased that the proposal here is not that a health practitioner must refer to another health practitioner, as is the case with abortion, but that they must simply provide further information. I will consider some of the amendments that have already been flagged and proposed to tighten that a bit to ensure that it is simply not the secretary’s information. I am not sure that it is too much to ask that if you are an objector to this you at least provide information if someone is raising the concern.

I will carefully consider the debate as it goes. I will listen to arguments about amendments. I think we all want to see people have a good life and a good death. Since 2017, sadly, I have lost my mum to a kidney issue that was effectively a terminal illness. She had a good death. That was a great thing. It was very peaceful and calm and largely without pain. I guess we would all like to see that. I, again, remain conflicted on aspects of this bill. I look forward to the ongoing debate.

John LISTER (Werribee) (17:17): I just want to rise to briefly provide my wholehearted support for the amendments to the Voluntary Assisted Dying Act 2017 in the form proposed by the Minister for Health, mostly because this does bring us in line with other jurisdictions. But I think, like all social issues, we should never see these sorts of things as set and forget, and it is important to continue to review them as we move along through this.

There are two main aspects I want to focus on, and as this is a conscience vote, I do approach this not just as a person, not just as who I am, but also as the member for Werribee and the representative of my particular community. Some of the amendments that are being made and how they will apply to my community in particular I think are important to highlight. It is no surprise that across a set of professionals that work so closely to life and death there will be a range of different moral positions when it comes to what that looks like to health professionals. But I would point out that just like every other profession, when you walk through that door you become that profession. It is important that while we have our personal views we also need to reflect the profession as a whole.

I would not claim to be an expert in conscientious objections and the way that process works and the ethics behind it, but I have done a little bit of reading recently into it, and particularly around the advice the AMA provides. I think it is important to respect conscientious objection and uphold that right to hold a certain belief about an issue like abortion or assisted dying. However, a health professional also has a responsibility to ensure that the human walking through their door leaves knowing the extent of medical options that are available for them in the circumstances that they are in. In the case of local abortion services, say, our Catholic health service running our public hospital does a great job in ensuring those people are referred to the appropriate service for advice. I note the previous speaker did reflect on that briefly and the differences in the level of what advice needs to be given under the voluntary assisted dying laws and under those other laws where there may arise conscientious objections to what is being required of health professionals. But I do think it is important to continue to reflect on the fact that as a professional you act as the profession, and while your personal views are important, we need to make sure that your actions are consistent with those of the rest of the profession. If we are saying that you are required to pass on information about abortion services in those circumstances, it is also fair to require information to be provided about voluntary assisted dying.

Removing the gag clause, as has been proposed in the amendment bill from the Minister for Health, does not just allow a range of health professionals to advise on voluntary assisted dying. Most importantly, it stops it being illegal for them to at least make sure that the human who has come through their door has appropriate medical advice. There has been a lot of conjecture around the types of health professionals that will be able to do this. All of the health professionals that will be able to discuss this with that person who walks through the door are still registered health professionals, and there are still standards that they need to meet. I understand there are concerns around that, but I still feel that to make it illegal for them even to have that conversation is problematic, so we are removing that gag clause and making it a bit clearer that advice can be given – whether by giving them the 1800 number, sending them to the health department website or doing whatever is needed to make sure that those people have all the options in front of them as they are planning their end-of-life care.

Ultimately, the choice to die has been made by the medical circumstances of that person. These changes are about the dignity surrounding that decision. In 2017 Victoria led the nation, and in that legislation included some very conservative rules around voluntary assisted dying. We have seen many cases where Victorian residents with longstanding connections to our community who are not necessarily citizens have not been able to access voluntary assisted dying. While this is a vote on my conscience, I cannot ignore the reality of my community, where many long-term Wyndham residents are without citizenship. Many are quite aged and may in years to come need to consider end-of-life care. At the moment that option is not available to them. It is for this reason I support changes to enable people in these circumstances to access the same standard of health care regardless of the colour of their passport or visa status. Clause 8 and new section 9A are reasonable changes to acknowledge this. I think that has been pretty much acknowledged across the chamber.

My electorate is also home to speakers of over 100 different languages, many of which have very limited official National Accreditation Authority for Translators and Interpreters-accredited translation services available. As someone who has worked in a school, I can attest to that. We could get into a debate about federal support for more NAATI accreditation and making sure that that is taken up, particularly in new communities where there may be few accredited speakers – the difference between getting NAATI-accredited Italian translators versus Karen translators is a very big issue in my part of the world. But in lieu of that, supporting people to get translation services more easily will make sure that the same standard of medical care is available to these vulnerable Victorians. And let us be clear that it is still sitting at a secretary level, this approval to have those translation services. The Secretary of the Department of Health is not someone you can call up in an instant. It is still quite a serious escalation to get to that point. This is not just old mate out the back of the medical centre saying, ‘Yeah, you’re good enough.’ And in the end medical practitioners still need to make the assessment that the person is suitable.

It is safe to say that despite the colour of your corflute we all came here to help people. Whether as a family member in a hospital area or as a firefighter out on the road, I have been around death a lot. Voluntary assisted dying is law, and our role here is to help people get the best quality of life, even when death is so close. I never want to see suffering, and I will fight for every service to make someone’s life worthwhile and valued all the way to the end. When someone gets to that end, I want to help make sure that people accessing voluntary assisted dying continue to be treated with dignity and have agency. With that, I commend the bill to the house.

Tim BULL (Gippsland East) (17:24): I rise to make a contribution on the Voluntary Assisted Dying Amendment Bill 2025. I start by giving my thanks to the member for Pakenham for the chats that we have had on this bill and for her wise counsel. She is an absolute beauty and an inspiration to us all in the chamber, and I wish her all the best. She has got a lot of living to do that girl, and I look forward to having some very small part in that.

There have been a number of complexities outlined in relation to this bill, and in the 10 minutes I have got I will not go over them all, but I do believe clause 6 – and it has been mentioned by a number of previous speakers – does require some alteration. I note that there are several amendments already being moved relating to it, and I have confidence that hopefully, in one of the two chambers, the concerns I have will be addressed. That concern relates to the information being made available to those making this decision being approved by the secretary. I just do not think that that should sit solely at the discretion of one office-holder. As I said, hopefully that will be addressed, but depending on how that plays out, this is a bill that I am highly likely to support.

When this bill was first introduced into Parliament in 2017, I voted against it. The reason that I voted against it was because I held some concerns that there were not appropriate safeguards in place for people with an intellectual disability. I was thinking about my own son when we were having that debate, and I just was not comfortable at the time that there were the safeguards there protecting people making that incredibly difficult and important decision in their life. But in this legislation before us now, I do see commonsense improvements. I respect that there are a lot of different opinions in the chamber, but I think this is a positive step forward, generally speaking.

I want to talk about a few of the concerns that have been raised with me. I am sure all members of this chamber have received emails, letters and correspondence from a number of different individuals and a number of different groups. I just want to cover off on some of the issues that have been raised with me and my thoughts on those. The first one that has been put to me is that this bill goes against the views of certain cultures. I certainly respect that it may do that, but those cultures are not compelled to participate if they do not wish, and they can opt out. Simply because this may be not in line with certain cultures, I do not think that is a reason to remove it as an option for everybody else within our society.

It has been put to me that it is wrong to allow health practitioners to initiate discussions around voluntary assisted dying. Well, I actually support allowing this. We already trust health professionals in a very wide range of areas. When health practitioners are discussing all available options with palliative care patients, this should be one of the areas that is discussed. Imagine a patient receiving a diagnosis and saying to their trusted medical health professional, ‘What are my options?’ You can imagine that conversation going on time and time again. Those patients should be able to have a frank and honest discussion about all of the options that are available to them.

At the same time, the bill also respects medical practitioners who conscientiously object. It requires that they provide minimum information or a referral. It does not compel them to participate, but it ensures patients are not left uninformed, and I think that is the right balance to strike in this very, very complex issue. To me, that is a commonsense outcome. That is a sensible middle ground. My view is that those who are opposed to that are perhaps opposed to voluntary assisted dying entirely. I do think that that provides fairness and equity of access to information for patients who have every right to have access to that information. No-one should be left with a void or a lack of information about the options that are available to them.

Another point raised with me was that if palliative care were brought up to the highest standard, there would be no need for voluntary assisted dying. I disagree with this. While some may hold that view, not all do, and it is not right for one belief to dictate the outcome to everybody. The reality of it is some people decide that they have had enough. Some people decide that they do not want their family members and their loved ones to see them at that undignified end-of-life situation. Take a look at Robert Walls – and I know the leading speaker on this side spoke about Robert Walls: what an incredibly dignified way to go. An astute man, he spent 250 nights in hospital fighting and battling his disease, and Robert Walls chose to do it his way. He did not want loved ones seeing him in an end-of-life situation that he did not want them to see him in. He wanted to be remembered the way he wanted to be remembered by his loved ones. It was his call, and he made that call. Robert Walls should not have ever been denied his wishes – wishes that were made with a sound mind and wishes that were made with wisdom. Having said that, I support the amendments of the member for Sandringham around palliative care and improving it and ensuring that safeguards are in place. That is something that, if this legislation passes, we should not avoid. We also have a big, big responsibility in that area.

As we know, the different prognoses are very difficult to predict, and many people lose decision-making capacity before completing the process. I am referring here to the change to the 12-month timeframe. The second reading noted that the Queensland experience shows that the 12-month prognosis reduces urgency and provides a more compassionate pathway for patients and families. I thought that the comment by the member for Pakenham in her speech, where she said the process needs to keep pace with the illness, not keep pace with the bureaucracy, perhaps could not have been phrased in any better way. I thought that that summed it up particularly well.

I understand there may be some amendments being progressed to this further, but given the complexities and case studies that are underway – and I believe the University of Queensland is undertaking some very, very significant studies into areas around dementia and afflictions that might impact a person’s intellectual capacity outside that 12-month period – they are not amendments I would be able to support at this stage whilst that research is being undertaken. I think we will be much better informed to make a decision on that in the future. But this amendment that relates to the 12-month timeline will ensure that fewer people with terminal illness are forced to wait until their final weeks of life to seek relief from the intolerable suffering that they may be experiencing.

Ultimately I see this legislation that is before us today as giving more people more control over how they die, and that is not a bad thing. It is giving more people more control about how they end their life. In doing so we are affording them the opportunity to pass with greater peace of mind and dignity. I want to finish off my contribution with that word ‘dignity’. This is about allowing people who make that decision, like Robert Walls, to pass with the dignity that they deserve at the end of their life, and the extension to that 12-month timeframe provides greater opportunity for that to occur. I commend the bill to the house.

Chris COUZENS (Geelong) (17:34): I am pleased to rise to contribute to the Voluntary Assisted Dying Amendment Bill 2025. I do want to start by thanking the Minister for Health for her work; this was not an easy bill to prepare. I do also want to thank people for the many moving and considered contributions that we have heard in this place today, in particular the member for Pakenham, who we know is such an incredible and courageous woman. I really appreciate her words and fully agree with what her contribution was today. I do also want to acknowledge and pass on the views of my constituents. I have had the opportunity to talk to many constituents, not only in 2017 when we first passed the legislation but also for these amendments. Overwhelmingly my community in Geelong have said, ‘We want these amendments.’ They want them because they believe that there are appropriate safeguards in place. Many of them – which surprised me – have looked at the reports. They have looked at the progress of the legislation since 2017 and have indicated their great support for that. There are varying views, and I have every respect for the different views that we have, not only here in this place but out in our communities. I have met with a number of people who have concerns about the amendments, there is no doubt of that. But as I said, overwhelmingly my community is supporting this.

Many people have told me their horrific stories. There was a young family that spoke to me about how their children are still traumatised from the death of their mother, because by the time she wanted to use assisted dying it was all too late for her. Her children remain traumatised 12 months later from watching their mother pass away with great suffering.

Many people have told me of their experiences of a loved one making that decision and making it so that they can say goodbye to all their friends and loved ones. They have these living wakes, I think they are called, and family and friends all gather and talk about old times and talk about what the future is for the rest of the family, for example. For me, it is a great thing to be able to do if you know when you are going to pass. These people are not making these decisions at a whim; they have put great thought into it. They have been lucky enough to have the time to do that and then to arrange for these living wakes so that they can see all their friends and talk to their family about what they are doing.

We do have a great palliative care system. We have some amazing services in our community. In Geelong there are so many wonderful people doing this really important work in palliative care. But I think what it comes down to is having that choice. Like many in this place today, we have talked about how that choice is made, and I think to be able to be given that information by your health professional is really, really important, because then that helps prevent the delays in people finding out that information and being able to make an informed decision about having a choice. Now, would I do that? I do not know, but I want to have the choice. I want the choice to be there. If I am in that situation where the suffering is unbearable, I may want to make that choice to use voluntary assisted dying.

It is not for everyone, and there are a whole range of reasons why people do not want to go down that track. A lot of it is for religious reasons. A lot of it is concerns about how it all might take place. But the direction of my community has very clearly been that they support this bill. As I said, I respect everyone’s views, but I respect the opportunity to be able to have a right of choice, to know that is there. In talking to people that have looked at the opportunity of using VAD, they have indicated that it is kind of a relief for them to know that is there. We know that some people do not end up using it, and that is fine, but it comes down to that choice. If they are suffering unbearably – from some people I have heard stories where they have just suffered hugely – then why shouldn’t they have the choice to do that? Why shouldn’t they have the choice to end their own life instead of suffering?

As I said, I do support and respect people’s views. I think this is a really challenging debate for a lot of people, and I respect that. But my perspective, from listening to my community and from listening to people tell some pretty horrific stories, is that we should support this amendment. It is important to so many people. We have heard numerous stories in the chamber today from members who have listened to people in their community and listened to the concerns that they have.

I think this is a really important amendment. I am not going to go into the detail of that – I want others to have an opportunity to speak on this bill as well – but I just think it is about choice. It is about making the choice of: do I suffer right to the end and put my family through that trauma or do I make a conscious decision that I have had enough and that nothing is going to change – I am still going to die – and do I want to die suffering? I think that is the question that we should all ask ourselves, and that is something that we should all be considering. But I think again it comes back to that choice. Like other things, like the abortion decision, we have a right to have that choice. We have a right to be informed on what that process is. I keep coming back to that, because for me, that is a really key part of these amendments – being able to get that information in a timely way when you meet with your GP or other health professionals. They should be able to give you that information, and then you can go away and make your decision based on that. I do commend this bill to the house.

James NEWBURY (Brighton) (17:41): I rise in support of the Voluntary Assisted Dying Amendment Bill 2025. As has been eloquently said before, the greatness of a society is most accurately measured by the compassion of its members. This bill, I think, and the core of the powers that were created in 2017 go to the compassion of our society and the compassion of our state. They go, as has been spoken about earlier, to the right to live, the right of life, the right of compassion in leading a compassionate life and the choice as to when that right to live ends. That is what these laws do and what the voluntary assisted dying legislation does. It goes, to my mind, personally, to the very core of what it means to believe in the power of the individual and empowering freedom of choice.

I was most profoundly affected in these matters as a full-time carer of a family member who died of a terminal illness. It is an issue that I have not been able to talk about since it occurred. This is the first time I have been able to talk about it. Going through those circumstances gave me the opportunity, and I use that word very deliberately – opportunity. My family member died of a very serious terminal illness, and every week I would take her to have chemo treatment and sit with her and the other patients who were going through the chemo treatment each week. I would sit with some dozen people each week and talk to them about life and talk to them about these issues. I learned more about life through going through that experience, not only with that family member but the other people who were going through those treatments, than probably anything – other than when my children were born. I think that they were both the most defining things that I have learned about life.

This legislation takes on a very conservative set of laws, and I understand why the system that was put in place in 2017 was very conservative. I spoke at length with my predecessor, the former member for Brighton, as the legislation moved through the chamber, as to how that legislation was eventually passed and the compromises that were reached in the upper house to ensure that that system was put in place. Those compromises enabled a piece of legislation that we as a society should be proud to know exists as an option and as a choice for people. There were choices that needed to be made to ensure that legislation passed. Since then I am sure that many people have deliberately worked with this government and the Parliament more broadly to talk about how we could make that system see itself as originally intended, to ensure that people who frankly deserve a right of access to treatment have a right of access to treatment and to ensure that the compromises – there is no other word for it – that needed to be made in that original piece of legislation could be addressed.

We look at a bill today that has come about because of a review that took place five years after the original system was put into place – by any measure a reasonable measure of time – to consider the operation of the original legislation and look at improvements that may need to be made or opportunities to ensure that system is best placed. That is what this house is considering today: a set of frankly not overly progressive measures, measures that are incremental, are common sense and enable a right of access.

Before going into some of them specifically, you can see with this bill and the debate that is occurring in this chamber and more broadly in terms of the public debate how sensitively the community has responded to this issue being raised, how the issue has been reported upon and today how the debate in this chamber has occurred, because this bill, at its core, is reasonable in the way that after five years amendments are being proposed that I think will allow, if passed, a system to exist in Victoria that we can all be proud of in terms of the people who need it having the choice of access.

Whether it is a doctor providing information or referring on, my personal view is that medical professionals have a duty of care to their patients. Just in the same way that I do not think a doctor should have the right to not treat a patient for one particular illness or not provide advice on one particular illness or medical attention they may need, my personal view is that they should not have a choice to opt out of providing advice where it is needed. I feel very strongly about and respect health professionals more broadly in a way that I think it is a straw man argument, frankly, to argue that health professionals will misuse the voluntary assisted dying legislation. Health professionals, at their absolute essence, do the job more than by just doing the job – they do the job because they believe in caring for people. They believe in helping people. They believe in being with people and providing their best advice to people. Medical professionals should not have the right to opt out, and health professionals more broadly should be trusted to provide the best advice to their patients.

There are a number of other minor amendments which frankly, had they been in place in the original piece of legislation and had I been here at that time, I would have supported in terms of residency and in terms of the changes from nine to five days. These matters are – I do not want to simplify – fairly described as common sense. In terms of right of access, I do not think people should be disqualified because they are long-term residents but not citizens. That just does not make sense. A compassionate society certainly I do not think would draw that line in the sand. So I think this legislation does what it unfortunately could not do initially but on reflection, after a five-year review, brings about in a methodical, reasonable, small-steps sense, and I will be supporting it in its original form. There are no amendments that have been moved that I see as ones that I would support. I do intend to support the bill, as I said earlier, in its original form. I am not aware of any government amendments yet, though obviously they have the right to consider the amendments in the house, and I would look at any of those as they progressed.

But if I can go back to the original two points, this legislation, to me, and this system is about a right of life. When you have held the hand of someone who is choosing the timeline of their life and they are doing so because of the difficulties they are facing, I think we can hold our heads up high as a state in terms of the compassion that we have as a broader society, and this Parliament should stand tall in having passed that original legislation. I do very much hope that we can collectively pass this legislation today.

Daniela DE MARTINO (Monbulk) (17:51): It is with a great sense of responsibility and a heart full of compassion that I rise to speak on the Voluntary Assisted Dying Amendment Bill 2025. Before I commence I would like to acknowledge my beautiful and dear friend, a woman of extraordinary courage, grace and humour, Emma Vulin, the member for Pakenham. I am so glad that she has the option to use the voluntary assisted dying system and that she has the choice to do so legally in our state. I would like to acknowledge all of the contributions made here today in the chamber. I have learned things about colleagues and friends I never knew before. I thank them all for their heartfelt contributions. It takes courage to stand here and declare one's position on matters of life and death, and I commend each and every one of them for doing so.

I have done my very best to ensure that I enter this debate with an informed conscience, having spent over 50 hours since I first saw the bill 13 days ago poring over it, reading the review and talking with advocates for voluntary assisted dying as well as opponents. I have discussed the bill at length with medical practitioners and health practitioners, including several doctors working within the voluntary assisted dying system and medical specialists, all of whom have given so generously of their time and at short notice to speak with and write to me. I am grateful to them for their time and input. I have done my best to look at the legislation in other jurisdictions, noting with interest that the legislation in the Australian Capital Territory, which is the only other jurisdiction to contain all of the amendments sought here, is yet to be enacted. It takes effect next Monday, on 3 November, and I feel it is important to note this, given it has been referenced by many as an act which is permissive, and I note that it is yet to be tested in the real world.

I feel it is also important to state my position on voluntary assisted dying, which in the interests of time I will refer to as VAD throughout my contribution. I am broadly in support of VAD. I personally would like this option were I to find myself in a position of need, and I know it gives great comfort to those who are facing death. I have borne witness to the deaths of many loved ones, some painfully slow and agonising to witness and some tragically quick. I wished for my nonno's death to be hastened, as did he, pulling out the feeding tubes they kept inserting into him with the little strength he had and no capacity to speak following multiple strokes. And I worked my hardest trying to get my father's heart to start when it had failed.

Death can come for us without warning, and the shock is seismic when it does. When death approaches at a slower pace, there is understandably fear, which accompanies it for so many. It is a great comfort to those, including me, that VAD is an option amongst so many others. I do, however, believe in strong safeguards, and I have some concerns with the bill before us, which I do believe could result in some unintended consequences. Whilst the 13 overarching amendments are found across the different jurisdictions, no other state's legislation contains all the provisions, and I would argue for good reason, because in passing all of these I feel that we weaken some safeguards set up so carefully to ensure that those who qualify and truly want to access VAD can do so whilst ensuring that no-one is coerced or unduly influenced to make the decision to shorten their lives because they have been made to feel they should.

Along with the member for Greenvale I feel sincerely we have not been given enough time since this bill was released. The decisions we make in this chamber will have an absolute impact on the uptake and use of VAD in our state, and it behoves us all to exercise informed consciences. The challenge I feel is the lack of time I have had to inform myself appropriately, and so I support the member for Greenvale's reasoned amendment in the hope that the bill can be improved further to ensure areas of concern are addressed. Should it not pass, I seek the following two amendments in the hope of improving the bill before us, ensuring that some careful safeguards do remain in place. The first concerns health practitioners being able to initiate conversations. I propose that the bill be amended to remove the capacity for Australian Health Practitioner Regulation Agency (AHPRA) registered health practitioners to initiate conversations but to continue to allow them to direct the client or patient to speak with a medical practitioner or nurse practitioner. The second is the lowering of the threshold of experience for VAD practitioners from five years of specialist registration to one. I would like to see that remain at five years.

In terms of initiating conversations, having canvassed several health practitioners, including doctors and nurses, some of whom work within the VAD system, I am yet to find anyone who supports this change allowing health practitioners to initiate conversations about VAD. Of those I have spoken with across the medical and health professions, all have been supportive of registered health practitioners advising the patient who raises VAD with them to then go and speak with the registered medical practitioner or nurse practitioner who is responsible for the person's medical care or any other registered medical practitioner or nurse practitioner. My fundamental concern is that, if we allow AHPRA-registered practitioners to initiate conversations when they are neither trained nor experienced for such conversations, we may see situations where clients – or patients, depending on how they refer to them – who are at their most vulnerable, knowing that their time is ending and facing that end of life, walk away feeling that they should use VAD because they may be a burden, or they perhaps walk out with fear because it has not been dealt with tactfully, or they have had so many different practitioners raise it with them that they feel somehow that they must.

I would like to read for the house the list of health practitioners who would be able to raise VAD. It includes Chinese medicine acupuncturists, Chinese herbal medicine practitioners, Chinese herbal dispensers, chiropractors, dentists, dental therapists, dental hygienists, dental prosthetists, oral health therapists, diagnostic radiographers, nuclear medicine technologists, radiation therapists, registered and enrolled nurses, midwives, occupational therapists, optometrists, osteopaths, paramedicine practitioners, pharmacists, physiotherapists and podiatrists, to name a few. I have spoken with several health practitioners, and they, along with numerous medical doctors, have all agreed that they see this change as unnecessary and furthermore fraught with dangers. Some have expressed concern about the potential of mental injury to the health practitioners themselves, and that is enough for me to seek to amend this bill to remove that ability for them to initiate the discussion whilst retaining the ability for health practitioners to be able to respond to a client who raises it with them that they should then speak with their medical practitioner or nurse practitioner.

The second change that I seek is to retain the threshold for specialist registration – to keep it as five years. Following discussions with several doctors, including the first VAD practitioner in the Western District, who is still continuing to do his work with patients choosing VAD, and medical oncologist Dr Vishal Boolell, as well as the head of the Northern Hospital palliative care team Dr Alison Giles, I propose that we retain the status quo of five years registration. This was a serious concern for them, and they were happy for me to quote them, along with several others I have discussed this matter with, for a number of reasons. Junior doctors do not have enough life and medical experience to deal with the requirements of being the assessing medical practitioner. Many may not realise the burden on themselves which comes with working within the VAD system. There is significant pressure upon the doctor when assessing patients and guiding them along the way. The more junior the practitioner, the more they will feel pressured by the patient or family to sign off when they do not meet all the criteria for VAD. In the words of Dr Boolell, it is hard to say no to a patient who wants it but does not meet the criteria. And junior doctors, it was noted, are less likely to debrief with their colleagues when they need to the most, sometimes for fear of appearing too junior. Both Dr Giles and Dr Boolell feel that five years experience is appropriate and should remain unchanged, and so I defer to them as experts on this who are working in the field. That is why I put the amendment to the house.

Once again, I thank everyone who gave so generously of their time to speak with me and address my concerns and/or raise theirs. This role as legislators is a privileged one indeed, and I take my responsibility as the member for Monbulk seriously, as I know does each and every one of us in here. When I cast my vote it will be with a conscience as informed as possible. It will be with a heart full of love and compassion, and it will follow listening to all the debate present here, to the contributions made by everyone. Having done my best, I will then do my best once again when I cast my vote in the house. I thank those of you listening to me and my contribution. I commend the reasoned amendment to the house, and I commend my amendments to the house.

Will FOWLES (Ringwood) (18:01): This bill is about compassion, fairness and dignity at the end of life. It is about listening to families, to doctors and to legal experts and making sure a system which has been in operation for six years is working as intended and is working as well as it can. Victoria was the first state in Australia to legislate for voluntary assisted dying. Since then, other Australian states have followed, each one building on what we started and improving it. Western Australia, Queensland, Tasmania, South Australia, New South Wales and the ACT have all refined their models to make them fairer and make them more workable, and even the Northern Territory looks to legislate early next year. So this bill is not reinventing the wheel.

The debate in 2017 of course drew on international experience, but now with data and lived experience from every Australian jurisdiction, there is an opportunity to bring Victoria in line with best practice right across the country. The government's bill will remove some unnecessary barriers that cause distress while still maintaining the necessary safeguards. These reforms have been shaped by the people who have lived it: patients and their families who have navigated the voluntary assisted dying process in their final days, practitioners who have seen unnecessary bureaucracy burdening and delaying, and legal and ethics experts who have studied the consequences of our silence on key issues such as institutional access.

The government has brought forward what I believe is a good bill. It makes sensible, practical improvements that will help ensure this system serves the people it was designed for. There are two particular clauses in the bill that I want to express my strong support for. The first is the removal of the gag clause. Dr Cameron McLaren, one of Victoria's most experienced VAD practitioners, has spoken passionately about this issue. He explained that the gag clause is not only impractical but insulting. It implies that doctors cannot be trusted to talk openly and responsibly about all lawful options with their patients. Well, of course they can. Doctors dedicate their lives to caring for their patients. Their entire role is built on compassion, trust and honesty, ideals which are enshrined in the national code of conduct for doctors, which states that doctors have a duty to make the care of patients their first concern and to practise in a way that is honest, ethical and trustworthy. The gag rule forces some doctors into silence and leaves others speaking cautiously, afraid of breaching the law simply by answering a question. It denies patients clear information at a time when they most need compassion and truth. Every other end-of-life option, whether to continue treatment, stop medication or withdraw care altogether, can be discussed freely. Voluntary assisted dying should be no different. Removing this clause is not about advocacy, it is about honesty. It allows doctors to do their job properly, to give patients the information they need and to provide support with clarity and compassion.

The second reform I particularly want to highlight is the simplification of the permit system. Right now a patient must obtain a government-issued permit that specifies how they will take their medication. It is an extra step that adds stress and delay at a time when every day counts. Other states have safely removed this requirement without compromising safeguards. The reform that the government proposes cuts red tape and puts trust back where it belongs: between the patient and the doctor.

So these reforms are good reforms, but I believe the bill can go further in support of choice and fairness. There are several areas where this bill can be improved, and that is what my amendments seek to do. My amendments are guided by the evidence, by expert advice and by the lived experiences of families who have been through the process. Members will have received in their inboxes just now a memo explaining my amendments, and we are in the process of settling the detail of those with the Clerk's office and the Office of the Chief Parliamentary Counsel. But the memo explains every single one of the amendments that I am proposing now.

One of the important areas of reform is around institutional access. Research by Professor Ben White and the independent Australian Centre for Health Law Research at Queensland University of Technology found that some hospitals, hospices and aged care facilities in Victoria still block or delay access to voluntary assisted dying. Families have described the acute distress of having to move a loved one out of care just to exercise a lawful right. An ACHLR paper quotes a family member as saying:

> It will always be a great sadness for me that the last few precious hours on Mum's last day were mostly filled with stress and distress, having to scurry around moving her out of her so-called "home".

I simply cannot understand what public good this policy is serving. I genuinely believe that instances like this are not what Parliament intended when it passed these laws eight years ago. These experiences show the real human cost of institutional objection: delays and confusion and heartbreak and the cruel, cruel choice between staying in familiar surroundings and accessing dignity. Unlike Queensland, South Australia and New South Wales, Victoria has no binding rule preventing that obstruction. Our current departmental policy is only guidance, but my amendments would make it law. Under my proposed changes, hospitals and aged care facilities will no longer be able to unreasonably block or delay access. They will have to publish clear policies, allow trained practitioners to meet patients onsite and take reasonable steps to assist a patient accessing voluntary assisted dying elsewhere. No-one should be forced to move hospitals or spend their final days in limbo simply to exercise a right that this Parliament has already granted.

I am also seeking to remove the arbitrary 12-month prognosis rule, which does not reflect the realities of modern medicine and progressive illnesses. The ACT and Tasmania have already moved away from this outdated test, focusing instead on whether a condition is advanced, irreversible and causing intolerable suffering. My amendments adopt that same far more humane standard. I am also moving to delete the requirement that one of the assessing doctors must be a specialist in the patient's specific illness. That rule has created serious barriers, particularly in rural and regional areas where specialists – or subspecialists, perhaps better titled – are simply not available. Other states – Western Australia, Queensland, Tasmania and New South Wales – and the ACT have removed this requirement. They have removed it safely and they have kept strong safeguards in place while improving access and fairness, particularly for rural and regional residents.

Under federal law doctors cannot use telehealth to discuss voluntary assisted dying, and that is because the Commonwealth Criminal Code makes it an offence to use a carriage service, like phone or email or video, to discuss suicide as defined in the federal act, and that prohibition still applies even when the discussion is about a lawful medical procedure. This outdated restriction means terminally ill people in regional and rural areas often have to travel long distances while in pain just to have conversations about their options. We cannot cure every ill on the federal statute books in this place, but we can give it a go, and I think there is a real opportunity here to make sure that those patients who live outside of metropolitan Melbourne have the same access to VAD as patients living in the city.

Every state in Australia, as well as the ACT, now has voluntary assisted dying laws in place. The Northern Territory has announced it will introduce legislation next year, so this makes the 12-month residency rule entirely redundant. We should not exclude access to VAD for people who have moved to Victoria, especially when they have typically done so to be close to family or for treatment. Compassion should not depend on a postcode.

Finally, I seek to broaden ‘interpreter eligibility’ to include community languages when National Accreditation Authority for Translators and Interpreters accreditation does not exist. Language should never be a barrier to choice. This amendment will provide a fair and practical pathway for people whose languages are not currently recognised, ensuring equity and respect for Victoria’s multicultural communities.

I would have liked to move an amendment to allow people with neurodegenerative diseases to make advanced requests for voluntary assisted dying. Regrettably that has been ruled as out of scope. But I still think it is a debate we need to have, and I will gladly contribute to that debate in future. Finally, I do want to acknowledge and congratulate my friend the member for Pakenham for her advocacy and leadership in this area. Emma’s contribution to this debate has been courageous and generous, giving a voice to the many people and families walking the very difficult path of neurodegenerative disease and doing so with extraordinary strength. I have long known the member for Pakenham to be good and decent and kind. What I did not know until her diagnosis was just how fiercely courageous she is. This might be the first time in the world a legislator with a terminal illness has had to debate that legislation. That takes exceptional bravery, and it shows that Emma is both an exceptional person and an outstanding representative.

Taken together these reforms will make Victoria’s system fairer, kinder and more consistent with the values that first inspired this law. They draw on lived experience, clinical insight and best practice from other Australian states. Victoria began this journey as the first state in Australia to legalise voluntary assisted dying. It should once again lead with compassion and courage. It is not about ideology; it is about humanity, it is about dignity, respect and the right to choose a peaceful end on one’s own terms. I commend the bill to the house, and I ask members to be brave and to go one step further.

Katie HALL (Footscray) (18:11): I am pleased to make a contribution on this very important bill. In doing so I would like to begin by acknowledging the work of the health minister and her office, the former Minister for Health my friend Jill Hennessy, the advocates in our community for dignity and choice and my colleagues in this place. Whatever your position on these reforms, thank you for sharing your personal perspectives.

I would like to acknowledge the generosity of community members who have had family members who have chosen to utilise VAD in sharing their stories with the hope to make others’ end-of-life care and choice as thorough as possible. It has been a strange but somewhat cathartic experience to be nodding in agreement with the member for Brighton and the Leader of the Opposition, but as the member for Hawthorn said, ‘This is Parliament at its best.’ I acknowledge the incredibly brave and articulate position of the member for Pakenham. I am in awe of her strength, her compassion and her dignity, and I know a lot more about the beast now, about MND, because of her advocacy. What a gift she is to us and to the people of Pakenham.

This debate is not about the merits of voluntary assisted dying that is available to Victorians who are eligible safely under the law already. What we are debating here is what are best practice reforms, the need for consistency across jurisdictions, having the right safeguards and getting the balance right between the safeguards and not making access to VAD a painful last bureaucratic hurdle in life. I watched on in 2017 when the original legislation passed and was inspired by the effort that people made in here to get something very challenging done. As the first state, Victoria led the way with legislation which has now been followed by other jurisdictions. Of course, as the first, our reforms were perhaps the most constrained in terms of access. Now we find ourselves in a position where other states and territories in Australia have expanded access to voluntary assisted dying and perhaps removed some of the hurdles that are leading to unintended consequences for people who are suffering from a terminal illness.

I will not be taking my full 10 minutes for this contribution because I know people have a lot to say. I support these reforms wholeheartedly, and there have been times in my life when I wished I had a faith, when I wished I believed with some certainty that the beauty of science was supported by a god and an afterlife, and I say that with the utmost respect to people of faith. But the time I wished for a faith the most was when I watched my father die. He was too young. He was 62. He died from a terminal, unknown primary cancer, and from diagnosis to death was 12 months. He spent most of that time in hospital. It was excruciating to watch a strong, proud man lose the ability to speak or swallow. If VAD had been a choice, I do not know that my dad would have taken it, but I know he would have supported it. Maybe he would have wanted that choice; I do not know. As traumatising as that time was, all I wanted, apart from him to make a miraculous recovery, was for Dad to be comfortable and in control.

Of course all living things die. We are all just passing through. I believe deeply that we need to be more open about death, the process of dying, treatment options and the treatment of pain, the ways we should celebrate life and, for some, a choice in when and how to go, to have some dignity through control. Removing the gag clause is a change I think that goes some way to ensuring that doctors can do their job properly and in good conscience, that we can have that openness about death and about choice. So for this, my first conscience vote, I most certainly will be voting in favour of these reforms for choice and for compassion, for informed decision-making, and in doing so I will be thinking of my dad. I commend the bill to the house.

Cindy McLEISH (Eildon) (18:16): The bill that we have before us is indeed controversial, and there are a variety of opinions in this place but also generally out in the wider state. Within this party there will be people that have got different opinions overall and also just on some of the clauses. I note that there are so many amendments that are being moved that it is something that we will all need to have a look at and take fairly seriously. I want to thank the individuals and organisations who have taken the time to contact me about their views and to provide vast quantities of information for us all to wade through. Again, of those who have contacted me, there are many people who are supportive and those who are against as well. I just want to acknowledge those who have loved ones who are nearing the end of life, and it is a really difficult, challenging time. I know for a lot of families there are choices to be made in so many different areas. Sometimes people have dying wishes – sometimes they are known and sometimes they are not known – and sometimes families have had a discussion about what that might look like and others have no idea. With assisted dying, if you are going down this path it is important that you have had those discussions, that you have talked to your family about it. I have had some feedback from those who have indeed had those sorts of difficult but fruitful discussions.

I was here in 2017 when the original bill was introduced, and we had an extremely long sitting at the time. I remember I was quite conflicted last time. My parents sat on very opposing ends of this. Dad was all for it – ‘Yep, if that’s my choice, that’s exactly what I’d do,’ and Mum would be like, ‘No, let somebody else look after it’ – not her. She would like to have just seen how things went. Although neither of my parents had to go down this path – it was not in at that time – Dad was on dialysis, and he pretty well called his own time anyway, because he decided, ‘I’m not doing this anymore. I’ve had enough. That’s it,’ and passed away quite quickly afterwards. So he was very much in control of his own passing. It would have been nice if he had given me a bit of a heads-up about exactly when he was planning on doing that, but that is all right. I certainly respected that that is what he wanted to do, because he found it really quite difficult.

At the time, I raised amendments in this house to reduce the timeline from 12 months to six months out from a possible end date, and it did not get through here but it actually got through in the upper house at the time. With that legislation there was an independent five-year review built in to look for areas of improvement – what has worked, what has not worked – and as we have found, things have moved on in other states around the country. They did a variety of surveys, submissions and interviews. So the bill that we have before us brings Victoria into line with many other states and does make a number of other changes from those reviews.

One of the things that has really swayed me here are the stories that I have heard from people who have gone down this path who said what a comfort it was to them and to their loved one to choose their time, to be in control and to make that end-of-life choice. They have talked about whether they sat there and had a glass of wine and then made the decision to end it there. They found that really quite comforting. Everyone who has gone down that path said what a lovely experience it was, being in control.

One of the positives that I want to mention in this bill is about access. In 2022 I had a constituent who was not a constituent – well, I guess he was. He actually voted, but he did not have permanent residency. Ray lived at Caveat in country Victoria. He was diagnosed with cervical oesophageal cancer, and that was complicated by the extremely high risk of severe airway obstruction and compromise. The surgical resection was not possible. His oncologist recommended at the time that he was unlikely to live longer than six months. He had been a temporary resident of Australia on a special category 444 visa from New Zealand for 43 years. He had worked locally for 25 years, paying taxes and voting in both state and federal elections since 1979. He had three adult children, two of whom were born in Australia. He was unable to access the assisted dying scheme. His friends – one of whom I know particularly well – John and Cath advocated for him, and I met him. People tried to do what they could. Federally there was an attempt to expedite an application for permanent residency, but that was not possible. I had written to the minister at the time – the same minister actually – and said that under the act, section 9(1)(b)(i) legislated the eligibility criteria for access, which specified that the person be an Australian citizen or permanent resident, and Ray did not meet those requirements. Now, with these changes, he would be able to. I know it is too late for him, but through that experience so many of his family and friends in that country region were very keen to see this change, because it just did not sound fair that he should miss out despite having lived in Australia for 43 years.

There are a couple of other changes here – the explanation that the doctor should not treat their family members. I understand that has not happened, has not been exploited, but there is a possibility that it could, so that has been made quite clear. And a treating doctor cannot be a beneficiary, and I think that is something that everyone would think makes complete sense.

When we have registered practitioners being able to initiate discussions, one thing that is very clear is that they can initiate a discussion, but the person in charge, the person in the driver’s seat, is that person who is looking at the end-of-life decision, so it still remains their choice. Another area is that if you are incapable of taking the drug and require assistance it has been streamlined so that you do not need two permits now, you would need one. It was one to access it and one to get assistance, and now that can be done together. I think that is quite positive.

But I do, like a number of others, have concerns about conscientious objection of the registered health practitioners, clause 6(2), and inserting (2)(b) in particular. The previous bill specified the areas of information that needed to be given here, and now this is left to an unelected official: the secretary. I am really not particularly comfortable with that.

I am very keen to work through this evening some of the amendments put forward by multiple members in this place. There are 13 amendments as part of this bill, but there are so many others that are going to be dealt with this evening, and I look forward to that. In general I do support the bill. Having said that, I do want to see some changes in the palliative care area. I know we had a fairly good experience of that, and I know that more could be done.

Anthony CIANFLONE (Pascoe Vale) (18:24): I rise to make a contribution on the Voluntary Assisted Dying Amendment Bill 2025, and in doing so I genuinely acknowledge and respect all the views expressed by all parliamentarians and community members who have contacted me on this most profound and sensitive spiritual, ethical, moral and legal issue. As parliamentarians we all have a responsibility to help ensure that every Victorian is provided with the opportunities to live prosperous, safe and fulfilling lives, but that also means that, come the time for those facing terminal and end-of-life illness, ailments and diseases and those suffering from intolerable pain, we provide Victorians with the genuine choices they need, in line with their own preferences and beliefs, to have a peaceful end of life and death on their own terms.

Both in life and in death, which is a natural part of life, we have profound responsibilities to reflect on, exercise and discharge on behalf of all Victorians in careful, prudent, nuanced and considered ways. That is certainly what we intend to do with this bill, because we know that for some people, despite the best of health treatments and palliative care, the suffering remains. It can become beyond bearable for many as they head towards their final days on this earth and to the next life. That is why the Victorian Labor government passed the Voluntary Assisted Dying Act 2017 – VAD act – with Victoria leading the nation at that time in offering a safe, compassionate and dignified end-of-life choice for those suffering from life-limiting illnesses, intolerable pain and suffering. It has given families the chance to say goodbye with grace, to be present and to support and to honour the wishes of the person they love. It is a bill and reforms that I continue to support.

The original act was largely informed by two comprehensive inquiries: the Legislative Council inquiry into end-of-life choices in 2017, which recommended Victoria should legalise voluntary assisted dying; and the ministerial VAD advisory panel, which at the time helped inform and guide the development of the Voluntary Assisted Dying Act 2017, which was accompanied by 68 safeguards and the creation of a VAD board to oversee the implementation and monitoring of VAD, including with this initial five-year review. It is this review, which took place between 23 June and 24 June, that I would like to draw the house's attention to. It found:

> Access to VAD is safe. The program is working as envisioned, with no reports of ineligible individuals gaining access to the substance. Compliance with the Act has been very high, and the median time in which people can access VAD is progressively shortening.

Between 2019 and 2023, 1527 permits were issued for people who were eligible to access VAD. Of these, 60 per cent of individuals chose to use the VAD substance, while another 400 individuals had the substance dispensed but did not use it. The number of permits issued each year has been increasing over time, effectively doubling from 2019–20, with 237 permits, to 485 permits in 2022–23. Demand for VAD is anticipated to increase as community awareness of VAD increases, with modelling projecting there will be around 700 applicants per year by 2028.

The median time to access VAD has decreased since the introduction of the VAD, with the median time to obtain a permit decreasing from 28 days to 21 days. The VAD regulations require the Secretary of the Department of Health to determine the outcome of a permit application within three days. Of all the applications, 99 per cent were determined within this timeframe and 95 per cent approved within two business days. Seventy-seven per cent of people seeking VAD and 93 per cent of families reported the VAD process was compassionate. And overall, the VAD review board reported that there had been high compliance with the act: 99.3 per cent compliance for all completed applications; only 14 cases did not comply.

The review also found that many accessing VAD were very much doing so in their later years and end stages of terminal medical conditions, as was the intention of the original act. Eighty-five per cent of VAD applications were accessing palliative care, 64 per cent of applicants were over 70 years of age, 76 per cent of applicants were cancer patients, with 9 per cent neurological diseases, 3 per cent respiratory failure, 2 per cent cardiovascular disease and 1 per cent end-stage kidney disease, and 9 per cent were other conditions or not reported.

The five-year report did not put forward recommendations regarding any legislative changes but rather put forward five comprehensive recommendations regarding the ways we can improve access, awareness and supports and resources for all concerned within the existing legislative framework. The findings and recommendations set out in the five-year review were also echoed in the most recent 2024–25 VAD review board annual report, which also showed that the VAD board received an unprecedented 837 requests for VAD. Again, as community awareness continues to grow, the board anticipates this will rise significantly. They have updated their forecast to 1300 requests each year by 2028, and that is when the original estimates at the time of us moving the legislation suggested between 100 to 150 VAD applicants on average per year.

When combined, the fact is that the overwhelming evidence presented by the five-year VAD review and the VAD board's most recent annual report of the VAD act 2017 is that by and large it is working as envisaged. But of course the review, the annual report and the feedback from various stakeholders also show ongoing opportunities for further refinement and improvements in operations, including through appendix 6 of the VAD review and the barriers outlined in the annual report and also as set out in the minister's second-reading speech, particularly around other states having moved their own schemes since Victoria implemented ours.

On these bases, the bill before the house seeks to propose a number of changes. That is why following much deep reflection, consideration and consultation over the 13 days from when this bill was first tabled in Parliament, I have formed the view that there are clauses, provisions and elements of this bill that I do support and there are ones that I have serious concerns and reservations about because in many respects they appear to be a significant departure from the original intent of the VAD legislation to offer safer, compassionate and dignified end-of-life choices for those suffering from life-limiting prognoses, illness or intolerable pain in parallel to and complementing palliative care processes and care and because, as the reports indicate, the VAD scheme is largely working as intended.

Of the areas of the bill that I do support, number 1 is the expansion of the Australian citizenship, permanent residency and Victorian residency requirements, so a person must be an ordinary resident in Australia for at least three years and a resident of Victoria for at least 12 months from the first request; number 2, the proposed removal of the requirement for a third prognosis assessment for people with neurodegenerative conditions; and number 3, the provision of greater choice on how the final VAD substance can be administered, including the current self-administration mode and the added practitioner administration.

However, there are a number of clauses and provisions I have concerns with and reservations about. This includes, number 1, allowing registered medical practitioners to initiate discussion about VAD for the first time. This is a significant shift from the intent of the original legislation, where it remains a vital safeguard. Number 2 is permitting not only registered nurses but also health practitioners such as allied health professionals to initiate VAD discussions. As interpreted under the Health Practitioner Regulation National Law, this could include psychologists, podiatrists, physiotherapists, pharmacists, osteotherapists, optometrists, occupational therapists, medical radiation practitioners, dentists, chiropractors, Chinese medicine specialists and others. This again is a significant change, vastly expanding the scope of which health professionals can raise and proactively discuss VAD with patients. Number 3, the bill seeks to expand the prognosis requirement to 12 months for applications, up from the current six months, for terminal conditions, doubling in effect that timeframe. Number 4, the bill amends medical practitioner eligibility requirements, proposing to allow assessing medical practitioners to have one year's experience practising as a specialist medical practitioner rather than five years. I believe a more balanced approach that helps ensure assessing medical practitioners have both the professional health and life and community experience will remain important.

Number 5, the bill shortens the time between the first and final request to access VAD from nine days to five days. The original timeframe provided an important safeguard in helping ensure people were provided with an appropriate time to deeply consider and reflect on their VAD requests before proceeding. Rather than simply reduce the timeframe, as set out in the VAD review, we could consider more opportunities to better raise awareness, resourcing and support for eligible people to apply and go through the VAD process earlier. Currently in Victoria, for example, just for some context, when one switches their energy bill and company, they have a 10-day cooling off period to cancel their contract with their new energy provider without penalty. Surely the existing nine-day timeframe has merit in this context, at the very least allowing people to contemplate their decision to access VAD over a weekend pause where appropriate or possible. Number 6, the bill requires health practitioners who conscientiously object to VAD to provide minimum information to patients as approved by the Department of Health secretary, but the bill does not provide clarity on that information, nor does it seek to include that material within the bill like we do with the current paperwork associated with the scheme.

Concerningly, number 7, the bill proposes an exemption to the requirement for interpreters to be specifically accredited by the national body. This has been largely attributed to the reported lack of individuals certified with the National Accreditation Authority for Translators and Interpreters, NAATI. However, I believe that the response to this issue should be investment and support by governments at all levels to train and recruit more qualified interpreters. Our elderly, non-English-speaking community deserve the highest levels of care and standards when it comes to their health and wellbeing, and this should be no different when it comes to such a vulnerable point in their life regarding VAD, as highlighted in the George Lekakis review into Victoria's multicultural policy in 2025, just recently. It says:

> As part of the current refresh of the Victorian Government's Language Services Policy, the Victorian government should declare language services an essential service. As a result, the government should only engage NAATI credentialed interpreters and translators and invest in training and accreditation pathways to improve interpreter availability and quality.

Number 8, the bill seeks to remove prescribed VAD applications and assessment forms from the act and provide them in regulations instead, with no parliamentary oversight. Number 9, the bill proposes to require ongoing review within the first three years of commencement of these proposed changes and then at intervals of every five years. I believe a five-year interval is sufficient given we have an annual report every 12 months that covers a lot of these issues. In essence, I look forward to the consideration-in-detail part of this debate. I look forward to working in good faith with everyone across the chamber to try and find a more palatable outcome.

Jade BENHAM (Mildura) (18:35): I am more than happy to make a contribution on the Voluntary Assisted Dying Amendment Bill 2025. I was not here when the original legislation came through this place in 2017, but I dare say my opinion of it then would have been the same, and that is as a full supporter of it, for personal reasons that I will get to later. Just on that personal note, as many members have said before in their contribution, the member for Pakenham, who is a force of nature, is incredible.

The strength and courage that she has shown during her illness, during her time in here and today have been absolutely exemplary. I congratulate her on her advocacy.

I also want to pay tribute to the organisation Dying With Dignity, who I have spoken with a few times. Also, I had the absolute pleasure of having lunch with our VAD consulting doctor in Mildura last week, who was a wealth of information and was very candid with some of these amendments and some of the barriers. When reading through the information pack it was actually quite refreshing to see some of those issues that he raised and some of the barriers that he has struggled with over the course of the just over 18 months that he has been the consulting doctor in our region – and in that time he has had 38 patients on their VAD journey.

One of the things obviously was the address barrier. In a border community like ours, in Mildura on the Murray River, to us that is just a river, but to governments it is very much two states – three if you consider South Australia, which the member for Lowan spoke about earlier. Obviously in Mildura we have that whole community in Gol Gol, Wentworth, Dareton, Coomealla and Buronga. They are all in New South Wales, but they all use our health services, schools et cetera. For someone who is very much a part of our community but just has a postcode that starts with a 2 to be ineligible to be assisted with voluntary assisted dying at places like Mildura Base Public Hospital or any of the aged care facilities or the palliative care unit just does not make sense. So it is a positive move that that barrier will be removed.

The eligibility requirements were also a discussion that came up during the course of that conversation. The introduction of a new administering practitioner role will hopefully expand the eligible workforce and address some of the workforce shortages, because there are two supporting doctors needed, and there are only two doctors in Mildura. So if one of the two is on leave overseas et cetera, getting that second doctor can be quite a struggle, particularly if the patient is near end of life and is too ill to travel, because we are many, many hours away. Even though we are considered Loddon Mallee, Bendigo is often harder to get to than Melbourne, and it is a drive. There are no two ways around it: it is a drive. So hopefully we will see that barrier come down somewhat. This doctor – who I am not going to name, because we are a small town and I want to respect his privacy – suggested that telehealth for that supporting doctor role could have been a solution, and I agree that it could be. Again, it was refreshing to see in the information pack the explanation as to why Victorians cannot access VAD using telehealth, and that is because of the Commonwealth Criminal Code prohibiting discussion or distribution of information around suicide electronically.

I have heard some people referring to this as suicide, and I am going to get very personal here for a moment. I sat by the member for Lowan during her contribution while she talked about how very different this is. I appreciate that the Victorian Labor government continues to advocate in this space for changes to the Commonwealth Criminal Code, but voluntary assisted dying is not suicide. I have been to that edge, twice. That is something that takes a large amount of rational thought, consideration and conversation with loved ones. I can tell you when you are on the edge of suicide none of that is present. You are not of sound mind. You are not of rational thinking. You are not in a mood to have conversations with anyone. So when I hear the debate surrounding suicide, for me – and I can only talk about my own experience – this is not it. This is not it, because it is not the same. And although I was not successful on either occasion, thank goodness, this is something that – and I have said to my husband as well, after seeing my grandmother suffer the effects of Alzheimer’s and dementia for a long time – we would actually have a rational conversation about. But when someone in a mental health crisis is on the edge, like I said, and wanting to end it by any means possible, that is very, very different to voluntary assisted dying.

This bill and the ability to access this in this state is a blessing. Being able to do it with the support of family and loved ones is an absolute blessing. So I do not accept the debate surrounding suicide – respectfully of course. Not being able to discuss things – and that also means mental health support for those that are in a mental health crisis – electronically is a real issue that affects regional Victorians each and every day. There are so many lives that could be saved if we could. I told you I did not know how my body would react. So that is that. And the first time I met with the beautiful people from Dying With Dignity it did not take much of a conversation to say, ‘You have my full support.’

I support these amendments, although there are some that may be controversial and there is more work to be done, particularly in that dementia space, which I believe will come in the future, because it is so tough to sit and watch someone wither away when they lived such a vibrant long life. Watching someone wither away with the effects of Alzheimer’s and dementia and having someone locked up – and it is being locked up – in an extended care unit for 15 to 20 years is horrific to watch, and it robs them of all their dignity and it robs them of the life that they had. That ends up being how they are remembered, not for the vivacious person that they were. So there is still some work to do. But as far as this bill goes, and the evolution of this bill and these amendments and moving forward, I could not be more supportive. I just hope that it keeps evolving into the future. I commend the bill to the house.

Nathan LAMBERT (Preston) (18:44): Under standing orders I wish to advise the house of amendments to this bill and request that they be circulated.

I do want to begin, as others have done, by recognising first and foremost the member for Pakenham’s contributions. We all benefit from her remarkable leadership in this debate, but I think others would be with me in saying that, despite that benefit, we would give everything to change the circumstances she finds herself in, and we do wish it were not so. I also want to acknowledge, as she has just spoken, the member for Mildura, who has shared her personal circumstances, and acknowledge as well the members for Monbulk and Footscray talking about what for them have been very difficult family circumstances.

I too want to begin by touching on family circumstances and my late uncle Douglas Bruce Lambert. I do not want to just talk about his death. He was a really interesting and great man. He was a builder and an architect and someone who was very practical and very comfortable with a sander in hand or an angle grinder, but he also was very urbane. He was the only man I knew growing up who wore French cuffs. He was very cheeky and funny and generous with his nephews, but he also had that reserve and propriety that perhaps was more common of his generation. He was a tremendous athlete. He ran with Ron Clarke and could run 10 kilometres in less than 30 minutes. I think he would have pipped even the member for Greenvale in that respect. As can sometimes so cruelly be the case, having looked after his own health and fitness meticulously for his entire life, he was diagnosed at age 69 with five mesothelioma tumours and told that he had five months to live. He would ultimately live for 5½ years, but much of that time was very difficult. He filled out the forms for VAD but ultimately chose not to use them but rather to cease treatment, as many people do. I just want to thank his partner of 20 years Ingrid for all she did for him and for also speaking to me about those final months and weeks and the value of palliative care and the difficulty when patients do not know all the options that are in front of them. I do also want to recognise the recent passing away of Doug’s former wife Jane Evelyn Lambert, who we only learned this weekend had passed away in Nelson in New Zealand.

I also want to mention the circumstances of Noah’s maternal grandparents Charlie and Eva Migdalek. I did not have the opportunity to meet them, but they lived quite remarkable lives. They both survived concentration camps in World War II. They came to Australia and built a life here and made a contribution, as so many people did. Eva was something of a Renaissance woman. She spoke five separate languages. Charlie, like my uncle Doug, was a very talented sportsman and tradesperson. But they were robbed of a long and enjoyable retirement that I think they deserved by the fact that Charlie was diagnosed with Alzheimer’s disease in his 70s. He very quickly lost his ability to speak and his ability to walk. Eva cared directly for him for five years and watched his health further deteriorate. She then was with him every day as he moved into a high-care aged care facility. He lost his teeth. He lost his ability to care for himself. He was apparently often agitated and upset, but he could not explain to people why because he could not talk. One of the few lucid things that he said to Noah, his granddaughter obviously, when she went to visit him was that she should not be there to see him as he was. He died ultimately of pneumonia in what was a very tough death. His wife Eva watched this over 10 years, and when she herself exhausted her options with respect to her pancreatic cancer – and I recognise the Leader of the Opposition, who spoke about his friend Cliff, I think it was, who faced pancreatic cancer, which can be a very difficult diagnosis – even back then, before the introduction of VAD, she sought out a euthanasia advocate and arranged for her own death that way. Noah even said to me that in a way the clandestine nature of it back then Eva did not mind. It was a fun little adventure for her in what had been a remarkably adventure-filled life.

I have thought of those relatives of ours, as others have done, and have tried to speak to those who were close to them in those moments, and of course I have spoken to people across our community. Those on the Labor side of the chamber will know we have recently had some internal elections, and they were an opportunity to further discuss this matter with many Labor Party members. They are always an opportunity to discuss many issues. Of course there are wide views amongst Labor Party members, as there are across the community. I certainly spoke with people who oppose VAD altogether, and they speak of it in the way that some of us might talk about the death penalty. They just feel that it is such a brutal thing for the state to be involved in and feel that if they were asked to hand out, say, a pamphlet supporting it, it would be like asking some of us to hand out a pamphlet supporting the death penalty. It would be very difficult for them. I do think it is important to recognise that particularly in our care-related industries – in residential care and aged care – people of faith do very disproportionately make up that workforce and the people who choose to undertake that work.

And then of course at the other end of the spectrum I spoke to many people who feel that this bill does not go far enough, many of whom would remove the prognosis criterion, as I believe the Greens intend to move an amendment to do, some of whom would remove the limitations related to disability and mental health. I have read a very confronting book, *Two Arms and a Head*, by an American author, Clayton Atreus, who argued for the removal of exemptions for disability in certain circumstances. Then finally, as I think the member for Hastings touched upon a little in his moving contribution about his own brother, I certainly have spoken with some people who would remove any criminalisation of aiding and abetting suicide. I do think perhaps that is the most sort of pro-choice view, if you use that language, but I do think by the time you get there it is a very difficult and different and perhaps more libertarian view. But I just want to touch briefly on the member for Mildura's comments in that respect, and having heard the Premier's conversations about Diana and Graham up in her part of the world and having spoken with Go Gentle Australia, it is probably right to think about the VAD legislation as a specific exemption from section 6B of the Crimes Act 1958, and one of the amendments that I have moved does touch on that issue.

In the time I have got left I suppose I would just like to echo the comments of the member for Monbulk and also comments that I know the member for Broadmeadows has made to some of us privately, that we have learned through this process that a conscience vote and consideration in detail of this difficult issue is something that is a much greater decision-making effort by all of us than an ordinary bill. There is not one clause for us to vote on; there are 85. Of course we do not have the benefit of perhaps some of the usual party-based collective decision-making processes that we might use. I do think in that respect that 13 days for the bill is short. I do understand that most of the 85 clauses reflect the review that we have all read, but I note that at least two of them, clause 28 and clause 76, are not picked up in the review and are significant in their impact. I would say it is not a bill that is structured in a way that is necessarily easy or quick to read and understand. Furthermore, a very significant proportion of the clauses in the bill before us, 39 of the 85, relate to the new practitioner-assisted arrangements, which were only very briefly touched on in the review and I think have actually only been briefly touched upon in this debate. I should recognise, in fairness, that the member for Ringwood did speak to them. They are important, and by their nature they are more difficult to get right than the clauses that they seek to replace.

Frustratingly, there are a number of places where the bill and the explanatory memorandum do not seem to line up, very notably at clause 72, but I think more importantly at clauses 6 and 12, 7 and 28. Hence I have circulated some amendments that pick up on some of those issues. I am not sure that discussing and debating those amendments late at night when everyone is tired is necessarily the ideal way to do it, but I understand that is what we are going to do. For that reason, I will be supporting the member for Greenvale's reasoned amendment, which would give us more time. But if that reasoned amendment is unsuccessful, then I have tried in the limited time available to us to be across those details and as prepared as possible for that debate. It is an important issue. It is a difficult issue. I will cede my time now because I know others have things to say, and I will save further remarks for that third-reading debate.

Chris CREWTHER (Mornington) (18:53): I rise to speak on the Voluntary Assisted Dying Amendment Bill 2025. Firstly, this bill is not about whether voluntary assisted dying should be allowed or not, but it is about the parameters under which voluntary assisted dying operates here in Victoria. First, I want to note that I have received many, many emails and contacts from residents of the Mornington electorate – and I do note a number of residents from the Mornington electorate are here now – and from across Victoria, including university students. I do note that some students from Deakin University are here now, so I welcome them as well. Many of these people who have written to me or spoken to me are passionately for or against this bill. Most people who have contacted me are well intentioned on all sides and want the best for our community, loved ones and so forth. I do want to acknowledge the many members of our community who have contacted me with strong views either way.

In my view, after listening to the many various views put to me, I cannot in good faith support this bill as presented, particularly when it comes to clauses around conscientious objection from registered health practitioners, the potential expanded risk for elder abuse or abuse of authority and, in terms of timeframes, the fact that things change – sometimes someone can be given six to 12 months to live and go on to live 10 years and sometimes cures or treatments are found and so forth. In my view, this bill relaxes the guardrails that Parliament deliberately put in place a number of years ago to protect vulnerable people, respect pluralism in health care and maintain public trust. In all three tests this bill is problematic.

In contrast, we should be doing a lot more around palliative care, with funding, support and more. Organisations like Peninsula Home Hospice, who had their annual AGM just yesterday, are exemplary in terms of the services and expertise that they offer. I was honoured to have worked with them a number of years ago to secure over $500,000 for their new building fit-out, which has given them a very strong base to work on. Such services like this should be given much more support and funding.

On the substance of the bill, the first key point I wish to address relates to patient safeguards, particularly when it comes to practitioner-initiated discussions in clause 7. Under current safeguards, a patient must raise voluntary assisted dying first, something which can safeguard against subtle pressure in moments of shock, grief or dependency. The amendments in this bill permit health practitioner initiated discussions across a wide range of professions, many without specialist end-of-life training. The risk is that this does not, to the same extent, prioritise treatment or palliative care options and amplifies potential bedside power imbalance. This is especially the case with those susceptible to elder abuse.

In terms of international experience, in jurisdictions collecting data about end-of-life concerns, people commonly report loss of autonomy, loss of dignity and reduced participation and feeling like a burden, making them acutely sensitive to clinician and/or family signals. One example is the Oregon Death with Dignity Act in the USA. Data shows that from 2018 to 2022 roughly 50 per cent of people choosing assisted dying cited being a burden on family, friends or caregivers as one of their end-of-life concerns. In Canada the federal veterans affairs department had to investigate cases where medically assisted dying was raised with veterans who had never asked for it. One Paralympian Christine Gauthier told a parliamentary inquiry she was offered it while simply requesting a home ramp. That single story shows how fragile the line can be between offering information and implying expectation. I am not implying that Victoria will go down that path, but there is a risk of a slippery slope without very strong parameters and protections in place.

I want to also talk about the role of medicine. Medicine has been rooted in the idea that the physician's role is to heal, relieve suffering and accompany the dying. The ancient Hippocratic oath from the 5th century BC binds the doctor to the work of healing and pledges fidelity to the patient. The expression 'medical ethics' was coined in the early 19th century by Thomas Percival, defining physicians' duties. In the 20th century the ethical vision of medicine was expanded by Edmund Pellegrino, who insisted the good of the patient is the telos of medicine. When we re-aim medicine at ending life, we do not just modify a statute, we redefine a vocation and we alter the message the law sends about which lives are worth the work of care.

There are three points I wish to raise. First, people have dignity independent of capacity; human worth is not a function of what one can do today. The moral promise of medicine is presence without abandonment. That is why palliative care teams titrate opioids or, in refractory suffering, use proportionate sedation to give relief. Albeit I do note that in practice this can lead to death as things like morphine are upped and sustenance is reduced. But the line of intention is there to protect the vocation and the patient's trust.

Second, autonomy is relational. End-of-life choices are at times formed in the currents of fear, family, finance and fatigue. In jurisdictions with assisted dying, people routinely cite the loss of autonomy and loss of dignity and feeling like a burden as reasons. This means even a subtle clinician suggestion is not neutral; it can land as permission to disappear. A law that shortens reflection, relaxes checks and lets clinicians raise death as an option risks turning context into consent.

Business interrupted under sessional orders.

Danny PEARSON: I move:

> That the sitting be continued.

Motion agreed to.

Chris CREWTHER: Third, the law. What we legalise, we normalise. What we normalise, the vulnerable will hear. When we weaken safeguards and when we weaken guardrails, the state tacitly says that in these circumstances death is a reasonable clinical outcome. We have seen how quickly signals matter. Media and case reviews have documented people seeking death because of social hardship, loneliness, health and insecurity and lack of supports, showing how context – not only disease and not only situations where they have no chance of survival combined with suffering – can steer decisions. In Belgium the boundary moved from adults to minors in a decade, illustrating how today's narrow exceptions can become tomorrow's starting point. Here in Victoria regional uptake far outstrips population share, inviting the question of whether people are getting sufficient care and respite or signals and speed.

On eligibility expansion and compressed timelines, this bill standardises prognosis at 12 months, removes the third doctor check for neurodegenerative disease and shortens the reflection period from nine to five days. The clinical reality is that prognosis beyond six months is more uncertain. Greater uncertainty should mean more checks, not fewer. The effect is less time and fewer safeguards when risk of error or coercion is higher. On collapsing permits and blurring consent in clauses 32 to 42, this merges self-administration and practitioner administration into one permit that can be switched midstream. The problem is this blurs informed specific consent, while separate permits equal clarity, not red tape.

On interpreter exemptions in clause 75, this allows exemptions from National Accreditation Authority for Translators and Interpreters-credentialed interpreters in life-and-death decisions. This contradicts multicultural best practice and invites misunderstanding or conflicts of interest, especially for CALD communities. On principle, if anything requires gold standard language safeguards, this does. The bottom line of safeguards is that if delays are the concern, we should better resource navigation and palliative care. We should not lower the guardrails designed to protect vulnerable people.

Lastly, on conscientious objection, this bill compels registered health practitioners with a conscientious objection to participate by speech, to advise that another practitioner would be better placed and to hand over government-approved information about voluntary assisted dying that could be changed over time. This is compelled facilitation and state-mandated speech, which is morally concerning.

Under standing orders I wish to advise the house of amendments to this bill that I have drafted, along with others of course, and I request that they be circulated. In this context I am moving an amendment to replace clause 6 and make it clear in the substituted clause 6 that registered health practitioners with a conscientious objection should not be forced to advise, refer or distribute official materials for voluntary assisted dying. This provides legal certainty that acting per conscience is not a professional breach and must not attract disciplinary or employment detriment. This does not block access – non-objectors remain free to advise or provide information. This is a mainstream medical belief supported by the World Medical Association, the AMA, the Australian and New Zealand Society of Palliative Medicine and many others. Lastly, I want to say that we should not be supporting this bill in its current form. I will be opposing this bill in its current form, and I hope that members will support this amendment.

Sitting suspended 7:04 pm until 8:06 pm.

Ellen SANDELL (Melbourne) (20:06): Earlier I foreshadowed some amendments that were not ready, but they are now. Under standing orders I wish to advise the house of amendments to this bill and request that they be circulated.

Anthony CARBINES (Ivanhoe – Minister for Police, Minister for Community Safety, Minister for Victims, Minister for Racing) (20:06): I rise to speak on the Voluntary Assisted Dying Amendment Bill 2025. I was a member of this place when we debated these matters back in 2017. A conscience vote was provided to members of the Labor Party at that time, and I appreciate that the same convention has been applied once again. I certainly intend to exercise my conscience as I did eight years ago, and at that time I voted against the bill.

I support the reasoned amendment proposed by the member for Greenvale, which states:

> That all the words after ‘That’ be omitted and replaced with the words ‘this house refuses to read this bill a second time until adequate time is given to allow full consideration of the anticipated and unintended consequences of changes to the Voluntary Assisted Dying Act 2017 and until further and broader consultation is undertaken.’

I have spoken on these matters, along with my constituents, many who support the bill and many who do not. I have had many letters, emails, meetings and phone calls with constituents, and I have had the privilege to represent them and the Ivanhoe district for some 15 years. For example, I quote from a constituent:

> When the Act was passed in 2017, then premier, Daniel Andrews, said it was the safest and most conservative bill of its kind in the world. Amending this Act by allowing more patients to access VAD would remove protections leaving patients more vulnerable to wrongful deaths.

Another constituent wrote to me and said:

> I believe that VAD is an integral part of healthcare and that all eligible Victorians have a fundamental right to choose a dignified end-of-life.
>
> …
>
> In 2019, Victoria led the nation with its VAD laws. Today, we risk falling behind.

That goes to the spectrum of views in my Ivanhoe electorate, and I respect all of those views. I know how deeply they are held by members of my community. Health care is at the heart of the Ivanhoe electorate, whether it is the Austin Hospital, the Mercy Hospital for Women, the Heidelberg Repatriation Hospital, the Warringal Private Hospital or the Banyule Community Health service.

There are so many who live and work in the Ivanhoe electorate to provide health care to Victorians across the north-eastern suburbs, care for people who are enduring great hardships and suffering who recover to go on and lead fulfilling and productive lives and others who receive compassionate and professional care until the end of their lives.

Banksia Palliative Care in my electorate is a not-for-profit organisation that is the sole Victorian state government funded community palliative care service for three local government areas: Banyule in my electorate, Nillumbik and Whittlesea. For more than three decades Banksia Palliative Care has provided free home-based palliative care for children and adults living with a progressive terminal illness, supporting them in their homes and decreasing their need for hospital visits. They define 'palliative care' as client- and family-centred care, equitable, holistic, dynamic and inclusive, that enables people with a life-limiting illness to live their best life. We need to make sure that palliative care services continue to be invested in substantially by our government and this Parliament – not just the services, but the workforce and the training as well.

The former Premier the Honourable Daniel Andrews said in a statement on 20 September 2017 on the historic Voluntary Assisted Dying Bill 2017 then in Parliament:

> This legislation will deliver the safest model in the world, with the most stringent checks and balances. This means all Members of Parliament can have a respectful debate on the principles, instead of the technicalities.

'Safest model in the world', 'stringent checks and balances' – the review of the operation of Victoria's Voluntary Assisted Dying Act 2017, and I quote from page 6, says:

> Suggested or required amendments to the Act were out of scope for this review.
>
> Overall, VAD is operating as intended, providing a safe and compassionate end of life choice to eligible Victorians. Access to VAD is safe, efficiency and timeliness of processes are improving, performance monitoring and oversight mechanisms are working adequately, and most supports are effective.

Access to VAD, 19 June 2019 to 30 June 2025: 3568 have started VAD processes, 1683 have died from administration of a VAD substance. Back in 2017 it was stated by the government that 100 to 150 may use the services. VAD has increased each year. It has been available in Victoria since 2019.

There is nothing here that we are debating today which is about reducing that access, reducing those opportunities for those who seek them. They are not opportunities that I voted for at a time when our government brought the bill before the Parliament without a mandate to do so, as far as I was concerned. But it is here, and it operates effectively, and the five-year review states that. It also said, on page 8:

> While assessing the VAD legislation itself was outside of the review's scope, many contributors provided feedback about the legislation, including where certain provisions create barriers to access and timeliness.

But given the review also noted that was not its primary purpose when it sought consultation from individuals and organisations, I find it disingenuous, if not dishonest, to then come to this place, having had a review that said it would not deal with legislative change, would assess its efficacy and its arrangements and make the recommendations that I have just read out, that demonstrated the statistics that it is working effectively – if that is a mechanism that you seek to use and it is available in the community – and move to, I think, surreptitiously arrange legislative changes that were not the subject of the scope of the review, I resent that and so do many people in my electorate. The rolling back of safeguards that I voted for and supported in 2017, that were affirmed by the government and by members of this place at that time, I resent them being rolled back, and I see no evidence based on the increasing availability and accessibility for that to need to be the case today. Barnstorming through with those changes without appropriate consultation goes to the amendments that have been moved by the member for Greenvale.

We could go to a number of risks in the very limited time that I have, but others have been to these matters. I do not support the need for health practitioners who have objected to VAD to provide minimum information. We have seen what that change will do. It puts on other demands, and it is also a protection that was put there for health practitioners who have a conscientious objection. And submissions to the five-year review also made it clear that that should be something that continues to be respected, and it has clearly not had an effect on the ability for people to have access to services. Section 10 of the act states the minimum requirement for medical practitioners. It goes on about not being a beneficiary or a family member. I think it is appropriate that we pick up on those matters; I support that amendment. It is a wise and a good one that has come out of the review, that those engaged in those processes should not have any beneficiary arrangements with an applicant in the process.

We have also seen some elements here that pulled back the qualification periods for medical practitioners from five years back to one year, and I do not support those changes. I think they are changes that do not need to be made. They are changes that limit the experience and the capacity of those health practitioners to be engaged in these matters. There is the rollback of delegations to the Secretary of the Department of Health in relation to accessing interpreter services, and of course it is not just the secretary of the Department of Health, it is their delegate. So do we just continue to wash down and roll down who has the capacity to say, ‘Accredited interpreter services will no longer be used. This will now just be delegated to bureaucrats in the department and delegated down and down for others to make determinations about them’? I do not support that. I do not support the fact that we have made arrangements where registered health practitioners from chiropractors to podiatrists can initiate discussions about VAD within broader end-of-life discussions. That is currently prohibited under section 8, and that should remain. I do not see why that is a necessary change, and I do not see that that is an appropriate change. It is certainly not a change where there was an opportunity for those in the community to have greater consultation and discussion about.

This is not a bill that is about trying to roll back or stop people’s access. It is about respecting determinations that were made several years ago to have safeguards – safeguards that we seem to think, in a race to the bottom, we should align ourselves on with other jurisdictions. I am pretty proud to say that Victoria has always been a leader in the way in which it has operated, not one that follows others, not one that decides to roll back its engagement and its legislative arrangements to meet what other jurisdictions are doing. We lead; we do not follow. We should be proud of the work that we have done. I was disappointed that the original bill was successful, but I am grateful for the opportunity to have the safeguards there. It has not been clearly demonstrated that people have not had access, in record numbers from what was predicted, to a service. We do not seek, in raising our objections, to roll that service back from people.

All that is being done here is to roll back the safeguards that others in the community have a right to expect, have a right to have advocated for and a right to have endorsed by this house. It is extremely selfish to roll those back, and I do not commend this bill to the house.

Gabrielle DE VIETRI (Richmond) (20:16): I rise to speak in support of the Voluntary Assisted Dying Amendment Bill 2025. When Victoria first passed voluntary assisted dying laws in 2017 it was a huge and courageous moment for this state. We were the first state in Australia to recognise that people facing the end of life should have the right to choose a dignified, peaceful death. At the time those laws were written with extreme caution because we were breaking new ground. The architects of those laws built in some of the strictest safeguards in the world. Those safeguards were well intentioned, but since then we have learned that some of those safeguards have become barriers – barriers preventing people who should be able to access voluntary assisted dying from being able to, barriers causing unnecessary suffering and stress, barriers leading to some people dying before they could complete the process, losing the very choice that the law was meant to give them.

Since 2019, when the laws came into effect, hundreds of Victorians have used the voluntary assisted dying process to end their suffering. But we have also heard countless stories about how hard and drawn out the process can be. The Greens have long advocated for reform, tabling our own bill in the other place earlier this year to amend the Voluntary Assisted Dying Act 2017 to address the problems that we have heard about from the people directly affected. I give great credit to my colleague in the other place Dr Sarah Mansfield for her work in this field. Families, carers, advocates and practitioners have long called for these changes, and it is great that the government has listened and brought forward this bill. This bill brings forward a number of much-needed improvements around access, around fairness and the overall experience of people using the voluntary assisted dying, or VAD, system.

We support the amendment to the citizenship requirements. Currently only Australian citizens or permanent residents can access VAD, excluding people who have lived and worked in and contributed to the community for decades. This bill seeks to extend access to people who have lived here for more than three years, ensuring that people are not excluded at the end of life simply because of their visa status. We support reforming the state residency requirement via creating a compassionate exemption for people who are not Victorian residents. The requirement made sense at the time that it was drafted because Victoria was the only state that offered VAD, but now that voluntary assisted dying is available in almost all Australian jurisdictions it is an unnecessary burden.

We also support the removal of a third prognosis assessment requirement for people with neurodegenerative conditions, such as motor neurone disease, multiple sclerosis or Parkinson's disease. Those extra hoops have created unnecessary suffering and delay for people already dealing with some of the toughest diagnoses imaginable. We support amendments for easier access to practitioner-administered medication, because right now if somebody loses the ability to self-administer, their doctor has to go through a slow bureaucratic process to change the method. This has left people in distressing situations where they cannot complete the process in time. We are particularly supportive of the removal of the gag clause, which stops doctors from raising voluntary assisted dying as an option for their patients. That clause has caused real harm. Doctors should be able to have an open, honest conversation about all end-of-life options, including voluntary assisted dying. This important reform will bring us in line with the rest of the country. Together these amendments bring Victoria closer to the middle ground of best practice across Australia. But while the Greens will support this bill, we believe it could and should go further.

Under standing orders I wish to advise the house of amendments to this bill in my name and request that they be circulated. I would like to speak briefly to the amendments that are being circulated in my name. The first area is the prognosis requirement, the rule about how long a person is expected to live. Right now to be eligible for VAD you must be expected to die within six months or 12 months if you have a neurodegenerative condition. This bill makes that a consistent 12 months for everyone, which is an important improvement, but a strict time limit is unfair and unrealistic because predicting how long someone has left is not an exact science and doctors are often conservative when legal consequences are involved. As a result, people often start the process too late or die before they can finish it. Since these laws came into effect around a third of all applications have been withdrawn before the medication was actually dispensed, and of those nearly half were because the person died within two weeks of their first request, which was not the intention of these laws. This requirement has created a kind of cruel lottery. One person can get through because their doctor is comfortable giving an estimate, while another in the same situation is refused. That is why the Greens will move an amendment to remove the time-based requirement and replace it with a test based on the suffering and capacity of the terminally ill person in question. Every person who is enduring intolerable suffering from a terminal illness should have the right to choose a peaceful end, regardless of whether a doctor believes they have six, 12 or 15 months to live.

The second area we would like to strengthen is medical practitioner eligibility. Clause 10 requires that one of the two doctors involved must be a specialist in the disease the person is dying from. Victoria is the only state that has this rule, and it is creating real access problems, especially in regional and rural communities. Many terminally ill Victorians outside of Melbourne cannot find a specialist in their area willing or able to participate, and sometimes specialists are hard to come by, even across the whole state. The Greens will therefore move to repeal the specialist requirement and to expand the eligibility to include nurse practitioners, which would make a more accessible system. We will be pushing for the ongoing review of the act to happen more regularly and with proper parliamentary oversight. The bill proposes a review every five years. We think it should be every three, and it should be a legislative review. This area of law and medicine is one where practice, evidence and community expectations are constantly evolving. Our legislation should evolve with it.

Finally, we believe that people seeking to undergo the voluntary assisted dying process should have a reasonable expectation of access to care. We will seek to require health services, including residential aged care facilities, to allow VAD assessments and procedures to happen onsite. Too many people have been denied access because the facility they live in refuses to participate, even when the person themself is eligible. This reform would ensure that institutional conscientious objection cannot override a person’s lawful right to care.

Voluntary assisted dying is a deeply personal issue. People hold strong and varied views about it. It is shaped by their beliefs, experiences and values, and I have been so grateful to all the constituents and organisations who have reached out to share those with me. At its core this bill is about autonomy and compassion. It is about recognising that every person should have the right to choose a peaceful and dignified death when faced with unbearable suffering. Some argue we just need more investment in palliative care, and they are right – we do – but this is not an either/or debate. Palliative care and voluntary assisted dying are complementary, not contradictory. Both are essential parts of a compassionate, patient-centred approach to end-of-life care.

In 2017 Victoria changed the national conversation. Now, eight years on, we have the opportunity to lead again, to modernise, to remove unnecessary barriers and to ensure that no-one is forced to endure prolonged suffering against their will. The Greens will support this bill, and we will keep pushing to make this system more compassionate and more accessible, because every Victorian, regardless of where they live or how long they have left, deserves choice, control and dignity at the end of life.

Bronwyn HALFPENNY (Thomastown) (20:26): I rise to speak on the Voluntary Assisted Dying Amendment Bill 2025, and I especially want to thank the member for Pakenham for her contribution to this debate. It was very, very personal, and she is so brave and dignified.

I was a member of Parliament at the time that Victoria introduced and passed legislation to allow voluntary assisted dying in 2017. I voted in favour of the legislation then and I will do so now. Going back to 2017, I recall I received letters and emails from many people, as well as meeting with residents. Some were opposed to such laws, and others, who recounted the most heart-wrenching experiences, were in favour. In the lead-up to the introduction of this bill I received very few comments this time from constituents. In 2017 most debate opposing the bill was centred around concerns of misuse of the legislation, coercion and propositions that terminally ill patients would be encouraged to seek voluntary assisted dying because it was cheaper than palliative care. None of this came to be, yet we are still hearing the same arguments here while we debate this bill tonight.

Tonight’s debate is not about the principle of voluntary assisted dying; that argument has been had. It is about adapting the existing legislation to ensure the wishes of people at the end of their life are not unduly frustrated by the system when their intentions are very clear. The amendments today are about ensuring a person’s choice and that their agency is at the centre of their care. I will definitely be supporting and voting for this bill.

Michael O’BRIEN (Malvern) (20:28): In this place we are always expected to get to our feet and give a thundering speech very much in favour of something and opposed to something else, with a sense of clarity and a clarion call for others. But I do not mind saying to this chamber and to those watching that I am conflicted by this bill, as I was by its predecessor. I am conflicted because my values as a Liberal are about empowering individuals, about giving individuals choice and autonomy and the freedom to live their lives as they see fit, as long as they do not harm others, and about giving people the right to make decisions that affect their lives, because my view is that an individual is far better placed to know what is important to them than some government bureaucrat. That is why I am a Liberal. So I do value individual choice. But I am also a Liberal because I believe in protecting the vulnerable. I do not believe in having the strong overbearing on the weak. It is part of the reason I became a lawyer – because we are all supposed to be equal before the law and the law is supposed to be a bulwark against the strong bullying the weak.

My experience as a barrister was that sometimes the system gets it wrong. It is why I was always against – but my experience as a barrister made me a passionate opponent of – the death penalty, because the system does get it wrong far more often than people think, and because of that, we need to have a way to remediate those errors. You cannot come back from a death penalty in the law. That is why I have opposed the death penalty. It is why when this bill was first before the house back in 2017 I was very concerned there were sufficient safeguards in it, because I absolutely respect and embrace the role of individual autonomy to make decisions about people's own lives. But I also think we need sufficient safeguards to protect the weak against the strong, against those who might bully them or seek to overbear on a person's individual autonomy. So I found myself unable to support the original bill, and I am probably one of the few people in this house who was there for that original debate in 2017. I did not take an oppositional point of view. I moved amendments to improve the safeguards. I supported amendments to improve the safeguards, to get it to a stage where I could feel comfortable voting for it. But unfortunately those attempts did not succeed. And because those attempts did not succeed, and the safeguards that I felt were necessary to protect the weak from being overborne by the strong were not in place, I could not in good conscience vote for it.

So now we are looking at the bill before the house today, and as the Minister for Police pointed out, this is not a bill about whether the voluntary assisted dying regime continues; it is continuing. It is a question about what safeguards are in place to be those guardrails against abuse. And not all but a large part of this bill seems to be widening those guardrails, and I do have an issue with that.

There is certainly one aspect of this bill which I overwhelmingly support. In fact I cannot believe that we missed it in the initial iteration of discussing the original bill. That is about providing a safeguard preventing a practitioner being involved in voluntary assisted dying if they stand to benefit from a patient's death – clauses 11, 19 and 49. It is actually extraordinary that this Parliament passed VAD without picking up what is a pretty important point: that nobody should be involved in signing off on a VAD death if they stand to personally gain from it. I would like to know whether this amendment has come about because somebody finally twigged that this was just a gap or we have actually seen lived experience where this has occurred and that is why this amendment is necessary, because I think that is a very critical issue for us.

In terms of the other amendments in the bill and the idea of forcing conscientious objectors to provide information, again, I could live with a compromise where we knew what that information was. I would not love it because, to my mind, a conscientious objection means your ability to absent yourself entirely from something that you have a moral objection to. But I understand there is a bit of a need for compromise in all these matters. I understand the member for Sandringham has put forward an amendment which would quite clearly define what elements a conscientious objector is required to provide to a patient who may be requesting information about the VAD process. I would urge all members, whichever side of this debate you ultimately fall on, to support that amendment, because if we are simply saying that, yes, there is a certain amount of information that should be available to any medical patient in a doctor–patient relationship, and that is clearly defined and it is in the guidelines, then I would not have a problem with supporting that because, as I said, there needs to be a compromise here. But if it is saying it could be anything at all, which the secretary of the department decides a conscientious objector needs to provide, I think it is going way too far. So if the intention is to simply ensure that a person who is interested in VAD and asks a question about VAD of a doctor who is a conscientious objector is given the information to then take those next steps that are clearly defined, I do not have a problem with that. But if it is about saying that actually it could be a blank cheque to an unelected official not responsible to Parliament, I do have a problem with that.

On what is known as the gag clause, I do wonder if people understand just how culturally and socially powerful doctors are. They are very powerful people. Acting Speaker Mullahy, we have both got Irish antecedents, and doctors are probably second only to priests in terms of their cultural power in certain communities that you and I have both been associated with. If a doctor suggests something to a patient, a lot of patients might think, ‘Well, that’s what should happen. If it’s been suggested, that’s what the doctor thinks is the right thing for me.’ That is the concern that I have about changing this. It is because there would be some people who would simply not be aware of the option and for whom a doctor putting it before them was simply giving them extra information; there would be other people for whom a doctor suggesting voluntary assisted dying would be seen as not just an encouragement but an enthusiastic encouragement – ‘This is the right course of action for you.’

For people who have been at some point diagnosed with a terminal illness and are potentially clinically depressed as a consequence of that or for other reasons, I am concerned that to have a doctor – a trusted person and a culturally significant figure in their lives – putting this option before them could lead to outcomes that are not intended by the movers of these amendments. That is a concern that I have. There have been concerns raised by other members here about reducing the required experience for medical practitioners delivering voluntary assisted dying and about reducing the time period between first and final request.

I am sure that every member here in this place does come to this from a proper place, from a good place, with a good heart. The reason I could not bring myself to vote for this bill the first time around was because I did not think the safeguards were sufficient to prevent the possibility of abuse. My concern is that while there is one safeguard here I absolutely support, I think the other changes are actually widening the guardrails and reducing safeguards, and on that basis I am not able to support it.

Jess WILSON (Kew) (20:38): Under standing orders, I wish to advise the house of amendments to this bill and request they be circulated.

Will FOWLES (Ringwood) (20:38): Under standing orders I wish to advise the house of amendments to this bill and request that they be circulated.

Kathleen MATTHEWS-WARD (Broadmeadows) (20:38): In Victoria, people have the ability to access voluntary assisted dying. This was decided by this Parliament in 2017, and the recent review says that that is operating as intended, providing a safe and compassionate end-of-life choice to eligible Victorians. What is before us today is a range of changes to that legislation, some of which I think are sensible and some of which I have concerns with. But first I want to talk about process. The review did not recommend the legislative changes we see before us today. In fact consideration of legislative changes was outside the scope of the review and outside its terms of reference. Therefore submitters to the review had no opportunity to suggest or consider legislative change. Several stakeholders asked for an exposure draft of the bill in April, and I understand that this was not provided. As the legislators deciding on the bill, we only saw it 13 days ago. On matters of conscience, particularly those that affect the life-and-death decisions of other people, it is imperative that each person in this house has adequate time to fully understand the consequences, both intended and unintended, of each clause.

During the course of the past week I have spoken to as many experts as I can, including an oncologist who administers VAD and the head of palliative care in a large public hospital, both of whom have concerns, as well as nurses, nurse practitioners, palliative care doctors and nurses, doctors who conscientiously object, geriatricians, aged care workers, people with neurodegenerative diseases, people with terminal cancer, community leaders, older people, friends, carers and widows. I think further time would allow the opportunity for experts experienced in all sorts of care to come together and make fully informed and considered recommendations for both VAD and palliative care. Every expert I spoke to during the week talked about the under-resourcing of palliative care, particularly in the regions. For example, I was told that nerve blockers to address certain pain are just not available. I was advised of the need for more palliative care beds, as well as the need for holistic health and a slower stream palliative care option to ensure everyone can die with the best available care and dignity. For those who receive palliative care in the community, there is no resourcing for personal hygiene or hygiene care at home, which often leads to carers being unable to cope and late hospital admission occurring despite a person’s wish to die at home.

I can personally attest to the failures we experienced in palliative care during my dad's final days when the home service did not help us access the pain relief he needed. Whilst Dad did not choose VAD, he had decided to stop his life-prolonging medications because his quality of life had deteriorated and he had simply had enough. At his choice, he spent the last six days in a nursing home, and thankfully we were able to access a GP in there who prescribed the pain relief that was needed, even though my brother had to find a 24-hour pharmacy to pick up the medication. It did make me wonder how other people would manage if they did not have somebody to drive to a pharmacy in the middle of the night. Despite asking, the palliative care service did not provide a syringe driver, but thankfully for my sister's expertise as a nurse and the ability for us to be present and advocate for regular administration of pain meds, Dad was able to have a very peaceful death. We were also lucky to be in a position to down tools and spend time with Dad, Mum and each other in his last few days. In many ways it was as good as death gets, and I absolutely appreciate that not everyone is so fortunate.

When my friend Glenn died, it was very, very stressful for both him and his family to wait for a palliative care bed to be available. I am concerned that people may choose VAD for reasons other than autonomy because they cannot access quality palliative care or they have witnessed failures in the system.

During my meeting with a senior palliative care clinician and oncologist who is also a VAD practitioner, it was pointed out that only one of the 49 recommendations have been implemented from the 2016 parliamentary inquiry into end-of-life choices. All of the experts I spoke to also talked about the general lack of understanding of what palliative care is and does, including within the medical community. It was pointed out that everyone is born and will die and that most medical practitioners will do six to eight weeks of obstetrics training yet less than two weeks of training in end-of-life care – and in the case of one university, less than two days. For nurses it is not even a whole subject in the nursing curriculum or in nurse practitioner training.

The oncologist also spoke of the failure of many to understand modern treatment and interventions. I am also acutely aware of the general lack of understanding in the community of advanced care directives and each person's right to refuse life-prolonging interventions. I have seen time and time again people's wish to die not being respected by those around them and life-prolonging treatment being administered against their wishes. The experts also spoke of the many times people had changed their mind on VAD when they properly understood what palliative care was available. But I think we all acknowledge the comfort many feel from knowing they have the option of VAD in Victoria.

I understand that the government is planning a review into palliative care, and I think it would be wise to wait until this has been completed before deciding on the bill. It is for this reason and the process timelines that I support the reasoned amendment put by the member for Greenvale. Voting for this reasoned amendment does not take away any existing rights to voluntary assisted dying, including the current right for people with neurodegenerative disease to have access to VAD within 12 months of expected death. It merely ensures that we have adequate time to carefully consider and seek advice on all of the proposed changes.

There are parts of the bill I support. Of course I support the clauses to not allow family members, beneficiaries or anyone who benefits financially to be involved in VAD authorisation. I support clause 15, repealing the need for a third specialist opinion for people with neurodegenerative diseases. I know this is particularly important to my friend and the bravest woman in the house, the member for Pakenham. I also support the changes to residency requirements, and although the legislation currently allows someone to have the substance administered if they are unable to take it themselves, I do support the removal of the extra administrative step when changing from self-administered to practitioner-administered VAD, particularly as the ability to self-administer can deteriorate quite quickly. Notwithstanding my support for the reasoned amendment, I plan to move some amendments on the other clauses, and I will speak to these more during consideration in detail if the reasoned amendment is lost.

One of the issues I feel most strongly about is the provision of information that is only about VAD – nothing more, nothing less, as is mentioned in the second-reading speech – and how this could be interpreted by some vulnerable people. As the member for Monbulk has said, feeling like you can access VAD is far different than feeling like you should access VAD. I strongly believe that any information given to a terminally ill person should include an explanation of palliative care and the options available, including assistance with personal care; discussion of the psychological impacts of terminal diagnosis and the psychological supports available; information about advanced care directives; information explaining the difference between symptom management and interventions and life-prolonging interventions and the right to refuse interventions; information about elder abuse, informed consent and supports available; consumer affairs-related material, including power of attorney and will making; referral information for My Aged Care, NDIS and carer supports; contact details, referral pathways and navigation advice for all of these services; and that this information is offered in all languages. I believe provision of additional information would help people feel a stronger sense of autonomy, agency and value and help with discussions with loved ones. While we currently have a VAD navigator, we do not have a navigator for people diagnosed with terminal illness. Systems are hard to navigate, particularly for the many people in my community. I think everyone deserves help getting the information, advice and help they need to fully understand and weigh up their options. I am particularly concerned about the lack of psychological supports that are offered to people upon receiving a terminal diagnosis, and I note that many other jurisdictions require assessment of mental health before VAD can be approved.

I understand that within the first six to 12 months of terminal diagnosis is when people are most likely to have suicide ideation. My uncle, who was eligible for VAD, had declined the offer to store the substance at home. He said:

> I'm awfully glad I did, too, because there have been times I would have taken it. I really would have. And I would have missed out on that wonderful day in December when I was told of my progress.

Due to some wonderful advancements in treatment, including immunotherapy, my uncle's prognosis changed considerably and was no longer within 12 months. Accurate prognosis is very difficult for physicians, and we all know stories of people whose prognosis has changed considerably – someone who was given months to live only to exceed that and, sadly, vice versa. Prognosis is imprecise and gets even more so the further away death is. The proposed amendments are not modest; moving from six months for eligibility to 12 months is effectively doubling the current access. In my view this goes against the original intent of the law, which was to give people access to voluntary assisted dying in the last few months and weeks of life. However, it is worth noting that people with terminal neurodegenerative disease are currently eligible for 12-months life expectancy, and that is not proposed to change. Except for Queensland no-one else has a 12-month prognosis in operation.

Increasing the timeframe to 12 months also increases my ongoing concern about elder abuse and coercion. Having worked in finance, elder abuse, aged care and policy for ageing Victorians, I have seen instances of what is called 'inheritance impatience', and I would hate to open the doors to coercion with this clause. There are plenty of people who are not vulnerable to elder abuse. They are empowered, can self-advocate and have researched all of their options and chosen VAD. My concern is not for them. My concern is for the many older people who feel unheard, unseen and unvalued, and our job as legislators is to ensure that we have safeguards in place to avoid them being exploited. I remain fundamentally concerned about the value society places on the lives of older people. Ageism is the most accepted form of discrimination and also the most common. Loneliness and isolation are also a significant factor, particularly for older people. During my conversations with a geriatrician, she estimated that more than 40 per cent of older people suffered depression and low mood. I think more funding is needed for programs that address isolation and loneliness, as well as programs that empower people to find connection and purpose. Representing both multicultural and vulnerable communities, including having the lowest literacy in the state, as well as personal experience with caring, death, terminal illness – *(Time expired)*

Martin CAMERON (Morwell) (20:48): I rise to talk on the Voluntary Assisted Dying Amendment Bill 2025. In standing up in the chamber tonight I would firstly like to thank the member for Pakenham for her contribution. I think as we move through this debate, the words of the member for Pakenham will sit with everybody in whichever way they land as we talk about VAD. I would like to also thank all members for their contributions and also members that have raised amendments. It is one of the things that in Parliament we are actually here to be able to do: stand and listen to personal stories and then work through, as we go into consideration in detail, what we are trying to do here today.

I find it interesting to be able to stand and talk on this. Touch wood, I do not think I have a terminal illness at this particular point, and I hope moving forward that I never, ever do. But I am thinking that if I did become ill I would wholeheartedly want to explore every option of the illness and find out what it was going to do to my body and what my options were to prolong my life. I think that is just the first thought of any person: you want to live for as long as you can. I think it is the number one thing as you are growing up. If you have family members and you become married and you have kids, you just want them – all of them – to live a full, wholesome life. But unfortunately that does not happen sometimes, so if it does happen that you have an illness which down the track is going to take your life, I think you need to explore options of what medications are available and what physicians are available. That is your right to do and to be proactive, and I think part of that journey is to have a look at the options of end of life. How do you want it, and what choices do you have to be able to die with dignity? And I think that can prolong your life: being able to work through those options of what the illness is, dealing with that, and then what the outcomes can be for your family. I am sure as a father, if this was something that I had to go through – and as I said before, I hope that I do not. I hope that members in here can take me at face value, that I would like to be structured enough to work out what the end of my life is going to be, whether it be 20 years, 15 years, five years or 12 months. I would want to know what the structure is. It is just the type of person that I am, that I can control my life, that I can control an illness if I did have to. That is choice, and I think that is what we are talking about today. It is the choice here of voluntary assisted dying being part of that journey. I do not have to access it, but by goodness, I am probably going to look at the option of it, and what other options are also available for me.

As I said, if we are sitting there and we are talking with doctors, if you have a heart condition or a lung condition and a doctor is trying to push you to a specialist, I think it is fine to do that. I am going to want to go to the best physician that I can have to help me or a family member, and in that, as I said before, I am going to want to know everything that is available to me.

It is going to be interesting going through consideration in detail, because it is one thing that I have not done before, and listening to members talk about when VAD did come in and how that worked, I think that we are going to be able to work through the process and bring up our concerns. I am sure I am going to have concerns as we sit here and go through each clause and different bits and pieces come up. I am going to have questions – I know I am – and I am going to be interested to listen to answers from the minister, but also, more importantly, the questions that are going to come from each member who is in here. I think that is one of the things that we are going to get today. We are actually going to be able to be politicians and shape where this bill is going to go.

In life you have choices right through. Obviously when we are growing up, we get choices of what job we want to do and what schools we want to go to. You have a job as a parent to shape your children, and at different parts of that journey things do pop up. So why should you not have the choice moving forward of voluntary assisted dying if that is going to be something that you need to access to shape your life? As I keep going back to, it is an option. It is an option, but I do not have to go down that path. There are other options about. I might choose to go into palliative care. As I said before, it is hard because I am not in that situation. I am not standing here with a terminal illness. I am not standing here talking about it in pain. But like a lot of other members, I have seen family members and loved ones go on that journey, and it is not pleasant. It is not pleasant to see someone that was fit and healthy and sound of mind being eaten up by a hideous disease of some description. Back in the day, before voluntary assisted dying came in, there was no other option; you had to ride out what was coming your way. Listening to other members in here that do have concerns with some clauses, we need to work through that. If we are going to change this legislation which is in place and came in in 2017, we need to make sure that changes are for the good of the community.

My father is 85 years old, and health-wise he is okay, apart from some issues with his eyes. He has always said to me, and I can remember from when I was a little kid: 'If anything happens to me and I can't look after myself, I'd just love someone to be able to give me a pill and I fade off into the into the ether.' I think that he probably would have said it tongue in cheek a little bit, being that sort of pragmatic person. He has got his mind set that he wants to go out on his terms, no-one else's. And I think that should be the right of every person here in the state of Victoria.

It is going to be your choice. This gives us a choice. This gives us a choice to make sure that our families are with us, that we are not in a room in an aged care facility by ourselves in pain. It gives us the choice of being able to say 'Yes, I want to access voluntary assisted dying' or 'You know what, I don't really want to do that, I just want to end my life when it's time, with my family around me.' Some people are going to want to do that, and some people are going to want to be able to control when they pass. They are going to want to be able to control it. We are born and we are going to die, and the journey along the way gives us options in life. I think that as we move forward tonight and through this week we are going to come up with safe options for the people of Victoria. Acting Speaker, I thank you and the members for the time to be able to stand up and talk about this.

Daniela DE MARTINO (Monbulk) (20:58): Under standing orders I wish to advise the house of amendments to this bill and request that they be circulated.

Nina TAYLOR (Albert Park) (20:58): I think it goes without saying that the passage of life to death is the most serious of human experiences, so it is right and proper that we do have a debate that is underpinned by substantial rigour, the highest of rigour, because fundamentally no-one here is seeking in any way to undermine the sanctity of life with the reforms that are being brought before the chamber. Indeed, as has been stated up to this point, we are not debating the premise of having access to voluntary assisted dying in this state. I will acknowledge the work of those before me, in particular led by the Honourable Jill Hennessy. I think it is broadly accepted that these reforms were driven by compassion and care for the welfare of fellow Victorians when faced with intolerable suffering through a terminal illness, disease or medical condition. The corollary of that is what we are here to do, to bring forward some best practice reforms. Of course there are varying views on those reforms, but nevertheless that is the premise upon which I am presenting my perspective on the bill before us.

I do think it is also appropriate that we do have a conscience vote, and I am thankful for that. I think it is allowing people to speak as they see fit on what is a very, very serious and difficult subject matter. I should say multiple layers of protection remain with the reforms – I would contend that. At the risk of a little excessive brevity on those multiple layers of protection, I will just seek to explain the overarching premise of clear eligibility criteria – that is, a person must be aged 18 years or over; experiencing intolerable suffering due to a terminal illness, disease or medical condition; meet residency requirements; and be expected to die within a specified timeframe. It is a multistep process, with at least two eligibility assessments, controlled conditions for prescription and supply of a VAD substance and safety and compliance monitoring and oversight by the VAD review board. I will further state that no-one wants to lose somebody they love – that should go without saying; no-one, I would argue, would want to see someone suffer intolerably. This is the inherent dilemma that we are faced with and why these important reforms were brought about in the first place – that is, ahead of this bill that we are debating.

My father, at 46, passed away from a terminal illness, and I will say that he fought that to the end. The palliative care nurses came in, they were seeking to offer him comfort through various medications – that is absolutely appropriate – and right up until the end he refused them. I will say, whilst he had a terminal illness, his body simply was giving way. It was breaking down; there was nothing that could preserve it. Nevertheless, he had full strength of mind right to the end, which is absolutely fortunate. The other thing I will say is that he was not in intolerable pain as far as he relayed it to us, and that is just fortunate, because if he had been in intolerable pain – it was bad enough to have to watch his body breaking down – the thought of having to see worse than that – I do not know how people cope with those situations. They are extraordinarily difficult. The reason for me raising this issue is not to argue against the reforms here at all; rather, it is on the one hand to state the importance of having choice. His choice was to endure; indeed voluntary assisted dying as it is today was not available then, but nevertheless there were palliative solutions that probably were on the path to where we are in this day and age. The point that I am seeking to raise with regard to watching him at that point in time is that for family members and obviously for the patient there is so much intensity, having to watch them endure in that situation and desperately wanting them to live, that having even more barriers in terms of being able to provide them the comfort and care that they deserve is really unfair.

Certainly in one of the seminars that I attended I was quite impacted by a family member of a loved one who had passed sharing the fact of how stressful it was – even with voluntary assisted dying as it is today – having to battle to scramble and find the information they wanted because the medical practitioner could not lead that discussion, as is being proposed in this bill. That only compounded the stress for the patient and the family around them. Whilst I understand a number of the concerns that have been raised, I would proffer that the element of the bill allowing registered health practitioners to initiate discussions about VAD is premised on the idea of not pressuring a patient to an outcome of any nature but rather ensuring that they are fully informed and that they do not have yet another battle compounding the difficulties that they are already suffering, having to deal with a terminal illness.

I would proffer that what is driving that particular reform or the impetus behind that particular reform is ensuring – and this is one of the core principles of the bill – that people should be encouraged to openly discuss death and dying and that a person’s preferences and values should be encouraged and promoted. People should be supported in conversations with their health practitioners, family, carers and community about their treatment and care preferences. People are entitled to genuine choices regarding their treatment and care. But if we are not availing them in a very measured and sensitive way of all the information available, then I do not see how that is necessarily any more compassionate. I am not sure that it is necessarily ameliorating however long they have left on earth. It is not making it easier for the patient, nor the family. I am putting forward that this is an opinion, of course, on my behalf. But having seen and understood the intensity of facing a very close relative with a terminal illness, I would proffer that the changes that are being put forward here have been fed back with due consideration from stakeholders and from those with lived experience in a very measured and prudent manner.

Another element – all the elements are being raised, I would suggest – is prohibiting practitioners from being a beneficiary or family member. I think it goes without saying that that is just a very practical and important reform and one that I would wholeheartedly support as well. I am certainly supporting the bill as it is being put before the chamber.

Also there were concerns about shortening the time period between the first and final request to access VAD. When you are actually faced with a terminal illness, that is when the reality of time becomes extraordinarily potent. I think that whilst one might think that objectively there are concerns – and I get where they are coming from – about shortening the time, when you are faced with a terminal illness your reality, I would suggest, is something else. There is nothing more profound, I do not think, that you could have to face.

Fundamentally, what I would say is, for me, the changes being brought about here are because it is a personal decision, and I do not believe it is my place to stand in the way of these very prudent reforms being brought about to be able to hopefully make the last days of a person’s life as comfortable and as supported and loving as possible.

Richard RIORDAN (Polwarth) (21:08): It is an interesting debate we are having today about how we go about reassessing, altering and changing the voluntary assisted dying laws here in the state of Victoria. I come to this debate tonight as someone who voted against this proposal back in 2017, and I voted against this in 2017 because I was always and have always been worried about the safeguard element of it. How do you protect the most vulnerable with legislation like this? As legislators we often make legislation not because everybody cannot look after themselves; we often impose certain costs and restrictions on people in society because we are conscious of those that are the most vulnerable and we need to try and protect everybody. I know it has no real, effective relationship, but for example, when we are speeding in cars, we make everybody wear a seatbelt, because it is about keeping everybody safe, even though some people would choose not to do that. In reverse, this is a bit the same. What restrictions and caveats can we put on a piece of legislation so that we can keep the maximum amount of people safe and at the same time respect people's individual rights and freedoms? There is that sort of legislative responsibility this chamber has over this week, and next week for those in the other place, to arrive at what is a fair deal.

Personally I come to this not as someone who has not lived with and around people who have had to make these choices. My dearest and closest brother, at the age of 10, was diagnosed with only a few months to live. He got a trip to Disneyland out of it. It caused great trauma and angst in the family. He has just recently had his 50th birthday. His nickname is 'Cockroach' because he has been so close to death his entire life for one reason or another and he just does not ever get there. He never sees the light in the distance, so we are very lucky. He has lived a life. He is amazingly articulate; he uses way more colourful language than I do. His speech at his 50th birthday was very much around what he thought of doctors and doomsayers and people that told him he would never get to his 11th birthday. People do live with these conditions. Medical professionals are not always right. They often give advice. As my brother attested to those that came to celebrate a great milestone in his life, thank God he never listened to a doctor, because he has spent his whole life proving them wrong. That can happen. It is something that is important because in another family, in another life, in another time, that advice could have been taken in other ways and that would have denied the world a wonderful life and an inspirational person.

Unfortunately, in more recent times my father had that horrible cancer that really has one of the deadliest hit rates: pancreatic cancer. He too was given a very short prognosis and – this is probably where my brother got his fighting attitude from – he was not prepared to give up. He got diagnosed within the same months as Steve Jobs. My father had a competitive spirit and was hell-bent on lasting longer than Steve Jobs, and he was very proud of the fact he went at least a year longer than Steve Jobs, proving that not only money can save you, just some good attitudes in life can help keep you alive. I come to this debate understanding the pain, the suffering, the diminishing of people's capacity, the way your life is affected. But as the brother and eldest son of these two people, I am also acutely aware of how it affects other people in families. It disrupts families. It causes all sorts of potential problems, but it can be a very strong and binding time for people.

As legislators we can have all those personal experiences, we can come with our anecdotes, we can think about it, but we also have a responsibility to know this is not about us. It is not about our own personal experience. It is about the people that are less able to acquit themselves. In other experiences, I was a director of an aged care facility for nearly 10 years. Sadly, I am well aware of the human condition. I am well aware of how some families can treat each other and the risks. Unfortunately, in that role I had reason to intervene in some circumstances. We can never fully judge people because we do not know all the circumstances, but people make what would seem to others unusual choices, take unusual actions, and not necessarily behave the way we might think is best practice. That is where I come to the concern with this. How do we ensure that this legislation can never be taken advantage of? Unfortunately, people do arrive in these predicaments. People can lose capacity.

When this legislation was going through, many people did not agree with it, but there was a compromise and we were told that we had some of the strictest frameworks around how we will see this through. We are now five years in, and we are looking at a significant reduction of some of those safeguards to a certain extent. We are talking about lifting the threshold from six months to 12 months. From my experience, I can see no reason for that, and I would have a concern about that. I would have a concern about the fact that you do not need authorised translators. That to me is a huge concern because for elderly people with poor language skills the full understanding of what their prognosis is and what their choices are could be at risk.

I also have concerns around the definitions of who can advise and give advice to people. One of the other experiences I had in my role in aged care and that – while I have always been a strong advocate for myself and have always felt I have had the capacity to stand up for myself and look after myself, not only as an aged care administrator but also in my role as a member of Parliament – never ceases to amaze me is the lack of skill some people and some communities have at being able to effectively manage and advocate for themselves. Way too often people come to conclusions and come to a point of view, either a deliberate misunderstanding or an accidental misunderstanding of interpretations given to them by people that they consider to be academically or socially superior to them, and that is a great concern to me. We see that, and I am sure many other colleagues in this room will have the problem where community members come to them fearful, worried, concerned and just completely unable to grasp the situation in a logical way. They need time and care and support, and I am not sure that the lessening of the safeguards that we put in place in 2017 would ensure that those people are kept as safe as they possibly could be.

There have been amendments put forward, and we will have further debate over the course of tonight and tomorrow. It may be that this bill will go through, but if it is to go through, there are amendments that I do support from many colleagues on both sides of the chamber. I think if this legislation is to go through, these amendments will in some part continue to keep some necessary safeguards in place, and I would support those. I do point out that one of my colleagues, the member for Malvern, pointed out the one part of the bill that he does agree with, and I would strongly support that too. It is one of the safeguards we overlooked, and that is just making sure that no-one who provides advice and support of a person during this process can be a beneficiary of the person’s voluntary assisted dying participation. I certainly support that element of the bill.

In total, I think in not supporting this bill I am certainly not saying that in any way we are going to diminish or wind this back. I have no intention to do that. It is now in place, and from what we have heard in the reporting, it is working in the framework. I just do not believe that we need to broaden the appeal any further. I do not think we need to broaden the access any further. I think as legislators we are often given the task of getting that fine balance between what people want entirely and what the population as a whole needs in order to keep everybody safe.

Tim RICHARDSON (Mordialloc) (21:18): It is a privilege to rise in this place on a bill that is of great significance to Victorians, the Voluntary Assisted Dying Amendment Bill 2025. I have agonised over this contribution probably since the bill first came onto the notice paper and was earmarked for down the track, because I had the privilege to serve in the 58th Parliament and had the unique experience of doing all-night sittings on the previous legislation. I voted against it and was part of a group in the government who prosecuted that legislation to within an inch of its life, who gave as much scrutiny as we possibly could and who contributed then to the safeguards in those amendments in the upper house. But on reflection and through the passage of time, what I would narrate here is that there has been an understanding that some of the concerns, particularly around safeguards of elder abuse and the impact that it might have on Victorians, have not played out in reality. In fact the legislation and the regulations have been some of the most stringent and some of the most transparent. The annual reports speak for themselves. It has been one of the more compassionate frames that we find in legislation and has set the tone for other jurisdictions following suit and going further.

I think this is a hallmark of how we can evolve as legislators in our thinking, come to different scenarios or reflections and change our course of action over time. But it is an important thing to say that those that have an objection to this bill do not come without a level of love and compassion, despite how that might feel for people who are in support of this bill. For the way, particularly, I have seen government MPs who might be opposed to it share their experiences, I give acknowledgement to them because it is not easy. It is very, very difficult to, in your conscience, come forward and face those realities. But I have come to accept that the anxieties and concerns that I narrated, which were raised on procedural debates and amendments during that time, have not been found to be the concerns in this bill, and that is why I will support these amendments.

I have gone through each annual report to get to that frame. One of those is a telling hallmark, I think, of my concerns around where Victorians who choose to access voluntary assisted dying sadly do not have that opportunity because they pass away before they are able to access it. They have made that choice and they have been permit-holders, they have gone through that journey with their family, and they have not been able to access it. This is the limitation on timeframes, played out in this statistical reference. To date, voluntary assisted dying has been applied for by 1675 Victorians. It has been self-administered – and this is really important for when people talk about the concerns around coercive control – by 1382 and practitioner administered by 293. But this is the really troubling stat for me – Victorians that have made this choice and then have sadly passed away. 782 Victorians have passed away as permit-holders before administering the substance. Now, that could have been because they had that opportunity and chosen not to proceed, and that is absolutely fine. I could not, with anywhere near the eloquence of the member for Pakenham, go anywhere near that description. But there are some that have not made it. There are some who have gone through that mental load, who have carried that with their family and who have had that impact, who then have sadly passed away before having had that opportunity.

The other important call-out – and this was a narration that I had in the 58th Parliament – was the concern around palliative care. Again I want to place on the record that it is a really important segment of end-of-life care and support for people in Victoria. But the coercive control narrative around this falls a long way down when you realise that, of people that have accessed voluntary assisted dying or gone for a permit, 78 per cent of those people have already been in end-of-life palliative care. They are already on the pathway. They are already on their journey. The health workers and professionals in that sector are some of the best Victorians, fronting up each and every day to support people in end-of-life care, who compassionately bring family along and support the person trying to go through the mental load of their passing coming closer. They are some of the most magnificent people. But 78 per cent of people are already in palliative care – they are already on that journey of end of life, that realisation of such a significant impact. So I look at some of the narration and the discussion around those concerns, and the stats that play out in the annual review demonstrate to me that people are not able to access something that they are choosing to, that they have gone through a really stringent requirement for – one that now is behind other jurisdictions in terms of accessibility – and that they are already a long way along in their end-of-life care.

The other thing I want to just put on the record is the concerns around health practitioners and the call-out from some of the narration around this bill. We had an immense trust of health practitioners through one of the worst health impacts that we have seen, and our health workers and registered health practitioners have been extraordinary in carrying that load across the community. We give them a massive shout-out for the work that they do. So when we trust them in areas of medical advice and their standard of care and their standard of registration are enough that we have absolute trust in their impact, then we should be able to trust them to have conversations with Victorians around their health care. I think this amendment is a reality – that people would be accessing this information and would trust the people closest to them, who have been leading and participating in their care and their ongoing support and needs. I think that is a logical element, and I think some of the discussion around people not having a full appreciation or awareness of the options that are available to them only increases the anxiety and distress that happens in such a critical phase and time.

The member for Polwarth – this was an amendment that I was absolutely keen on as well – referred to a health practitioner not being a potential beneficiary of anything, because the coercive control literally goes to that anxiety. A lot of the bill speeches and amendments that were narrated in the 58th Parliament went close to this but did not narrate this. But there is an implicit nature to this in coercive control, the inverse being that there might be a benefit or an impact as well. That is clearly stated and protected in this bill and those requirements. The annual review and the assessment will carry on. The transparency and level of detail that we see that analyses each person's circumstances as they come forward are some of the most stringent. And having been Parliamentary Secretary for Mental Health and Suicide Prevention, where you are briefed on people that we lose to mental health challenges over time, we get those details – this is so stringent – or the people that we lose to family violence, and that data is extensive. This goes substantially further in its analysis and impact as well.

I want to finally, because there will be time that people are on procedural debates and matters to go through, thank everyone for their contributions and their heartfelt messages here. But the member for Pakenham is a one-in-27-million type in Australia. She is the most beautiful soul. Her courage and her tenacity are just immense, and this Parliament for decades to come will look back on a titan, an absolute warrior of this Parliament. I have been heavily persuaded by her courage, her capacity to front up after campaigning for young people with stroke. She has fronted up and gone through it again.

The other member was the member for Mildura, who had the most important reference to mental health and wellbeing. There is a reason people are not counted in the mental health toll – the 770 Victorians that we lose to mental health. We have to be very careful around language here, and I will just say that the narration from the member for Mildura around suicide and its mental health impact is the area that we need to be careful in. This is an informed choice made on compassionate grounds. It does not have an analogy to mental health harm, and we have to be very delicate and careful there. The narrative through there needs to be challenged. It needs to be called out. It is not clinical. If it was clinical, it would appear in our mental health and wellbeing stats. So let us be very careful around how we narrate those that have the option and the choice and come forward and be compassionate, supportive and caring, and we can get through that in the best way we can. This is a really important amendment that does not do much that is different to what we have already legislated and is across other jurisdictions, and I commend the bill to the house.

Kim O'KEEFFE (Shepparton) (21:28): I want to begin by acknowledging the many contributions that have been made in the house today, and in particular the member for Pakenham for her amazing contribution. She continues to inspire me in so many ways with her courage, her remarkable strength and her determination, which are making such a significant difference to many.

This is a sensitive but a very important bill being debated before us today. The bill introduces 13 proposed amendments to the Voluntary Assisted Dying Act, which was introduced in 2017 and came into effect in 2019. I was not in this place when the legislation was first debated, but I do recall it happening at the time. The five-year review into the operation of the Voluntary Assisted Dying Act found the VAD act is operating as intended, providing a safe and compassionate end-of-life choice to eligible Victorians. However, the review identified some processes and safeguards having the unintended effect of impeding access to VAD. The review involved 11 focus groups. In response to feedback from the five-year review, this bill addresses a number of access barriers and unintended consequences flowing from the VAD act. The amendments set out in the bill seek to uphold the rights of persons who face death because of an incurable disease, illness or medical condition to live their lives with freedom and dignity while at the same time retaining the necessary safeguards to prevent any potential exploitation or abuse arising in the context of voluntary assisted dying, ensuring confidence in the operation of the VAD act. All five-year review recommendations to improve the operation of the VAD in Victoria have been accepted. Although the scope of the five-year review did not include reviewing the act itself, many stakeholders expressed views that some elements of the act were resulting in unintended consequences, creating barriers to the equitable access to VAD.

The bill builds on what VAD is about. It offers choice – not about whether to die but how, where and with whom. The act seeks to achieve the appropriate balance between ensuring all Victorians have access to high-quality end-of-life care consistent with their preferences while requiring robust eligibility criteria to protect against the abuse of vulnerable persons at the end of their life. The bill is not a departure from the values and principles that underpin VAD; rather it reaffirms them. It is about compassion, it is about autonomy and it is about recognising that for some people, despite the best palliative care, suffering remains, and it is about ensuring that those people are not left on the margins of our system. We must ensure the important legislative safeguards are in place, and there are many amendments that have been put forward today to be considered. It is very interesting listening to many, and some align with each other.

The bill builds on what VAD is about. It is about choice and offers choice – not about whether to die but how, where and with whom. VAD has allowed people to choose the setting of their final moments at home, in hospital or where they felt most at peace. It has given families the chance to say goodbye with grace, to be present, to support and to honour the wishes of someone they love. There will be differences of opinion, whether that be religious beliefs or personal opinion. Everyone has the right to have a view, a say and a choice, and every view and contribution should be respected. It is a highly sensitive matter, and it can be very distressful for some. Many in this place have shared their own personal stories, and it brings us to the very core of why we are here: to make sure that what we have in place is working and that it meets the needs of the patient and their family at the most difficult of times, should VAD be the patient’s choice, but also that the medical sector are considered and included with correct legislation, processes and guidance in place.

But for some, access has had barriers, and I have seen firsthand the devastation when a decision has been made to access VAD, then to find out you do not meet the criteria. In July this year I lost a very close friend, Maxine, to MND. The member for Pakenham spoke of Maxine’s experience in her contribution. I want to thank the member for Pakenham, Emma, for the kindness, friendship and support that she gave to Maxine. Maxine spoke to me about her decision to access VAD. It is heart-wrenching to discuss someone’s end-of-life wishes and how they want that to happen, particularly when they ask you to be present. The reality was there was no hope or cure for Maxine. It gave Maxine a sense of control in how she could do this her way. She was always so organised, so bright, so vibrant and so active and used to getting her own way. She was declining fast. Experiencing Maxine’s journey firsthand, the challenges that she and her husband Damien endured, was a true insight into why this legislation needs to be changed and why we need to get it right.

A barrier that Maxine experienced was that, while she was a permanent resident for over 50 years, she was not an Australian citizen and was shocked to discover that would mean that she did not meet the criteria to access VAD. Maxine was born in New Zealand. She was told that she would need to apply for Australian citizenship. One of the changes in this bill is that you will only have to be an Australian permanent resident for three-plus years. Maxine sadly ran out of time. Our federal member was running around trying to work out how we could get her citizenship fast-tracked. For about three weeks it was a constant, just trying to work through this process, but as I said, she ran out of time and sadly she passed away. Whilst her mind was active, she was trapped in her body, which had no movement. She was on a feeding tube and could not talk. She declined, as I said, very quickly, and she sadly passed away. Her choice would have been to be alert and to feel the love and the comfort around her. That did not happen. She passed away in a condition that she did not want to get to and she did not want her husband and family and friends to go through. Maxine was well aware of her circumstances, her condition, and able to make a conscious decision. It is people sick and suffering like Maxine that should have the right to VAD.

I also wish to acknowledge Jane Simpson, who is an MND advocate and a support to many with MND. She was a wonderful support to Maxine, and I know she is also being a very good support to the member for Pakenham. I also wish to acknowledge Maxine’s husband Damien, who has been incredible during the most difficult of times, and we both miss her dearly. I have been in contact with Jane these past few days, and Jane said too many times she has seen terminally ill patients pass away while struggling to access VAD and how heartbreaking it had been for them and their families. Jane is very happy to see some of those impediments lifted through this bill.

I also had the experience of my mother going into palliative care after a six-month term with cancer, and I want to acknowledge the incredible medical team that was available to us 24/7. My mum did choose to have palliative care at home, and to some extent she did do it her way and she was very, very supported. But it was still very sad to see her decline in front of us all.

Since VAD was introduced in 2017, it has been a journey. Since that time we have heard that Victoria needs to catch up to the rest of Australia. We have listened intently and respectfully to people with lived experience, families of people who have accessed VAD, clinicians and advocates, and people and organisations that oppose VAD. We have also studied the implementation of similar legislation in other Australian jurisdictions, including Queensland, Western Australia, Tasmania and New South Wales. Like these states, we recognise that this is not a choice between life and death; rather, it is an additional end-of-life option for those who are already dying and want to end their suffering. We know that living in regional Victoria also has had many barriers when it comes to accessing VAD, and some of the proposed changes could make a positive difference. We need to remove unnecessary barriers and make VAD more accessible for all, no matter where you live.

I would like to touch on a couple of things with the last few minutes I have. The removal of the gag clause will mean that registered health practitioners, including doctors, nurses and allied health professionals, can now initiate discussions about VAD during their end-of-life care conversations. They must also discuss other options like palliative care and refer patients to appropriate support. There have been some concerns that a medical practitioner may not want to discuss VAD, and as I see it, that could be quite challenging. Whilst this approach does not compel anyone to participate in the VAD process and ensures patients are not left uninformed or obstructed from accessing legal care, I do question how a doctor who does not support VAD – whether it be for their faith, cultural background or whatever reason – can be managed.

Another thing of concern that has been addressed in the bill is that if a family member is actually also included in the process, there will be protections in place, through some of the legislation that is before us today, to make sure that they are the right people making these decisions and are not benefiting from someone that is trying to access VAD.

Just in the final minute, I think it is a really important piece of legislation. I think from going through the experience that I have been through, it is always about not just an individual but the whole of community. I am really looking forward to hearing some of the discussions and some of the responses to the questions on some of the amendments. I will finish my contribution there.

Josh BULL (Sunbury) (21:37): Given the time constraints, I will make a relatively short contribution on the Voluntary Assisted Dying Amendment Bill 2025. I was a member of the house that voted for and passed the Voluntary Assisted Dying Bill 2017, and like other both historic and definitive moments in this place, I will never forget that vote and the moment that profoundly changed the end-of-life journey for those that have chosen that path and of course their families and the local communities to which they belonged.

A person’s end-of-life journey is uniquely personal and deeply emotive, and in the course of this debate, through the journey of today, we have heard a range of different views that have been held. These are deeply personal matters. For me, as was the case in 2017 when the original bill was put, I had the inherent position and belief that those with a terminal condition in the greatest of pain should have the choice – the right – with the best of medical care and the best support and advice, to be able to choose the time at which they go from this place. I believed it then, and I believe it now, after the many reports that we have seen, much of the discussion that has been provided within the community, the five-year report and hearing personal stories of loss and pain and hardship and trauma. But choice of time, choice of how and where, and those end-of-life decisions that many have spoken about throughout the course of what has I think been a very considered and very respectful debate today – the best way forward is a very important decision for every individual, no matter where you are in this state or anywhere in our country.

The introduction of voluntary assisted dying was, in 2017, in my view, the right way forward. It has made our state a kinder place, a more compassionate place, a more humane Victoria. This is something that I have certainly reflected on in the time since that vote and in particular over the course of the debate today. The amendments in the bill, after having voluntary assisted dying in operation for some time, in my view make for a better, fairer and more compassionate system, taking into account, as I mentioned earlier, both the reporting method and of course the lived experience of so many that have made that choice. That very challenging choice at the end of life, often in discussion with family and friends and loved ones, is indeed that uniquely personal experience that I mentioned earlier.

Going through the work of the report and the amendments that are going to be put this evening as the house undertakes its work – going to the improved equity of access; the continuation of the enhanced safety mechanisms; the support for effective administration of the scheme; as mentioned earlier, the five-year review; and the experiences that we have seen across the country, in WA, which implemented voluntary assisted dying in July 2021, Tasmania in October 2022, South Australia and Queensland in January 2023 and New South Wales in November 2023 – and having of course the opportunity for reflection and the opportunity for important consideration are things that I think need to be at the forefront of our minds as we do this important work. Knowing and understanding the significance of what was decided in 2017, with the way forward then leading to similar provisions being put in place around those states, territories and other jurisdictions across the country, and getting to the position where we are today gives us the unique opportunity to provide the safety, the surety and the best possible system we can provide.

In the end, as I mentioned earlier, there have been a range of different views. As we go for quite a few more hours throughout the evening tonight, the amendments that have been put forward and the uniquely personal and passionate contributions by so many will indeed, as many other members have said, be when the Parliament is at its best and when we do our most important work.

When it comes down to any piece of legislation or any work that this house takes forward, having in the forefront of all of our minds provision for making sure we are supporting individuals as they go through, in this case, the most challenging time they will ever experience – we can extend that of course to family, friends and loved ones – it is a profound obligation on all of us to make those reflections and in doing so reserve the right, as I feel I did in 2017, to come back and have that reflection to make for a better system. I certainly do not stand here tonight and draw conclusions that further provisions, review and amendments are never going to happen in the first place – in fact the opposite – because we should always be taking the approach that through the learnings, experiences and challenges that exist in the work that we do, we need to put at the forefront of our minds in this Parliament the opportunity to make the very best system that we can.

I said it was going to be a fairly short contribution, and I am going to endeavour to try and wrap up before the 10 minutes end. I do want to conclude by acknowledging and thanking the outstanding member for Pakenham, whose courage, poise and determination – there she is – know no limits. I also want to extend a thankyou to the medical team in this state – and extend that to other states and territories as well – and to those who do such important work with local communities every single day. To families, advocates and loved ones who speak to us about this important work, we acknowledge the work that you have done and we thank you for it. To the Minister for Health, the Premier and the entire team: this is very important work. I will finish my contribution by finishing where I started, and that is by saying that we are always at our best when the debate is respectful, when we listen to one another and when we take the opportunity to be bold in our decisions and to provide for the very, very best state that we possibly can. I commend the bill and the amendments to the house.

Kathleen MATTHEWS-WARD (Broadmeadows) (21:46): Under standing orders I wish to advise the house of amendments to the bill, and I ask that they be circulated.

Annabelle CLEELAND (Euroa) (21:46): Supporting a loved one at the end of their life is one of the hardest things any of us can go through. It is a time filled with deep love, fear and uncertainty, and it reminds us how precious dignity and choice are in those final moments. I rise to speak on the Voluntary Assisted Dying Amendment Bill 2025, and I want to begin by acknowledging the member for Pakenham, Emma Vulin, a beautiful person. Busted! You are a beautiful person inside and out. Last sitting, Emma generously shared her time and offered thoughtful suggestions to make the system more supportive for those seeking voluntary assisted dying outside the city, and she has given many Victorians a trusted voice in this conversation. Her insight, lived experience and compassion are an absolute gift to this Parliament and to the people of Victoria. I also want to acknowledge Jane Morris from Dying With Dignity Victoria, in the gallery, who was here for the entire contribution and conversation during the 2017 debate and intends to do the same this evening – someone get her a cup of tea.

The member for Pakenham reminded me that this bill is about ensuring the framework works for every Victorian, not just those who live within driving distances of major hospitals in Melbourne. It is about giving people in regional and rural communities the same dignity, the same options and the same access as anyone in the city. For too long, residents in country Victoria have faced barriers that go beyond medical appointments. They face the tyranny of distance at the most vulnerable time in their lives. This bill, while I do not believe it is perfect, does address much of that inequity.

Before I turn to specific clauses, I want to pay tribute to the palliative care workers, GPs and specialist nurses who walk beside Victorians at the end of their lives. These are the people who meet families in the darkest moments and offer not just medical care but humanity. They shoulder the emotional weight of every patient they lose, and they keep showing up, determined to ease suffering and restore dignity. Their work is quiet, is often unseen and is among the most profound callings in medicine. Alongside them are the extraordinary carers in our state – husbands, wives, parents, children, friends and neighbours – who give everything of themselves to provide comfort, stability and love in those final moments and those final days. To those professionals and to the families who open their homes and hold the hands of loved ones and face the heartbreak of terminal illness, thank you. Your strength and compassion remind us of what it truly means to care for one another.

For anyone who has watched someone they love decline, the reality of terminal illness is daily heartbreak. It is pain that medicine cannot always dull. It is exhaustion that stretches families thin. It is the helplessness of watching time slip away. The choice to seek voluntary assisted dying does not come from despair; it comes from a desire for control, for peace and for the ability to face death with dignity, and these are deeply human instincts.

One of the most significant barriers to access in particular is the use of telehealth. Under the current Commonwealth Criminal Code, clinicians risk prosecution if they use a carriage service such as phone, email or video call to discuss or assess VAD, and this law, originally written to prevent online promotion of suicide, does not distinguish between suicide and voluntary assisted dying. It is now an act that is a roadblock to compassionate care. For regional Victorians this is not a theoretical barrier, it is a lived one. Many people in my electorate of Euroa live hours from the nearest doctor trained and willing to participate in the process, and some are too unwell to travel. Others rely on family members, who must take time off work, drive long distances and navigate a complex system at a time when they are burnt out emotionally and physically. The inability to use telehealth prevents equity of access and imposes unnecessary cruelty on those who simply cannot make the trip.

I recently spoke to Richard, a friend of mine and Violet Town local, about his close friend Peter, who lost his battle with motor neurone disease. Peter’s decline was devastatingly quick. Within months he went from walking and working to losing all movement in his limbs and eventually his voice, and when all hope of recovery collapsed, Peter made the decision to seek voluntary assisted dying. He did not make the choice lightly, and, as Richard told me, it was not about giving up on life – it was about protecting his dignity and sparing his children the trauma of watching him suffer. Peter’s advocate was his former partner Sue, a nurse who guided the family through the process with compassion and clarity. She described how rigorous the process was, involving multiple specialists, thorough capacity assessments and layers of safeguards. It was, in her words, vigorous but fair.

Despite that rigour, Sue also spoke about how the system made an already painful time harder because Peter was being cared for in a Catholic hospital and the family had to seek special permission to begin the process. To the hospital's credit, they did support external specialists to visit, but after delays and paperwork, the approval came from interstate administrators. Those days of delay may not sound like a lot, but for Peter, who was rapidly losing the ability to swallow or speak, it was quite painful – it was enormously painful – and he was too frail to travel easily. Sue described the ordeal of transporting him across Melbourne in patient vehicles strapped to a stretcher to attend assessments that could have been done safely via telehealth. 'He didn't need to jump through hoops,' she said, 'he needed compassion.' Richard described the relief that they all felt when the final approval came through. Peter said, 'Okay, when can we do it?' It was the last decision he would ever make for himself – the final piece of power he had left – and for his family that moment brought both heartache and peace. They knew he would not have to endure the drawn-out, degrading suffering that MND can bring. Richard told me, 'You wouldn't let a dog suffer the way he would have had to otherwise.'

The shortage of trained and willing practitioners is one of the biggest challenges for regional Victorians. In many small towns there may only be one or two doctors, and even fewer have the confidence or experience to take part in VAD. I understand the changes and the intent to reduce the experience requirement from five to one year, but I am personally very cautious. Experience is not about time served; it is about developing clinical judgement, learning to navigate the emotional and ethical weight of end-of-life care and recognising when someone's situation meets the threshold for VAD. Unlike medical specialists or long-practising GPs, many nurses and early career doctors have not had that level of exposure. If this change proceeds, it must be matched with proper training, mentoring and clear statewide standards so patients can trust that quality and safety are consistent across Victoria.

Compassion and caution have to travel together, and one of the more significant changes proposed is the expanded role of nurses. In regional health settings nurses are the backbone of care – the first to arrive, the last to leave and often one of the only familiar faces during your care. Allowing nurse practitioners and experienced registered nurses to act as administering practitioners is sensible and respectful. It will reduce delays, prevent unnecessary travel and allow people to die with dignity, surrounded by those who love them. Participation remains voluntary, and conflicts of interest are prohibited. Compassion and safety can coexist, and our regional nurses prove that every day.

At its heart, I feel this bill is about choice. It is about the right to seek information, make informed decisions and face the end of life on one's own terms. At the same time it respects those who object on moral or religious grounds. No practitioner will ever be compelled to participate. Instead the bill requires objecting doctors to provide patients with information about the state's navigator service. That balance between compassion and conscience is crucial.

Peter's story, and the courage of those who stood beside him, shows why this reform matters. It is not about ending life, it is about ending suffering. It is about ensuring that where you live or which hospital bed you occupy does not determine whether you can access compassion at life's end. While some elements of this legislation make me feel uncomfortable, I have done my best to recognise this discomfort and set aside personal bias, because talking about death is never easy. But I have trust in patients, their loved ones and the clinical professionals who guide them and that together they will make the right decisions with compassion and care. To every doctor, nurse and family who has walked this road, thank you. Your compassion is what gives this legislation purpose. I support the passage of this bill. It puts fairness, dignity and compassion at the heart of our end-of-life care.

Paul HAMER (Box Hill) (21:56): I too rise to speak on the Voluntary Assisted Dying Amendment Bill 2025, and I will make a fairly brief contribution. I want to start by acknowledging the work of the minister and also the former Minister for Health Jill Hennessy for bringing the original VAD legislation to this house. I had the opportunity a few months ago to hear from Jill and the story and the work of the reform and how difficult it was at that time. I know it has been a challenging and difficult debate today, but in many ways it does not even compare to that initial reform. When we think back to that time, Victoria being the very first state in Australia to introduce those laws and the challenge of a reform of this nature, it is really interesting to think about what has happened since that time, over the last seven years, and how the system has been used and the strengths and the weaknesses of the system. The review was required, but it prompted a lot of the findings that came out of the review which then prompted these legislative reforms.

I also want to particularly acknowledge the wonderful contribution from the member for Pakenham. As others have said, she is simply a wonderful human being, and it is so great to know her as a person and see the strength that she has shown through not just the debate today but through this entire process in pushing these reforms. I will probably misquote her, but the direction that I heard her going was that the importance of these reforms is that it gives her the choice of what to do and when to do it. Fundamentally that is such a critical component of everybody's life.

At the time, in 2017, when the initial legislation was passed, obviously I was not in Parliament and I probably thought I would never sit in this house. But I did think about the legislation at the time and think about if I were given the chance how would I have voted. I think my inclination would have been to support it at the time. That was mainly on the basis of having one's own agency and being able to control how you wish to end your life. I think that is an important value that I hold dear. I guess I have been fortunate that, compared to many other people in this place, I have not had to deal with the death of a very close loved one, particularly in the circumstances where that death is imminent and they are going through an extremely painful but perhaps slow passage to the end of their life. So it has always been at a very theoretical level, but I feel strongly that having that ability to have that choice of how you wish to end your life is a really important concept. No-one is forcing anybody to take up that option; it is just that knowing that option exists is something that is really important to me, and I think it is, from what I can tell, important to many in our community as well.

I just wanted to touch on one constituent in particular who has been very public in her support for the legislative changes. Her name is Eve Crotty, and she was written up in an article in the *Guardian* a couple of weeks ago talking about how difficult it was for her mum, when her mum was passing, and just particularly in dealing with the six-month deadline, because the diagnosis of her mum could not be made with any certainty as to whether it would be six months or it might be extended beyond six months, but not very much longer, and there were a lot of hurdles and discussion about whether her mum would be qualified for VAD or not. As she mentioned in the article, when it came through, when she was allowed to access VAD, it was the happiest that she had seen her mum because her mum was then able to be at peace. She then was able to take back that agency and determine whether her time was up. I know there are still a number of speakers to make a contribution on the bill, and with that I commend the bill to the house.

Peter WALSH (Murray Plains) (22:02): I rise to make my contribution on the Voluntary Assisted Dying Amendment Bill 2025. I think, as a number of speakers have already said, this is not about whether we have VAD or whether we do not have VAD here in Victoria. That debate was carried out in 2017, and I can remember sitting at the table with Robert Clark for many of those 26 hours that that debate went on, and I sense a very different mood in the chamber this time than there was back then. Back then it was very, very tense, and people had very, very strong views about that. I suppose my contribution tonight is not so much about whether I believe in VAD or whether I do not believe in VAD. But as a legislator I believe in good legislation and in good processes to arrive at legislation, and I am concerned that this bill fails on both those particular issues. The path to this legislation was around a five-year review, but that five-year review did not consult on any recommended or single changes to the Voluntary Assisted Dying Act 2017. The Department of Health website at the time claimed that as the legislative five-year review was operational it was not considering changes to the legislation. So the fact that the department put that on their website saying those things – I think the government misled people about this particular review. We may have ended up in the same place with the same legislation, but for those that have concerns with various clauses in this bill, if that process had been more open and transparent, I think it would have delivered a better outcome – maybe the same outcome, maybe not the same outcome, but it meant that stakeholders who knew the review would report on possible legislative changes made submissions on changes while other stakeholders were given no opportunity.

Following the review, the Department of Health wrote to a limited number of stakeholders, providing them with only two weeks to respond on such serious matters as life, death and freedom of conscience. So I come back to the fact that if the government were serious about this they should have been more open and transparent, potentially even having an explanatory bill that actually set it out so it could be consulted on it.

VAD has been available, as everyone has talked about since, since 2017. I note the statistics as a percentage of population actually have more people in regional Victoria accessing VAD than in the city. I hope that is not a symptom of the fact that they do not have the healthcare services they need in regional Victoria or the palliative care services they need, but tragically, I think that it is probably the case as to why there are more people in regional Victoria accessing VAD as a percentage of the population than in metropolitan Melbourne. At the time – and other people have quoted this – Victoria's VAD laws were described by proponents as the safest in the country. If we are taking away some of those safeguards, by definition we are actually making it less safe into the future.

On consultation on this bill, I spoke to a number of the district nurses in my electorate and spoke to some of the palliative care nurses. I thank them for the feedback they gave me. Being part of a cross-border community, they work both in Victoria and in New South Wales. The legislation in New South Wales and the processes are slightly different. Their personal views were that they actually thought the New South Wales system worked better than the Victorian system and probably still works better than what the proposals are for the Victorian system.

I suppose the one that concerns me the most – and it is a principle of legislation, but it is part of this legislation – is the fact that this has enabling components to it rather than prescriptive components to it and it forces conscientious objectors to provide information determined by an unelected official. Having the secretary of health, post this legislation passing, have the power to determine what conscientious objectors have to do and what doctors have to do in giving advice I think is wrong from a legislative principle point of view, because we are the legislators; we pass the legislation. We are now entrusting it to someone else.

The member for Mordialloc made some comments about the trust in health officials. I actually think here in Victoria through COVID the community has lost a lot of trust in health officials. Imagine this legislation with the Premier that we had at that time and the chief health officer that we had at that time and the rules that they made that just rode roughshod over Victorians' rights. That is what we are actually giving the secretary of health here with this particular piece of legislation. We are giving them ultimate unfettered control over what happens as far as recommendations go for what doctors have to do and what doctors have to report on. The VAD review did not actually make any recommendations about taking this away.

The health practitioners who conscientiously object to VAD should not be obliged by law to violate their conscience, particularly providing information about something that is not health care. There is no legislation in any jurisdiction in Australia that actually talks about VAD being health care. It is about assisted dying. It is all the things that it is, but it is not health care. Again, I am not saying I am against it or for it. It is just the fact of what would happen in the legislative framework. It is supported by the World Medical Association that doctors should not be involved in interventions where the primary intention is to end someone's life.

The information a health practitioner can be compelled to provide would be determined by an unelected official, as I have talked about, without parliamentary scrutiny or legislative limits. Again I come back to this issue of the enabling versus the prescriptive. If the government wants to have certificates that are filled in, wants to have forms filled in and wants to have a requirement on medical practitioners to do specific things when giving advice, I am happy to have that debate in this chamber, but I am not prepared to vote for a bill that gives that power to the Secretary of the Department of Health. The secretary of the health department is not answerable to this Parliament, is not elected to this Parliament on behalf of Victorians and should not have that power in the future.

I am concerned, as I said, about the process as to how we arrived at this legislation and that it was not consulted on with those that may have had a different view to what the government was trying to achieve or what the Department of Health was trying to achieve. Most importantly, it is about that particular issue of the ultimate power of the secretary. Like I said, we all saw what the chief health officer and the Premier of the day did during COVID. People lost their lives because of those rules. People lost their meaning for existence because of those rules that were brought in, and we are now giving someone else those sorts of powers into the future. I just cannot accept that as part of the process. If there wants to be something done, bring it back to the Parliament. Do not give it to the secretary of the department to actually do it into the future.

The other concern I have is about all the practitioners that are listed that can instigate the discussion about VAD. Not being a medical practitioner, I would imagine there is training. There is a way to have those discussions. Having an osteopath start that discussion who has no training, as an example, a pharmacist or a podiatrist or any of those health professionals – they should not be the ones that start that discussion. There should be people who are trained in how to do that. What the nurses told me in Echuca was that in New South Wales there are actually trained doctors that will travel to the home and actually make that assessment. One of the concerns that has been raised quite validly is the issue of travelling. Someone in my electorate has to go to Bendigo or potentially Melbourne to access a practitioner. In New South Wales, as it was explained to me, they actually bring the practitioner to the home, and I think that is a much better way of doing it. They are trained about having those end-of-life discussions into the future. Having this long list of medical practitioners who can instigate that discussion, I think, is wrong and should be changed.

The other issue that has been raised with me is this issue of when you make an application to get a certificate it does not differentiate between self-administered and practitioner-administered. Again, we are dealing with people who are in a vulnerable part of their life. We need certainty about what they are signing and what they are not signing there.

I suppose from my point of view the reasoned amendment from the member for Greenvale actually makes some sense to address the issues that I have talked about, and I would hope that people would pass that so we can go back and have genuine consultation with those that may not agree with everything that is here but would like to be part of the discussion and particularly address that issue around clause 6 about the secretary of the health department having absolute say over what happens without any scrutiny from this Parliament.

Lauren KATHAGE (Yan Yean) (22:12): For many years my father has volunteered at the local hospice. Each week he and others from the community head to the place in town where people go to spend their last months, where they gather together in their rooms and their beds and they spend their last time on earth. Outside the building, circling around this old Queenslander, people gather and they mow the lawn, they trim the edges, they tend the blooms, they plant new seeds. Isn’t that ridiculous, that where people are inside dying there are people concerned with the garden outside? It seems preposterous. Yet people deserve beauty in death, and so each week members of the community travel to the hospice and they spend their time making it beautiful for those inside. I cannot help but reflect that we here in the chamber are seeking to do the same thing now. We are trimming clauses. We are planting new ones. We are working together and seeking to make beauty to give those people in their last months the beauty and the dignity of a good death. May this bloom.

Mathew HILAKARI (Point Cook) (22:14): I rise to support the Voluntary Assisted Dying Amendment Bill 2025 after my chamber neighbour, who I am so glad to follow. In many ways I wish hers had been the final speech in what has been I think a very important discussion in this place. I was actually thinking about gardening metaphors as well and that this place is actually a place of constant tending to democracy in the state of Victoria. I was thinking about some of those people who have been really important in this debate. The previous member for Altona, which covered the majority of the area that I now represent, Jill Hennessy, did an amazing thing. While you might not agree with the bill itself, we would all like to think that we could make a real impact on public life. That is a real credit to her – the impact that she has made on public life. I think about the 3568 people who have started the VAD assessment process and the 1683 who went to the final part of that process. Those people, their families and their communities around them have all been impacted by the decisions made in this place in a really positive way, because they have had choice and control over their death, a death that was coming to them – coming to them quickly. We know that 16 per cent of people who had started a first assessment died before they could get further down the process. I hope that they had some comfort in starting that process.

There are people who are supporters of these changes and who sometimes want to go further than these changes that we have got in front of us today, such as Go Gentle's Andrew Denton, who has done a power of work across the country taking Victoria's really important reforms around the nation – one territory left to go – Dr Linda Swan and Julian Kingma, who was in the Parliament with photos recently, but more importantly people with lived experience and medical professionals who have worked with people who have accessed voluntary assisted dying and talked to us about where to go next on it. The thing that really struck me with people who have had lived experience – and that is whether it is family members who are here today or people seeking access to VAD – was just at the point in time when your family and your connections with people should be the strongest, the most important piece of time is what you have got left, because there is so little, and it is spent in bureaucracy. I just think that a lot of that is really unfair – to spend that time in the bureaucracy of medical appointments and the bureaucracy of government to access something that you would like to have control over and the comfort of and the dignity of. That really struck me. It really struck me also meeting with Dying With Dignity's Michelle, but particularly Jane Morris – true staying power both in 2017 and right now. It is that point in time when you just want to be with family and friends and have the comfort of those last moments.

So many people have made enormous and amazing contributions. The minister at the table, the Minister for Health, I thank you and all your staff and everybody who has been involved in these processes. Member for Pakenham, I know that your mum almost got elected to Parliament in the Brackslide.

Emma Vulin: No, she didn't.

Mathew HILAKARI: Well, we all felt that that was the case, and she certainly was worried that that was the case. She never intended to be, I think, a member of Parliament. Sometimes you get wonderful surprises.

Emma Vulin: It was a surprise.

Mathew HILAKARI: No, I felt like it was a real goer. I thought you had a real story to tell before coming to this Parliament – the story of surviving a stroke and bringing everything back. I thought that was a story. But here we are now tonight, and appropriately I think most speakers have acknowledged you because they should, because it is extraordinary. I am so glad to be associated with you, to have known you for so long. I know the member for Narre Warren North has insisted that I mention that she is just so proud to be your friend, as am I – through the Chair, of course.

There have been so many fine contributions from both sides of the chamber and from those who oppose and those who support it either in entirety or in part. I indicated that I was going to be short, so I will be short. One of the things that I think the previous speaker the member for Murray Plains mentioned was that the New South Wales system was felt by many New South Wales residents as being better. I think we have got the opportunity to improve today. We were the first, and we have got an opportunity to bring ourselves in line with the rest of the country.

The member for Mildura shared her wonderful story, and it was an extraordinary contribution. I did not realise you were just in the chamber, so I am so glad that you are. It was an extraordinary contribution and was really right on point, so I thank you for making that contribution. I could never, ever get anywhere near what you delivered earlier tonight. You talked a little bit about the Victorian residency and the updates that will contribute to this bill as well.

The Deputy Speaker is giving me the eyes that I am going on too long, and I accept that too, so I commend this bill to the house.

Danny PEARSON (Essendon – Minister for Economic Growth and Jobs, Minister for Finance) (22:20): I am delighted to join the debate. I was not going to speak tonight, but I do want to take the opportunity to talk briefly at the end of this debate. I have listened on and off to the debate today, and as many have said, the member for Pakenham gave an eloquent and moving contribution talking about the importance of this bill. I also want to acknowledge the contribution that the Leader of the Opposition made. I sat here throughout his contribution, and I thought it was a very thoughtful, considered and brave contribution. There have been so many great contributions, and I think what a debate like this reflects is the fact that we all have a story premised upon our lived experience. Often in the cut and thrust of a debate, party lines and party allegiances somewhat blur our individuality. But we come to this place and we have an opportunity to come to this great institution, an institution whose history goes back hundreds of years, and we have the capacity through our role as legislators to make sure that legislation reflects the hopes and aspirations of the community of today. I have always felt it a great privilege and honour to be a member of this place and to be a parliamentarian.

In the last debate in 2017, I spent a lot of time talking to my community. I weighed up the idea of a conscience vote – is it my conscience or is it the conscience of my electorate? Essendon is a community where there are people who are quite conservative in their social values and their views – not across the board but in pockets they are. I really weighed it up at the time, thinking very clearly about what I should do, and I always met with anyone who wanted to speak with me about the issue. I come back to the point I made at that time. I met a daughter who dearly loved her father. Her and her parents came and saw me – the three of them. He had motor neurone disease, and he just looked at me and he said, ‘All I want when the time comes is the right to end my life.’ At the time I felt, ‘What gives me the right to deny him that right?’ I think, on all these questions, I have always been progressive on social matters. I have always had the view that if you are an adult and this is how you feel and you are not hurting anyone else, it is about how you feel and that if that is what you want to do you should be allowed to do it. I have always felt that way and nothing has changed over the course of this time.

But one thing that struck me from that debate in the chamber was that it was a respectful debate. There were really strong, passionate views either way, but we conducted ourselves as parliamentarians in that debate in a very dignified and measured way. That is certainly how I felt. I spent a lot of time in the chamber, and I would often take up points of order against Robert Clark. I said on many occasions that Robert and I would not agree on many things at all, but I always admired Robert’s work ethic, and the way in which he conducted himself in that debate was exemplary. I think that is something that gives us all a bit of a reference point. I am surprised that there are only 31 of us left in this place who were there at the last debate. It is quite extraordinary. It does not seem that long ago, but time flies.

This is an important piece of legislation. It is about continual and constant improvement. It is about making sure that we continue to ensure this legislation can be the very best it can be, and I commend the bill to the house.

Mary-Anne THOMAS (Macedon – Leader of the House, Minister for Health, Minister for Ambulance Services) (22:24): It is a great privilege to be able to stand here and summarise the debate.

I want to begin by acknowledging the contributions made by each and every member of this place today. I have spent most of my time in my office today listening to the contributions that have been made both in favour of and against the bill that is before the house. I want to commend everyone for the care that has been taken and shown in the way in which people have prepared for their contributions. It is evident to me that a lot of thought has gone into the contributions that have been made, whatever side of the debate people are sitting on.

I do want to acknowledge and pay tribute to the 1683 people who have accessed voluntary assisted dying in this state since it was made legal by our government. I want to pay tribute to them and their families. I have had the opportunity to read contributions and hear from family members whose loved ones have accessed voluntary assisted dying, and what I have been struck by consistently is the sense of peace that people have expressed in spending the last moments with their loved one when their loved one has been in control of the process. We have heard many people talk about that today, and in fact I think the Premier when we spoke earlier. Voluntary assisted dying gives people who are living with a life-limiting illness this opportunity to live on their terms until the time that they then decide that they will end their life to end the pain and suffering that they are experiencing. But let us be clear also that this is an end-of-life choice, an option, that to date has been accessed by less than 1 per cent of the people whose lives end every year. It is about choice. It is about compassion. It is about dignity.

I do want to say thank you to and acknowledge the member for Brighton, the Manager of Opposition Business, for the engagement that we have had through the process of getting ready for today’s debate. I thank him for that. I want to acknowledge the member for Gippsland South as the Leader of the Nationals for participating in an early briefing and the way in which he engaged with that process. I want to thank the member for Melbourne similarly for facilitating an early briefing with the Greens.

I also thank the member for Melbourne and Sarah Mansfield in the other place for the early engagement on some of the amendments that the Greens wanted to bring to this place. I thank you for that. There have been many amendments tabled today. Other than those from the Greens, they had not been socialised with me previously, so as the minister I was required to make some assessments about those on the go. I just want to acknowledge that when amendments are brought into the place on the day, it does not necessarily give the time for consideration that one might want.

I should also thank the opposition spokesperson on health in the other place, Ms Georgie Crozier, who I have also had very productive engagement with over a number of weeks now. I thank her. I turn around and of course I am met by the smiling visage of the member for Pakenham. I want to pay tribute to the member for Pakenham because she has been on this journey with me in terms of the stakeholder engagement that we have undertaken over many months now.

I will point to the fact that some members have raised some concerns that they have had in relation to feeling that this has been a rushed process. The Premier and I put out a press release indicating our intent to bring these amendments to this place in February of this year. The bill has gone through the normal government process, and indeed we have had much earlier engagement with opposition parties than we would normally have.

I do know that a person who I have really got to know very well over the past year, from Dying With Dignity Victoria, is Jane Morris. Jane is in the gallery today. Jane has been a tireless advocate. I have worked with Go Gentle, Dr Linda Swan and Andrew Denton, as well. I note that a former member in the other place, Ms Fiona Patten, is also in the chamber, and she is a person who was very instrumental in the legalising of voluntary assisted dying that happened back here in 2017.

There are a number of points that have been made in the debate today that I really just want to touch on, if you will all bear with me for a moment. A lot of people have talked about their concern that the five-year review, which was a statutory review, did not necessarily recommend that there be legislative change. Well, let me be clear: I have never said that. I have never made that connection. I have always been clear that, yes, there was a five-year statutory review and it found that the act was working as it was intended. It also included an addendum of some of the issues that were raised which were outside the scope of that five-year review. So that in itself was a piece of work that was done. At the same time, as Minister for Health, I continued to receive representation from people in the community who have advocated for change. That includes members of this place but also members of the health professions, unions, colleges, other representative bodies, as well as activist stakeholders like Dying With Dignity and Go Gentle. I have received correspondence from my own constituents, a number of whom have advocated to me to make further changes, and as minister I exercised the right that all ministers have to formulate a policy position and take it through a cabinet process. That is what I did, and that is what brings us here today.

Along the way, my department has worked very hard to make sure that we continue to consult with stakeholders, both those supporting voluntary assisted dying and those whose positions have always been well known and who are always in opposition to voluntary assisted dying. I had a very respectful conversation with Archbishop Comensoli, as an example of a stakeholder whose views were very well known to me. Those views have been expressed to me in correspondence and so on. I wanted to take that time to acknowledge the position that is held by faith leaders and to ensure that I listen to that point of view. I took the opportunity to quite directly explain to the archbishop why I would be bringing to this house the changes that I wanted to make.

My department has consulted with, as I have said, the Catholic Archdiocese of Melbourne, the Board of Imams Victoria and the Australian Christian Lobby. Of course we also know that extensive consultation occurred for the very first bill, which was only in 2017. I talked before about health practitioners, the AMA and the Royal Australian College of General Practitioners. While I am talking about the AMA, let me address this issue of conscientious objection, because I think it is important to discuss this as well. I know that many people have raised their concerns in relation to the importance of conscientious objection, and as health minister, let me say that this is an issue that I deal with on a regular basis and that our government absolutely respects the right of health practitioners to hold conscientious objections to a number of legal, lawful medical procedures. One of those of course is abortion care. Quite differently to voluntary assisted dying, we actually require a medical practitioner that holds a conscientious objection to abortion to make sure that a woman who is seeking access to abortion is provided with a referral to a practitioner who will provide an abortion. With voluntary assisted dying we are asking only that that person provide information to the person who wants more information on voluntary assisted dying to direct them to the statewide care navigator service on the Department of Health website. The AMA says that medical practitioners have an ethical obligation to minimise disruption to patient care and must never use a conscientious objection to intentionally impede patients' access to care. It is my contention that the provision of minimum information, as is proposed in this bill, enables health practitioners to maintain their conscientious objection but ensures that they do not leave anyone stranded. That is the intention of the conscientious objection changes that we are making.

Some have raised issues with regard to the interpreter amendment, and I absolutely understand the concerns that have been raised. But once again I need to be clear: this amendment, it is proposed, would be used very, very rarely. We know, for instance, that there are languages spoken in this beautiful multicultural state of ours for which there are no readily available accredited interpreters. So we do not want the fact that there is not an accredited interpreter available to impede access to voluntary assisted dying. That is all that is intended here, and it would require the Secretary of the Department of Health to approve that, which we would expect to happen in very, very rare occurrences.

Another issue that people have talked a lot about has been palliative care. Only a few months ago I announced the appointment of Victoria's first chief palliative care adviser Professor Mark Boughey, who is in many quarters seen as being one of the fathers of palliative care in the state of Victoria. I have engaged him in the department to help us refresh our palliative care framework, because there is quite a bit of work to do. This is a rapidly changing type of care. We need to ensure that our framework continues to meet expectations. I will have more to say about that, I am sure, and many more opportunities. But I will make this point: palliative care and voluntary assisted dying are not in opposition to one another. We know that almost 80 per cent of people that access voluntary assisted dying are also in receipt of palliative care at that time. I am sure I will have an opportunity to talk more about registered health practitioners further into the evening.

This is a very considered set of amendments. I thank everyone for their contribution. I give a shout-out to the healthcare workers that are in the chamber. I see the member for South-West Coast. I see the member for Lowan. I see the member for Melton. And who have I missed? The member for Brunswick is unfortunately not with us. I know that each of those healthcare practitioners will support this bill, and I commend the bill to the house.

The SPEAKER: The minister has moved that this bill be now read a second time. The member for Greenvale has moved a reasoned amendment to this motion. He has proposed to omit all the words after ‘That’ and replace them with the words ‘this house refuses to read this bill a second time until adequate time is given to allow full consideration of the anticipated and unintended consequences of changes to the Voluntary Assisted Dying Act 2017 and until further and broader consultation is undertaken’. The question is:

> That the words proposed to be omitted stand part of the question.

Those supporting the reasoned amendment by the member for Greenvale should vote no.

Assembly divided on question:

Ayes (66): Juliana Addison, Jacinta Allan, Brad Battin, Jade Benham, Roma Britnell, Colin Brooks, Josh Bull, Tim Bull, Martin Cameron, Ben Carroll, Annabelle Cleeland, Sarah Connolly, Chris Couzens, Jordan Crugnale, Lily D’Ambrosio, Gabrielle de Vietri, Steve Dimopoulos, Wayne Farnham, Eden Foster, Will Fowles, Matt Fregon, Ella George, Luba Grigorovitch, Sam Groth, Bronwyn Halfpenny, Katie Hall, Paul Hamer, Martha Haylett, Mathew Hilakari, Melissa Horne, Natalie Hutchins, Lauren Kathage, Emma Kealy, Sonya Kilkenny, John Lister, Gary Maas, Alison Marchant, Tim McCurdy, Steve McGhie, Cindy McLeish, Paul Mercurio, John Mullahy, James Newbury, Danny O’Brien, Kim O’Keeffe, Danny Pearson, John Pesutto, Pauline Richards, Tim Richardson, Ellen Sandell, Michaela Settle, David Southwick, Ros Spence, Nick Staikos, Meng Heang Tak, Jackson Taylor, Nina Taylor, Kat Theophanous, Mary-Anne Thomas, Emma Vulin, Vicki Ward, Rachel Westaway, Dylan Wight, Gabrielle Williams, Belinda Wilson, Jess Wilson

Noes (17): Anthony Carbines, Anthony Cianflone, Chris Crewther, Daniela De Martino, Matthew Guy, David Hodgett, Nathan Lambert, Kathleen Matthews-Ward, Michael O’Brien, Richard Riordan, Brad Rowswell, Natalie Suleyman, Bridget Vallence, Peter Walsh, Iwan Walters, Kim Wells, Nicole Werner

Question agreed to.

Assembly divided on motion:

Ayes (67): Juliana Addison, Jacinta Allan, Brad Battin, Jade Benham, Roma Britnell, Colin Brooks, Josh Bull, Tim Bull, Martin Cameron, Ben Carroll, Annabelle Cleeland, Sarah Connolly, Chris Couzens, Jordan Crugnale, Lily D’Ambrosio, Gabrielle de Vietri, Steve Dimopoulos, Wayne Farnham, Eden Foster, Will Fowles, Matt Fregon, Ella George, Luba Grigorovitch, Sam Groth, Bronwyn Halfpenny, Katie Hall, Paul Hamer, Martha Haylett, Mathew Hilakari, Melissa Horne, Natalie Hutchins, Lauren Kathage, Emma Kealy, Sonya Kilkenny, John Lister, Gary Maas, Alison Marchant, Tim McCurdy, Steve McGhie, Cindy McLeish, Paul Mercurio, John Mullahy, James Newbury, Danny O’Brien, Kim O’Keeffe, Danny Pearson, John Pesutto, Pauline Richards, Tim Richardson, Ellen Sandell, Michaela Settle, David Southwick, Ros Spence, Nick Staikos, Meng Heang Tak, Jackson Taylor, Nina Taylor, Kat Theophanous, Mary-Anne Thomas, Bridget Vallence, Emma Vulin, Vicki Ward, Rachel Westaway, Dylan Wight, Gabrielle Williams, Belinda Wilson, Jess Wilson

Noes (16): Anthony Carbines, Anthony Cianflone, Chris Crewther, Daniela De Martino, Matthew Guy, David Hodgett, Nathan Lambert, Kathleen Matthews-Ward, Michael O'Brien, Richard Riordan, Brad Rowswell, Natalie Suleyman, Peter Walsh, Iwan Walters, Kim Wells, Nicole Werner

Motion agreed to.

Read second time.

Extension of scope

The DEPUTY SPEAKER (23:12): I advise the house that this morning the member for Sandringham gave written notice of a motion to extend the scope of the bill contingent on it being considered in detail. This would allow the member to move his amendment 3 for the reasons the member set out earlier today. The house must first deal with the member for Sandringham's motion to extend the scope of the bill before moving to consider the bill itself. However, as the notice was given today, I am advised that to comply with standing order 140, the member for Sandringham must seek leave to move that motion. I therefore invite the member to seek leave.

Brad ROWSWELL (Sandringham) (23:13): Thank you, Deputy Speaker, for the invitation to seek leave. The amendment that I am proposing seeks to change the –

The DEPUTY SPEAKER: You need to seek leave first: 'I move, by leave'.

Brad ROWSWELL: I understand, and with the indulgence of the house, given this is an area we do not usually address, I was seeking to articulate the circumstances through which I have been put in the circumstance where I need to seek leave in this way.

The DEPUTY SPEAKER: You have to start with 'I move, by leave'.

Brad ROWSWELL: I move, by leave:

> That a clause be amended.

I seek an opportunity to explain that before moving to the substance of what I am seeking leave for.

The DEPUTY SPEAKER: Member for Sandringham, if you could go to the scope of voluntary assisted dying, please.

Brad ROWSWELL: On that basis, I move, by leave:

> That the scope of the Voluntary Assisted Dying Amendment Bill 2025 be extended to enable consideration of a new clause amending the Voluntary Assisted Dying Act 2017 to provide for principles in relation to palliative care.

Leave refused.

Consideration in detail

Clause 1 (23:14)

Ellen SANDELL: It has been a while since we have done this. I assume this is where I can ask questions of the minister on clause 1. I would like to ask a question of the Minister for Health. Victoria's Voluntary Assisted Dying Act 2017 and this bill do not provide any obligation for a health service, including a hospital, for example, or residential aged care facility, to allow reasonable access to voluntary assisted dying. Other jurisdictions like New South Wales, South Australia, Queensland and the ACT do have specific requirements related to this access. There is not a minimum requirement for these facilities in our legislation to even provide information about voluntary assisted dying, or information about what their policies on voluntary assisted dying are, and as we have seen from the recent Go Gentle report, Victoria does have the lowest quality of VAD information provided by residential aged care facilities of any jurisdiction. So what steps are the government planning to take with respect to the obligations of health services, including residential aged care facilities, to provide basic information about their VAD policies and to provide access for people who live there?

Mary-Anne THOMAS: I thank the member for Melbourne for her question; it is a very important one. My department is committed to working with the aged care sector, including both our own public sector residential aged care services and private sector, in a collaborative way to ensure that we increase their awareness of the end-of-life choices that are lawfully available to all Victorians, including access to voluntary assisted dying. It is my intention to continue to engage with that sector with that purpose in mind.

Nathan LAMBERT: I just want to pick up on a point that the member for Mildura and member for Hastings touched on in their contributions to the debate, and one about which I have spoken with Go Gentle Australia. Minister, they have raised a proposal that the VAD act should include a clarification that nothing done lawfully under the act could be interpreted as a violation of section 6B of the Crimes Act 1958, and I understand from them that all other jurisdictions have such a section. Go Gentle Australia said specifically:

> Our view is that any clarification that VAD is not a violation of the Crimes Act is likely to contribute to a reduction in stigma for dying people choosing the option of VAD, as well as their families and the health professionals providing their care.

Was such a provision considered during the development of the legislation?

Mary-Anne THOMAS: If I understand correctly, I think the question goes to whether or not the Victorian government is seeking to work to get around the federal government legislation with respect to the use of a carriage service. Is that the point that you were making?

Nathan LAMBERT: That is a separate issue that we all know with federal carriage services. But no, this is more specifically that most jurisdictions – all other Australian jurisdictions, as I understand it – have an express section in their VAD act that says this cannot be interpreted in any way as inciting, aiding or abetting suicide, or indeed is any breach, in the Victorian case, of 6B of our Crimes Act, which deals with those topics, and Go Gentle Australia, I read out their quote, have recommended that that would reduce stigma for those seeking to use VAD.

Mary-Anne THOMAS: I will further consider the question.

Brad ROWSWELL: Given I have 5 minutes and I have some unfinished business in relation to the purpose of the bill, as I was trying to articulate before, perhaps this is an opportunity to do that briefly and then follow up with some questions to the minister. The reason why I was seeking to expand the purpose of the bill is because it was determined that a change to the scope of the bill to include palliative care, specifically in relation to funding and access in the principles section of the bill, was determined to be out of scope by the clerks. I am not in disagreement with the clerks on that matter, but I do note that in the bill itself the government seeks to insert a new section 8 specifically referencing palliative care. Palliative care is also mentioned by the minister in her second-reading speech and in the bill's statement of compatibility, and there are frequent and specific references to palliative care in the government's own information pack for MPs. I was hopeful that the omission of palliative care, in reference to the principles section of the bill, was but an omission by the government. Having spoken to the minister earlier this evening, I am of the understanding that that was in fact not the case. That is why I am proposing that palliative care in relation to the funding for palliative care and the access to palliative care, with special consideration for those Victorians living in regional and rural communities, be added to the principles section of the bill, as I believe palliative care is the other side of the same coin when it comes to dealing with matters of end-of-life care.

Specifically in relation to part 1 of the bill, I note that stakeholders have suggested that the government's undertaking of consultation has been limited at best. The terms of reference for the five-year review of the VAD act did not in fact include consideration of changes to legislation. I would go further and say that the Victorian government made it clear that ‘as this legislated five-year review is operational it is not considering changes to the legislation itself’. I am keen to understand what the decision-making process of the government was in order to bring a suite of legislative changes to the Parliament for consideration, as we are considering now, based on the fact that the five-year review did not specify that and that the government explicitly stated that the legislative five-year review would not consider changes to the legislation itself.

Further, I am also of the understanding from stakeholders that some stakeholders were treated in one way and others in other ways, that some stakeholders – and this is what has been asserted to me – were offered full provision of the amendments to the bill whilst others were not, and those others were not prepared to sign department non-disclosure agreements in order to access the government’s proposed amendments to the bill. Does the minister have a view on what some are perceiving as the preferential treatment of some stakeholders over others?

Danny Pearson: On a point of order, Chair, I am just seeking clarification. The member for Sandringham at the start of his contribution referred to an amendment or moving an amendment. I am just seeking your guidance because, if leave was denied in relation to seeking to broaden the scope of that amendment, it is not clear to me whether the member for Sandringham can actually ask that.

The DEPUTY SPEAKER: The member for Sandringham did seek leave to expand the scope for the amendment that he was going to bring in, which was then not granted, as you say. However, clause 1 covers pretty much a wideranging question and answer on the bill in its entirety, so I will allow the question.

Mary-Anne THOMAS: The member for Sandringham asked me a question in relation to the five-year review and its relation to the amendments that have been brought before the house. I believe that I answered or addressed this issue comprehensively in my summing-up of the second-reading debate.

Ellen SANDELL: I just want to follow up on my previous question. In relation to reports of people not being able to access voluntary assisted dying, in particular in residential aged care facilities in Victoria, is it the minister’s expectation that residential aged care facilities are required to provide access to VAD and information about VAD to people residing in their facilities?

Mary-Anne THOMAS: Residential aged care is a person’s home, and it is my expectation that a person should be able to receive lawful health care in their home.

Will FOWLES: If it is the government’s position that residential aged care is a person’s home and they should be able to receive medication in that home, why does the bill fail to protect that availability for patients or people in residential aged care facilities that are managed by, for example, a church organisation?

Mary-Anne THOMAS: I sought to answer that question in a previous answer, where I indicated that it is my preference and my intention to continue to work along with the Minister for Ageing in the other place and to work with the residential aged care sector to increase their knowledge and understanding of voluntary assisted dying and the importance of offering end-of-life choices to their residents.

Gabrielle DE VIETRI: My question is about clause 10, but I am proposing to ask it here as it relates to the bill more generally. I hope that is appropriate. Section 10(3) of the principal act states:

> Either the co-ordinating medical practitioner or each consulting medical practitioner must have relevant expertise and experience –

The DEPUTY SPEAKER: Order! Member for Richmond, if you are asking in a general sense of how it affects the whole bill, that would be okay. If you are asking specifics about the actual clause 10, it is probably better you wait until we get to clause 10.

Gabrielle DE VIETRI: I believe it relates to the general functioning of the bill.

The DEPUTY SPEAKER: I will allow it.

Gabrielle DE VIETRI: Just to go back a few words:

> … each consulting medical practitioner must have relevant expertise and experience in the disease, illness or medical condition expected to cause the death of the person being assessed.

Victoria has interpreted this to mean that one of the practitioners must be a specialist consultant in the condition that is expected to cause death. Other jurisdictions do not have such a narrow interpretation and allow, for example, GPs or general physicians with appropriate experience in the person's condition to fulfil this requirement. This significantly expands the potential workforce available to provide voluntary assisted dying and improves access, particularly for rural and regional Victorians. Under this clause, does the minister believe that a GP with relevant experience in the person's condition could be considered to meet this requirement?

The DEPUTY SPEAKER: Minister, if you wish to respond in a general sense, that is fine. If you wish to put it off until clause 10, you can also do that.

Mary-Anne THOMAS: I will respond in a general sense. There are amendments in the bill that seek to expand the available workforce, and that is through the amendment that seeks to reduce the number of years that a specialist medical practitioner is required to have worked in that speciality.

Iwan WALTERS: Thank you, Minister, for the opportunity to engage in this process. My question goes to the process by which the bill has come to this place. I spoke in my contribution earlier about what I perceive as some of the risks to the curtailment of medical practitioners' freedom of conscience. I note that in the original second-reading speech that then Minister Hennessy provided in 2017 there were reassurances provided to medical practitioners who may wish to conscientiously object to participating in any part of the VAD process, whereby that bill recognised that:

> … people are entitled to have different values and beliefs and that these should never be imposed on others. Just as it will be a matter for an eligible person whether or not they access voluntary assisted dying, health practitioners will also be able to determine the extent of their involvement in voluntary assisted dying.

The minister at that point noted that:

> Given the small number of people who will be eligible, the bill will not affect the practice of most health practitioners. In the limited circumstances where it does, a health practitioner may choose to conscientiously object to participating in any part of the process.

And section 7(a) of the 2017 act that this bill seeks to amend expressly provides that a practitioner who has a conscientious objection to VAD has the right to refuse 'to provide information about voluntary assisted dying'. As I have sought to articulate, I do have a concern that this bill crosses an important threshold of conscience and democratic freedom in terms of risking the coercion or compelling, rather, of health practitioners to participate in a process to which many object. Of course impeding access to a lawful treatment is in itself unethical to a health professional, but forced provision of information is equally unacceptable and likely to be harmful to the practitioner.

I am particularly challenged, I suppose, through the Chair, Minister, that the basic information referred to in the bill is at the discretion of the secretary and is not immediately clarified in the bill itself. I note that you in your second-reading speech mentioned that it would involve the provision of some specific information, but that is not present in the bill itself. I note that we do not yet have clarity about what precisely that information will be. I note the 2017 act and the minister's assurances at that time, which I think were significant in persuading people who were members of the house at that time to support the bill given that it would have a safeguard that doctors' – we are now talking about other health practitioners, but at that time it was doctors – conscientious objection would be maintained. And I note that, in my reading, the 2025 review of the VAD act that was published earlier this year suggested that there was broad-based support for the provision of conscientious objection. My question – and I am coming to my question – really relates to what the evidentiary basis is for reaching a conclusion that, in my reading, differs from the balance of the VAD review, which indicated broad-based support for the retention of those conscientious objection provisions that I have talked about and which Minister Hennessy spoke of in 2017. Again, in my reading of the VAD review, particularly appendix 6, there appear to be some non-specific and anecdotal assertions that some requests for VAD have been allegedly obstructed, and that is not quantified.

I have a number of questions that I will articulate, and hopefully, Minister, you might be able to provide an answer. Are you able to provide any information about the number of requests which have been impeded and any specifics about those requests which have been obstructed? Because it strikes me that this is quite a consequential change, again, and I will pick up on this further point, particularly given that the information that a doctor or other health practitioner may be required to provide is not as yet specified in the bill.

Mary-Anne THOMAS: Of course Victoria was the first state to introduce voluntary assisted dying. Since that time all other states and territories – with the exception of the NT, who currently have commenced work to establish voluntary assisted dying in that jurisdiction – have in fact implemented voluntary assisted dying, and I have been quite explicit in the public comments that I have made in relation to bringing this bill to the house that one of the objectives has been to ensure that Victoria is in closer alignment with other states and territories. I will make the comment now that there is not a single provision in this bill that is not already enacted in another state or territory in Australia, and indeed in the ACT, Queensland, New South Wales, Tasmania and Western Australia each of those jurisdictions require that a conscientious objector must inform the patient of their refusal and provide contact details to VAD services for another provider. We are not doing that in Victoria. In fact, ours is a more modest reform. The obligation is that a conscientious objector provide a reference to the statewide care navigator service and the Department of Health website.

Emma KEALY: My question is to the Minister for Health in regard to clause 1. I note that clause 1 sets out that the purpose of the bill is to improve the experience of voluntary assisted dying. Further, within the information notes that were provided by the Department of Health in relation to this legislation, it states that people in rural and regional areas using VAD are requesting or making applications to VAD services at a higher rate than the proportion of the population. In regional Victoria, we represent 25 per cent of the state. It is a figure we all know in the Nationals because we talk about it at every single budget when we compare the amount of money that we get. Given we have got 39 per cent of VAD requests originating in rural and regional Victoria, can the minister provide, on notice if possible, a breakdown of these requests by LGA?

Mary-Anne THOMAS: I am happy to try and locate that information for the member.

Emma KEALY: On that theme, I ask the minister: are there specific areas within the state of Victoria where there is a disproportionately high number of VAD requests? And further, are there areas of Victoria where there are black spots where there appear to be no VAD services available? This is in relation to conversations I have had in the local area, speaking to local pharmacists, where it appears that there is no pharmacy that is hosting the drugs that are required for voluntary assisted dying. When speaking to pharmacists in my local area, they say it is simply not available.

Mary-Anne THOMAS: I just want to confirm that with regard to the VAD substance, there is only one pharmacy that holds responsibility for supply, and that is located at, I believe, the Alfred and it is then distributed from that central point. With regard to access to practitioners, the member raises a valid point. It is one of the reasons why we are making some changes to the length of time a medical specialist is required to be practising in that medical speciality, to try and grow that available workforce. With regard to the information that you seek, yes, I am very happy to provide that to you and take that on notice.

Peter WALSH: Minister, in your response to the member for Greenvale you set out your expectations of what would be required of a doctor that was a conscientious objector. Given that the legislation actually gives that power to the secretary to determine what happens, how can you guarantee that your expectation will be delivered if the secretary has a different opinion?

Mary-Anne THOMAS: That information to be provided is basic information to ensure that a person knows that they can access more information from the statewide navigator service or the Department of Health website. I have confidence in the secretaries of the departments right across government being highly competent, ethical people in the way in which they perform their duties.

Gabrielle DE VIETRI: I just want to follow up on my previous question because I am not quite clear on the minister's answer. It is just in relation to the requirement for medical practitioners to have relevant expertise and experience in the disease, illness or medical condition expected to cause the death of the person being assessed. Does the minister consider that a GP with relevant experience in the person's condition, who is not a specialist but does have the relevant experience in the illness or condition or disease that the person is expected to die from, meets the requirement to assess a patient for voluntary assisted dying?

Mary-Anne THOMAS: There will always be two medical practitioners involved in the assessment of whether or not a person is eligible to access voluntary assisted dying, and based on my experience talking to those practitioners, it is highly likely that one of those will be a GP. It remains a requirement that another practitioner be a specialist in the area in which the person is diagnosed. I recognise that this does create some workforce challenges. That is why we have implemented changes to the time that a person is required to practise in their specialty.

Peter WALSH: Following up on the minister's answer that it is her expectation that the secretary is professional enough to know what she wants out of particular legislation, I ask her: where is the compulsion within the legislation that they actually carry out her wishes?

Mary-Anne THOMAS: In order to address his concerns, I think it is important to look at the legislation, the explanatory memoranda and the second-reading speech to see the intent of this provision, which requires that the secretary approve minimum information, which is access to or information about the statewide navigator service, and to relevant pages on the Department of Health's website that report or provide information on end-of-life care.

Brad ROWSWELL: Just further to my earlier questions, specifically in relation to principles and palliative care, I am aware, as the member for Lowan raised, of the variable between those Victorians living in rural and regional areas making VAD applications being 39 per cent, and those Victorians living in regional and rural communities representing 25 per cent of our population. Further, the reality is that government funding for palliative care for many years now has not kept pace with the growing need for decent palliative care services around our state. My first question is: did the government at any point give consideration to palliative care being considered in the principles section of this bill? And if they did not, why was that the case? Further, would the government give consideration to expanding not only the funding for palliative care based on the information I have provided, and as is well known in this place, and a commitment to expand the service delivery specifically with a view to providing that care in regional and rural settings?

Danny Pearson: On a point of order, Deputy Speaker, I seek your guidance. My understanding of the consideration-in-detail debate is that members have the opportunity to ask one question in two separate sessions. The member for Sandringham asked a number of questions in that contribution, so I am seeking your guidance as to whether the member for Sandringham may wish to distil his questions down to one question or whether he may wish to come up with an alternative question.

Brad ROWSWELL: On the point of order, Deputy Speaker – perhaps this is terribly embarrassing, Minister – I understand that I am able to ask as many questions as I like within the 5-minute timeframe that I am allocated on two separate occasions. I have exercised my right to ask two questions on this occasion, and I note that I could have asked a lot more.

The DEPUTY SPEAKER: On the point of order, members seeking to address the minister have 5 minutes to debate or question. The minister then has unlimited time to respond. Members have two times at that. They do not have to ask a question; they can say whatever they like is my understanding.

Mary-Anne THOMAS: I am happy to provide the member with the following information that was available in the five-year review, which reported that 88 per cent of rural and regional applicants and 83 per cent of metropolitan applicants were accessing palliative care when they first requested VAD. So in fact the proportion of people accessing palliative care in the regions is higher than it is in metropolitan Melbourne.

I have also had the opportunity to speak more informally with the member for Sandringham to talk him through some of the initiatives that our government is undertaking, including the appointment of Victoria's first chief palliative care adviser Associate Professor Mark Boughey, who has been engaged to help us refresh the palliative care framework here in the state of Victoria. Our government has invested more than $182 million in palliative care in the time that we have been in government, and indeed the 2024–25 budget committed $36.9 million. But I do need to point out that this is for community palliative care. It does not take account of all of the palliative care that is provided across our public hospital network as part and parcel of the standard care that is provided to people who are living with life-limiting illness.

Brad Rowswell: On a point of order, Deputy Speaker, I asked two specific questions in my contribution, the first being: did the government ever consider including palliative care in the principles, and if they did not, why not? The minister was not responsive to that particular question.

The DEPUTY SPEAKER: I cannot direct the minister how to answer the points you have raised. The minister was being relevant. I allowed you a bit of latitude in regard to funding, and the minister went to that. There is no point of order.

Will FOWLES: My question I guess goes to the way in which compassionate exemptions work throughout both the bill and the act. Given that the government allows the provision for compassionate exemption in relation to the residency requirement, why isn't that mechanism being extended, for example to the prognosis threshold, as is the case in Tasmania? That leads me to a second question: to what extent did the government assess best practice around Australia, and why was the compassionate exemption around prognosis from Tasmania not picked up in the bill? On the compassionate exemptions, the feedback from stakeholders has been that all of the processes that interact with the department take a really long time. Can the minister advise how long it takes to secure approvals from the department, whether it be for permits, whether it be for compassionate exemptions and the like, and why exemptions are the preferred tool for, say, interpreter eligibility rather than simply laying out the rules or the policy that the secretary might follow in the statute.

Mary-Anne THOMAS: With regard to the prognosis, one of the amendments that we have made is to increase the prognosis period from six to 12 months, which is designed to ensure that people who are living with a life-limiting illness have more time to plan for their future, including whether or not to access voluntary assisted dying.

With regard to the question concerning the process itself, I can advise that the current median time to complete the VAD process is four weeks, including making a first request, being assessed, being granted a permit and receiving a VAD substance. It is important to note that VAD applicants can change their mind at any time during this process, but that is the current median time, while the median time for between first and final requests is currently 14 days.

Iwan WALTERS: Minister, my questions build off some of the questions of the member for Sandringham and the member for Murray Plains about the provision of palliative care across Victoria, noting your comments that in the policy settings as they stand it is not an either-or proposition and that assisted dying and palliative care work as part of the same system. But in his second-reading contribution earlier the member for Murray Plains mentioned – and I read this in the review as well –

that there is a higher proportion of those in Victoria who access VAD coming from regional areas as a percentage, and I think the postulation was that that might be reflective of relative inadequacies in the provision of palliative care. You have mentioned in your responses to some questions about an additional investment that has been made into palliative care, which of course I welcome.

I have been speaking with many people in my constituency, and I suppose I ask these questions on their behalf given that they are feeling that there may not be adequate local provision of palliative care in areas of really high growth like the western and northern corridors of Melbourne. As part of the consultation process that I undertook in preparation for today's debate I spoke with a number of palliative care practitioners who work in perhaps more affluent areas of Melbourne, in the east, where perhaps there is a greater density of palliative care specialists, and I note one of the rationales for lowering the experience requirements for specialist medical practitioners in other areas of the bill is in order to respond to workforce challenges.

My question is really whether, Minister, you are aware of and if you can help me to understand how many palliative care practitioners we have in Victoria, where they are – and I am conscious you might need to take some of this on notice – and also how that compares with other jurisdictions in terms of the numbers of palliative care specialists per certain number of population, for example, given that these are very highly skilled, empathetic professions that involve a lot of sophisticated training around geriatric medicine and psychiatry. This is on the basis of my conversations with palliative care specialists. It is difficult to create them overnight; indeed it is one of the reasons I articulated a concern that some of those palliative care specialists that we do have may be forced out of that profession if they have some of the concerns that I articulated in my previous question. But in the context of this contribution, the question I have is really about how many palliative care specialists we have in Victoria, where they are and how that ratio, that density if you like, compares with other jurisdictions.

Mary-Anne THOMAS: I thank the member for Greenvale for his question, which poses another question, which is: how do we define 'palliative care specialist'? This is part of the work that I have commissioned from the chief palliative care adviser. There is no doubt in my mind that palliative care is a dynamic model of care, and it is one where our government continues to invest and support, because we want to ensure that people have genuine, compassionate end-of-life choices. I think I have already outlined that palliative care and voluntary assisted dying are not binary. Most people that access voluntary assisted dying, more than 80 per cent, are already receiving palliative care. I had the opportunity to meet with a number of palliative care community agencies not that long ago to talk about these very issues, including getting better definitions of palliative care and what best practice palliative care should look like in Victoria in 2025 and beyond. That is why it is really important that the chief palliative care adviser is able to continue his work. I can commit to the member that it is a focus of mine as the Minister for Health that we continue to improve the palliative care services that are available here in the state of Victoria.

Nicole WERNER: As to the origin of the bill and the purpose of the bill, the VAD five-year review did not consult on or recommend a single change to the VAD act. The Department of Health website claimed at the time:

> As the legislated 5-year review is operational, it will not consider changes to the legislation itself.

This means that only the stakeholders who knew that the review would report on possible legislative changes made submissions on changes to the review, whilst other stakeholders were given no opportunity. Then following the review, the Department of Health wrote to a limited number of stakeholders providing them only two weeks to respond on such serious matters as life, death and freedom of conscience. My first question is: why were some stakeholders given more information than others? Secondly, does the minister believe that this is an equitable way of consulting stakeholders and a fair and proper consultation process for all stakeholders?

Back to the review, the terms of reference for the five-year review of the VAD act do not include consideration of changes to the legislation, and as stated before, the Victorian government on the Department of Health website made clear that:

> As the legislated 5-year review is operational, it will not consider changes to the legislation itself.

This means that many respondents to the review will not have had the opportunity to offer views on potential legislative changes. My third question is: on what basis has this legislation changed if that is the case? The review itself makes no recommendations for legislative change. Possible amendments are raised only in an addendum to the review, based solely on the feedback of a proportion of respondents who made submissions outside the review's terms of reference. The government's proposed legislative changes are therefore neither supported by their own review nor based on all of the submissions of all participants to that review. So I have those three questions, and I also want to know, therefore: if this was not based on the review and the recommendations have not come from there, then what is the origin of this bill and where have the legislative changes come from?

Mary-Anne THOMAS: I thank the member for Warrandyte for her questions, which I believe I have already answered.

Tim BULL: My question relates to the information to be provided by the secretary, as referred to by the member for Murray Plains in his question, and many feel this is a big responsibility to be falling on an individual. My two questions are: was consideration given to allowing either the Parliament or another entity the power to determine this or to making the determination of the secretary a disallowable instrument if the Parliament disagreed with that advice?

Mary-Anne THOMAS: No consideration was given to those suggestions made by the member on his feet. I might point out once again that the information that is required to be provided by a conscientious objector to a person requesting information with regard to voluntary assisted dying is a referral to the statewide navigator service and the Department of Health website. This is a much less onerous requirement than that which currently exists on conscientious objectors who have a patient attending seeking abortion care in this state.

Peter WALSH: By leave, I seek clarity from the minister on the answers she just gave to the member for Gippsland.

Leave refused.

Kathleen MATTHEWS-WARD: The five-year review documented negative reactions to the substance – pain, burning feeling, convulsions and vomiting – and the substance leading to the person falling asleep quickly but death taking longer than anticipated. I know that they were rare – it states that the adverse events were few. How many of these were there and did the coroner investigate? And the other question I have is: how many people take the substance alone, and is there a process for if there are any adverse events through that process? What happens with that, and is there any investigation?

Mary-Anne THOMAS: The advice that I have is that surveys of contact people show a very small number of issues with self-administration, such as difficulty swallowing, having a negative reaction and the substance leading to the person falling asleep quickly but their death taking longer than the person or family had anticipated. The five-year review found no reported cases of a VAD substance failing to result in death.

Kathleen MATTHEWS-WARD: I am a bit concerned about the substance being available at home. If we have got requirements on firearms at home and the locked boxes, I just would like to understand how the locked box works. There was an incident in Queensland where the husband took the substance. Are there any audits on the return of substances, and how is that enforced?

Mary-Anne THOMAS: It gives me an opportunity to inform the house that voluntary assisted dying in the state of Victoria is a patient-led process at all times. It is the patient who holds the key to the VAD substance, and they are advised on safe storage. There is also a requirement that any unused substance is returned within two weeks.

Jess WILSON: The bill requires health practitioners who conscientiously object to VAD to provide minimum information to patients. Much of the discussion today and many of the amendments that have been proposed are around the fact that in the legislation itself the secretary is listed to provide that information. Both the explanatory memorandum and the second-reading speech say that the contact information is intended to be for the statewide care navigator service and the relevant Department of Health website – no more, no less. My question is: why is this not explicitly stated in the legislation itself?

Mary-Anne THOMAS: As I have already indicated, as is the case with all legislation, it is important to read the legislation along with the explanatory memorandum and the second-reading speech. As the member would know, it is appropriate that some direction and instruction is better placed in regulation than in legislation or indeed in policy, in order to give effect to the intention of the legislation.

David SOUTHWICK: Just on the member for Kew's point in terms of the department secretary and the proposed information that would be intended to be worked out through the regulation, could the minister provide some information as to what would be proposed in that regulation that the department secretary would be providing through further regulation?

Mary-Anne THOMAS: I want to be quite explicit with the house and say that it is my expectation that the information that is provided, or that is required to be provided, is quite simple, and that is that it be nothing more or less than a piece of paper on departmental letterhead that would provide advice on how to access the statewide navigator service through its website and the Department of Health, which has information on end-of-life care through its website. I might point out that it would be very unusual to include a website in legislation.

David SOUTHWICK: If the purpose is simply to provide that information through the navigator website, then why is the intent for the department secretary to have any involvement in this process?

Mary-Anne THOMAS: Because someone has to make this happen, and it is appropriate that it be the Secretary of the Department of Health.

Tim BULL: On that point, Minister, if at some stage in the future the secretary determined to change that advice, different from the piece of paper you refer to, what safeguards are in place to stop that from occurring without oversight?

Mary-Anne THOMAS: It is probably a good time to remind the house that there is nothing in this bill that does not already exist in another state or territory and that this has been modelled on WA and Tasmania, where they have the same requirement that it is their secretary that signs off on the minimum information that is required. Again, I repeat the point that if you read the bill, the explanatory memorandum and the second-reading speech, it is quite clear what the minimum information is.

Clause agreed to; clauses 2 and 3 agreed to.

Clause 4 (00:13)

The DEPUTY SPEAKER: Before calling the member for Ringwood to move amendment 1 in his name, I advise that if his amendment is not agreed to he cannot move his amendments 2 to 7, 20 to 66, 68, 72, 73, 76 to 83, 85, 88 to 103, 107 to 123 and 127 to 131 as they are consequential. Therefore I advise him to address the principles of all his amendments when speaking to amendment 1.

Will FOWLES: I move:

1. Clause 4, lines 6 and 7, omit “who is the subject of a voluntary assisted dying permit”.

We are all finding our way here on this consideration in detail – the first time in my seven years in this place that we have had that opportunity, I think. There are a range of amendments that are grouped together, as the Chair has indicated, in terms of the permits that are required. The core principle here is that there are a number of jurisdictions in Australia that have gotten rid of the permit system, so WA, Queensland and the ACT. Permits are simply things that add another layer of bureaucracy, another complicating factor for patients and families who are already having an extremely challenging time of it. We heard a lot throughout our consultation with patients and their families about the sheer frustration of having to deal with government, having to deal with bureaucracies that are unresponsive, slow to respond or not at all responsive to the needs of those families and patients. I do not mean to interrupt the minister’s sidebar chat, but any danger of following what is going on or –

The DEPUTY SPEAKER: Order!

Will FOWLES: I am about to ask questions of the minister, and if the minister is not actually at the table –

Danny Pearson: On a point of order, Deputy Speaker, the minister is entitled to seek advice from advisers in the box when the member clearly said he was moving an amendment in relation to clause 4. I can appreciate the member wants to give some explanation about the importance of clause 4. He has tabled an amendment that he is proposing to make. The minister is perfectly entitled, knowing what the subject matter is to be about, to consult with her advisers in order to provide a member with a fulsome answer to his proposed amendment.

The DEPUTY SPEAKER: I think in response to the point of order I will quickly say that it is a bit more informal when we are in consideration in detail. The minister can talk to her advisers. I advise you to continue the debate.

Will FOWLES: Thank you, Chair. I will take that advice on board. So we have got this permit system, the administration of which frustrates the hell out of patients and families. They find it onerous, they find it difficult and they find it laborious at a very, very critical and difficult phase in their journey. Ultimately it is my view that we need to trust the doctors and health professionals who are controlling these processes. There are enough checks and balances in place. We need to make clear that these are checks and balances that work. Sure, they need to be tested, they need to have veracity and they need to be cogent. But my questions for the minister are around: why have a permit system given that they have been abolished in other jurisdictions? And if all clinical and eligibility checks have been completed by trained doctors and health professionals, what additional safety is gained by requiring a further layer of bureaucratic sign-off? That is ultimately what we are seeking to remove here. It is just simply red tape and delay. I think we need to be mature enough as a Parliament to say, ‘We respect the choices of patients, we respect the choices of families.’ We want to take stress out. We want to respect the dignity of those patients and families and take pointless paperwork out of the process. You do not need a permit for many steps in the principal act. We do not need permits for many important things we do in life. It is just not something that ought to be reflexively part of the legislative picture. So I ask the minister to address why it is that the government is proposing this option, whether having those trained medical practitioners is enough of a safety measure and why it is that we are mandating that patients and families go through the frustration of this process which, as the minister has indicated, can take on a median basis a month. Presumably the mean is much higher, which is why the median has been quoted.

Mary-Anne THOMAS: Removing the requirement for a permit is not supported. Permits are a key safeguard in Victoria, and the permit process is the means through which the Secretary of the Department of Health has oversight of voluntary assisted dying in this state. The secretary must determine that the VAD request and assessment process has been completed as required by the act in order to grant a permit.

The DEPUTY SPEAKER: Are any members seeking the call?

Iwan WALTERS: Can I get some direction from you or the clerks, please? Is this a point where other members have the opportunity to speak about the amendments that have been proposed as part of this clause?

The DEPUTY SPEAKER: Members, as in clause 1, have two bites of the cherry, but it has to be on the member for Ringwood's amendments.

Iwan WALTERS: I rise to oppose the member for Ringwood's proposal at this juncture and associate myself with the words of the minister about the role that permits play in this process. As a point of principle I am concerned about the diminution of safeguards in our VAD system, and that informed my contribution earlier. I need to tread carefully, I suppose, in my words at this point, not least because I wish to avoid being critical of doctors, because that is not a wise thing domestically. But the safeguard is there for a reason. Yes, our doctors and health practitioners and professionals are well trained and almost invariably guided by absolutely the right ethos and commitment to patient wellbeing. They are also human beings and not inviolable in terms of wrongdoing in certain instances, and I am mindful of cases in the UK – Dr Harold Shipman, for example – where there have been extraordinary abuses that have gone unchecked and resulted in the premature deaths of many, many, many people.

I raise that not in any way to suggest that we have a system that is bedevilled by that kind of issue, but only as a representative of the community. Our government's own health literature and public health advocacy emphasises low health literacy and a cultural context in which, as many others talked about in their contributions earlier, doctors are placed upon a pedestal, and that risks a power imbalance and an asymmetry of informational flow and things being interpreted in a particular way. So having an additional safeguard in that context is, I believe, an appropriate additional measure. I concur with the minister, and I oppose those amendments.

Nathan LAMBERT: The amendments put forward by the member for Ringwood deal with the issue of the revised practitioner-administered scheme, which, as we know, is in fact the bulk of the bill before us and by my count constitutes 39 of the 85 amendments, a very significant part of the bill we have in front of us. It is not easy to understand how the practitioner-administered scheme will work just by reading the bill, but I was just wondering if the minister knows whether the revised scheme is based on that of another state or territory, and if so, which one?

Danny Pearson: On a point of order, Deputy Speaker, we are currently speaking on the member for Ringwood's amendment. We are not speaking on the bill. So if the member for Preston wants to make a contribution in relation to the member for Ringwood's amendment, that would be entirely in order, but I do not believe that with what is currently before the house it is in order for the member for Preston to be asking questions of the minister at this juncture.

The DEPUTY SPEAKER: I uphold the point of order. I think if you want to contribute now, you need to be contributing on the member for Ringwood's amendment, which is on requirements for permits.

Will FOWLES: I return to the distinction that we are trying to draw here between that which is a genuine safeguard and that which is simply unnecessary bureaucratic paperwork. I would like for the minister to advise the house on how many occasions a VAD permit has been refused, because my suspicion is it is almost never, or perhaps it in fact is never. I just query what this additional bureaucratic step actually adds to the safeguard process. I think it is unnecessary. I think it is bureaucratic. I think we arbitrarily risk interfering with patient choice. I think it is something that really adds nothing to the integrity of the process; it simply adds a further delay, a further layer of stress, to families that are already significantly overburdened by the process. Dealing with government can be frustrating at the best of times, but at the worst of times, as is typically the case for families and patients in these circumstances, it is even worse. It is amplified by the frustrations and the grief and everything else that is going on in the lives of these patients and their families. So I suspect it is the case that this adds nothing in a safeguarding sense. It simply adds time and delay and frustration, and for that reason, I am urging members to do away with the permit process.

Mary-Anne THOMAS: I just reiterate that it is not my intention to do anything to reduce the safeguards that have always been an important element of voluntary assisted dying here in the state of Victoria, and for that reason, I do not support the amendment as moved by the member for Ringwood.

Will Fowles: On a point of order, Deputy Speaker, I just want to give the minister an opportunity to address the question about whether a permit has ever been refused or not. I realise it is late; she may have neglected in her answer to pick that up.

The DEPUTY SPEAKER: I cannot direct the minister how to respond to the debate. It is not a question time type of scenario. It is debate and response, and I cannot direct the minister how to respond. Because this amendment deletes words from the clause, the question is:

> That the words proposed to be omitted stand part of the clause.

All those supporting the amendment by the member for Ringwood should vote no.

Assembly divided on question:

Ayes (77): Juliana Addison, Jacinta Allan, Brad Battin, Jade Benham, Roma Britnell, Colin Brooks, Tim Bull, Josh Bull, Martin Cameron, Ben Carroll, Anthony Cianflone, Annabelle Cleeland, Sarah Connolly, Chris Couzens, Chris Crewther, Jordan Crugnale, Lily D'Ambrosio, Daniela De Martino, Steve Dimopoulos, Wayne Farnham, Eden Foster, Matt Fregon, Ella George, Luba Grigorovitch, Sam Groth, Matthew Guy, Bronwyn Halfpenny, Katie Hall, Paul Hamer, Martha Haylett, Mathew Hilakari, David Hodgett, Melissa Horne, Natalie Hutchins, Lauren Kathage, Emma Kealy, Sonya Kilkenny, Nathan Lambert, John Lister, Gary Maas, Alison Marchant, Kathleen Matthews-Ward, Tim McCurdy, Steve McGhie, Cindy McLeish, Paul Mercurio, John Mullahy, James Newbury, Danny O'Brien, Kim O'Keeffe, Danny Pearson, John Pesutto, Pauline Richards, Tim Richardson, Richard Riordan, Brad Rowswell, Michaela Settle, David Southwick, Ros Spence, Nick Staikos, Meng Heang Tak, Jackson Taylor, Nina Taylor, Kat Theophanous, Mary-Anne Thomas, Bridget Vallence, Emma Vulin, Peter Walsh, Iwan Walters, Vicki Ward, Kim Wells, Nicole Werner, Rachel Westaway, Dylan Wight, Gabrielle Williams, Jess Wilson, Belinda Wilson

Noes (3): Gabrielle de Vietri, Will Fowles, Ellen Sandell

Question agreed to.

The DEPUTY SPEAKER: Before calling the member for Melbourne to move amendment 1 in her name, I advise that if her amendment is not agreed to she cannot move her amendments 2 to 10, 12, 13 to 15, 17 to 40, 42 to 99, 102 to 103 and 105 to 111 as they are consequential. Therefore I advise her to address the principles of her amendments when speaking to amendment 1.

Ellen SANDELL: I move:

1. Clause 4, line 8, omit "medical".

This is an amendment to enable nurse practitioners to act as coordinating or consulting practitioners. This amendment reflects that access to voluntary assisted dying practitioners currently is really limited here in Victoria and particularly limited in rural and regional Victoria. There are many nurse practitioners already playing important roles in voluntary assisted dying, and they are well placed, well trained and experienced in order to take on more formal roles. There will still of course be a requirement for at least one appropriately qualified doctor to be either the coordinating or the consulting practitioner, so it does have those additional safeguards associated with it. The nurse practitioner, under this amendment, must have at least one year's relevant experience post endorsement. This is something that does exist in the ACT legislation. I think it is sensible for it to exist in the Victorian legislation as well, to enable more people, particularly those from rural and regional Victoria, to access VAD who currently may wish to access it but simply cannot due to workforce shortage issues. I encourage and recommend that members support this amendment.

Mary-Anne THOMAS: While I appreciate the member for Melbourne bringing this amendment, it is not supported. The changes that are proposed in this bill are focused on what we have learned from other jurisdictions when it comes to safety, effectiveness and so on. Whilst the ACT will allow nurse practitioners to be assessing practitioners, this is not a role that has yet been implemented and therefore we are not in a position to have learned from that.

I want to reiterate to the house that every amendment that we are bringing to the house is actually already in operation in another state or territory, and it is very important to the government that we maintain the very many safeguards that are already in the bill. I appreciate why the member is moving the amendment, because it is to address that issue of workforce, which I understand is real. That is why we have made amendments in the bill that look to reduce the time that medical practitioners are required to be specialists in their area.

The DEPUTY SPEAKER: Because this amendment deletes a word from the clause, the question is:

> That the word proposed to be omitted stand part of the clause.

All those supporting the amendment from the member for Melbourne should vote no.

Assembly divided on question:

Ayes (76): Juliana Addison, Jacinta Allan, Brad Battin, Jade Benham, Roma Britnell, Colin Brooks, Josh Bull, Tim Bull, Martin Cameron, Ben Carroll, Anthony Cianflone, Annabelle Cleeland, Sarah Connolly, Chris Couzens, Chris Crewther, Jordan Crugnale, Lily D'Ambrosio, Daniela De Martino, Steve Dimopoulos, Wayne Farnham, Eden Foster, Matt Fregon, Ella George, Luba Grigorovitch, Sam Groth, Matthew Guy, Bronwyn Halfpenny, Katie Hall, Paul Hamer, Martha Haylett, Mathew Hilakari, David Hodgett, Melissa Horne, Lauren Kathage, Emma Kealy, Sonya Kilkenny, Nathan Lambert, John Lister, Gary Maas, Alison Marchant, Kathleen Matthews-Ward, Tim McCurdy, Steve McGhie, Cindy McLeish, Paul Mercurio, John Mullahy, James Newbury, Danny O'Brien, Kim O'Keeffe, Danny Pearson, John Pesutto, Pauline Richards, Tim Richardson, Richard Riordan, Brad Rowswell, Michaela Settle, David Southwick, Ros Spence, Nick Staikos, Meng Heang Tak, Jackson Taylor, Nina Taylor, Kat Theophanous, Mary-Anne Thomas, Bridget Vallence, Emma Vulin, Peter Walsh, Iwan Walters, Vicki Ward, Kim Wells, Nicole Werner, Rachel Westaway, Dylan Wight, Gabrielle Williams, Belinda Wilson, Jess Wilson

Noes (3): Gabrielle de Vietri, Will Fowles, Ellen Sandell

Question agreed to.

The DEPUTY SPEAKER: Before calling the member for Broadmeadows to move amendment 1 in her name, I advise that if her amendment is not agreed to she cannot move her amendments 2, 7 to 9, 13 to 15 and 18 to 24 as they are consequential. Therefore I advise her to address the principles of all of her amendments when speaking to her amendment 1.

Kathleen MATTHEWS-WARD: Can I please withdraw the amendment?

The DEPUTY SPEAKER: You certainly can. Member for Broadmeadows, just for clarity, withdrawing your amendment 1 also withdraws all consequential amendments following that.

Clause agreed to; clause 5 agreed to.

Clause 6 (01:05)

The DEPUTY SPEAKER: The member for Mornington, the member for Caulfield, the member for Kew, the member for Preston and the member for Broadmeadows have circulated amendments to clause 6. The member for Mornington's amendment will omit lines 15 to 33 and insert new words in their place. The member for Caulfield's amendment will insert words in line 32. The member for Kew's amendment will omit lines 32 to 33 and insert new words in their place. The member for Preston's amendment will omit and insert words in line 32. The member for Broadmeadows' amendment seeks to omit a word from line 33. In order to allow as many members as possible an opportunity to move their amendments, I first propose to test whether the house agrees to omit lines 15 to 31 of clause 6. If the house does not omit these lines, the member for Mornington's amendment will fail. I therefore invite the member for Mornington to move his amendment in amended form. He will move: 'That clause 6, lines 15 to 31, omit all words and expressions on these lines.' If his amendment is agreed to, he may move for the omission of lines 32 and 33 and the insertion of words in their place. As a separate amendment, if the member for Mornington's amendment fails, I will call on other members to move their amendments. I call on the member for Mornington to move his amendment.

Chris CREWTHER: I move:

> That clause 6, lines 15 to 31, omit all words and expressions on these lines.

This amendment of mine basically goes to conscientious objection under the Voluntary Assisted Dying Amendment Bill. A number of points that we have discussed throughout this debate are of concern, particularly with respect to compelling registered health practitioners with a conscientious objection to participate in speech, to advise that another practitioner would be better placed and to hand over government-approved information about voluntary assisted dying that could be changed over time. In my view, and that of others as well, this is compelled facilitation and state-mandated speech, which is morally concerning.

Thus, with my amendment, I am basically omitting a number of lines in clause 6 and then replacing them with effectively a new clause which would enable registered health practitioners who have a conscientious objection to voluntary assisted dying to not be required by any person, body, employer or professional standard to advise a person that another registered health practitioner or a health service provider may be able to assist the person in relation to information and so forth or with respect to giving the person the information approved by the secretary. Of course that does not mean that a person who does not have a conscientious objection cannot give that information. They can still do so.

This still aligns with mainstream medical belief, such as has been described by, say, the World Medical Association, which says that no physician should be forced to participate or be obliged to refer to end of life, which is an international ethical baseline. It aligns with the AMA and medical ethics, who emphasise that high-quality end-of-life and palliative care should be a priority.

We should be supporting medical practitioners and doctors who have a conscientious objection to not be forced to give information or refer people or do anything else that goes beyond their conscience. I do request that members here, without going on further, consider strongly supporting this amendment to effectively replace much of this clause.

Mary-Anne THOMAS: I thank the member for Mornington for his amendment. It is not supported as it is contrary to the intent of the bill.

The DEPUTY SPEAKER: Because this amendment deletes words from the clause, the question is:

> That the words proposed to be omitted stand part of the clause.

All those supporting the amendment from the member for Mornington should vote no.

Assembly divided on question:

Ayes (69): Juliana Addison, Jacinta Allan, Brad Battin, Jade Benham, Roma Britnell, Colin Brooks, Josh Bull, Tim Bull, Martin Cameron, Ben Carroll, Anthony Cianflone, Annabelle Cleeland, Sarah Connolly, Chris Couzens, Jordan Crugnale, Lily D'Ambrosio, Daniela De Martino, Gabrielle de Vietri, Steve Dimopoulos, Wayne Farnham, Eden Foster, Will Fowles, Matt Fregon, Ella George, Luba Grigorovitch, Sam Groth, Bronwyn Halfpenny, Katie Hall, Paul Hamer, Martha Haylett, Mathew Hilakari, Melissa Horne, Lauren Kathage, Emma Kealy, Sonya Kilkenny, Nathan Lambert, John Lister, Gary Maas, Alison Marchant, Kathleen Matthews-Ward, Tim McCurdy, Steve McGhie, Cindy McLeish, Paul Mercurio, John Mullahy, James Newbury, Danny O'Brien, Kim O'Keeffe, Danny Pearson, John Pesutto, Pauline Richards, Tim Richardson, Ellen Sandell, Michaela Settle, David Southwick, Ros Spence, Nick Staikos, Meng Heang Tak, Jackson Taylor, Nina Taylor, Kat Theophanous, Mary-Anne Thomas, Bridget Vallence, Emma Vulin, Vicki Ward, Dylan Wight, Gabrielle Williams, Belinda Wilson, Jess Wilson

Noes (9): Chris Crewther, Matthew Guy, David Hodgett, Richard Riordan, Brad Rowswell, Peter Walsh, Kim Wells, Nicole Werner, Rachel Westaway

Question agreed to.

Jess WILSON: I am withdrawing amendments 1 and 6 in my name.

Nathan LAMBERT: I withdraw amendments 1 and 6 in my name.

The DEPUTY SPEAKER: I call on the member for Caulfield to move amendment 1 in his name. I advise that if his amendment is not agreed to he cannot move his amendment 2 as it is consequential. Therefore I advise him to address the principles of both amendments when speaking to amendment 1.

David SOUTHWICK: I move:

1. Clause 6, line 32, after "information" insert "about the voluntary assisted dying care navigator service that is".

This refers specifically to the powers of the secretary. It is an important part of this bill, because it is referring powers to another party. That is something that is really important and at the core of a conscientious objector who ultimately wants to ensure that they are protected and that certainly their rights are also maintained. The navigator service is something that should make available that information, and the concerns that we have had – and a number of people have also raised this – is this is not something that should be outsourced. We do not know ultimately what the secretary may change or may make available. If things were to change, it should ultimately be the power of the Parliament to have oversight over those powers, so this is quite important. I think if it is as simple as what is intended, as referred to within this clause, and it is just contact details, then that is what should be made available. So the amendment takes out the provision of having the secretary, a bureaucrat ultimately, change the intent of what the whole purpose of this bill is about. Therefore I would urge members to support this very important change. I think, again, it allows conscientious objectors to be able to protect their rights but at the same time provide the information and refer that information on to the patient that wants to continue on with the VAD process.

Mary-Anne THOMAS: I thank the member for Caulfield for bringing this amendment to the house. It is not supported as it is not necessary. As I have explained on a number of occasions this evening, the intent of the bill, when read with the second-reading speech and the explanatory memorandum, makes it very clear what the information is that is required to be provided by the secretary, and I am confident in the process and the integrity of that process.

Iwan WALTERS: I strongly support the amendment that has been proposed by the member for Caulfield and note that similar amendments were countenanced by other members, reflecting, I think, the importance of the measures that are captured in the member for Caulfield's amendments. The member for Murray Plains has also talked about this challenge. I have spoken about the potential for a chilling effect in the context of palliative care medicine, where people who work in that space will not have a proper understanding about the issues that might in fact activate their conscientious objection. So I think it is a strong amendment; it should be supported. What the member for Caulfield has provided the house is a clearer description of what the requirements for the provision of information actually are, rather than an open-ended option for an unelected official to specify the active referral requirements of the bill. We need to do this. I think professionals, medical professionals, deserve this, because they need to know exactly what a medical professional who activates their right of conscientious objection needs to do. Adopting this amendment would give that clarity and it would give that certainty, and I think it is needed to give medical professionals, particularly those who are working in that palliative care space, confidence in the scheme. I do note that the explanatory memorandum includes the sorts of details that the minister has spoken about, but crucially they are not in the legislation; they are not in the bill. I think there is a widespread concern that the absence of those creates just an inherent uncertainty. Others have spoken about that at length. I would really commend this amendment to the house.

Jess WILSON: I wish to commend the member for Caulfield's amendment to the house. It is a very simple amendment that would ensure that the minister's second-reading speech and the explanatory memorandum are enshrined in legislation so when conscientious objectors are providing information for patients who are seeking information about voluntary assisted dying they are directed towards the statewide care navigator service and the relevant Department of Health website rather than leaving the discretion to the secretary. This is something in the minister's second-reading speech that is said to be the intent of the bill, no more, no less. A very simple legislative change here would fully implement the intent of the bill according to the minister, and I commend it to the house.

Nathan LAMBERT: It is an important general principle that many of us rely on the second-reading speech and the explanatory memorandum when we seek to understand a bill. I think the explanatory memorandum should align with what is in the bill and the second-reading speech, and I support this amendment on those grounds.

Mary-Anne THOMAS: I thank members for their contributions. I will reiterate a couple of points that I have already made, including in my summing-up speech. The minimum information approved by the Secretary of the Department of Health or their delegate will be the contact details for the statewide care navigator service and the web address for the Department of Health. I want to make it very clear too that a health practitioner with a conscientious objection to VAD will not be required to either understand or explain the VAD process, but the bill is very clear that practitioners who conscientiously object must provide patients with this minimum information approved by the secretary. As I have already indicated, I believe that the bill, when read with the second-reading speech and the explanatory memorandum, makes it very clear what the intent of this clause is, and I do not see any need to amend it.

Assembly divided on amendment:

Ayes (31): Brad Battin, Jade Benham, Roma Britnell, Tim Bull, Martin Cameron, Anthony Cianflone, Annabelle Cleeland, Chris Crewther, Daniela De Martino, Wayne Farnham, Sam Groth, Matthew Guy, David Hodgett, Emma Kealy, Nathan Lambert, Kathleen Matthews-Ward, Tim McCurdy, Cindy McLeish, Danny O'Brien, Kim O'Keeffe, John Pesutto, Richard Riordan, Brad Rowswell, David Southwick, Kat Theophanous, Bridget Vallence, Peter Walsh, Iwan Walters, Nicole Werner, Rachel Westaway, Jess Wilson

Noes (47): Juliana Addison, Jacinta Allan, Colin Brooks, Josh Bull, Ben Carroll, Sarah Connolly, Chris Couzens, Jordan Crugnale, Lily D'Ambrosio, Gabrielle de Vietri, Steve Dimopoulos, Eden Foster, Will Fowles, Matt Fregon, Ella George, Luba Grigorovitch, Bronwyn Halfpenny, Katie Hall, Paul Hamer, Martha Haylett, Mathew Hilakari, Melissa Horne, Lauren Kathage, Sonya Kilkenny, John Lister, Gary Maas, Alison Marchant, Steve McGhie, Paul Mercurio, John Mullahy, James Newbury, Danny Pearson, Pauline Richards, Tim Richardson, Ellen Sandell, Michaela Settle, Ros

Spence, Nick Staikos, Meng Heang Tak, Jackson Taylor, Nina Taylor, Mary-Anne Thomas, Emma Vulin, Vicki Ward, Dylan Wight, Gabrielle Williams, Belinda Wilson

Amendment defeated.

Danny PEARSON (Essendon – Minister for Economic Growth and Jobs, Minister for Finance) (01:46): I move:

> That the debate be now adjourned.

Motion agreed to and debate adjourned.

Ordered that debate be adjourned until later this day.

Business of the house

Postponement

Danny PEARSON (Essendon – Minister for Economic Growth and Jobs, Minister for Finance) (01:47): I move:

> That the consideration of remaining business be postponed.

Motion agreed to.

Adjournment

The DEPUTY SPEAKER: The question is:

> That the house now adjourns.

Sand mining

Emma KEALY (Lowan) (01:47): (1360) My adjournment matter is directed to the Minister for Energy and Resources. The action I seek is for the minister to initiate a comprehensive review of Victoria’s mineral sands mining regulatory framework, including the environment effects statement process and mining activity oversight, to strengthen safeguards for productive farmland in the Wimmera and Southern Mallee, to ensure fair compensation for affected landholders and to deliver a fair share of mining royalties back into local communities through improved infrastructure and services.

The Wimmera region is home to some of the most productive farmland in Victoria, supporting a thriving agricultural economy that sustains local jobs and exports, yet our region is also now at the forefront of mineral sands exploration and development, with multiple large-scale projects proposed or underway. While these projects promise economic opportunity, they also bring deep concern among farmers and residents about the potential long-term impacts on soil health, groundwater, agricultural productivity and export markets. Many feel that the current mining regulatory framework is not providing the level of independence, transparency and accountability that such high-stakes projects demand. Likewise, compensation arrangements for affected landholders are often inadequate and fail to reflect instances where the agricultural productivity of an area of land which has been mined is reduced. Profitability on farms is also impacted by higher input costs due to high weed load and reduced organic matter in soil, and in some instances contamination of topsoil with boron and chlorine during rehabilitative land works.

Modern farming involves an incredible amount of data collection and mapping of soils. Farmers can therefore provide evidence of their soils prior to mining activities taking place, and a reduction in productivity can be measured. This evidence-based reduction in productivity of restored land should be included in all compensation agreements. In addition to stronger safeguards, the Wimmera deserves to see real, lasting benefits from the mineral wealth being extracted from our region. That means ensuring a fair return of mining royalties to fund critical local infrastructure, including investment in roads, rail, hospitals, schools and housing to support both industry and community growth. Mining should not leave regional communities worse off. It should help us build stronger, more resilient towns that can thrive long after mine operations cease. A comprehensive review should therefore examine stronger protection mechanisms for high-value agricultural land in the Wimmera; transparent and independent compensation and valuation processes for affected landholders, particularly in relation to compensation for reduction in land productivity; improved independent oversight and enforcement of environmental and rehabilitation conditions; and a framework to reinvest a fair share of mining royalties back into local communities through infrastructure, housing and regional development projects. The Wimmera's farmland is too valuable economically, socially and environmentally to be treated as expendable, and I urge the minister to act to ensure that mineral sands development is safeguarded for the future.

Ambulance services

Gary MAAS (Narre Warren South) (01:50): (1361) I have a very short adjournment matter. The matter I wish to raise is for the Minister for Health and concerns Victoria's mobile intensive care ambulance paramedic workforce. The action that I seek is that the minister provide an update on how MICA paramedics benefit people seeking medical assistance in my electorate of Narre Warren South, and I look forward to sharing that with my community.

Breakaway bridge, Acheron

Cindy McLEISH (Eildon) (01:51): (1362) I have a matter for the Minister for Natural Disaster Recovery, and the action I seek is for the minister to commit to the funding requested by the Murrindindi Shire Council to reinstate the Breakaway bridge in Acheron to meet contemporary Australian road and bridge design standards. The historic and iconic wooden trestle bridge has been inaccessible for three years since the 2022 floods ravaged the area and caused catastrophic damage. Such was the power of the enormous volume of water released from Lake Eildon that the bridge was damaged and a large section, around 30 metres, of Breakaway Road was washed away. This severed the connection within Acheron itself and between Acheron and surrounding communities like Alexandra. This also added a 17-kilometre detour for local travellers and emergency services, and if you are going to a farm across the other side of the river, it is a 30-kilometre detour.

Murrindindi Shire Council is a small rural council with very limited revenues and a relatively low rate base. They have been working with agencies to secure the crossing here. The council has received an offer from Emergency Recovery Victoria of $5.2 million to cover the construction and project costs to date, but independent advice and the council's own assessments indicate that delivering a resilient bridge to contemporary standards will cost significantly more than this amount, hence the advocacy. ERV has indicated its funding would support construction of a 105-metre single-lane bridge with traffic signals. That is a very long single-lane bridge. Council is concerned that this option does not meet contemporary Australian road and bridge design standards. Reliance on traffic lights introduces risks in a disaster-prone area with frequent power outages, heavy fog and limited emergency access. Independent advice considers that a dual-lane bridge is the only compliant and resilient solution for this location.

People in the area are fairly sick and tired of having to do these detours all the time and look forward to a satisfactory resolution that is more convenient and easier not only for locals but for tourism. This bridge has been on the tourist trail for a long time. It is very historic and iconic and brings people to the area. It is right by the Breakaway caravan park, and I urge the government to look at this very seriously and quickly so that the reconstruction can take place in the coming 12 months.

Casey Hospital

Belinda WILSON (Narre Warren North) (01:53): (1363) My adjournment matter is for the Minister for Health, and what I seek is for the Minister for Health to join me to visit Casey Hospital maternity services to see firsthand the great work being done and to highlight the local benefits provided by our incredible hospital at Casey.

Foster carers

Nicole WERNER (Warrandyte) (01:54): (1364) My adjournment matter is for the Minister for Children, and the action I seek is for the government to immediately reverse its cruel cuts to Victoria's foster carers. In recent weeks, we have seen shocking reports revealing that carers looking after children with the most complex medical, psychological and behavioural needs have had their support allowances slashed by up to $100 a day with no notice, no explanation and no consultation. These are the same carers who open their hearts and their homes to children who survived unimaginable trauma, abuse and neglect. And now, because of the government's cost cutting, they have been left out of pocket, forced to choose between paying for food, school supplies or therapy for children in their care.

The Foster Care Association of Victoria has confirmed that long-term carers across multiple regions have seen funding for high-needs children downgraded from level five to level one overnight. The government claims there has been no policy change, yet the evidence is clear: carers who once received about $133 a day are now being given an allowance of just $34 a day. Victoria already has the lowest foster care allowance in Australia, and the fastest loss of carers in any state, with 1300 foster households gone in just four years. Every time a carer walks away, another child is pushed into residential care, into environments that whistleblowers say are rife with violence, drug use and exploitation. This is not safety, this is failure. This includes carers like Sarah, who gave 18 years of her life and fostered more than 400 children, who are now quitting in despair. They feel disrespected, disregarded and abandoned. To quote the former commissioner for children and young people Bernie Geary, 'The state is the worst parent imaginable,' and every child that leaves foster care enters the arms of this, the worst parent imaginable. He went on to say that:

> Kids who are in residential care are supposed to be on a journey to training and stability, but instead they are heading to the Melbourne Juvenile Justice Centre …

Even the current acting principal commissioner for children and young people Meena Singh has warned that inadequate funding is pushing children into inappropriate and unsafe placements and that stability of care is the key factor in whether a child maintains education and avoids entering the justice system. The government must immediately reinstate full support allowances for foster carers of high-needs children and ensure that no child loses their home because of government budget cuts.

David Street–Plenty Road, Preston

Nathan LAMBERT (Preston) (01:57): (1365) My adjournment matter is for the Minister for Roads and Road Safety, and the action I seek is a review of the impact of the no-right-hand-turn barriers installed at the intersection of David Street and Plenty Road in Preston. These works were delivered under the federal blackspot program, a very long running program that has a strong track record of improving road safety outcomes at high-risk intersections across Victoria. The project was developed with input from Darebin council as part of the funding and design process and of course the intent of the program is commendable. Our government strongly supports measures that make our roads safer.

However, local residents have raised concerns that the design changes at the intersection have created issues for local access and traffic flow. To briefly describe it at this time of night, the barriers now prevent right-hand turns in or out of David Street. That does reduce some of the rat running that we were seeing along David Street and Patterson Street in particular, which was a very common rat run. Some of that traffic is now presumably going through the signalised Bell Street and Plenty Road intersection, which is a safer outcome. However, some of that traffic is probably going straight along Patterson Street instead, which is frustrating for people on the northern half of that street, and also frustrating for any of us trying to get through the Gower Street and Plenty Road intersection, where the right-hand turns already bank up. Furthermore, the changes have reduced the local access for residents coming up Plenty Road.

As it stands, there is no right-hand turn at Bell Street, there is no right-hand turn at Livingstone Parade and there is now no right-hand turn at David Street. That means people are driving a long way, all the way up to Gower Street to come back to their homes, or else they are now doing a new rat run, which is they try and get across to Hotham Street and then have to complete what is a quite difficult manoeuvre to cross six lanes of Bell Street, turn right and turn left, and they have to do that without the benefit of some 'keep clears' that we did hope could be provided at those intersections. So given all those consequences, I ask the minister to review the installation of the no-right-hand-turn barriers at this location, including the safety data, traffic modelling and whether any modifications could achieve the same safety outcomes whilst restoring some local access.

Paramedic practitioners

Roma BRITNELL (South-West Coast) (01:59): (1366) My adjournment matter is for the Minister for Health and Minister for Ambulance Services, and the action I seek is urgent clarification on the future of the paramedic practitioner program and specifically whether the government intends to continue funding the program and restricting these highly trained professionals to working solely with Ambulance Victoria. Once again, I rise with deep frustration on behalf of the people of South-West Coast, who are watching their health service disappear by stealth. Our communities are suffering, our doctors are overwhelmed, new residents cannot get a GP and even newborn babies are being turned away from clinics because there simply are not enough practitioners. That is how overstretched the system is. This paramedic practitioner program was promised, heralded in fact, by the Premier and the minister as a solution for the crisis in emergency departments and primary care. Legislation was introduced to allow paramedics to undertake advanced training so they could prescribe, suture, perform procedures and provide vital care that would keep people out of emergency departments and doctors clinics.

But now, in deeply troubling news, I have been advised that the Department of Health has paused or effectively defunded the project – another Labor broken promise, another rug pulled out from under the hardworking professionals who have been studying, training and preparing to serve their communities. And it gets worse: the department's drugs and poisons section are acting against the advice of their own expert panel. They are proposing to restrict paramedic practitioners to Ambulance Victoria only, claiming that practitioners can only work safely within that organisation. That is deeply insulting to our general practitioners, hospitals, nurses, pharmacists and general health organisations who need these extra skill sets. So why has the government defunded the program, and why have they shackled paramedics to a single employer by legislation? No other registered health professional is treated this way. Why are paramedics being singled out?

The list of Allan Labor government betrayals does not end there. We have seen the closure of the Portland helipad, cutting off a vital emergency lifeline for our region, a cut to a health service. We have seen cuts to the Warrnambool hospital, shrinking what should have been a flagship regional facility – no new pathology, cuts to other essential medical facilities and no associated improvements for car parking, catering or administration. We have seen delays and stalling on the promised drug and alcohol rehabilitation centre in Warrnambool, despite the urgent need for support services, and we are still waiting for the PET scanner, a critical diagnostic tool promised in 2022. It is now 2025, and if we are lucky we might see it by 2027 – if you believe what Labor says. This is not just mismanagement, it is hoodwinking, trickery and deception by the Allan Labor government. Something here is horribly wrong. This is a pattern – a pattern of neglect, a pattern of broken promises, a pattern of treating regional Victorians as second-class citizens.

Evergreen Seniors Group

Meng Heang TAK (Clarinda) (02:02): (1367) My adjournment matter is for the Minister for Ageing, and the action I seek is for the minister to join me in meeting with the Evergreen Seniors Group. I visited the Evergreen Seniors Group last month and saw the amazing activities firsthand. They are a very important resource for multicultural seniors residing in my electorate and across the south-east, providing a space to connect, socialise and share, and maintaining links to cultural traditions and community. I was very impressed by the very large attendance at last month's activity, and by the fact that the group currently has more than 300 members from various backgrounds, including Mauritian, Sri Lankan, South African, Anglo-Indian, Indian, Burgher, Australian and many more. I was glad to support the group's application for grant funding through the multicultural festival and events program for their proposed multicultural social day, which would provide a great opportunity to celebrate the many cultures and traditions for the members of the group, and to share these with the wider community. I commend the Evergreen Seniors Group, their president Mary D'Silva, their committee and many of their volunteers and members for their hard work supporting and celebrating our multicultural seniors, and for helping to reduce social isolation for many of my senior multicultural constituents. I thank the minister, and I look forward to her response.

Hawthorn electorate road safety

John PESUTTO (Hawthorn) (02:04): (1368) My adjournment matter is for the Minister for Roads and Road Safety. The action I seek is that the minister visit my electorate to discuss pressing road safety issues raised with me by my constituents. Firstly, I wish to raise concerns relayed to me by a number of constituents regarding the intersection of Riversdale and Glenferrie roads. Residents report that traffic coming from the city along Riversdale Road often accelerates downhill and turns right into Glenferrie Road at speed. This has created a dangerous situation, with pedestrians crossing between the Sacred Heart op shop and the local pharmacy. One constituent has witnessed numerous near misses, including a recent incident in which a pharmacy staff member was struck, fortunately sustaining only minor injuries. The issue appears to stem from vehicles turning right while pedestrians have a green signal. A simple but effective improvement would be to install a dedicated right-turn arrow, ensuring that vehicles face a red arrow when the pedestrian light is active.

Secondly, I also wish to raise the broader safety issue around trams, in particular along route 72 between Camberwell station and stop 56. A constituent recently wrote to me describing a disturbing pattern of motorists overtaking trams while their doors are open and passengers are boarding or alighting, most recently only this morning. Despite the warning bells and flashing lights, vehicles continue to speed through. One incident cited occurred at stop 57 at 5:12 pm on 13 October 2025, when two cars ignored tram signals within seconds of each other. Another, just the other night, saw the tram driver, perhaps ill advisedly, get out of his tram to confront a motorist. My constituent reported afterwards that the driver felt that in his experience, even if reported, nothing would happen. As the minister is no doubt aware, these are not isolated cases but a daily occurrence. My constituent has suggested that Yarra Trams, VicRoads and the Department of Transport and Planning explore deploying compliance cameras on trams to drive greater compliance going forward. Such enforcement, alongside community education, is essential before a tragedy occurs on one of our busiest tram corridors.

Point Cook electorate infrastructure

Mathew HILAKARI (Point Cook) (02:06): (1369) My adjournment matter is for the Minister for Education, and the action that I seek is for the minister to provide an update on the program of opening up school facilities for broader community usage. Forty-one of the new schools that have been built in Melbourne's west and Geelong have been identified in this program, opening up sporting, arts and cultural spaces – a fantastic program. The council has not delivered the facilities that we need in Point Cook, and I call on Wyndham council to provide some of those basketball courts – we are currently 12 short – and the many other facilities that they have identified in their own sporting needs analysis. More broadly, I would like to see Wyndham council come to the table. They will find a partner in government, because we too want to see these facilities opened. Minister, you joined me at the Homestead Senior Secondary College to announce the opening of this wonderful program, and I look forward to the update.

Responses

Natalie SULEYMAN (St Albans – Minister for Veterans, Minister for Small Business and Employment, Minister for Youth) (02:07): A number of members raised matters for ministers, and I will make sure that these matters are referred to the relevant ministers.

The DEPUTY SPEAKER: In the spirit of former minister Lisa Neville, the house is adjourned until tomorrow morning.

House adjourned 2:07 am (Wednesday).