PARLIAMENT OF VICTORIA

Hansard

LEGISLATIVE COUNCIL

60th Parliament

Wednesday 12 November 2025

By authority of the Victorian Government Printer

Members of the Legislative Council

60th Parliament

President

Shaun Leane

Deputy President

Wendy Lovell

Leader of the Government in the Legislative Council

Jaclyn Symes

Deputy Leader of the Government in the Legislative Council

Lizzie Blandthorn

Leader of the Opposition in the Legislative Council

David Davis (from 27 December 2024)
Georgie Crozier (to 27 December 2024)

Deputy Leader of the Opposition in the Legislative Council

Evan Mulholland (from 31 August 2023)
Matthew Bach (to 31 August 2023)

Member	Region	Party	Member	Region	Party
Bach, Matthew[1]	North-Eastern Metropolitan	Lib	Luu, Trung	Western Metropolitan	Lib
Batchelor, Ryan	Southern Metropolitan	ALP	Mansfield, Sarah	Western Victoria	Greens
Bath, Melina	Eastern Victoria	Nat	McArthur, Bev	Western Victoria	Lib
Berger, John	Southern Metropolitan	ALP	McCracken, Joe	Western Victoria	Lib
Blandthorn, Lizzie	Western Metropolitan	ALP	McGowan, Nick	North-Eastern Metropolitan	Lib
Bourman, Jeff	Eastern Victoria	SFFP	McIntosh, Tom	Eastern Victoria	ALP
Broad, Gaelle	Northern Victoria	Nat	Mulholland, Evan	Northern Metropolitan	Lib
Copsey, Katherine	Southern Metropolitan	Greens	Payne, Rachel	South-Eastern Metropolitan	LCV
Crozier, Georgie	Southern Metropolitan	Lib	Puglielli, Aiv	North-Eastern Metropolitan	Greens
Davis, David	Southern Metropolitan	Lib	Purcell, Georgie	Northern Victoria	AJP
Deeming, Moira[2]	Western Metropolitan	Lib	Ratnam, Samantha[5]	Northern Metropolitan	Greens
Erdogan, Enver	Northern Metropolitan	ALP	Shing, Harriet	Eastern Victoria	ALP
Ermacora, Jacinta	Western Victoria	ALP	Somyurek, Adem[6]	Northern Metropolitan	Ind
Ettershank, David	Western Metropolitan	LCV	Stitt, Ingrid	Western Metropolitan	ALP
Galea, Michael	South-Eastern Metropolitan	ALP	Symes, Jaclyn	Northern Victoria	ALP
Gray-Barberio, Anasina[3]	Northern Metropolitan	Greens	Tarlamis, Lee	South-Eastern Metropolitan	ALP
Heath, Renee	Eastern Victoria	Lib	Terpstra, Sonja	North-Eastern Metropolitan	ALP
Hermans, Ann-Marie	South-Eastern Metropolitan	Lib	Tierney, Gayle	Western Victoria	ALP
Leane, Shaun	North-Eastern Metropolitan	ALP	Tyrrell, Rikkie-Lee	Northern Victoria	PHON
Limbrick, David[4]	South-Eastern Metropolitan	LP	Watt, Sheena	Northern Metropolitan	ALP
Lovell, Wendy	Northern Victoria	Lib	Welch, Richard[7]	North-Eastern Metropolitan	Lib

[1] Resigned 7 December 2023

[2] IndLib from 28 March 2023 until 27 December 2024

[3] Appointed 14 November 2024

[4] LDP until 26 July 2023

[5] Resigned 8 November 2024

[6] DLP until 25 March 2024

[7] Appointed 7 February 2024

Party abbreviations

AJP – Animal Justice Party; ALP – Australian Labor Party; DLP – Democratic Labour Party;
Greens – Australian Greens; Ind – independent; IndLib – Independent Liberal; LCV – Legalise Cannabis Victoria;
LDP – Liberal Democratic Party; Lib – Liberal Party of Australia; LP – Libertarian Party;
Nat – National Party of Australia; PHON – Pauline Hanson's One Nation; SFFP – Shooters, Fishers and Farmers Party

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Wednesday 12 November 2025

The PRESIDENT (Shaun Leane) took the chair at 12:02 pm, read the prayer and made an acknowledgement of country.

Bills

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

Royal assent

The PRESIDENT (12:03): I have a message from the Governor, dated 5 November:

> The Governor informs the Legislative Council that she has, on this day, given the Royal Assent to the under-mentioned Act of the present Session presented to her by the Clerk of the Parliaments:
>
> **42/2025** Domestic Animals Amendment (Rehoming Cats and Dogs and Other Matters) Act 2025

Questions without notice and ministers statements

Windsor Community Children's Centre

David DAVIS (Southern Metropolitan) (12:04): (1109) My question is to the Minister for Skills and TAFE. Will the minister explain to the chamber and the community, including the Windsor community, why the government has been so hard-hearted as to allow its entity, Swinburne University, to pre-emptively close the Windsor community childcare centre, despite it being on land gifted to Swinburne by the Baillieu government?

Gayle TIERNEY (Western Victoria – Minister for Skills and TAFE, Minister for Water) (12:05): I absolutely reject the premise of the member's question. The fact of the matter is that, for the Windsor childcare centre, there is an offer on the table from the Commonwealth, and we expect that to be considered. I am writing to Swinburne University, and I am seeking that they extend the lease of the childcare centre whilst there are further discussions. I am requesting the university to seek exemption. I would expect a response from them because, as we know, there is Commonwealth money on the table. I understand that the local council is also interested in assisting. Of course we are expecting Swinburne also to take the necessary steps to resolve this matter.

David DAVIS (Southern Metropolitan) (12:06): The minister has enormous powers under the Swinburne University of Technology Act to direct the university to revoke arrangements for the sale of the Windsor childcare centre land. I therefore ask her: when she writes, will she demand that they not only extend the lease but hand over the land to provide certainty and security into the future?

Gayle TIERNEY (Western Victoria – Minister for Skills and TAFE, Minister for Water) (12:06): In terms of the correspondence that I will enter into with Swinburne at this point in time, it will be asking them to promptly apply for the necessary exemptions to enable them to consider a below-market transfer of land to secure the Windsor children's centre's future at the site and also to promptly provide an interim extension of the childcare centre lease for a period of time that enables the exemption process to run its course. Again, I remind the member that there is Commonwealth money on the table. There is a council, I understand, that is interested in seeking a resolution to this matter, and I look forward to Swinburne taking the necessary steps to ensure that there is a speedy resolution to an issue that has been going on for some time.

Youth justice system

Sarah MANSFIELD (Western Victoria) (12:07): (1110) My question is for the Minister for Corrections. On page 16 of this government's *Youth Justice Strategic Plan 2020–2030*, the very first principle of this plan states that the government:

> Recognises that children and young people must be treated differently to adults and delivers developmentally distinct and appropriate services

My question is: how is the government’s announcement today regarding youth justice consistent with this principle?

Enver ERDOGAN (Northern Metropolitan – Minister for Casino, Gaming and Liquor Regulation, Minister for Corrections, Minister for Youth Justice) (12:08): I thank Dr Mansfield for her question and her interest in today’s announcement. It was a pleasure to join the Premier, the Attorney-General and the police minister in making an announcement that victims – we have listened to victims – have said has been long overdue. In terms of the way they affect our youth justice system, I will say that I believe these changes do build on and strengthen the foundation of our Youth Justice Act even further. The Youth Justice Act was the first comprehensive review of the youth justice system in decades. It was long overdue, and we made those changes that were necessary. A foundation of that architecture was recognising that for the majority of young people we do not want them in contact with the criminal justice system. The system is designed around early intervention, around cautions, around diverting young people away from the criminal justice system in the first place, and for the overwhelming majority of young people, that works well. Our unique offender rate in Victoria is relatively stable, but we do know there is an issue with repeat offenders, and that is what today’s announcement was about. The change we are making does make sure that there is a stronger emphasis on community safety. We are announcing what community safety means and making it clear that for serious violent crimes custody is an option. Still, there is a presumption towards minimum intervention being required, which is important in that balance, but that custody is an option.

Jacinta Ermacora: On a point of order, President, I just cannot hear the minister’s answer.

The PRESIDENT: I uphold the point of order. I am struggling a bit as well. Dr Mansfield asked a question. There was a lot of noise from other members drowning out the answer, and I think she is pretty keen to hear the answer.

Enver ERDOGAN: As I was saying, this is a very targeted reform to the most violent, brazen incidents we have been witnessing in our state. I commend the Attorney-General and the police minister for the work they have done to bring these reforms to the public eye. Obviously we will have an opportunity to debate them in this chamber shortly. But this is what the circumstances require and what the community expects, and so that is what we are doing.

Sarah MANSFIELD (Western Victoria) (12:10): It is quite an extraordinary answer. I mean, these principles are very clear in this report that took a lot of time and effort to develop. Beyond that first principle that says that children and young people must be treated differently to adults, we can look at, for example, principle 2:

> Understands that prevention, diversion and early intervention are the most effective and fiscally responsible ways of reducing youth crime in the long term

I will not read the other principles. There are 10 very good principles in here. Minister, from your response, is it the case that you have abandoned this strategic plan?

Enver ERDOGAN (Northern Metropolitan – Minister for Casino, Gaming and Liquor Regulation, Minister for Corrections, Minister for Youth Justice) (12:11): In short, no. Dr Mansfield, I do thank you for raising those really important principles. In most cases they do apply. But there are always exceptions to broad rules, and for the offences that the Premier discussed and the Attorney-General announced – we are talking about aggravated home invasion, intentionally causing injury in circumstances of gross violence, recklessly causing injury in circumstances of gross violence and aggravated carjacking – I think in those instances exceptions are appropriate as the level of harm caused to victims is unacceptable.

Ministers statements: early childhood education and care

Lizzie BLANDTHORN (Western Metropolitan – Minister for Children, Minister for Disability) (12:12): I rise to update the house on the introduction of amendments to deliver a comprehensive overhaul of the child safety system in Victoria. Following shocking allegations earlier this year, the government commissioned a rapid review, and the rapid review made 22 recommendations to improve child safety. The government has committed to implementing all 22 recommendations. The bills being introduced today support a suite of complementary legislative changes to acquit these recommendations. Last sitting week our government introduced legislation to create the Victorian Early Childhood Regulatory Authority. VECRA will be a nation-leading statutory authority, commencing on 1 January 2026, and VECRA will more than double compliance checks across services. The new regulator will also oversee an early childhood worker register. The register, established in July this year, already includes an additional 68,000 workers. The working with children check, reportable conduct scheme and child safe standards will also be brought into the Social Services Regulator, and changes to the working with children check laws will give the regulator the authority to act quickly to immediately refuse or revoke a check when credible information is received.

Mandatory child safety training and testing will be developed and introduced for all applicants, and in line with recommendation 6.2 of the rapid review, VCAT will no longer review decisions, with an internal review function established. The rapid review highlighted that children with disability may be at higher risk of abuse, so we are bringing disability entities into the expanded regulator as well. We are also introducing legislation into Parliament with reforms agreed to by all states and territories to the national law governing safety and quality in early childhood education, including a statutory duty to make the safety, rights and best interests of children the paramount consideration, introducing mandatory child protection and child safety training in all services and increasing penalties. In addition, the legislation contains additional powers applying to Victoria, and these changes further strengthen the regulatory tools for VECRA.

I thank those opposite for the meaningful and cooperative way in which they have engaged in these discussions so far, and it is definitely a testament to the fact that this Parliament can be above politics when it comes to child safety. These changes will help to ensure that children are safe wherever they learn, play and grow.

Medically supervised injecting facilities

Georgie CROZIER (Southern Metropolitan) (12:14): (1111) My question is to the Minister for Mental Health. Minister, there have been countless cases of primary school aged children from Richmond West Primary School witnessing drug dealing, drug use, sexual acts, violent crime and even dead bodies near the medically supervised injecting room. Last night Yarra City Council formally adopted the position that the injecting room must be moved away from the primary school and high-density public housing. So I ask: when will the Allan Labor government address the concerns of school parents, the Richmond community and Yarra City Council and move the injecting room?

Ingrid STITT (Western Metropolitan – Minister for Mental Health, Minister for Ageing, Minister for Multicultural Affairs) (12:15): I thank Ms Crozier for her question. Of course we have been really clear about the role that the MSIR plays in our AOD harm reduction system. It is a critical facility. It is a health facility, and we do not have any intention of moving the North Richmond MSIR. It is saving lives, but in addition to saving lives it is actually helping to change lives. I do want to remind members that North Richmond has been a hotspot for drugs, particularly for opioids, for many, many years, well before the MSIR was established. One of the reasons why our government took the step of establishing the MSIR was because the local community were crying out for a health-led response rather than having to deal with death and overdose on their streets, in their front yards and across the whole of the North Richmond precinct.

I just want to go back to a few of the important statistics about this life-saving service. They have saved 63 lives since they were established and safely managed more than 11,000 overdoses. In addition to that, there have been more than 4000 referrals that have been made to date to external health and social services, resulting in more than 177,000 instances of health and social support that have been provided onsite. I have got nothing but respect for the team at the MSIR, who continue to deal with incredibly complex people who in many cases do not ever get that opportunity to turn their lives around and need those referrals and that wraparound support that the MSIR provides.

What I will say in response to Ms Crozier's ongoing criticism about this service is that we continue to engage with the North Richmond community, both through the North Richmond Precinct Community Committee but also through the $13 million of investment that we have made to the safety and amenity upgrades in that precinct. That has included improved CCTV coverage, it has included making sure that there are better entrances to the MSIR and it has included additional funding for the Richmond West Primary School so that they can improve their entrances and drop-off zones. So there is ongoing consultation and work with the local community. We will continue to work closely with everyone in that precinct, and we will continue to have a very sharp focus on harm reduction and helping people turn their lives around.

Georgie CROZIER (Southern Metropolitan) (12:18): Minister, clearly you were not listening to what the council and residents were addressing last night at their meeting. So my question is: will the minister attend the Richmond rally on Sunday to explain to the Richmond community why she will not address the obvious failings of Labor's injecting room and has stubbornly refused to move it?

Ingrid STITT (Western Metropolitan – Minister for Mental Health, Minister for Ageing, Minister for Multicultural Affairs) (12:18): I thank Ms Crozier for her supplementary question, and I completely reject the premise of the question. Our government will continue to work closely with all stakeholders in the North Richmond precinct. I regularly have conversations with Yarra council about these measures. I talk to them a lot about harm reduction right across the City of Yarra, and I will continue to do so.

Family violence

Rachel PAYNE (South-Eastern Metropolitan) (12:19): (1112) My question is for the Attorney-General, represented in this place by the Minister for Casino, Gaming and Liquor Regulation. We understand that reforms are underway to address the misidentification of the predominant aggressor in family violence intervention order applications. Although we know misidentification is a widespread issue, there is currently no systematic collection of data to track its prevalence. So my question is: what is the Attorney-General doing to support the Magistrates' Court and Victoria Police to track and publicly report data on misidentification so we can understand the extent of the issue and properly evaluate the impact of reforms?

Enver ERDOGAN (Northern Metropolitan – Minister for Casino, Gaming and Liquor Regulation, Minister for Corrections, Minister for Youth Justice) (12:19): I thank Ms Payne for her question. It is an issue of great public interest, as I know from my time on the backbench and on the house committees. What I will do is ensure that that goes to the Attorney-General in the other place for an appropriate response in line with the standing orders.

Rachel PAYNE (South-Eastern Metropolitan) (12:20): I thank the minister for referring that on. By way of supplementary, will the Attorney-General advise if they have engaged with Court Services Victoria, the Magistrates' Court of Victoria and the chief commissioner in relation to their planned data system upgrades to ensure that tracking and the public reporting of misidentification are embedded in those systems from the outset?

Enver ERDOGAN (Northern Metropolitan – Minister for Casino, Gaming and Liquor Regulation, Minister for Corrections, Minister for Youth Justice) (12:20): I thank Ms Payne for that supplementary question. In line with the standing orders, I will take that on notice and refer it to the Attorney-General in the other place for response.

Ministers statements: Liver Awareness Month

Enver ERDOGAN (Northern Metropolitan – Minister for Casino, Gaming and Liquor Regulation, Minister for Corrections, Minister for Youth Justice) (12:20): Last month was Liver Awareness

Month. Liver cancer is now one of the fastest growing causes of cancer deaths in Australia. But thanks to modern treatments, around 65 per cent of these deaths are preventable. Conditions like untreated hepatitis B and C are major contributors, but with awareness, testing and treatment, this can change. We know that people who are in the justice system are more likely to be impacted by hepatitis C. That is why we have an extensive hepatitis C testing and treatment program right across our corrections facilities. Over the past three years hepatitis C treatments delivered inside prisons have accounted for more than 30 per cent of all treatments in our state. By focusing on high-risk cohorts, the corrections system is playing its part in achieving the goal of eliminating hepatitis C by 2030. We can only do this with the support of dedicated medical experts, doctors and nurses with the skills and compassion to connect with people who are hard to reach.

Recently I was thrilled to see the C No More mobile testing and treatment service in action at the Reservoir Justice Service Centre. This initiative, delivered by St Vincent’s Hospital and the Burnet Institute, provides accessible and rapid testing and same-day treatment for people completing community corrections orders. Operating from a specially equipped van parked conveniently close to the justice service centre, the C No More service is highly accessible to people attending their mandatory supervision sessions, and it is working. Between September 2023 and March 2025, 61 people were diagnosed through this service, and 97 per cent of those commenced treatment.

I want to thank all the hardworking professionals striving to eliminate hepatitis C from Victoria and particularly our corrections system. Their work is improving public health, transforming lives and helping build a healthier Victoria for everyone.

Sobering facilities

Georgie CROZIER (Southern Metropolitan) (12:22): (1113) My question is again for the Minister for Mental Health. Minister, last night on a Channel 9 news report you said:

> … it is not my understanding that anybody has been turned away from our sobering services …

Minister, local residents have described people being denied entry to the Collingwood sobering facility because they are too drunk, resulting in ambulance and police attending to deal with behaviour, including assaults in the street and people trying to enter nearby homes, so I ask: what advice have you received given that it is not your understanding but the reality is that people are being turned away?

Ingrid STITT (Western Metropolitan – Minister for Mental Health, Minister for Ageing, Minister for Multicultural Affairs) (12:23): I thank Ms Crozier for her question and her interest in our AOD services in Victoria. Ms Crozier, often your questions to me are framed around media coverage that you have seen or read, and often –

Georgie Crozier: On a point of order, President, the minister was actually quoted. She was on camera and quoted in the story. My question is: what advice has she got about something she has said?

The PRESIDENT: I think she was agreeing that it was actually –

Georgie Crozier interjected.

The PRESIDENT: There is no point of order.

Ingrid STITT: I could go into the ins and outs of what question was put to me and what I was answering, but I am not made aware of individual circumstances, which would not be appropriate in any case given that this is a health service and I am not privy to data about individuals. But what I will say more broadly about the reforms that our government has led to decriminalise public intoxication is that I would remind members of the impetus behind that reform, which was many recommendations from the Coroners Court and the Royal Commission into Aboriginal Deaths in Custody. Our government was proud to deliver on that commitment and those reforms, because people who are intoxicated in public do not belong in police cells. They deserve a health-led response, and that is exactly what our public intoxication reforms deliver. I think that to focus on one individual out the front of a facility completely ignores the wraparound supports that are provided by a number of really well respected organisations in the community health space.

Similar to the statistics that I went through about the MSIR in response to Ms Crozier's previous question, I am going to take her through the stats about this service too. They do not want to hear it, but the fact is that since we commenced this service in March 2025, 64,000 instances of care have been provided by our outreach teams for people who find themselves in situations that could be unsafe. They get that health support. In many cases they just need a helping hand to sober up to be able to get home safely, but in those circumstances where somebody has not got that as an option, our sobering services are there to assist them. This is all about making sure that people get the vital help that they need when they are in those situations, and I reject the propensity of those opposite to try to constantly run down our community health services.

Georgie CROZIER (Southern Metropolitan) (12:27): That is a bit ironic seeing as you are closing the GP services from community health services not far from this area.

Ingrid Stitt: On a point of order, President, Ms Crozier, as a former health worker, ought to know that primary health care is not the responsibility of the state government.

Georgie CROZIER: On the point of order, President, if I can help the minister: it is an essential part of our health system, and if you are going to blame the federal government for the closure of your failures, then I look forward to passing this –

The PRESIDENT: There is no point of order. Have you finished your question?

Georgie CROZIER: Yes. I am looking forward to passing it on to the Royal Australian College of General Practitioners.

The PRESIDENT: Thanks for everyone's help, but there was no point of order anywhere.

Georgie CROZIER: The minister referred to the benefits of community health services and also understanding that these issues are in our community, yet she has not addressed the substantive question. I am asking: has the minister spoken to the local residents in Collingwood? They do have a right to have me, and the opposition, ask questions on their behalf in question time.

Ingrid STITT (Western Metropolitan – Minister for Mental Health, Minister for Ageing, Minister for Multicultural Affairs) (12:28): I thank Ms Crozier for her supplementary question. What I will say about the service at Collingwood – the sobering centre, which is run by Cohealth – is that Cohealth have got processes and procedures in place for those that live in the local vicinity to be able to bring forward any issues of concern that they have. I would urge that anybody in that community, if they do have issues they want to raise directly with Cohealth, ought to avail themselves of that opportunity.

Public sector review

David DAVIS (Southern Metropolitan) (12:29): (1114) My question is to the Treasurer. Treasurer, you initiated the Silver review to uncover waste, inefficiency and duplication in the Victorian public sector. I ask: will you confirm that some ministers are yet to be fully briefed and provided with a copy of the $2.5 million Silver review, and when will the full review be released?

Jaclyn SYMES (Northern Victoria – Treasurer, Minister for Industrial Relations, Minister for Regional Development) (12:29): I thank Mr Davis for his question and his reference to the Silver review. As the house well knows, I commissioned Helen Silver to undertake a comprehensive review of the public sector, which was all about ensuring that taxpayer money is focussed exactly where we want it to be, which is on frontline services and delivering the vital services that Victorians rely on all the time. This is a broad-ranging report that covers every department in government and many entities as well. Of course every minister has been briefed personally by me – all of you can agree – and provided feedback, and we are working through finalising the response, which will be released alongside the report very soon.

David DAVIS (Southern Metropolitan) (12:30): I ask further: did you or your office have discussions with Gilbert + Tobin law firm – Labor Party donors who were awarded a $1.3 million contract as part of the Silver review – before the lucrative contract was awarded?

Jaclyn SYMES (Northern Victoria – Treasurer, Minister for Industrial Relations, Minister for Regional Development) (12:31): Mr Davis, I think you welcomed the appointment of Helen Silver to undertake an independent review, a review that is at arm's length from government. Therefore in relation to any of the commissioned work by Ms Silver, that is a matter for Ms Silver, not me.

David Davis: On a point of order, President, it was a simple question about whether the minister or her office spoke to that firm before the awarding of the contract, which she has not answered.

The PRESIDENT: The minister was relevant, and she actually answered the question, I believe.

Ministers statements: Regional Housing Fund

Harriet SHING (Eastern Victoria – Minister for the Suburban Rail Loop, Minister for Housing and Building, Minister for Development Victoria and Precincts) (12:31): Our $1 billion Regional Housing Fund is a really fantastic example of how our government is delivering for Victoria's rural and regional communities, particularly alongside the $5.3 billion housing package, of which $1.25 billion is also going to the regions. About one-third of the homes committed under this program are already complete or underway – that is 423 homes. That includes projects like 70 homes to support flood-affected areas in Shepparton, Seymour and Rochester, with 20 due for completion by the end of this year, and 130 homes for First Nations Victorians. Of course it is the Regional Housing Fund that is seeing the delivery of 50 social and affordable homes at Pound Road in Colac.

But not everybody welcomes this project. Last week, a certain commentator in the Legislative Assembly – by the name of, well, the initial is 'R' and it then ends with 'ichard Riordan' – said that the township of Colac is in fact desperate for some more public housing homes. But this same commentator continues to oppose building these 50 much-needed homes because they have 'no outdoor space, no car parking, no green space and are not close enough to public transport'. I think it is really probably about time that that certain commentator, also known as the Shadow Minister for Housing –

David Davis: On a point of order, President, 'a so-called commentator' is actually a member of the other place. She could refer to him properly by his name.

The PRESIDENT: I call on the minister to use the correct titles.

Harriet SHING: I did refer to the Shadow Minister for Housing in the other place, Mr Davis, if you would like to check *Hansard*.

Each home in this development is proposed to have its own outdoor private space, has one or two off-street car spaces, depending on the number of bedrooms. The development is a 1-minute walk from a nearby bus stop and is also within walking distance of the local library, school, child care, South West TAFE and even the Colac Central Reserve, showing perhaps that the Shadow Minister for Housing does not in fact know his own community. I would suggest that he review his choice to refer to people in social housing as 'concentrations of disadvantage'. Not only is that terminology revolting, but it is also true to form in terms of a number of other comments we have heard from previous coalition ministers for housing. While those from the other side oppose things, we get on with building.

Economic policy

David DAVIS (Southern Metropolitan) (12:34): (1115) My question is for the Treasurer. For the second year in a row the Business Council's *Regulation Rumble 2025*, which ranks every state and territory on a range of tax and regulatory metrics, has placed Victoria as the overall worst jurisdiction for business. Victoria has been found to be least competitive for overall cost and regulation, with the worst ranking for property taxes and charges, licensing and requirements to do business and the second worst for payroll tax. I ask: do you accept that the Allan government and you as Treasurer are responsible for the shocking wooden spoon quality performance?

Jaclyn SYMES (Northern Victoria – Treasurer, Minister for Industrial Relations, Minister for Regional Development) (12:35): I thank Mr Davis for providing me the opportunity to talk about the performance of the Victorian economy. Mr Davis, I think I ran through some of these stats last time, but when it comes to business attraction and business growth we have the highest business creation in the country, one of the best participation rates in the employment sector, historically high business investment numbers and a regional unemployment rate that is lower than any other state in the country. We are backing Victorian businesses with record productivity-enhancing investment – things like roads, schools and transport infrastructure, which we are just about to open in relation to the Metro Tunnel and West Gate Tunnel. This week you might have caught that the Premier announced the state's first major subsea fibre optic cable and the return of international flights to Avalon.

The report Mr Davis refers to disregards a lot of the inputs and a lot of the good things we are doing, which distorts the narrative. On payroll taxes, which Mr Davis mentioned, the report only takes into consideration the top rates, and it does not consider the beneficial tax settings, our tax-free threshold –

Members interjecting.

The PRESIDENT: Mr Davis was waiting for everyone to be quiet so he could ask his question, and even some of his squad were yelling when he was trying to ask his question. Mr Davis does deserve to be heard in silence when he asks a question. When the Treasurer is trying to answer the question – I am sure Mr Davis is interested in the answer – the same courtesy should apply. The Treasurer to continue without all the yelling.

Jaclyn SYMES: What I was referring to was that the report openly admits to not having regard to the regional payroll taxes, and it did not mention or take account of the tax-free thresholds that we recently changed. Mr Davis, in relation to business creation, we have added more than 123,000 businesses in the state of Victoria since June 2020. Quarterly business investment figures have shown that Victorian business investment grew by 1.7 per cent, significantly faster than the national rate of 0.7 per cent. Since the pandemic Victorian business investment has risen by 41 per cent, compared with 32 per cent for the rest of the country. Mr Davis, we are outperforming other states in relation to business investments and business construction. But of course there is always more to do, particularly in the regulation space, and that is why in the *Economic Growth Statement* we have committed to halving the amount of regulators that businesses deal with and a range of other investments to make sure that business continues to grow from strength to strength in Victoria so that we can continue to lead the nation.

David DAVIS (Southern Metropolitan) (12:39): I am completely unconvinced by the Treasurer's response there. Noting that Victoria has the highest unemployment rate of any state in the nation and has a net debt that continues to grow by more than $2 million an hour, I therefore ask: why is Victoria so hostile to job-creating businesses? And I want to ask: will you accept an award of a wooden spoon?

The PRESIDENT: I will accept that. You can leave the chamber for half an hour, Mr Davis. I will not even put the question.

David Davis withdrew from chamber.

Corrections system

Katherine COPSEY (Southern Metropolitan) (12:40): (1116) My question is for the Minister for Corrections. Minister, I am very concerned that reporting last week showed that prisoners in Victoria are spending entire jail terms in police cells. Due to the government's kneejerk changes to bail laws, there are now literally too many people on remand for corrections to cope with. Across October senior police officers were giving evidence to the inquest into the death of Cody Dwyer, who died in custody in Victoria in 2021. Those officers spoke about 'decanting' – the shuffling of people across prisons and police cells. This means that people on remand – those who have not been found guilty of any offence or have not been sentenced – can be housed in cells for 23 hours a day, with less access to health care and less chance of being able to be visited or contacted by family and lawyers than those in prisons. Minister, in the last 12 months how many people in Victoria have completed their entire prison sentence in police cells?

Enver ERDOGAN (Northern Metropolitan – Minister for Casino, Gaming and Liquor Regulation, Minister for Corrections, Minister for Youth Justice) (12:41): I thank Ms Copsey for that question and her interest in these matters. More broadly, I will note that police cells are the responsibility of the Minister for Police in the other place, but what I can say more broadly about our corrections system and about capacity is that our tough bail laws are working. We said that it would lead to greater numbers of repeat offenders being put into custodial facilities, and we are continuing to scale up the adult corrections system. There was a $727 million announcement in this year's budget, and I want to take this opportunity to thank our Treasurer for that investment. That was about making sure that our system can manage the increase in capacity in the safest way possible. We will continue to do that work to scale up the system. We have hired hundreds of new staff. Our new state-of-the-art Western Plains prison is on track to open fully as expected, and we are ramping that up.

Police cells do play an important role in managing people in custody. It is a critical part of the custodial system. Usually immediately after people are arrested they are required to appear in court. Obviously since the pandemic we have had opportunities for people to appear in court in different ways using virtual means. My view is the rollout of technologies across our corrections facilities has been scaling up across all our sites. Our new Western Plains facility, for example, has that technology available in its built form.

I think it is important to state that more broadly police cells are a matter for the Minister for Police in the other place, but in terms of our corrections system, we are scaling up, and we are not going to make apologies for taking dangerous people off our streets.

Nick McGowan interjected.

Enver ERDOGAN: Mr McGowan, you may want these people on the streets. You might want them on the streets of Ringwood, but I want them off the streets and in custody.

Members interjecting.

The PRESIDENT: Minister, keep going.

Enver ERDOGAN: Thank you, President. Without interruption, please. That technology is being used across our sites to ensure that people –

Nick McGowan: On a point of order, President, the minister has incorrectly stated that it is not a matter for his department – that the sentences served by prisoners are actually a matter for the Minister for Police. It is not a matter for the Minister for Police. It is clearly a matter for the corrections department that any detainee and any person found guilty of a crime has served their sentence. It is clearly a matter for this minister.

The PRESIDENT: There is no point of order. As I have said a number of times, if the minister has directed it to another minister as far as some responsibility goes, that is up to the minister to state. That gives me an opportunity, Mr McGowan, to say you have been very loud today. Maybe tomorrow you will be a bit less.

Enver ERDOGAN: Thank you, President, and I thank Ms Copsey again, because her point was about the conditions in police cells. That is the way I took the question, and what I will say is that police have a responsibility to provide services to people held in police cells. That is why that part of that question is better directed to the Minister for Police.

Katherine Copsey: On a point of order, President, the minister is referring to the preamble but mischaracterising my question, which was about the failure of corrections to have capacity to ensure that people are not serving their entire sentences in police cells. How many people have served their entire sentences in police cells in the last 12 months, Minister?

The PRESIDENT: I believe at the start of the answer the minister was responsive to the capacity in the system.

Enver ERDOGAN: Insofar as the conditions in police cells goes, that is a matter for the Minister for Police. Insofar as the system pressure in the corrections system goes, that is a question for me. We are scaling up. We are doing that work. I am expecting that the pressure we have in the police cells will be temporary as we scale up the system. We have significant investments and a significant amount of staff and a new squad starting every other week. So that work has been done. That will take some time to implement of course, but we are not going to make apologies for taking dangerous repeat offenders off our streets.

Katherine COPSEY (Southern Metropolitan) (12:45): Thank you, Minister, for the extent of your answer. The conditions currently have been described as a bottleneck, and given that bottleneck around custody between police cells and corrections facilities Victoria Police have been seeking to reduce the current arrangement, which would limit prisoners being housed in police cells from the currently allowed 14 days to seven days. Will you give Parliament an undertaking, as the responsible minister, that corrections will reduce the time in the standing agreement between Victoria Police and corrections that people can be warehoused in police custody from 14 days down to seven?

Enver ERDOGAN (Northern Metropolitan – Minister for Casino, Gaming and Liquor Regulation, Minister for Corrections, Minister for Youth Justice) (12:46): I thank Ms Copsey for an important question. We will work hard to resolve that bottleneck, and that is why I have stated in my answer to your substantive question that this is a temporary measure. We have more prison beds coming online as we speak, and we will continue to work with police to make sure people, based on their risk factors, are transferred across to our corrections system as soon as possible. But obviously we are not going to make apologies. We said our bail laws will mean larger numbers in remand, and we are not going to make apologies for that. I know those opposite did not support those bail reforms, but community safety is a priority of our government.

Ministers statements: Murray–Darling Basin Agreement

Gayle TIERNEY (Western Victoria – Minister for Skills and TAFE, Minister for Water) (12:46): I rise to update the chamber on an important development today in relation to the Murray–Darling Basin plan and Commonwealth buybacks. The Commonwealth minister for water has made an announcement today in Adelaide. The minister has announced a trading strategy. The substance of it is the Australian government will expand the non-strategic buyback program in the southern basin. I will be briefed on this in more detail this afternoon. The department and my office are in contact with key industry and community stakeholders. Suffice to say this comes as a shock to all of us here in Victoria. This is a further 130 gigalitres of water purchases from the southern basin, including Victoria.

Let me be clear: our position is unchanged. Victoria remains firmly opposed to non-strategic water buybacks. These buybacks undermine the long-term viability of our irrigation communities and regional economies. Pursuing a water recovery target without a strategy for where the water can be used does not deliver the balanced outcomes intended of the basin plan. As I say, I will be briefed in more detail this afternoon, but it is important for me to update the chamber on these developments as soon as we are advised. Victoria reiterates its call for a genuine strategic approach, as outlined in the *Planning Our Basin Future Together* prospectus, that works with communities and that prioritises infrastructure, efficiency and a plan for the future. Victoria will continue to advocate for a strategic approach – one that protects communities, supports healthy rivers and upholds the integrity of the basin plan.

Written responses

The PRESIDENT (12:48): That ends questions and ministers statements. Minister Erdogan will chase up Ms Payne's two questions to the Attorney-General, in line with the standing orders.

Georgie Crozier: On a point of order, President, I would ask that the supplementary question to my first question be reinstated, given that it was a simple yes or no, and likewise for the supplementary to my second question.

The PRESIDENT: I will get back to the house on that this afternoon. I will review them.

Constituency questions

South-Eastern Metropolitan Region

Michael GALEA (South-Eastern Metropolitan) (12:50): (1940) My question is to the Minister for Energy and Resources. Many families in the south-east are feeling the pinch from rising living costs, particularly when it comes to household energy bills, which is why the government's power saving bonus has provided welcome relief to many, many residents, especially seniors and those with language barriers who have been able to access this service. But some have told me about the difficulties they have faced accessing the support online. I have had some very good conversations with people out in the Mulgrave electorate when doorknocking along with the fantastic local member there, Eden Foster, and supporting her with her conversations with that community as well. I ask: how is the government supporting families in my region to more easily access energy bill support?

Western Victoria Region

Joe McCRACKEN (Western Victoria) (12:50): (1941) My question is to the Minister for Emergency Services. Last week, I and my colleague Beverley McArthur visited the Melton fire brigade. We inspected the trucks and were told that only one tanker can be used to respond to fire incidents. In the last census Melton had a population of 178,960, with estimates for 2025 showing it should now be well over 220,000 people. How is one tanker going to respond to an incident covering that many people? I really do hope that they are not short-changed, especially when we are heading into fire season. My question to the minister is: what are you going to do to fix this situation and make sure Melton is fireproof going forward?

Northern Metropolitan Region

Anasina GRAY-BARBERIO (Northern Metropolitan) (12:51): (1942) My constituency question is to the Minister for Housing and Building. Minister, my constituent, Gelareh, is advocating for her father, Hossein, who lives with a disability and has limited mobility in Epping. She wrote to me in distress after years of delay and mismanagement from the Department of Families, Fairness and Housing's Preston office. Hossein's priority social housing application has been pending for over 13 years. Without safe and suitable housing, he is at risk of homelessness, and the stress is taking a serious toll on both his and Gelareh's health. Minister, everyone deserves a stable home. Why is this Labor government failing to provide accessible housing for people with disabilities? Minister, will you follow up to ensure Hossein is finally allocated a suitable two-bedroom house before the end of the year? This family has been waiting long enough.

Northern Victoria Region

Wendy LOVELL (Northern Victoria) (12:52): (1943) My constituency question is for the Minister for Police. What is the minister doing to ensure Victorian callers receive timely, locally informed assistance from Victoria Police personnel when calling the police assistance line? Victorians in need of non-emergency help can call the police assistance line on the number emblazoned across police cars – 131 444. But my constituents living near the border are concerned that their calls to Victoria Police's non-emergency line are routinely diverted across the border and answered by New South Wales operators rather than Victorian staff. Callers report lengthy delays, including one case where a resident waited 15 minutes only to be told the operator could not process or redirect the call. One Wodonga resident, who panicked after a burglary, had to seek help from an off-duty police officer living nearby. My constituents need confidence that when they call this number in their time of need, they will receive genuine local Victorian police assistance.

Western Metropolitan Region

David ETTERSHANK (Western Metropolitan) (12:54): (1944) My question is for the Minister for Environment and it concerns the malodorous Kealba landfill. My constituents are gobsmacked at reports that the EPA is considering reinstating Barro Group’s landfill licence after dropping criminal charges earlier this year. As the minister will be aware, hotspot fires have been burning at the landfill for six years and will likely continue for another four years. Residents who live only a couple of hundred metres from the tip describe the smell as a mix of chemical fertilisers, rotten eggs, molten plastics and burning animal carcasses. My constituents ask: will the minister rule out reinstating the Barro Group’s licence, and if not, what are the minister’s plans to strengthen EPA enforcement against further breaches of environmental duty at this and other waste management operators?

Western Victoria Region

Bev McARTHUR (Western Victoria) (12:54): (1945) My constituency question to the Minister for Education relates to a teacher in my electorate deeply concerned by a situation at their school involving a 14-year-old year 8 student. Under the Department of Education’s mature minors and decision-making policy, this student was deemed a mature minor and allowed to change their name and pronouns at school without parental knowledge or consent. The teacher is distressed, as are colleagues, at being required to use a new name and pronouns while knowing the parents remain unaware. These are caring professionals who only want the best for their students, not to be placed in conflict between policy and conscience. Minister, the current rules allow schools to make such determinations without medical input or parental involvement. Will you review this approach to ensure families are included in these deeply personal decisions and teachers are supported to act with care, integrity and transparency?

North-Eastern Metropolitan Region

Aiv PUGLIELLI (North-Eastern Metropolitan) (12:56): (1946) My question today is to the Minister for Disability, and I ask it on behalf of the thousands of residents of group homes in my electorate and thousands of disability workers who support these residents in places like the Scope homes in Gisborne Street and Yarraleen Place in Bulleen, Life Without Barriers homes in May Street and Polaris Drive in Doncaster, the Melba home in Reilly Court, Croydon, and many, many more across the north-eastern suburbs of Melbourne. On 31 December this year the subsidised funding for Victoria’s supported independent living services will run out. This will affect hundreds of group homes, their residents, their staff and their broader networks. Minister, what are you doing to ensure that disability support workers will be able to continue to provide high-quality, safe and supported homes for some of our most vulnerable community members?

Western Metropolitan Region

Moira DEEMING (Western Metropolitan) (12:56): (1947) My question is for the Minister for Education. Under the School Sport Victoria LGBTIQA+ student policy, transgender-identifying students are expressly permitted to use whichever toilets and change rooms and to play in whichever sporting divisions that they ‘feel most safe and comfortable in’. There is no equivalent policy protecting the safety and comfort of girls. Girls have complained to me about being forced to compete against boys, and after they lose or get injured, they are just told to ‘be nicer’ and ‘get over it’. They have also complained about boys and male teachers who identify as transgender coming into their change rooms while they are trying to get undressed. Girls in Victoria do not feel safe or comfortable, and they are not allowed to have fair sports. Will the minister fix this, or do they just not care about girls at all?

The PRESIDENT: These are constituents that you have spoken to in your schools?

Moira DEEMING: Yes.

Southern Metropolitan Region

Katherine COPSEY (Southern Metropolitan) (12:58): (1948) My question is to the Minister for Children. The parents, children and educators of the Windsor Community Children's Centre are looking down the barrel of closure by 31 December this year despite a significant community campaign to support their centre. Closure of the centre will add considerably to the already high unmet demand for kindergarten places in Prahran and Windsor. The centre's board of directors issued a statement last week saying that closure would be:

> … a failure of the stewardship expected of governments to ensure stable, high-quality early childhood education and care for our community.

Minister, what is the state Labor government doing to save the Windsor Community Children's Centre?

North-Eastern Metropolitan Region

Richard WELCH (North-Eastern Metropolitan) (12:59): (1949) My constituency matter is for the Minister for Public and Active Transport. A local constituent, Mrs Nicholls of Frankcom Street in Blackburn, has lived in the same house parallel to the Belgrave and Lilydale line for some 49 years and is used to the ordinary sound of passing trains. However, in the past 12 months Mrs Nicholls has noticed a significant increase in the noise on one particular section of the outbound track outside her home. The noise reaches over 97 decibels. I wrote to the minister on this matter in August, and I thank her for her response saying there was a known track defect and scheduled track renewal works had been brought forward from March 2026 to October 2025. However, Mrs Nicholls has advised me that the sound is still as bad. Could I ask the minister once again to please take a look into this matter so that Mrs Nicholls can again peacefully enjoy her home?

Eastern Victoria Region

Melina BATH (Eastern Victoria) (13:00): (1950) My question is to the Minister for Roads and Road Safety. Despite years of safety concerns and community advocacy, the government has failed to fund critical upgrades to Phillip Island Road in San Remo. The road is known for frequent crashes, near misses and worsening congestion, especially during weekends and holidays, posing a serious risk to the lives of tourists and locals alike. It is listed among the RACV's top 12 worst roads. It is on Bass Coast shire's top priority list and in One Gippsland's regional campaign. The project is shovel ready – consultation occurred over a decade ago – and it is vital to support a projected 4300 visitors by 2035. Public safety and access must be of major concern to all. Minister, will you finally prioritise the upgrade to Phillip Island Road to address these urgent safety and congestion issues?

Northern Victoria Region

Gaelle BROAD (Northern Victoria) (13:01): (1951) My question is to the Minister for Roads and Road Safety on behalf of a constituent and in relation to VicRoads case number RLS00127198 regarding a prime mover truck that is urgently needed during hay season. He has owned the 1994 truck since 2012. It was registered in his name. His truck was pulled over due to an oil leak. He got it fixed and had to get a roadworthy again. In the process VicRoads identified that the VIN number on the cabin is not fully replicated on the chassis – even though the six digits displayed match the exact same digits, only part of the sequence, not the whole sequence, is displayed. As a result VicRoads have said they need to review it and then the Department of Transport and Victoria Police may be required to investigate, with no word on how long that is going to take. For my constituent, the delay in returning his truck to collect hay during these next few weeks will have a significant financial impact on his family. I am sure the minister will agree that given my constituent has owned the truck for 13 years and the oil leak has now been fixed, VicRoads and the other resources have better, more pressing matters to attend to, and I would appreciate the minister's prompt response in resolving this matter.

South-Eastern Metropolitan Region

Ann-Marie HERMANS (South-Eastern Metropolitan) (13:02): (1952) My question is to the Minister for Roads and Road Safety. Minister, how will you respond to the RACV's 2025 My Melbourne Road survey as it relates to my region? We need improved line markings and signage, tidy pedestrian crossings and the immediate extension of Westall Road after many years of consultation and lobbying. The RACV's efforts were monumental: 12,400 respondents took part in the survey, providing insights into Melbourne's intersections, which account for 40 per cent of all crashes. Unsurprisingly, many of Melbourne's worst intersections are in my suburbs of Springvale, Noble Park, Keysborough, Dandenong South, Frankston, Cranbourne, Clyde, Mulgrave, Heatherton and Carrum. Chief among these is the Princes Highway–Springvale Road–Centre Road intersection. Many trucks, buses and commuters navigate it daily and there are crashes and near misses regularly. I want people in my electorates to get home to their families and friends.

North-Eastern Metropolitan Region

Nick McGOWAN (North-Eastern Metropolitan) (13:03): (1953) My question is for the Treasurer. Treasurer, this question is for you, and the question is that I hope you will meet with the Vermont Men's Shed – do not laugh; this is a serious matter, Minister, and a serious question. The Vermont Men's Shed called me last night. I was on the way home. I had finished work at about 8:30 or 9 pm – an early night for me really. On the way home the president of the men's shed said he was most concerned, as he rightly should be, because he is on the border of both the Ringwood and Glen Waverley electorates. While the member in the other place, the member for Glen Waverley, has tried to assist, the Vermont Men's Shed have failed in their attempt to get any funding, and they are due to close. They were due to close in December of this year, so weeks away.

Jaclyn Symes interjected.

Nick McGOWAN: They did apply, Minister. They certainly did. They have been in constant contact with the member for Glen Waverley. I understand the member for Glen Waverley has tried his darndest. Nonetheless it has fallen on deaf ears. It is a very serious situation. The Anglican Church have extended it for some months, but they will be without a home and will close without your assistance.

Northern Metropolitan Region

Evan MULHOLLAND (Northern Metropolitan) (13:04): (1954) My constituency question is to the Minister for Planning, and it concerns the residents of Prince Andrew Avenue in Lalor in my electorate. It has been reported that residents of Prince Andrew Avenue, as well as the local community more broadly, are concerned about the name of their street given the well-documented downfall of its namesake – the details of which I do not need to go through in this place, as a dedicated republican. I join with my friend and the newly elected local councillor Michael Labrador in saying that if someone has disgraced themselves and lost their title, they should not be honoured with a street name here in our state. I ask the minister: will you work with the local community on a new name, truly consult with them and ensure that any fees regarding change of address be waived once the name is changed?

Petitions

Smart meters

Jeff BOURMAN (Eastern Victoria) presented a petition bearing 22 signatures:

> The petition of certain citizens of the State of Victoria draws to the attention of the Legislative Council that regulations in Victoria do not allow electricity smart meter communications capabilities to be disabled. According to the Australian Energy Regulator (AER), the AER monitors and enforces the National Energy Retail Law (NERL) and Rules (NERR) in states and territories that have adopted the law (currently NSW, QLD, SA, the ACT and Tasmania). While the AER enforces the NERL & NERR in states and territories that have adopted that law, Victoria has not. Regarding electricity smart meters, under AER law, customers have the 'right to request remote access capabilities be disabled after installation'. Concerning their digital water

> meter program, Coliban Water in Bendigo, advise that because their digital data loggers do not allow for the remote function to be disabled, customers can opt out of having the device installed. The Australian Radiation Protection and Nuclear Safety Agency advises, ‘there are some epidemiological (population) studies that have reported a possible association between prolonged exposure to ELF [extremely low frequency] magnetic fields at levels below the exposure limits but higher than what is typically encountered and increased rates of childhood leukaemia’.
>
> **The petitioners therefore request that the Legislative Council call on the Government to change regulations in Victoria to allow electricity smart meter communications capabilities to be disabled.**

Jeff BOURMAN: I move:

> That the petition be taken into consideration on the next day of meeting.

Motion agreed to.

Crime

David LIMBRICK (South-Eastern Metropolitan) presented a petition bearing 20,554 signatures:

> The petition of certain citizens of the State of Victoria draws to the attention of the Legislative Council the urgent need for clearer self-defence laws to better protect individuals and families in their own homes. Concerned community members believe that current self-defence provisions don’t sufficiently allow people to protect themselves, their loved ones, and property from unlawful intruders. Under current Victorian law, self-defence is only available as a defence if it is in response to a perceived threat, a person must have a ‘reasonable’ belief that they are facing a threat to their life or serious bodily harm.
>
> This is ambiguous and leaves law-abiding occupants vulnerable to criminal prosecution and/or civil proceedings, even when defending themselves against home invasions. In the United Kingdom, there are special provisions for self-defence in a person’s home, where people only contravene the law if their actions are considered grossly disproportionate. This recognises that people have more at stake in defending their own home than they would in public. Australian law does not recognise this distinction.
>
> **The petitioners therefore request that the Legislative Council calls on the Government to amend legislation to provide more clarity and protection for self-defence in the home, in line with the United Kingdom approach.**

David LIMBRICK: As this is a petition qualifying for debate under standing order 11.03(10), I give notice that I intend to move ‘That the petition be taken into consideration’ on Wednesday of next sitting week.

Voluntary assisted dying

Evan MULHOLLAND (Northern Metropolitan) presented a petition bearing 206 signatures:

> The Petition of certain citizens of the State of Victoria draws to the attention of the Legislative Council the proposed amendments to the Voluntary Assisted Dying Act 2017. These changes would weaken protections for conscientious objectors and vulnerable patients.
>
> The Petitioners therefore request that the Legislative Council oppose the proposed amendments to the Voluntary Assisted Dying Act 2017, when they come before the House.

Climate change

Georgie PURCELL (Northern Victoria) presented a petition bearing 154 signatures:

> The petition of certain citizens of the State of Victoria draws to the attention of the Legislative Council the climate crisis occurring across this country and the world, for which Victoria contributes almost 20 per cent of Australia’s emissions. If we do not act, the situation will continue to worsen. This needs to be addressed systematically, on both a state & national level. It is important to recognise it is not individual people causing this problem, but large corporations who fail to act, and put profit before people and the planet. According to the Bureau of Meteorology, in 2024, the national minimum temperature rose 1.43 Celsius, and the maximum 1.48 Celsius. The Paris Agreement sets out a maximum of 1.5 Celsius, which we are dangerously close to. The futures of young people and their children will be affected. We cannot let big business continue to fail to care, and we must hold them accountable.

> **The petitioners therefore request that the Legislative Council call on the Government to declare an urgent state of climate emergency, enforce strict penalties on heavy polluters who fail to act and not approve any new coal and gas projects in Victoria.**

Papers

Victorian Law Reform Commission

Examining Aspects of Family Violence Intervention Orders for Children and Young Adults

Enver ERDOGAN (Northern Metropolitan – Minister for Casino, Gaming and Liquor Regulation, Minister for Corrections, Minister for Youth Justice) (13:08): I move, by leave:

> That the Victorian Law Reform Commission report on *Examining Aspects of Family Violence Intervention Orders for Children and Young Adults: Stage 1 Protection for Children Who Turn 18 while on a Family Violence Intervention Order* be tabled and published.

Motion agreed to.

Committees

Scrutiny of Acts and Regulations Committee

Alert Digest No. 15

Sonja TERPSTRA (North-Eastern Metropolitan) (13:08): Pursuant to section 35 of the Parliamentary Committees Act 2003, I table *Alert Digest* No. 15. of 2025, including appendices, and a minority report from the Scrutiny of Acts and Regulations Committee. I move:

> That the report be published.

Motion agreed to.

Gaelle BROAD (Northern Victoria) (13:09): I move:

> That the Council take note of the report.

I want to draw the attention of this chamber to the minority report in the Scrutiny of Acts and Regulations Committee’s report, specifically in reference to the Planning Amendment (Better Decisions Made Faster) Bill 2025. We certainly question the title of that bill. This bill weakens voices in our local communities, it impacts on the role of Parliament in reviewing amendments and other decisions in Victoria’s planning system and it removes the principles of natural justice in planning panels, and the statement of compatibility and the second-reading speech really fail to adequately address these issues. The bill will extinguish the basic right of people to lodge objections to applications for permits in all situations of type 1 and type 2. Yes, we need more housing in this state – that is for sure – but there is certainly a better way to do it. This government has a habit of overreach and overriding local communities and limiting the role of Parliament in the exercise of scrutiny. So I really encourage members to have a look at the minority report.

Motion agreed to.

Papers

Parliamentary Budget Office

Report 2024–25

Michael GALEA (South-Eastern Metropolitan) (13:10): Pursuant to section 28 of the Parliamentary Budget Officer Act 2017 and on behalf of the Public Accounts and Estimates Committee, I table the Parliamentary Budget Office report 2024–25.

Papers

Tabled by Clerk:

Crown Land (Reserves) Act 1978 –

Order of 10 September 2025 giving approval to the granting of a licence at Queen Victoria Gardens and Memorial Statue Reserve.

Order of 21 October 2025 giving approval to the granting of a lease at Tasma Terrace Reserve.

Order of 22 October 2025 giving approval to the granting of a licence at Kings Domain South Reserve.

Order of 27 October 2025 giving approval to the granting of a licence at Alexandra Gardens Reserve.

Duties Act 2000 – Treasurer's Reports, 2024–25 of –

Corporate Reconstruction and Consolidation Concessions and Exemptions, under section 250B(4) of the Act.

Foreign Purchaser Additional Duty Exemptions, under section 3E(2) of the Act.

Financial Management Act 1994 – Minister for Environment's reports that 2024–25 Reports have not been received, together with an explanation for the delay, under section 46(3)(a) of the Act –

Caulfield Racecourse Reserve Trust.

Dhelkunya Dja Land Management Board.

Environment Protection Authority (EPA).

Gunaikurnai Traditional Owner Land Management Board.

Trust for Nature.

Yorta Yorta Traditional Owner Land Management Board.

Zoos Victoria.

Infrastructure Victoria Act 2015 – Victoria's infrastructure strategy 2025–2055, under section 35(2) of the Act.

Interpretation of Legislation Act 1984 – Notice under section 32(3)(a)(iii) in relation to Statutory Rule No. 91/2025 (*Gazette G42, 16 October 2025*).

Legal Practitioners' Liability Committee – Report, 2024–25*.

Ombudsman – *'That's assault mate'*: Investigation into alleged misconduct in a private prison and how it was handled, November 2025 *(Ordered to be published)*.

Planning and Environment Act 1987 – Notices of approval of the –

Boroondara Planning Scheme – Amendment C394.

Golden Plains Planning Scheme – Amendment C105.

Latrobe Planning Scheme – Amendment C143.

Port Phillip Planning Scheme – Amendments C224 and C227.

Victoria Planning Provisions – Amendments VC291 and VC295.

Radiation Advisory Committee – Report, 2024–25.

Statutory Rules under the following Acts of Parliament –

Cemeteries and Crematoria Act 2003 – No. 114.

Charities Act 1978 – No. 115.

National Electricity (Victoria) Act 2005 – No. 113.

Subordinate Legislation Act 1994 – Documents under section 15 in relation to Statutory Rule No. 114.

Victoria Legal Aid – Report, 2024–25.

** together with the Minister's reported date of receipt.*

Proclamations of the Governor in Council fixing operative dates for the following acts:

National Electricity (Victoria) Amendment (VicGrid Stage 2 Reform) Act 2025 –

Part 2 (other than section 36(2) and (3)), Divisions 1 and 5 of Part 3 and Parts 4 and 5 – 1 November 2025 *(Gazette S588, 28 October 2025)*.

Workplace Injury Rehabilitation and Compensation Amendment Act 2025 – Division 2 of Part 2 and Division 2 of Part 3 – 1 November 2025 *(Gazette S588, 28 October 2025)*.

Petitions

Responses

The Clerk: I have received the following papers for presentation to the house pursuant to standing orders: the Minister for Children's response to the petition titled 'Reverse decision to close Parentline', the Minister for Environment's response to the petitions titled 'Inquiry into koala management practices' and 'The impact of the blue gum industry on koala populations', the Minister for Local Government's response to the petition titled 'Review City of Casey's fees and permits for private land use', the Minister for Public and Active Transport's response to the petition titled 'More services for bus route 506' and the Minister for Roads and Road Safety's responses to two petitions titled 'Reduce probationary driving age' and 'Intersection of Centre, O'Grady and Hallam South roads, Hallam'.

Business of the house

Notices

Notices of motion given.

General business

David DAVIS (Southern Metropolitan) (13:29): I move, by leave:

> That the following general business take precedence on Thursday 13 November 2025:
>
> (1) notice of motion given this day by Rachel Payne on private members bills;
> (2) notice of motion given this day by David Limbrick on the importance of charity;
> (3) notice of motion given this day by me on the deficits reported by statutory bodies in annual reports;
> (4) notice of motion 1117 standing in Richard Welch's name on the administration of the CFMEU; and
> (5) notice of motion given this day by Melina Bath on bushfire preparedness.

Members statements

Maroondah Festival

Sonja TERPSTRA (North-Eastern Metropolitan) (13:30): I rise today to speak about a fantastic day that was had by all on Sunday at the Maroondah Festival. This is one of Victoria's largest community festivals, with around 25,000 people attending each year, and it was wonderful to meet so many locals and talk about the great work that the Allan Labor government is doing in the North-Eastern Metropolitan Region. This includes upgrades of key intersections like the Five Ways in Warrandyte and the Maroondah Highway–Yarra Road intersection in Croydon; the community pharmacy pilot, making health care more accessible; and of course the ever-popular power saving bonus, which helps concession card holders with cost-of-living pressures. I was proud to share how we are supporting our local community, and I had many great chats with locals. I had the chance to speak with local community organisations, including Each, who run the Allan Labor government's Smile Squad program at many schools in Maroondah, and the Melbourne Highland Games and Celtic Festival committee, who both do incredible work in the community all year round. Events like this remind us of the strength and vibrancy of our community. The Maroondah Festival is always a highlight for me each year, and I want to thank the volunteers and organisers who helped set up and pack down and everyone who stopped by for a chat. Your passion and commitment make these events possible, and I look forward to seeing you all again next year.

Gender identity

Moira DEEMING (Western Metropolitan) (13:31): This week I was absolutely honoured to meet a very, very brave 11-year-old girl, Emily Tuohy, and I heard of her dreams of following in the footsteps of her grandmother, who was an Olympic gold medallist for Australia. Her face just lit up when I asked her why she did not follow in her grandmother's footsteps and do swimming instead of athletics, and she said, 'When I found out that I could practise and train and learn techniques to get better at running, I just fell in love with it, and I love running.' It is not much to ask, is it? She trained hard. She earned her place at the regional qualifiers, and when she got there, she lost, not because she was not fast enough but because she was forced to compete against a boy. When her dad questioned how that could possibly be fair, School Sport Victoria replied that no rules were broken, because that boy identifies as a girl. Emily is here today in the gallery – thank you so much for being here. She is extremely brave to stand up and say that it is not right, what happened to her, because as we know, every single other person who has stood up and said these things has been viciously attacked. But Emily, we are not going to let that happen to you. You will not be standing alone. For every girl in this country and in this state who has had her right to fair sport and privacy and dignity taken away from her – Emily, you are standing up for them, and we are going to be standing with you, because this terrible injustice is happening all over this country. It is my honour to stand with you. I think you are very brave, and I look forward to the next few years. We will get through it together.

South West Tech School

Jacinta ERMACORA (Western Victoria) (13:33): On 22 October I visited the site of the new South West Tech School to celebrate the start of construction on behalf of the Deputy Premier and Minister for Education Ben Carroll. Thanks to South West TAFE CEO Mark Fidge and South West Tech School director Rohan Keert, their staff teams and the board of South West TAFE for their long-term advocacy. They have worked incredibly hard to make this project a reality. Many of those people joined us to celebrate the sod turning, as such, including industry representatives in the region who will benefit from the skills and inspiration created by the tech school. South West Tech School will prepare students from across the region for the jobs of the future. The fly-throughs are amazing, showing fabrication labs, a tech workshop, a digital workshop and also a wet-simulation lab, which will provide hands-on learning about agriculture, robotics and renewable energy. I congratulate everyone involved, and I look forward to returning when the doors open to students in 2026.

Meadow Creek solar farm

Rikkie-Lee TYRRELL (Northern Victoria) (13:35): Today I wish to condemn the grossly unfair and unjust approval of the Meadow Creek solar facility by the Minister for Planning on Friday 31 October. On yet another file and flee Friday the Minister for Planning went against the pleas and warnings of both the Bobinawarrah community and experts to approve possibly the largest solar facility in Victoria, in the King Valley – this, only months after approving the controversial Dederang battery energy storage system facility and the Cooba solar facility, also in my electorate of Northern Victoria. The minister did this without even having the decency of visiting the areas she has given the green light to be put at risk. All of these projects have been met with solid community pushback and outrage. These communities are not fighting these facilities without reason. They are not fighting against these just because they simply do not like them. These communities came to the table armed with knowledge and facts about the region, the environment and the very valid concerns they hold surrounding these facilities. They came armed with flood mapping, bushfire overlays, environmental studies and meteorological data. Every time they were ignored; every time they were treated as though nothing matters but the extreme push for so-called renewable energy. Yet again this citycentric government is just bulldozing over the top of these communities and pushing ahead with their agendas. These hardworking farming communities deserve better. These wonderful farming communities deserve to actually be listened to by those in power, because no-one knows and cares for the environment in these areas – *(Time expired)*

Gender identity

Bev McARTHUR (Western Victoria) (13:36): Who made the decision to stop 11-year-old Emily Tuohy from progressing to the next round of her athletics competition? A man from the Victorian Department of Education. Emily's father appealed to the department. My formal complaint is that children competing in athletic events should be considered to proceed to the next level of competition based on their sporting ability, achievements and sporting merit rather than ideology, especially at primary school level. This man, a director in the department, responded:

> Our inclusion guidance allows students aged 11 years and under to participate in competitions where they feel most comfortable.

These guidelines prioritise inclusion on the basis of gender identity rather than fairness and safety, with girls forced to compete against male peers in female competitions. How is this fair? Emily, whose grandmother was an Olympian, has every right to compete against her own sex. How does this encourage girls in sport or inspire the next generation? When ideology trumps natural justice, we are in trouble. Emily, thank you and your father for being with us today. Good luck in your future sporting endeavours – hopefully on a fairer playing field.

The Dismissal

Ryan BATCHELOR (Southern Metropolitan) (13:38): Fifty years since the Dismissal I rise to both recognise the most undemocratic moment in Australian political history and remember the significant legacy of the Whitlam government. The dismissal of Gough Whitlam as Prime Minister was a treacherous act by the Governor-General that undermined Australian democracy, an undemocratic act enabled by the obstructionism of the Liberal Party, who were intent on bringing down a legitimately elected government because they did not like Gough or his policies – a Liberal Party who refused to recognise that winning two elections in three years gave Whitlam the right to govern and who sought to bring down his government by blocking supply. I am glad that here in Victoria in 2003 we changed our constitution to prevent that action from happening in this state, and I think our democracy is the better for it. But the legacy of the Whitlam government should not be defined by a final act of treachery. Here is what they achieved: ending conscription; establishing Medibank; the Racial Discrimination Act 1975; the Trade Practices Act 1974; the Family Law Act 1975, which allowed for no-fault divorce in Australia; land rights; handing land back to the Gurindji; creating the Commonwealth legal aid program and the Australian Law Reform Commission; an equal pay case that extended the adult minimum wage to include women; the single mothers pension – an issue very close to my heart; abolishing the Commonwealth death penalty; the National Sewerage Program; independence for PNG; and the diplomatic recognition of the People’s Republic of China. Whitlam was an extraordinary Australian and is rightly remembered as a Labor giant.

Peter Goad

Katherine COPSEY (Southern Metropolitan) (13:40): Today I want to mark the passing and celebrate the impact of Peter Goad, a really respected figure in our local community and a tireless defender of Albert Park. Peter devoted decades to protecting public green space and community sport from being sidelined year after year by a private corporate event. Peter’s work with Save Albert Park helped expose the real impacts of the grand prix on clubs, on open space and on everyday access to a park that Victorians love. He was a champion for the transparency measures needed around this event. I knew Peter for many years, and I so admired his work and his tenacity. Even as he celebrated his centenary, Peter remained the group’s longest serving president, committed to their goals of ending the grand prix at Albert Park, reclaiming the park as public open space and parkland for community sport and everyday use and safeguarding the park from inappropriate development and ongoing impacts. I want to extend my sincerest condolences to Peter’s family and friends and to the Save Albert Park community. I hope that we can all honour his dedicated commitment by continuing the work, telling the truth about the actual impacts of this event, standing with local clubs and residents and putting public space and public good first. Peter always stood up for what was right. Vale, Peter.

Anam Cara House, Geelong

Georgie CROZIER (Southern Metropolitan) (13:41): I would like to take this opportunity to thank the leadership and staff at Anam Cara House in Geelong for the work they have done in providing exceptional palliative care services to the people of Geelong and surrounding areas, in particular the chair Diana Taylor, the CEO Vanessa McColl and all the staff for their dedication and their expertise in supporting and caring for patients with life-limiting illness and their families. This model is one that, unfortunately, was not supported by the Allan Labor government, but it was supported by the community. I would also like to thank the many, many community leaders and the generous philanthropists who provided their financial and personal support to Anam Cara House. It has not gone unnoticed within the community. It is a facility I have visited on several occasions. I have seen firsthand the exceptional care provided. I have raised in this place multiple times the need for greater support from government for Anam Cara. A pittance of money – just a couple of million dollars – would have sufficed. However, unfortunately, that advocacy fell on deaf ears and, as I predicted, a takeover by Barwon Health has now occurred. I again place on record the exceptional work undertaken by all involved in Anam Cara House and the need for proper, sustainable and adequate palliative care funding to be provided for palliative care services across the state. For years this government has ignored the need for proper funding. Instead they waste and mismanage taxpayers money and pander to big, corrupt unions. Only a Liberal-led government will restore integrity, stop the waste and provide sufficient funding to services that matter, such as palliative care.

Warrnambool Multicultural Festival

Sarah MANSFIELD (Western Victoria) (13:43): There is a saying that there is no such thing as bad weather, just bad clothing, and that was certainly the case in Warrnambool on Saturday when I had the pleasure of attending the Warrnambool Multicultural Festival. In the cold and the wind and the rain many locals, undeterred, turned up. They came out in force to support this really fantastic event. It had an incredible buzz about it. It highlighted just how important it is to have events like these to recognise and celebrate multicultural communities in regional Victoria, where there are barriers to inclusion and they can be more keenly felt. A day of food, music, dance and activities reflected the multicultural, vibrant, diverse community that is the Warrnambool region. I had great chats with different stallholders, who ranged from the infamous Warrnambool Community Garden and Neighbourhood and Community Centre to those raising funds for Ukrainian civilians and local youth workers. I enjoyed delicious Iraqi food for lunch while listening to some incredible African drumming. Congratulations to all of the organisers, including the Warrnambool Multicultural Association and Carlos Lopez, who showed us around. It was a truly brilliant day, and I really look forward to joining again next year.

Remembrance Day

Ann-Marie HERMANS (South-Eastern Metropolitan) (13:44): Deliberate silence is not something our modern society is well acquainted with, but at the stroke of the 11th hour on Remembrance Day we stopped, reflected and remembered those who served and died in conflicts and peace operations at home and abroad. On Sunday and on Tuesday, across Frankston, Springvale, Berwick, Dandenong, Noble Park, Cranbourne and other parts of the south-eastern region, we watched flags being raised, sang the national anthem with pride and paused to remember in silence. Today I pay tribute to our men and women who serve and have served us in the armed services – in the navy, the army and also the air force.

Almost 40 per cent of our male population between the ages of 18 and 44 served in the Great War. Nearly 60,000 were killed and many more were wounded, gassed or taken prisoner. That war that was to end all wars did exactly the opposite: it sowed the seeds for the Second World War and the service of nearly a million Australians. Our nation has been involved in many conflicts since then, from the remote jungles in Vietnam and Korea to the arid deserts of Afghanistan and Iraq and everywhere in between. Many Australians have surrendered their lives to give us a life free from dictatorship and tyranny, and their sacrifice afforded us many rights and privileges. We are duty-bound to ensure that our children, our children’s children and the generations beyond them never forget history’s lessons.

The Dismissal

David DAVIS (Southern Metropolitan) (13:46): Fifty years ago on Tuesday Gough Whitlam was dismissed in a very important act that cleaned up the terrible Whitlam government. The government had its supply blocked by the Senate completely lawfully, according to the constitution. There is no doubt that the whole of the country was in a terrible position as the economy dived, unemployment grew and there was illegality in the form of the Khemlani business with the corrupt steps without approvals that were being taken by Rex Connor, almost certainly with the knowledge of then Prime Minister Whitlam. The fact is the Senate blocked the budget, and you cannot have a government without supply. You need to have supply to ensure the business of government continues. There is a long history, including in this jurisdiction, of Westminster systems where, if supply cannot be guaranteed, the governor is in a position to act. The Governor-General acted. He dismissed Whitlam, an election was called and a whopping majority was provided by the Australian people. I remember that day; I was on a bus at Doncaster shopping centre. Another bus driver came onto the bus to inform everyone, and the bus cheered. Everyone knew that the corrupt government was – *(Time expired)*

Vietnamese community

Trung LUU (Western Metropolitan) (13:47): Today marks the 50-year anniversary for many Australians in the political arena, and for Vietnamese Australians it marks 50 years of refugee resettlement in Australia under the Fraser Liberal government. We are thankful to the Liberal government, and in appreciation the Vietnamese community has tried to give back and acknowledge what Australia has provided in opportunities of freedom. I had the opportunity on the weekend to attend one of these events held by the Vietnamese community. The team and our Vietnamese community came together to raise an incredible $200,735 for the United Nations High Commissioner for Refugees, an organisation that helped thousands of Vietnamese refugees resettle in Australia and continues to do important work across the world. I want to congratulate the Vietnamese Fundraising Committee – Mr Dzung Lê, Tammy Nguyen, Ms Be Ha, Vivienne Nguyen, Thien Giang Nguyen, Dr Phuc Pham, Mr Phong Nguyen and special guest Mr Nam Loc Nguyen from the US – for their truly inspiring effort to raise that much money for the United Nations refugee commission. It reflects the compassion, humility and generosity of the Vietnamese community. Thank you for your efforts.

Business of the house

Notices of motion

Lee TARLAMIS (South-Eastern Metropolitan) (13:49): I move:

> That the consideration of notices of motion, government business, 278 to 1114, be postponed until later this day.

Motion agreed to.

Bills

Voluntary Assisted Dying Amendment Bill 2025

Second reading

Debate resumed on motion of Ingrid Stitt:

> That the bill be now read a second time.

Georgie CROZIER (Southern Metropolitan) (13:49): I rise to speak to the Voluntary Assisted Dying Amendment Bill 2025, and I do so as the first speaker in this house on this important bill. I can speak for myself, but I know all members of Parliament, no matter their view or their concerns around this piece of legislation – and there are many; I acknowledge that – understand that it is a sensitive matter and that it this a debate we are having given the passing of the initial legislation in 2017, when the Parliament debated the Voluntary Assisted Dying Act 2017. There are not too many of us here that were in the chamber then. Mr Davis was certainly here at that time. I do not think there are too many other current members that were here.

We had a very extensive debate. It was a very long debate. It was a very emotional debate at times. It was the first time that this legislation had been debated in this country. For me personally, I found it incredibly difficult. I found it an incredibly difficult debate and very confronting given the personal circumstances I was going through at the time and as somebody who has been a nurse on the other side in a caring profession and understands that the last thing you want is for anyone to be in pain or suffering. To be a legislator on this side was a different matter when we were putting in place this type of legislation, this new legislation for this country. It was a landmark piece of legislation for Australia. As I said, it was a sensitive and difficult debate. It went on for many, many, many hours. I think it was 28 or 29 hours or thereabouts; the clerks will correct me on that. It was exhaustive. There were members of the government who collapsed, and there were a lot of things that occurred throughout that debate.

I just want to place on record the many people that have spoken to me with really heartfelt concerns around either supporting this piece of legislation which amends that initial legislation – their support or their non-support for the bill we are debating today.

Voluntary assisted dying effectively came into effect in 2019. The first bill provided that there was to be a review undertaken after five years. I want to acknowledge the work – I should have done so in my commentary before – the information and the discussions provided by the government and the minister’s office as some clarification. I had many concerns with the first piece of legislation. I was concerned about the safeguards in the legislation, and I voted accordingly. I was very concerned about those issues. I had some concerns, and I still have a number of concerns with some elements of this legislation. I will be asking a couple of questions, not many, in committee. I will be looking at the amendments. The government is aware of most of my concerns around elements of this legislation.

Voluntary assisted dying came into effect in 2019, as I said. Since then 1683 people have died in Victoria using this option. In 2024–25 there were 389 deaths, which accounted for 0.8 per cent of all deaths in Victoria. It is an option that is being used. As I mentioned, the initial act required a review to be undertaken by the Voluntary Assisted Dying Review Board in the fifth year of operation, and the findings of that review have informed the amendments in this bill. The government has also cited and drawn on experience in other jurisdictions where voluntary assisted dying is in place. It is now in place in all states in Australia, the ACT and New Zealand. When developing the amendments to the initial bill, that is what they have gone on. The aim of these amendments is to reflect the comparison and provide a more consistent approach across the nation. I acknowledge that, and I acknowledge the work described to me through various stakeholders and through the briefings that have been provided. I might add that there have been significant briefings, and I have been very pleased to organise and coordinate those on behalf of the coalition so that members were informed and could have the information that they required when debating this bill. Some people have very strong views for and against, and they do need to have that ability to be informed, given it is, on our side, a free vote. I understand that on the government’s side it is also a free vote. Therefore members need to have that information and be able to question stakeholders as they wish. I have been very, very grateful to all of those stakeholders that have requested those briefings, and I have been able to coordinate those on behalf of the coalition.

Obviously a lot of the amendments that have been put in this bill came from the evaluation that the review undertook. It did evaluate the systems, processes and practices involved, and it found that generally the framework supporting 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 safeguards. As I said earlier, in the initial debate I had real concerns about those safeguards, but I have to say, given the time that has gone on – and I will say more about the safeguards later on – I am pleased that the government is putting in a further safeguard around family members not being able to be directly involved. I think that was probably an unintended consequence or an oversight in the first place. I am pleased that the government is doing that. I will speak to that clause in a moment.

The review found that there was high compliance with the legislation – 99.3 per cent for all completed applications. Only 14 cases, or 0.7 per cent, were noncompliant. One case, 0.05 per cent, was referred to the Australian Health Practitioner Regulation Agency, the regulatory body that oversees misconduct of practice and registration of health practitioners. That case involved noncompliance with the permit application process for which the medical practitioner involved was fined. You can see that it was working from a regulator's point of view. Half the cases of noncompliance involved the contact person not returning the substance within the prescribed 15 days following death. These were found to be procedural delays in cases where the grieving relative, as the contact person, had not been able to manage returning the substance in the specified timeframe. I think that that is perfectly understandable – when somebody is grieving the loss of a loved one, perhaps that time elapsed and therefore they did not comply with that 15-day timeframe. That is understandable in terms of that one case of noncompliance. It is my understanding that there have been no reported instances of mishandling or misuse of the voluntary assisted dying substance.

As I said, this bill will introduce a range of amendments – 13 amendments – to the Voluntary Assisted Dying Act 2017. The aim of these amendments is primarily to address accessibility and support the health workforce by maintaining safeguards in relation to voluntary assisted dying, which is in place and has been in place for six or so years now. I want to just go to the main clauses now and outline those in the time I have, because I think it is important to understand the various amendments and where there has been quite a lot of discussion. I have been very pleased to have those discussions and understand some of the reasons why the government is proposing various amendments.

Clause 2 provides for the 18-month implementation period, which will allow the Department of Health to prepare voluntary assisted dying health practitioners and the broader health sector to understand and implement the amendments, prepare administrative systems and processes for the implementation of the amendments and prepare the broader community to understand the amendments, and I will ask a little bit more about that in the committee stage.

Clause 7 of the bill – and this is one of those areas on which there has been quite a significant amount of discussion – 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 all other options for someone with a life-limiting condition, such as palliative care or treatments, and those treatments can be radio or chemo to ease pain. But an individual still may have a terminal illness where those treatments are not going to cure them. Those treatments are about providing less suffering in many instances, so they are options that are often discussed by medical practitioners. VAD cannot be offered as part of this discussion unless the patient raises it first, and that is the issue. 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. That is the important part that I want to emphasise, which I think is actually quite reasonable: if your medical practitioner is talking about end-of-life options – VAD has been operating for six years in Victoria – then clearly they should have that ability to speak freely about this and not be breaking the law.

Clause 7, new section 8A, further allows registered health practitioners who are not medical practitioners and nurse practitioners, such as allied health professionals regulated by AHPRA, the Australian Health Practitioner Regulation Agency, to initiate discussions about VAD under a number of conditions – so in the context of broader end-of-life conversations – but in doing so, they must also say that the patient needs to speak to their treating doctor about VAD. Breaches of these requirements constitute unprofessional conduct and may be referred to AHPRA. But I do have some concerns around this area, I have to say. I do have concerns with the breadth of the health practitioners that are currently listed with AHPRA. I understand, though, that palliative care can last for not just weeks, it can last for months or years. In many instances, people might be going to a physio to have assistance with mobility or easing of muscle pain, or any number of reasons to have physio during palliative care, and they may have a very close relationship with that physio. Therefore it seems quite sensible for that physio to be able to discuss end-of-life care options. But I do have a problem with others that are listed in this scheme, who are registered with AHPRA, and I do not think that is entirely appropriate. I do think it should be the patient's medical treating doctors and their teams listed, not random allied health professionals that they might come across. I will have a look at that, and I know that there are people that are raising concerns. I will be interested to see the full suite of amendments when we get them – I think they are still coming in.

Clause 6 relates to conscientious objection. Currently there is no obligation for medical practitioners who have a conscientious objection to VAD to provide any information to patients on this subject, even if requested. What this bill does is it changes the position to ensure people seeking information about VAD are provided with minimal information on how to make inquiries and access information and services. That is what this bill does. So it is unlike the scenario of a woman seeking advice about termination from a doctor who has a conscientious objection where they must refer them on to another doctor. This does not go to that extent. A doctor has every right to have a conscientious objection and has every right to not agree with VAD, and I fully support anyone being able to have a conscientious objection, but I do think that it is reasonable for somebody who does have a conscientious objection to say, 'Look, I can't discuss this with you, but here is information around the navigator system that will provide the information you need.' It is that simple, and I think it is fairly reasonable in this day and age that somebody can do that, a doctor or a nurse, if they have an issue. I certainly understand that many people do have a strong belief in conscientious objection, and I understand the reasons why, but I do want to make the point that this is not as significant as those seeking advice on termination. It is just providing information that they can get from the navigator service, which runs out of the Peter MacCallum Cancer Centre. I might add that this clause will only apply where a patient makes an inquiry about VAD.

The other important part about this area is in clause 6(2), which provides that objecting practitioners must advise a patient seeking information on VAD that another practitioner would be better placed to assist them. That does not mean that that practitioner is required to refer them to another practitioner, as I have explained; it is to provide that minimal information. Again, I do have concerns around providing the minimum information approved by the Secretary of the Department of Health, which includes contact details for the statewide care navigator service and a link to the Department of Health VAD webpage. I do have concerns about the unfettered power of the secretary to determine what this information consists of. Given what we went through in COVID and given the powers that the department had, the information that Victorians were being provided with and those decisions being made by bureaucrats, I am not at all comfortable with the secretary having that unfettered power. We saw what happened with the so-called advice that was coming from the CHO to the government. The CHO recently came out and said, 'Well, actually, that wasn't fully accurate,' although he was unwilling to even provide to Victorians how the decision-making was taking place. So I am not at all confident with this requirement in this very important piece of legislation. I was going to move an amendment to not support this part of the bill, but I understand that Mr Mulholland will be moving that, and I will be supporting that amendment.

Clause 8 has the Australian residency requirements. I think that is another very straightforward amendment to the act. People have been denied access to VAD despite living in Australia for many years, particularly those from New Zealand and those who are post-war migrants. I believe that this is a sensible update. We go to citizenship ceremonies all the time and there are people that have been living in this country for decades, and for them to be able to access this as a part of their choice for end-of-life care I think is a very sensible amendment.

Clause 9 relates to the Victorian residency requirement and introduces 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. I just think this is a compassionate component of those issues that have obviously been raised through the review process.

Clause 8 also relates to prognosis requirement standardisation and sets a consistent 12-month prognosis window for all applicants, instead of having a distinction between neurodegenerative illness and other conditions. While I am on this, I want to just mention that I did listen to Emma Vulin's very powerful and moving speech on this bill in the other place in the last sitting week. What an extraordinary woman, given the circumstances that she faces. I could not help but be moved by her very powerful and compelling contribution to this debate, and I have taken it on board.

I got an email today from a man who has just lost his wife to MND. He wrote to me and told his story about how his wife Kate died. These issues have to be looked at in the context of what is happening to people that are suffering with these life-limiting illnesses and very severe and debilitating illnesses. This bill 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, improves access and prevents the unintended effect of the six-month limit resulting in applicants being unable to access VAD. I know there is quite a lot of debate about this. I have had doctors ringing me and expressing their concerns: 'You know, as a healthcare worker, that prognosis cannot be accurate in 12 months.' Yes, I do know that. But I know that palliative care can last for years, and I know that something like a neurodegenerative illness is incredibly difficult to manage at the best of times. For this to extend out to that I see as no problem at all, because with the six-month limit the review board found that many patients started the process very late in their illness; 171 applicants died before receiving a permit last year.

Clause 10 goes to medical practitioner eligibility. This is another contentious issue, but I think it is a misunderstanding about specialists. They go through significant training. They are not newly graduated doctors coming out with a year or two of practice; they have been in the field and undertaken extensive training over a number of years. This clause amends the requirement for a medical practitioner to have five years of experience practising as a specialist to one year. This provision expands the eligible workforce and increases access, especially in regional Victoria. I have heard the argument around that and understand that for many people that have chosen this option that has been a barrier. I do not think that is fair given this is in place and it is working.

Clause 15 is the removal of the third prognosis assessment. This removes the requirement for a third medical practitioner's assessment for people with neurodegenerative conditions to confirm that the condition will result in death within six to 12 months. As I said, I think this helps reduce the burden for those applicants. Clause 28 concerns the shortened request interval and reduces the minimum time between the first and final VAD requests from nine to five days. This 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 to elapse. With the administration methods and permits, again this is a commonsense amendment to the current act, because it allows people to have just one permit, not to have to apply for multiple permits if they are unable to administer the VAD substance themselves. I do understand why this amendment has come in.

The interpreter accreditation, I have concerns about. I am not entirely happy that if an interpreter that has been accredited by the National Accreditation Authority for Translators and Interpreters is not available, it cannot be applied on another day. I am not entirely happy with this clause of the bill. The conflict-of-interest safeguard, which I have spoken about, is a good move that prohibits practitioners from participating in a VAD application if they are a beneficiary or family member of that applicant. That probably should have been in the first piece of legislation. Nevertheless that is a good safeguard. Clause 79 provides that form templates used in the VAD process will be prescribed in regulations rather than the act so they can be improved and updated more easily.

The final amendment relates to the ongoing review and mandates a review of the act within three years of commencement and at intervals of no more than five years thereafter. I want to go through those because I want to explain the situation, having been in this debate the first time around. In the six years that this has been in place and in my time as Shadow Minister for Health no-one has come to me and said ‘This isn’t working’, ‘The safeguards are not working’ or ‘My family member has been coerced’. I have to look at this through that prism of the responsibility that I have also as shadow health minister. I can only say that, yes, I have had a lot of people contact me in recent weeks, but I have not over the period of time that I have been shadow health minister while this has been in operation.

I know there are people, like me, who were very concerned about this legislation coming into place. I was concerned about the safeguards, as I said in my contribution. I was very concerned, and my good friend and federal colleague Jane Hume was the same. She spoke so eloquently in the federal Parliament, and she spoke to me about her experience with her father using this option. She said it was incredible in terms of what his wish was and how it helped the family. She said, ‘I changed my mind on this option,’ and I think that is very powerful. There are many stories like that. I think that it was right to be questioning this legislation at the start when we were first debating it, it was right to question the safeguards and it was right to have a very extensive, long debate, because that was the first time this legislation was coming into the country. We were the first state, and we did not know. There were strong arguments for and against this legislation, but it is in place, it is working and the review has undertaken its work, as the first piece of legislation required to be done. These amendments are building on those reviews, and I see that there are some issues.

The final thing I want to mention before my time runs out is Palliative Care Victoria, who I have worked with closely and who has provided some very helpful feedback. They did, in summary, say that overall their members were supportive of most proposed changes where these align with other jurisdictions and simplify access. They did outline some concerns, which I have expressed also as my concerns, but I think it is important that this works in conjunction with palliative care. This is about providing options for people who choose to use this as an option in their end-of-life choices, in those discussions with those who are looking after them and caring for them. We all know that it can be an incredibly difficult time for any loved one who is going through a very significant illness or a terminal illness and is facing very difficult decisions. Certainly, as I said, I was just so moved by a number of those people who spoke in the lower house. Emma Vulin, I will not be getting in your way, and I will be supporting this bill.

Sarah MANSFIELD (Western Victoria) (14:19): I rise to speak on the Voluntary Assisted Dying Amendment Bill 2025. From the start, I want to state our clear support for this bill, and I would like to thank everyone who has been a part of the years of advocacy and consultation that have informed not only this bill but the introduction of the standing legislation eight years ago. I particularly want to pay tribute to my Greens colleague Colleen Hartland, a former member for Western Metropolitan Region in this place, who played a key role in the campaign to legalise voluntary assisted dying in Victoria and continues to advocate for improved access. I also want to pay tribute to the many people who have advocated for the needs of those wishing to access voluntary assisted dying, including Go Gentle, Dying with Dignity Victoria, Voluntary Assisted Dying Practitioners of Australia and New Zealand and the many wonderful healthcare workers my office has had the pleasure of interacting with over several years. Importantly, I really want to acknowledge the patients and their families who have been willing to share their stories to help us understand how voluntary assisted dying is working and not working in Victoria.

When I was still in primary school in 1995 the Northern Territory was briefly the first jurisdiction in the world to have a voluntary assisted dying scheme, but its power to legislate on this subject was removed by the federal government within a couple of years. While other places around the world began to introduce their own laws, it would take another 22 years for it to be legalised in Australia again. This meant that for most of my medical career voluntary assisted dying was not legal. From the early days in my work as a hospital-based doctor, as a junior doctor, to my work in the community as a GP, death and dying – from the diagnosis of a terminal illness through to providing palliative care, to certifying a death and to supporting a family in their grief – have been integral parts of that job that

I have undertaken. It is a huge privilege to be part of these very intimate and difficult times in people's lives, and while it is often tremendously rewarding, it can also be very traumatic. What I learned from these experiences is that every person's journey to death – the nature of their illness, their response to treatment, the degree of their suffering, the adequacy of the palliative care in relieving that suffering and their view on the meaning of that suffering – is different. Fundamentally, people's feelings about what a good death means for them are very personal. It was not uncommon for patients to ask whether there was anything I could do to hasten death for them.

I recounted a story about a patient of mine, who I renamed Grace – not their real name – in a speech in this place about voluntary assisted dying earlier this year. She desperately wanted to access assisted dying. It was not something that existed yet, but she wanted to access it to avoid what was going to be an inevitably drawn-out death. But there was no legal avenue, and she suffered tremendously with exceptionally difficult to manage symptoms, even with the very best palliative care. I often think of her and the many others whose deaths could have been that little bit easier if they had been afforded the agency that they so wanted.

In 2017 Victoria was the first state in the country to establish a legal voluntary assisted dying scheme, and the passage of that legislation showed tremendous leadership by this Parliament. It was something that made me really proud to live in Victoria. It paved the way for the rest of the country. Now, ironically, the Northern Territory is the only place without voluntary assisted dying, although it is currently in the process of exploring establishing its own scheme. The original bill that was introduced and was then further amended in order to pass through both houses here was very cautious, and understandably so. Being the first and given the seriousness of these laws, ensuring safety and rigour in the process was paramount. Other states, after seeing how the laws were operating in Victoria, decided to do some things differently. So we find ourselves years down the track with a good understanding of not only how the laws are operating in Victoria but how they compare with other states. What is clear is that many of the restrictions in Victoria's laws, rather than acting as safeguards, are acting as barriers. Fewer people are able to access voluntary assisted dying in Victoria compared with other jurisdictions, and more die before completing the process, largely because our laws create situations where people are typically commencing the process very late in their illness and running into bureaucratic roadblocks along the way. This means that people with a terminal illness are spending some of their last precious time on this earth dealing with a stressful and difficult-to-navigate process instead of with their loved ones doing the things that they want.

Many of the very people these laws were designed to help are not able to access it. This is something I was aware of working as a GP for the first couple of years of the operation of these laws, starting with the fact that I was never able to raise the subject of voluntary assisted dying. It was unclear whether I was even able to discuss it if someone raised it in a sort of obtuse way without specifically mentioning that they wanted to access voluntary assisted dying. I wonder how many people would have wanted to have a further discussion or explore that option if it had been something I was able to say was legally available to them.

Other issues within the current act were brought to my attention early in my term in this Parliament. I and my office have been actively working on how we can improve these issues over several years. It culminated in a private members bill that we introduced earlier this year. So when the government announced that they would be amending the laws, we really warmly welcomed that move.

The bill we have before us is a good bill. It addresses many of the identified issues with the standing legislation. Importantly, it removes the gag clause that I just talked about, which will allow healthcare workers to raise voluntary assisted dying in the context of end-of-life discussions. It improves eligibility criteria by increasing the prognosis to 12 months instead of six and allows for compassionate exemptions to the strict residency requirements. It simplifies administration permits and choices and ensures people who want to know about voluntary assisted dying are provided with at least some basic information. It also makes some sensible changes to the requirements for doctors who are providing voluntary assisted dying. These changes will bring us closer into line with most other states, and they are welcome improvements. Importantly, it also retains core safeguards. Fundamentally, people must provide consent at every step of the way. They must have capacity to provide that consent, and the consent must be enduring over a period of time. Disability and mental ill health cannot form the basis for a request for voluntary assisted dying. Health practitioners who do not wish to provide voluntary assisted dying, for whatever reason, do not have to.

I have personally long supported voluntary assisted dying, but it is not a position I arrived at quickly or without a lot of deep reflection. It is a very challenging subject. While the majority of Australians support voluntary assisted dying, it is important to acknowledge and respect that people, including health practitioners, have a range of views based on their faith, morals, ethical values and experiences. They should be allowed to hold those views, and our laws, rightly, should not compel them to provide a service that they do not agree with. However, there are still some unnecessary barriers in our act that do not exist in other places. So I will be moving a number of amendments that seek to make the bill more equitable, accessible and safer for those who choose to participate in any part of the voluntary assisted dying process. I would ask if those amendments could be circulated now, please. Can I just acknowledge my policy staff at this point, especially Georgia Lennon and Jasper Lees, who have been so patient and thorough in their work on these amendments. These are all based on the work we did on our private members bill, but it was very difficult legislation to work with. It involved a lot of consultation. I just really want to acknowledge the time and effort that they put into that.

The second amendment on this sheet removes the eligibility criteria that requires that death is expected to occur within a specific timeframe. Providing a time-based prognosis can be exceedingly difficult and is often arbitrary when considering the suffering a person may be facing. The ramifications of potentially getting a prognosis wrong are enough to cause many practitioners to err on the side of caution and wait until they are certain that death is very close, in effect potentially denying an individual who is otherwise suffering from an incurable illness that is advanced, progressive, will cause death and is causing intolerable suffering. This is one of the factors that is causing people to enter the voluntary assisted dying process far too late, and for some it means they are unable to complete it.

While extending the timeframe from six to 12 months is a very welcome change, it is still likely to create barriers for some. For example, I am aware of a family member of a friend of mine who had motor neurone disease, which actually already allows for a 12-month prognosis. He lived regionally. He had to travel to Melbourne for a voluntary assisted dying assessment. It was something he very much wanted to do. His initial neurological assessment estimated his prognosis to be greater than 12 months, so he was not eligible to start the process. Shortly after this he deteriorated rapidly and had to once again travel to Melbourne for assessments. This time around it was very difficult due to his significant symptoms. This was distressing for him and his family and seemed unnecessary given the inevitable outcome of his illness and his very clear wishes.

A time-based prognosis is asking a practitioner to estimate something that is very, very difficult to predict, and providing a prognosis was never meant to be a legal test by which a practitioner’s assessment is judged. It is a general guide provided to individuals to inform their treatment decisions and to help them with planning for their lives. We believe that fulfilling all of the other eligibility criteria, excluding the time expected before death, constitutes sufficient safeguards. They are more than enough to approve an individual permit to choose when and where they would like to end their suffering. The ACT has actually done this. They have removed the time-based prognosis. The Northern Territory’s Legal and Constitutional Affairs Committee has just recommended the same for any VAD laws that jurisdiction introduces. Should this amendment fail, my colleague Ms Copsey will move an amendment that at least enables the secretary to grant a compassionate exemption to the 12- month prognosis criteria. This is the approach that is currently used in Tasmania and creates avenues for those like the man I was just speaking of to prevent them from having to go through multiple assessments.

Our third amendment would remove section 10.3 from the act, which is the requirement that the coordinating medical practitioner or consulting practitioner be a specialist in the illness from which the individual is dying. The interpretation of this clause in Victoria has been quite narrow and limits this to non-GP specialist consultants. Everyone here would appreciate that it is really hard to get in to see a specialist full stop, let alone a specialist who is the right type, who is willing and able to participate in voluntary assisted dying. This interpretation creates significant access barriers for people, especially in rural and regional Victoria, who typically have to travel to Melbourne to access assessments, because telehealth is illegal under federal law for voluntary assisted dying, which in turn creates stress and suffering and, in some cases, completely prevents access to VAD due to their frailty, their health condition and cost. It also means there is a very limited pool of practitioners willing and able to participate in voluntary assisted dying for some conditions, leaving many of them at capacity. Experienced GPs and general physicians who know their patients and their illnesses are well placed to provide voluntary assisted dying, and our amendment would allow for that. Should this amendment fail, Ms Copsey will move an amendment that would alter the wording to enable broader interpretation of the existing requirements for specialists.

Our first amendment is in a similar vein, further improving accessibility of the scheme and workforce sustainability by allowing nurse practitioners with at least one year of relevant experience to be either the coordinating practitioner or the consulting practitioner. Nurse practitioners already play an important role in the voluntary assisted dying process. We really welcome the government’s changes in this bill that allow them to fulfil the newly created administration practitioner role, but we believe that nurse practitioners can and should be able to take on other roles. This amendment would still require one of the two consulting or coordinating practitioners to be an appropriately qualified doctor.

In our fourth amendment we are seeking to shorten the legislative review period from five years to three years. This is in recognition of the fact that voluntary assisted dying is a policy area that has evolved rapidly over the past eight years, since the laws were first passed in this place, and reviewing the legislation a bit more frequently will allow the laws to be more responsive to feedback from practitioners and patients and ensure the act continues to adequately serve the people that need it.

Finally, we will seek to amend the act to create a new obligation on health services, including aged care facilities, to provide access, where reasonable, to voluntary assisted dying care. This amendment is intended to establish a universal framework for reasonable access to care. For many individuals facing terminal illness, aged care facilities are their homes. It is where they live. To be told that you will not be able to access voluntary assisted dying in your home would be extremely distressing. This would mean that health services must allow reasonable access to voluntary assisted dying for residents, as is the case in several other jurisdictions in Australia. Challenges in accessing voluntary assisted dying in residential aged care facilities are a significant and widespread problem in Victoria. According to Go Gentle’s recent report, 90 per cent of Victorian aged care providers either deny access to voluntary assisted dying in their facilities or do not provide any public information about voluntary assisted dying access. This amendment would make 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 that health provider knows the person has made or is likely to make a request regarding voluntary assisted dying.

Together with the changes proposed by the government, we believe that our amendments would better align Victoria with other states and reflect the feedback and experiences of those who have been trying to navigate or administer our existing laws. Like many in this Parliament I have been on a journey when it comes to the issue of voluntary assisted dying, and it is the stories and experiences of terminally ill people and their families that have played the most significant role in shaping my views and commitment to improving access to voluntary assisted dying.

I want to end my contribution by sharing one such story, that of Fraser Cahill. Earlier this week I had the privilege of speaking with Fraser’s sister-in-law Ange, who told me about a beautiful young man whose story deserves to be immortalised in *Hansard*. Fraser was the son who always bought flowers for his mum. He was an adored son of Doug and Mandy, a much-loved brother to his siblings Quinton, Nellie and Wes, and a dedicated uncle to his nieces India, Kitty and Peggy and his nephews Archie and Hugo. Fraser, by all accounts, was a kind-hearted and vibrant young man. Up early each morning to exercise, Fraser was a successful auctioneer and real estate agent, who according to his family, loved to contribute to what he called the circle of life by getting everything he could out of every day he had. Fraser's loved ones described him as someone who never failed to bring joy and laughter into life. He was always thinking of others and actively showed his care and affection for the people around him.

At the age of 38 Fraser was diagnosed with duodenal cancer. He was initially very positive about his diagnosis, reassuring his loved ones that they were all going to get through it. Fraser received six months of chemotherapy and oncological care at a hospital in Melbourne, and everything was looking good when scans in December last year showed that these treatments were working. Fraser and his family had a wonderful Christmas where they could look ahead with optimism that he would be able to live a long and healthy life. But in January of this year, only a couple of weeks later, he began to experience pain again, and after another scan he received the news that a tumour that had been too small to show up on the earlier scans had grown rapidly. He was told he likely had around two to three months to live.

Fraser had always lived a big life and was certain he did not want to shrink into a painful and prolonged death. When a family friend who had recently lost their partner to cancer mentioned voluntary assisted dying as an option, Fraser found the one thing that would allow him to have some control in his final months. Unfortunately, that was when Fraser and his family hit a roadblock all too familiar for anyone with experience with this scheme in Victoria, the so-called gag clause. Many doctors, including his GP, and nurses he spoke with were reluctant to speak about voluntary assisted dying with Fraser, citing the laws against initiating discussion. Then there were the institutional barriers to providing information and access. Fraser asked his oncologist about voluntary assisted dying and was told it was an option for him but that oncologist was unable to assist him in accessing the scheme.

According to Fraser's brother Wes, 'The hospital did not want to know about VAD. As soon as we mentioned VAD, they scattered in all directions. When you spoke to anyone, they said, "Not in here."' So began the stressful process of trying to find a specialist who could help him. In light of his prognosis, and determined to spend time with his loved ones while he could, Fraser went on his last holiday with his family and friends, to sunny Queensland for 10 days. On a holiday which should have been a time to focus on being with his loved ones, Fraser was forced to continue his search for practitioners who would participate in the scheme. Finally Fraser found an oncologist willing to help him, so Wes snuck Fraser out of the hospital without telling the staff where they were going. Wes recalls that Fraser was feeling very unwell that day but said they had to do it – 'There's no time to waste.' And so they did, and Fraser was finally able to have a conversation about how he wanted to end his life, including the option of voluntary assisted dying. He decided to start the voluntary assisted dying process that day.

After Fraser was assessed he and his family waited, but no news came about the approval of his permit, so Fraser and his family began calling anyone they could to try and get some information, a process that was distressing and drawn out for everyone involved. Eventually Fraser received his permit. Fraser checked out of hospital and relocated to his holiday home on the Bellarine Peninsula so that he could be closer to his family. As his condition continued to deteriorate he could no longer enjoy many of the things he loved, like going for a swim and getting an ice cream after. Knowing he was coming to the end of his life and not wanting cancer to decide how he went, Fraser expressed his desire to pass away on a beach on Victoria's south-west coast. His community palliative care nurse Beth knew this would be hard, but she did what she could to help Fraser and his family achieve this wish.

On 17 March this year Fraser was told by Beth that he was no longer staying ahead of his symptoms. Fraser's response was simple, 'It's time. Let's make it happen.' Beth ensured there would be no members of the public around and informed the police. That Friday, 21 March, Fraser walked arm in arm with his siblings and parents to the beach, where his closest family members and some of his best friends were waiting. Looking out at Victoria’s wild and beautiful coastline, Fraser and his loved ones listened to his favourite playlist. They chatted and laughed and shared last cuddles as Fraser lay on a chair under an umbrella. Fraser was not scared. It was his last wish to die in the comfort of his family and friends, looking out at the ocean, and despite being robbed of so much time, he got that wish. Fraser’s last moments were on his terms, and this was only possible because of voluntary assisted dying, something for which his family will be forever grateful. But the process for him and his family should have been so much better. In his final moments Fraser asked his family to make this process easier for anyone else who has to go through it.

We owe it to people like Fraser, who have battled the current system, to listen to their pleas. This bill will get us closer to a system that does just that. Let me be clear: the Victorian Greens will support this bill, even without amendment. The proposed changes in it are so vitally important to giving terminally ill Victorians an opportunity to have choice, control and dignity at the end of their lives. This bill will ensure that end-of-life care can be holistic and transparent, where practitioners and patients can speak openly about all the options available to them. It will ensure people suffering from a terminal illness can make informed, individual decisions that will bring them the most comfort possible, whether that be access to voluntary assisted dying or properly funded palliative care.

This bill needs to pass for people like Fraser, who deserve to have a system that allows them to get the best possible care where they do not need to lead every conversation while their bodies begin to slow down, where they get to spend their last precious moments with their families and their friends, not facing the stress of navigating an unnecessarily difficult process. I commend this bill to the house.

Sonja TERPSTRA (North-Eastern Metropolitan) (14:41): I also rise to make a contribution on the Voluntary Assisted Dying Amendment Bill 2025. Just before I commence my remarks, I just want to thank Dr Mansfield for a very considered contribution that really brought out the meaningfulness of not only the act and the scheme but the amendments that we are about to talk about today with the amending bill. I would like to thank Ms Crozier for her considered contribution as well. The good thing about this is that both Ms Crozier and Dr Mansfield bring experience to this chamber as professionals working in the healthcare space. I thank them both for their insights as practitioners who have worked – obviously Ms Crozier as a nurse and Dr Mansfield as a doctor.

I am going to also talk about some personal experience that I have had with death and dying, as we all will at some point. The difference that this can and does make to people who are suffering from an incurable disease and faced with a painful death really can bring enormous comfort to them, but I will return to that in a moment.

The Voluntary Assisted Dying Act 2017 came into effect in 2019, but it brought a fundamental shift to end-of-life care in Victoria, offering people the dignity of a peaceful death on their own terms – an additional choice where previously palliative care was the only choice, but voluntary assisted dying offered another choice. Today we stand at a critical juncture. After five years of practical experience in this space, the Voluntary Assisted Dying Amendment Bill will offer the chance for reform and for this right to access medical treatment to ease suffering for people who may be faced with a painful death. This will enhance its accessibility and compassion for those people who are suffering.

In regard to the framework, I will just do a brief background to what the original laws were, because I think just reflecting on some of the contributions made already, I note that some of the feedback that I have received from my office has been from people who thought this was an opportunity to repeal the bill and to not have this option. That is not what this debate is about. That is not what this bill is about at all. The access to voluntary assisted dying as an end-of-life choice in Victoria is settled. It is not about repealing that. This is about, based on the five-year review of the act, making it easier because barriers to access were identified.

It is critical to understand that Victoria’s VAD laws are the most robust in the world, and they were built on 68 stringent safeguards, which were built to prevent coercion. To be eligible foremost, a person must be an adult – 18-plus – and a Victorian resident. They must be suffering from an advanced, incurable and intolerable condition and expected to die within six months or 12 months for neurodegenerative diseases. The process demands a voluntary, repeated and fully informed choice, requiring those separate requests and confirmation from two independent specially trained doctors, and that multilayered process, overseen by the review board, has ensured that the system operates effectively, safely and ethically. And in fact, in looking at the review – and I have also read the annual general report of the board as well – from what I can see there were no instances where people had reported coercion or inappropriate conduct or behaviour of medical practitioners or anyone in the five-year period for patients who were wanting to access voluntary assisted dying. What that tells us is the framework we got right originally – that framework had those safeguards put in place and those safeguards have acted to protect people.

So while the very safe rigour of the initial act has been there offering protective barriers, there were unintended consequences for access, which have created undue stress and bureaucracy for terminally ill people. The most profound barrier of this, and Dr Mansfield talked about this, was the so-called gag clause, where medical practitioners were prevented from initiating a conversation with patients. This meant a patient who might have been suffering intolerably and perhaps might have been unaware of the option was forced to navigate a complex legal process without guidance from their trusted physician. This was a challenge that was compounded by severe access issues in regional and rural Victoria, which really resulted in a postcode lottery of sorts, where a shortage of trained doctors and difficulty securing timely assessments undermined the principle of equity in health care.

The amendment bill is a direct and compassionate response designed to make the system fairer, clearer and more accessible without weakening those core principles. One of the recommendations, and again, this came from the five-year review, was that we needed to ensure that we abolish the prohibition on doctors having ethical freedom to discuss VAD – voluntary assisted dying – as a part of comprehensive conversations about all end-of-life options, ensuring the patient is fully informed. As I said, this is an option for people – they may want to take palliative care, and often people will engage with palliative care in a very long and meaningful way, but when their suffering is obvious and their suffering becomes so intolerable, it is an option that should be there and should be able to be discussed with the treating physician.

The other reform is the extension of the prognosis period. The required prognosis period is extended from six months to 12 months for most conditions, and this allows for earlier planning and a more humane process that removes the immense pressure on patients and doctors to meet a short, rigid deadline. We are also clarifying conscientious objection. This is a doctor’s right to object, and that remains absolute. However, the bill now requires an objecting practitioner to provide minimum information, such as contact details for the voluntary assisted dying care navigator service, ensuring that a personal moral objection does not become an insurmountable roadblock for that patient.

Also, expanding the voluntary assisted dying workforce will improve rural and regional access. The bill introduces the new role of the administering practitioner, allowing trained nurse practitioners and registered nurses to assist with the practical administration of the voluntary assisted dying substance, and also compassionate exemptions, where the bill will allow for such exemptions to the strict 12-month Victorian residency requirement, ensuring that a deeply personal choice is not unfairly denied to long-term Australian residents. Those amendments are the core of what the review found and consequently why we are bringing these reforms to the Parliament.

In having a look at the Voluntary Assisted Dying Review Board annual report 2024–25, there are some statistics that were published in that report as well. What you can see from this report is the response from people accessing it: from July 2024 to June 2025 there were 821 people. The vast bulk of people who were accessing voluntary assisted dying were over the age of 50, with the bulk in the 60 to 79 years age bracket. 821 people accessed VAD in 2024–25. But overall, for the entire period from June 2019 to 30 June 2025, 3653 people have been eligible to access voluntary assisted dying.

We have also heard from Dr Mansfield some of the patient stories that she is aware of and some of the difficulties people have had in accessing the service. I do not have the same amount of time – I only get 15 minutes, while Dr Mansfield got half an hour, obviously being a crossbench member she gets longer – but I do want to just remark, as a person who has seen both of my parents die, on my personal experience. My father dying when I was 17 left an indelible mark on me. This is difficult for me to talk about, because even though he passed 40 years ago, as a child of 17 I had to witness him suffer what could only be described as a very painful and intolerable death. My father had lung cancer. It was incurable. I had to witness him suffer. He was fully cognitively aware of what was happening to him and what he was going to face. He had restricted breathing in the end, and I could only imagine what it would have been like. I witnessed it obviously as his daughter, and watching someone who was fully cognitively aware of the fact that they were likely going to suffocate and be restricted from being able to breathe to sustain life, I could only imagine the torment and the horror that would have brought to him. At that point in time there was no voluntary assisted dying available to him. It left me with a very clear position if I was ever going to suffer from some intolerable, incurable disease. This is the conversation that I seem to have with most people who have talked about VAD. Once they have experienced a family member going through a painful death, it leaves them with a very clear position about what their actions might be should they be put in the same position. It almost always is that they would avail themselves of VAD should they be faced with a painful death that there is no medical treatment for, to relieve the suffering.

What is not talked about with VAD is the trauma that is often left behind with the families who have had to watch a person that they very much love not be availed of any relief of suffering in that death. It is terrible. It left me probably with PTSD – undiagnosed, of course. Getting phone calls in the middle of the night leaves me with my heart bursting through my chest. Those sorts of things are not considered. Of course it is about the patient and their death, but we need to consider the impact this has on families as well and children. Back in those days I do not think any social worker spoke to us. That was just how it was back then. But it is something that has stayed with me for 40 years, and it is still quite triggering, even in this debate, listening to people’s stories. It is quite triggering. In regard to my dad what I witnessed was someone going through and suffering a very painful and intolerable death. However, my mum, in contrast, when she died, had a quick death. We were all around her in the hospital and we were able to be with her, and that is probably what I would call a good death. It goes to what Dr Mansfield talked about with the case study she gave about someone dying while surrounded by people, being in a place that they loved and being able to reflect on that.

Again I will not have time, but I just want to finish my contribution. I could talk about the experience that I had, my family had and my dad had for a long time, but I will not have the time. I just want to put on the record some of these reflections that came out of the Voluntary Assisted Dying Review Board annual report. They exemplify why this is so important and why we need to make the ease of access better for people. This, from an applicant, is in the report:

> My intention is to go down the path of VAD. The people involved in that have been outstanding and I feel most confident in their ability to execute this programme as I await the outcome. Their excellent work has offered me the choice of going ahead or not.

Another example:

> We found all the medical professionals involved to be caring and dedicated individuals.

Another example:

> I am very grateful to be able to access VAD. When I was 17, I saw my brother die a painful death from a brain tumour. My disease has taken so much from me, but it is great comfort to know that if my application is approved, I will have control over when I die. I thank all those who actively advocated for these laws. It significantly bolstered human rights in Victoria. Finally, I support further improvements to the laws, including allowing appropriate medical professionals to raise the option of assisted dying with terminally ill patients.

There is also this one – this one really nails it for me – from a contact person:

> She passed away with her cat on her lap, looking across our backyard at the dam with me holding her. It doesn't get better than that.

When we talk about dying, it is a normal, natural part of life. You can see what it means to people, not only the families but of course the applicants in this process, to avail themselves of a good death. There is a world of difference between a painful death and a good death. The scheme is settled law. It is not about getting rid of the scheme. It is about accessing medical treatment. Any personal, religious or moral objections really have no basis or place in this debate whatsoever. It is settled law. What we are doing today is about making this easier for people to access their right to choose a dignified and pain-free death. I commend this bill to the house.

David DAVIS (Southern Metropolitan) (14:56): I want to make a slow and steady contribution to this bill, reviewing some of the history but also looking at what has changed and what we know. To be clear with the chamber, when the bill came last time I would say that my philosophical position was in favour of patient sovereignty, but I did have concerns about how the bill would operate and how the regulatory environment around the bill would operate. I was very concerned and I might say remain in certain respects concerned about the potential for misuse and about how the bill could be overused. In that circumstance I voted against the bill, and I moved an amendment. I moved a single amendment which sought to ensure that the treating practitioner, whoever that might be, went to some effort – not heroic efforts – to give consideration of whether there may be elder abuse involved. As a former Minister for Ageing and a former Minister for Health I was very concerned that this issue of elder abuse had not been squarely focused on by those who were framing the legislation, and I remain concerned that people can get pushed and moved. That still sticks in my mind. I have seen many things in health services that make me very cautious on this matter. Notwithstanding that, I am happy to put on the record that the bill that went through has worked better than I had hoped, or than I had imagined is the best way to describe it, and there are some positive points in this set of amendments here. To be clear for those who may listen to this at some point or read this, this bill does not fully reprosecute the issue of VAD. It builds on a bill that is already there and some experience and some analysis. I think that is very important.

There are 13 amendments. I am just going to talk about these slowly and methodically. There is the conscientious objection. This is clause 6. Currently there is no obligation for medical practitioners who have a conscientious objection to VAD to provide information. This tightens the requirement and provides that they may be required to provide a minimal set of information. Clause 6(2) provides that objecting practitioners must advise the patient seeking information on VAD that another practitioner would be better placed to assist. I think that is very reasonable. To a certain extent – and I say this as a former health practitioner – some of this is obvious and maturity related. If you have got someone who has got a set of conditions that you are not equipped in whatever way to provide the best care for, for whatever reason, it seems to me you do have a duty to that person to assist them to find someone who will provide that best quality service, but I think that would occur in any event. It says you have got to provide minimal information approved by the Department of Health secretary, which includes contact details of the statewide care navigator service and so forth. The long-term future of these sorts of navigator services and devices is also a point of question. I still have a concern about anything that forces a practitioner to act against their conscientious position. Notwithstanding that, I would say a mature practitioner will help their patient in some way, whatever the particular conscientious position they adopt.

Clause 7 is on health practitioner initiated discussions. The patient must always raise it first. This says the current law prohibits practitioners from starting a conversation about voluntary assisted dying. The new provision is intended to ensure clinicians are able to provide a full range of choices for individuals during conversations, and it allows registered health practitioners to do so. I think this is probably too broad a category actually. I am a former chiropractor. I do not believe that in general we would have been having these discussions; it is possible incidentally – you do perhaps know individuals and their families, so there might be a contextual thing – but I just think this is a step too far.

Clause 8 updates the residency requirement to include someone who has been ordinarily resident in Australia for at least three years. Clause 9 introduces a compassionate exemption to the Victorian residency requirement for people with a strong connection to Victoria. I think all this is somewhat tinkering, but nonetheless I understand what is being proposed in a number of these points. Clause 8(2), on prognosis requirement standardisation, sets a consistent 12-month prognosis window for all applicants instead of distinguishing between neurogenic illnesses and other conditions. I did always think in this particular earlier bill that there was an excessively sharp distinction made on certain conditions, noting the variation in conditions and responses and the inherent uncertainty in how long people will survive or how they will progress. These are inherently uncertain matters. I did think there was always an excessive split that was introduced in that bill. A 12-month prognosis reduces urgency, improving access and preventing unintended effects of a six-month time limit. I think it is probably okay.

On medical practitioner eligibility, clause 10 amends the requirement for a medical practitioner to have five years experience practising as a specialist to one year. I do not quite understand the focus here on specialists. To be honest I have always believed that actually in our health system, contrary to what we heard in the chamber today, the primary care practitioner, particularly the GP, who has actually got an understanding of a person’s full context, their family, their location, their work – all of those points – is often the best placed. The legislation still requires independent assessment by two specialist medical practitioners. I have actually never understood why GPs, who are the person’s primary practitioner often over many decades and have a close relationship with them and their family, would not be the persons who would be giving many of these pieces of advice. There is a question in my mind as to how that is worked through.

Clause 15, on removal of third-party prognosis assessment – I can understand why this has been put there. I also understand the great caution that I feel and others would feel. The shortened request interval – again, I can see how this arises, and I am not unsympathetic. I should say at this point that I am familiar with a number of people who will seek to use these provisions, and I have the highest respect for them, despite my own inherent caution here, if I can put it that way. That caution is I think partially religious based but also partially a cautious scepticism of how things can go wrong. I do want to put on record to some of those that I know and some who have asked me to assist them on occasions and potentially assist them near the end of their life that I would do this with absolute integrity with their wishes, their concerns and their understandings at the fore of my mind, whatever my personal cautions. In a sense I am able to differentiate between my own views and my duty to help another person in their specific circumstances. I think it is important to have that clarity. As I say, I do have that strong view on personal agency and control, which is an important point for people. That, as I said at the beginning, has always with this bill been balanced with the fear of misuse, so that is in a sense my deeper position on this.

Administration methods and permits – I am concerned about this. It allows a person to make a decision in consultation with their coordinating medical practitioner and to self-administer. On self-administration, again, agency is important, but it does seem to me to make it just that little bit riskier. On the interpreter issue I understand why the changes are being made. I sort of agree with them, but I also think there are risks. The example that is given is of rare languages where there is no accredited interpreter. I understand the points here, but I also register those cautions. The conflict-of-interest safeguard expressly prohibits practitioners from participating in a VAD application if they are a beneficiary or family member of the applicant. I can understand where that arises from. Clause 79 – forms. I am never one to think that forms are the solution to these things, to be honest, and I think this is the bureaucrats having far too much to say.

The review is something that I support. I am aware of the article by Natasha Michael and others in the *BMJ* from 2024, ‘Does voluntary assisted dying impact on the quality of palliative care? A retrospective mixed-method study', and I find that study is actually very informative. It is Victorian, it is closely argued and it is in a high-quality publication. It does draw attention to some things we need to be cautious of, like the presence of depression and anxiety in a significant number of patients. The article says:

> Patients sought VAD because of a desire for autonomy …

I can see the figures: 68 per cent for autonomy; suffering, 57 per cent; fear of future suffering, 51 per cent; and social concerns, 22 per cent.

> VAD enquiries impacted multiple quality domains, both enhancing or impeding whole person care, family caregiving and the palliative care team. Open communication promoted adherence to therapeutic options and whole person care and allowed for timely access to palliative care. Patients sought VAD over palliative care as a solution to suffering …

These I think are significant results.

> Studies are necessary to explore how to ensure the quality of palliative care remains enhanced …

I should say here that I have always supported palliative care. I remember in 2010 as a shadow ministry we made a commitment to fund all of the requests of Palliative Care Victoria and put enormous new money into palliative care. I note the concerns about support for palliative care under the current government. I am going to make a political point here – I refer back to the recent Public Accounts and Estimates Committee report that laid out concerns about palliative care funding in Victoria. I have already put the details of that report on the public record in this chamber, so people can look that up there. Suffice to say that I take this as very strong evidence that palliative care funding is insufficient. I do not see palliative care and voluntary assisted dying as mutually exclusive – of course they are not. You want people to have the choice of palliative care, but you do not want them to move in another direction because there is not that support there. You do not want patchy or insufficient palliative care to leave people in a position where they do not have the support that they need. Both would have to be regarded as important. I think the government's focus on VAD has seen some slippage in its focus on palliative care, and that is a serious concern.

I should note the pastoral letter from the Catholic community and the Catholic Health Australia contributions – I am just conscious of the time I have got – and the communications of 14 April this year by many different religious communities. I understand the concerns and the assessments of voluntary assisted dying never examine what it means for the deeply religious view that values life in a very clear way. That is a failure of the assessments, I think, to understand that there is a broader context and there is a broader history to our attitudes to these areas, mine included. Whilst, as I say, I am a person who looks at individual agency as a key, I am also concerned about the broader impacts. On this bill, I will oppose it, but I will support some of the amendments that are being proposed.

Georgie PURCELL (Northern Victoria) (15:12): I welcome the opportunity to make one of the earlier contributions to what has so far been a deeply personal and largely respectful debate on the Voluntary Assisted Dying Amendment Bill 2025, and I hope that throughout the evening it does remain that way, because debates like these bring out the best in places like ours. This is the first conscience vote of this term, and it does make me wonder what our politics and our Parliament would look like if other issues of significance were treated with the same respect and the same consideration.

As others have reminded this chamber, we are not here to debate the morals and merits of voluntary assisted dying – that is determined law. And as shown by its operational review, it is operating safely. Victoria led the nation in creating a legal, tightly regulated pathway for voluntary assisted dying when the Voluntary Assisted Dying Act was passed in 2017. I want to recognise the tireless work of all of those involved in that process, including Jill Hennessy, Gavin Jennings and of course my very good and dear friend Fiona Patten. Since its passage 1282 Victorians have peacefully ended their lives using a VAD substance.

Although the review found that the system was operating safely, it also found that many of the safeguards are unnecessarily restricting access for those the law was intended and designed for. We have all been contacted by countless Victorians who have been forced to watch a loved one endure a prolonged and distressing death because they were unable to access VAD under the existing legislation that we have right now in Victoria, and I am sure throughout today we will hear many stories of people watching on while loved ones and family members have passed. The reality is that death is inevitable in life. For many of us a good death is not guaranteed, but it is one of the things that we would hope for for our friends, for our family and for our loved ones. I myself have watched on as people in my life have not had good deaths. I have watched on as people in my life have passed before voluntary assisted dying existed in Victoria, and I know that it is a pathway that, if they had had the option, they would have taken, to have that control, that autonomy and that ability to make the final decision on their own life – to end it in a way that was free from pain, free from suffering and on their own terms with their families, their friends, their pets and their loved ones.

Many of us would have heard the heartbreaking case of Julian Bareuther, whose inoperable pancreatic cancer made him clearly eligible for VAD. He ended up taking his own life, because even though he had lived in Victoria for 40 years, he had never taken out Australian citizenship. His is one of several suicides identified by the coroner to have been because of the significant impact of VAD refusal in Victoria.

As the rest of Australia has enacted VAD legislation, it has become perfectly clear that we are no longer nation-leading in this space like we once were. In fact we are quite the opposite. The operational review of the Voluntary Assisted Dying Act 2017 largely recommended changes that are already in effect in VAD schemes in other states without evidence of unintended consequences along the way. I want to commend the government and the Minister for Health Mary-Anne Thomas for accepting all recommendations of the review and for promptly bringing these changes forward to our Parliament.

Before I go into some of the key reforms to be brought about by this bill, I want to address something that has been heard far too often in the debate since this bill was proposed. The framing of voluntary assisted dying as an alternative to good palliative care is a false binary. People who seek VAD often also receive palliative care. The decision to seek VAD is usually made because even with palliative supports suffering remains intolerable. We can and we should be making these humane reforms to assisted dying while also improving the provision of palliative care. It does not have to be one or the other.

Unsurprisingly, an amendment I particularly welcome is a newly included requirement for health professionals who conscientiously object to VAD to provide contact information for a service that will assist a patient, just as they are required to do for reproductive health care. However, as I have raised in here countless times before, requiring referral with no oversight leaves far too much room for practitioners to delay or to obstruct patient access.

Increasing the prognosis requirement to 12 months for eligible conditions is an important change which will hopefully reduce the stress and burden for patients and their families. Making people start the process late in their disease's trajectory disadvantages those without easy access to health care. I will be supporting the Greens' amendment to remove the requirement to demonstrate an explicit timeframe to death, like is in operation in the ACT. As Dr Mansfield has highlighted, time-based prognoses within assisted dying schemes are clinically and legally challenging. It is incredibly difficult for a medical practitioner to provide specific estimates, especially if there is a reasonable fear of legal repercussions in doing so.

The mandatory third assessment for neurological conditions is a perfect example of something intended to safeguard vulnerable individuals that has proven to be cruel and unnecessary. Finding doctors willing to do VAD work can be a challenge at the best of times, so finding three doctors, two of them being specialists, within the required timeframe is near impossible. Of the 15 specialist neurologists that are trained to provide VAD assessments, only two of them are located in regional Victoria.

The changes in this bill will particularly improve accessibility in regional and remote areas, including in my electorate of Northern Victoria, recognising that your postcode should not dictate your right to a good death. The Commonwealth prohibition on VAD telehealth consultation remains a key barrier to regional accessibility, and I am glad to hear that the state government is also advocating for changes to the Criminal Code Act 1995 alongside these changes today.

In referencing the amendments moved by the Greens, I particularly want to recognise Dr Mansfield's work, expertise and passion in this space and for speaking with us all on the crossbench throughout this process. I also want to recognise the work of Go Gentle for their advocacy and support in understanding these complex legislative changes; Dying with Dignity Victoria, particularly its president Jane Morris and vice-president Michelle Hindson, for their compassion and guidance. I know many members benefited from Jane's and Michelle's visits.

This is not an abstract policy debate. Many in this chamber and in the other place have reflected on their experiences with terminally ill loved ones. And of course in our own Parliament this conversation has touched us all on a deeply personal level. Our friend and colleague Emma Vulin, the member for Pakenham, was diagnosed with motor neurone disease in April 2024, and I have watched on in awe as Emma has handled this life-altering diagnosis. Rather than letting it define her, she has taken this truly heartbreaking situation and turned it into proactive advocacy. Not only has she done so much in raising awareness and money towards a cure for MND, but she has also shown exactly why voluntary assisted dying is such a vitally important option for all Victorians. In Parliament last month Emma made the point that knowing she could one day access VAD brought her comfort in her battle with the beast. She said:

> 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 … 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.

And as Emma rightly pointed out:

> Each of these paths deserves equal dignity and respect.

I want to again acknowledge the responsibility felt by all members in this debate. It is clear that we all do feel its gravity.

The amendments made by this bill are measured and they are worthwhile. They maintain the necessary safeguards but ensure that the law works for the people it was designed to help. Just as we trust in Victorians to be able to make decisions regarding the end of their own life, they must be able to trust that we will ensure a system which protects those most vulnerable is consistently and always improved. Most importantly, this bill gives terminally ill Victorians greater compassion and dignity at the end of their lives. It provides their families comfort, knowing the ones that they love have choice. How we respond to suffering wherever it appears reveals the moral architecture of our society. In saying that, I commend this bill to the house.

John BERGER (Southern Metropolitan) (15:22): I rise today to contribute to the debate on the Voluntary Assisted Dying Amendment Bill 2025. I want to begin by acknowledging that many may find this topic upsetting. To think about the death of a loved one and their end-of-life care is something very close to the heart for many people, and it is an incredibly personal experience. For many in this Parliament these have been the experiences which have shaped over time how we view this issue.

It is in the late stages of advanced disease or illness where someone in Victoria can ask for a medication that will bring about their death. Voluntary assisted dying, also known as VAD, is for those in late stages of advanced disease. Patients who are suffering from these sorts of diseases, conditions or illnesses may take the decision to voluntarily terminate their lives. There are various deeply personal reasons why someone may choose to do so, but often it is to alleviate suffering in the face of an incurable, degenerative condition. There are very strict rules and conditions in place to pursue this path, and there are a lot of safeguards to ensure that the decision to terminate one's life is made by the person voluntarily, without coercion or abuse. It involves a considered application process, during which there are not only written requests for assisted dying from the patient but also written confirmation from two doctors authorising it, based on those strict parameters.

Patients are not compelled to follow through after supplying the paperwork and being granted approval, and it is always the choice of the patient whether to move forward. At any point they are allowed to abandon the process. The process is overseen by the Voluntary Assisted Dying Board, which reviews all of these instances ahead of moving forward. The board is essential to ensuring that the best care and consideration is given to each of these cases, but more importantly, it is to ensure that everything is in order and that there is no abuse or adverse pressure involved. It is to ensure that everything is proper and appropriate.

Victoria was the first state in Australia to legalise voluntary assisted dying back in 2017 under the then Andrews Labor government. It was a landmark reform, and it was the first jurisdiction since 1996 in Australia to pass such a piece of legislation. The remaining states and territories, with the exception of the Northern Territory, have followed on and passed assisted dying legislation of their own, often building on the substance of our framework. In Australia our federal structure allows for states and territories to continuously improve legislation by always comparing against each other and building on the work of others.

Many states and territories have expanded on the rights of patients beyond what was contained in the 2017 legislation. It is only right, as this state was the first to introduce voluntary assisted dying laws, that we now move to bring ourselves in line with the other states. That is why this bill is here today. The bill aims to improve patient access and to bring Victorian legislation in line with other Australian jurisdictions with respect to VAD. There is a list of various amendments being put forward in this bill, which I would like to discuss in further detail.

But first I would like to talk about a story. I remember in 2018 a beautiful story to do with voluntary assisted dying. Many in this place remember David Goodall, who was then Australia's oldest scientist, who decided at the ripe old age of 104 years old to end his own life at a clinic in Switzerland. David was surrounded by family and surrounded by the ones he loved. We know that people can take that drastic measure to end their life when they are in pain. You should not need to go all the way to Switzerland to make it possible. In Switzerland he was surrounded by loved ones and was able to enjoy his last few months in dignity and comfort. He was empowered by the ability to choose what happened next and at a time of his choosing rather than having to suffer as time went on. In Victoria that is what we are planning on doing.

I have had numerous emails and personal meetings with constituents and other community groups who are not supportive of the amendment. They are not happy with it, and I understand that. There are people who have written to me, and I have listened to all of their points. It is important to understand and acknowledge that this legislation is very personal and contentious for a lot of Victorians. It is important to listen to all of them and their very real concerns. A lot of Victorians may not feel at ease with these reforms, but I can say that the substance of this amendment bill is carefully considered and articulated legislation that contains numerous provisions and safeguards for all.

I would like to briefly address some of those amendments in this bill. The first is the change which now extends access to voluntary assisted dying to more Victorians, with the prognosis timeline being extended from the current six-month projections to 12. Extending the eligibility criteria for the projected death from six months to 12 is both a compassionate amendment and a commonsense move. Unfortunately, many terminal illnesses and diseases rapidly deteriorate in a short timeframe, and in those six months people living with terminal illnesses and diseases are often suffering greatly and facing significant impairment. It is not reasonable or practical for people to engage in heavy levels of bureaucracy when seeking voluntarily assisted dying. Extending the eligibility criteria through this bill to 12 months gives terminally ill patients time, and critically it grants them dignity in their final months. It allows these people to spend quality, meaningful time with their loved ones while they still have that capacity. The new eligibility requirements for voluntary assisted dying with these new amendments would then be that the person seeking VAD has an advanced disease or illness of the sort that is expected to bring about their death in 12 months based on the view of medical professionals; that they must be over 18 years of age; and most importantly, that they will still need to have the ability to make and communicate all the decisions about voluntary assisted dying throughout the formal request process. It is a strict but fair set of conditions subject as well to the written perspectives of the patient and two doctors and final approval by Victoria's Voluntary Assisted Dying Board.

Another important reform in this bill is the ability for registered health practitioners to now initiate discussions about VAD within the broader end-of-life discussions. Under the existing legislation there is a clause which specifically bans or otherwise prohibits medical practitioners from raising VAD as an option when exploring end-of-life care with loved ones and carers. This bill will remove this, allowing for medical professionals to respectfully inform patients, loved ones and carers about their options, including voluntary assisted dying. This is, again, only within the parameters I have already outlined, such as when the expected death is within 12 months or it is a disease or illness which will cause an unacceptable amount of suffering for the patient. While I understand that this is a confronting prospect to be raised, it is only right when assessing someone's end-of-life care that they be given the list of possible considerations, including the potential path of voluntarily ending one's own life earlier to avoid further suffering.

It is important that the public be informed about the available paths forward so that they can make the best decisions in their judgement. The proposed new provision, which requires at least a minimum, basic amount of information to be provided, is a step in the right direction to empowering patients through choice. It is important to note that medical practitioners who conscientiously object to voluntary assisted dying are not compelled to perform or aid administration of VAD. They will, however, be required to provide basic information about VAD. This is not anything new to the health profession. We already have similar provisions in other respects where if a medical professional is unable or unwilling to perform a particular medical procedure, they will provide information to the patient, because it is important when making serious medical decisions that patients and carers have all the information they possibly can in order to make the best decisions for themselves.

This amendment bill also extends access to Victorians who are not necessarily citizens. This bill will amend Australian citizenship and permanent residency requirements for voluntary assisted dying in order to permit access to people who cannot demonstrate over three years of Australian residency. This is a commonsense reform. Medical needs and requirements do not discriminate by nationality, geography or anything else, and it is in that same spirit that the right to medical care is a universal right. That is why this provision will be extended to those who have lived here for an extended period of time but may not have citizenship, because the difference between permanent residency and citizenship should not be the reason why someone is denied the right to seek voluntary assisted dying, particularly as a means of avoiding a more traumatic and painful terminal illness.

This legislation also introduces several means of ensuring we treat patients with respect and the dignity they deserve. When it comes to some particularly harsh conditions, patients may only have a few months left when they apply, so it is imperative that we make the approval process as simple, clear and quick as possible. Through this amendment we will be helping facilitate a greater set of choices for applicants when it concerns the administration method, again giving patients more choice in their paths forward. We will also be simplifying permits in the application process. This will help prevent delays and ensure that applications can be processed in a more timely manner. This will be aided by the introduction of a new administering practitioner role, which will expand the workforce able to support voluntary assisted dying. Again, this is about ensuring the system can move through these processes quickly and ensure that patients have more choice over what happens.

Under these changes to the principal legislation, there will now be an additional review of the Voluntary Assisted Dying Act three years after commencement of these new amendments. It will then be reviewed again repeatedly at five-year intervals to ensure it is always fit for purpose given the sensitivity of the issue. This allows for the legislation to be routinely scrutinised by Parliament, and if any further changes are deemed necessary for the continued orderly and dignified carrying out of these functions, they can then be considered by the government of the day at these intervals.

As I have said, there are many in my community of Southern Metro and abroad who have come to speak to me or have written countless letters and emails expressing their concerns about this legislation. There are various aspects of this amendment bill which will seek to strengthen protections for patients. For example, the bill includes a section to prohibit practitioners from being beneficiaries or family members of an applicant. This is to say that should the medical practitioner or professional be someone from their family or someone who stands to be a direct beneficiary of the patient, they will not be able to weigh in on the decisions or be involved in any way. It is a commonsense measure which will go towards protecting patients and ensure that they are not being exploited or abused.

While I understand that many in the community still do not feel at ease with this legislation, this amendment bill contains these commonsense yet strong reforms which continue to protect the rights and dignity of patients. This bill ultimately concerns one of the most personal and serious decisions anyone can possibly make: the decision on how to end their life with dignity in the face of a terrible illness. It is incredibly personal and confronting, and I would like to thank my colleagues for upholding what has been a respectful debate in this issue. I would like to mention one speech in particular. In the other place the member for Pakenham, who lives with motor neurone disease, delivered a passionate, heartfelt message to the Assembly on what voluntary assisted dying means to people living with incurable progressive disease and terminal illness. I want to thank her from the other side of the Parliament for showing us that this bill should matter to everyone.

Many of us will know that at some stage, faced with the toughest and most personal medical decisions that anyone will have to go through, this bill either will or will possibly impact our loved ones or our communities, wherever we are. Many of our colleagues on both sides of the chamber have noted how, since the last vote on the issue, in 2017, they have been given more time to think about the issue, and it is important that we listen to all voices and perspectives on this issue and make a well-considered and respectful decision. This amendment builds on the landmark report delivered in 2017 and continues to strengthen both patient care and choice.

In saying that, I want to acknowledge that not everyone in this chamber or the community are convinced, and I respect their position. I will continue to listen and acknowledge their concerns. But this amendment bill is a step in the right direction, protecting patients and empowering them to make the right, informed decisions. It has, in my view, adequate protections both for patients and against any potential bad actors. The procedures and levels of review remain in place so that cases are not rubberstamped but rather given careful consideration by the Voluntary Assisted Dying Review Board. It is a substantial bill which only strengthens the ability for Victorians to seek voluntary assisted dying in a manner of their choosing, at the time of their choosing. For that I commend the bill to the house.

Melina BATH (Eastern Victoria) (15:36): I rise today to make a contribution on the Voluntary Assisted Dying Amendment Bill 2025, a bill that seeks to refine and improve or evolve the framework that was established under the Voluntary Assisted Dying Act 2017. This legislation certainly touches on the very essence of a profound aspect of our humanity. It touches on how we respond to suffering, how we honour free will and how we uphold compassion in the final stages of life.

Harriet Shing interjected.

Melina BATH: No, I am fine. I am good, thank you. I do this because eight years ago I was one of the few I think in this house that stood and debated that bill, and it was a deeply moving and thorough process. We heard from many and varied people – many and varied constituents, religious organisations, groups, doctors and advocates – and it should have and did weigh very heavily. It is about life and death, and these issues are very rarely simple. We come into this world in a perfect state, ‘perfect’ meaning we are perfect when we come in, whatever our state and whatever our being. Over time we can try and keep that body in the best possible shape, but genetics, environment or spiritual impacts on mind, body and soul have a way of wearing and tearing down this very beautiful and perfect body that we all have.

In doing that last time, I shared my father's death – it was 32 years ago, and I could go back to the last moments in a blink of an eye. I am not going to prosecute all of my speech, but I think one of the things that I just wanted to touch on, which I reflected in that last contribution, was about the important role that our medical profession has in our lives and in our deaths and how grateful we are that people take on this very sincere and heavy burden of looking after the human frame and all its attributes. But I am also hoping that following those last 30 years, as doctors are becoming doctors through that learned institution of university study, there is a greater influence now that when a stoic and crusty farmer comes to the doctor and says, 'I've got a grit in my stomach,' or 'I don't feel well,' that that is taken up very quickly and not potentially delayed until such time that they have got stage IV cancer. I thank the medical profession. I am sure it has evolved in many ways to the betterment of humanity.

I also want to put on record that when we look at regional health, our system still has a long way to go, certainly in terms of palliative care, and I recognise the fact – and people made that contribution today – that accessing voluntary assisted dying and palliative care are not necessarily mutually exclusive. In fact I believe that reports confirm that of those who accessed voluntary assisted dying 80 per cent of them had also accessed palliative care. But there is a need for a very improved service, and I will speak to that a little bit later.

If I could go back and ask my father if he would he have used voluntary assisted dying – well, he was a very pragmatic person; maybe he would have. He also held on to life and had a spirituality, so he could have also potentially thought, 'No, I'm going to hold on with each breath.' These are the things that we grapple with, both on a personal level but also in recognising other people's journeys and respecting and honouring them. We are to legislate today, and that is where we need to drill down and look at it clause by clause, which I want to do now.

Back then I opposed the bill. Today I recognise that although I am here with the same sense of seriousness and cautiousness, this landscape has changed, and indeed we are not debating the actual principle. We are debating amendments, and we have five years of lived experience and cases and growing evidence that there are other jurisdictions that potentially are doing it better than in Victoria. Again we should look at the principle of choice here. The act is built around the idea of people facing intolerable suffering with a terminal illness, and those people having the right to make decisions – informed decisions – about their life.

One of the barriers that we spoke about in the original bill debate was prognosis requirement. I expressed my concern around the difficulty of how that choice is made and how doctors predict life expectancy. The original act had six months for most conditions and 12 months for neurodegenerative diseases. This bill standardises that to 12 months for all applicants, and I have certainly listened to many members in my community who have expressed their desire for this amendment to pass and for there to be a broader, longer timeframe so that there can be that assessment in a better place.

The bill also removes the requirement for a third prognosis assessment for neurodegenerative conditions, and it looks at streamlining and aligning with other jurisdictions. If we do want to see courage, we just need to look at the face of Emma Vulin. I respect her, and in a way – and I mean this in the most loving way – she is a guinea pig in this institution, this Parliament, and is providing real-life feedback for this legislation. We should all, and I am sure we all do, respect her position, her thoughts and her values on this bill.

In terms of palliative care, I also really want to address that. In terms of clauses 9, 10 and 13, it reduces the required experience for medical practitioners from five years to one. I have some concerns that that is a big reduction in experience. I have heard arguments, and I also respect them, about the fact that they are not fresh out of university or medical school and that they do have that added layer, but I also feel that from five years to one is certainly a large leap.

I also acknowledge the administrative role – around trained nurse practitioners and registered nurses to administer VAD. This is certainly taking it to another level, but also if you consider the person who has made that choice, who has gone through the process and who does not feel that they are able to administer it, then that is why this clause and the amendments are there. It still sits very challengingly with me, making that decision to request somebody else to take your life; however, I understand again that these are seen as improvements.

The simplification of the permit process so that patients can change their administration method without needing a new permit I think is a reasonable change, particularly in regional communities. I have heard examples where the arduous nature of getting those permits has been very, very challenging for people seeking to access this action.

In terms of expanding location and residency, there are some sensible clauses in there about those people who live on the borders – and I certainly have a long border in Eastern Victoria Region – being able to access VAD in Victoria, and also about Australian residency requirements. That just seems to be sensible. We have heard examples of how people have been denied even though they have been members of the community and lived in Australia for many decades.

The role of the health practitioner in initiating discussions about VAD: I expressed my concern back in the initial bill debate in relation to coercion and the potential for coercion. We still do not want, collectively, people to be in any way coerced, whether it be by elder abuse or by family interactions or by the medical profession. I am not saying that happens, but we need these safeguards. I understand that the amendments in this bill will provide that a registered health practitioner will be able to raise this form as part of discussions about other treatments and palliative care. I also note that Dying With Dignity have been advocating for this for some time.

The bill also looks at conscientious objection. As a doctor, if you make that Hippocratic oath not to take life and you have strong objections, I endorse those. We respect those, and they must stay. Indeed, respecting that, this legislation looks at providing minimum information, such as details of the statewide navigator care service. Whilst this is there, I think there are some good amendments coming through that I want to see. I am very keen to assess each amendment on its merits. Around the definition of who decides, the department secretary, what sorts of information and just the level of power that the department secretary can have, I will be keen to support some of those amendments that are coming through. We have had good conversations about this. There is no point bringing a seventh amendment on the same topic. It is reasonable to adopt somebody else's amendment. I think there needs to be that balance between practitioner rights and patient autonomy, and to get that balance right I think there need to be some changes in this bill before us. I want to raise my appreciation of constituents, professionals, faith-based organisations and former colleagues who have reached out to me with their views.

In relation to the gag clause, this clause amends section 7 of the act, which will allow registered medical practitioners and nurse practitioners to proactively raise VAD. I am concerned – and I think we have heard from quite a few others both in the other house and this one so far – about the level of allied health professionals being enabled. People have quoted various types. I think that is an overreach, and I will be supporting amendments to reduce or remove those.

In relation to the last few moments that I have in this contribution, I do want to turn back to palliative care. I recognise that they can exist – voluntary assisted dying and palliative care – as an integrated approach. I am also glad that only very, very, very few Victorians have used voluntary assisted dying. The importance is around palliative care in our regions, and particularly in my electorate, my experience is that it is not equally supported and accessible across Eastern Victoria Region and there needs to be a greater investment in palliative care. Before I finish, I do support the sensible changes in this bill around prohibiting practitioners from being a beneficiary or a family member. I think that makes sense. I also think we need to have that review, and I will support recommendations that reduce that timeframe as well, because it is really needed.

This is a live issue – and I do not mean that in a comical sense – and this is a key issue, and we need to be able to assess that. The fact that we have all got free votes across the house I think shows the level of gravity that this issue requires and the diversity of views in our society. When we look at unbearable pain, when we look at loss of autonomy and when we look at terminal illness, we need to respect that individual. We also need to respect the fact that they should be cared for well in our hospitals, in our community settings. Palliative Care Victoria produced a very comprehensive report a few years ago talking about the shortfall in funding and the need for better in-home, at-home palliative care. I want to reiterate that any good legislation should be followed by better legislation and funding for palliative care.

In closing, I will certainly work through each amendment, and I thank all of those who have provided insights to me. I respect the fact that we need to have these individual decisions. Voluntary assisted dying is here; how do we improve the system that already exists?

Katherine COPSEY (Southern Metropolitan) (15:51): I rise to speak on the Voluntary Assisted Dying Amendment Bill 2025. As has been stated by my colleague Dr Mansfield, the Greens will be supporting this bill, and I acknowledge Dr Mansfield has spoken at length on our position and given a lot of insight, so my comments today will be brief. However, there are amendments from the Greens to this bill in my name, and I ask that they be circulated at this time.

In speaking to this bill, I also want to take time to recognise those joining us in the chamber, those watching the debate online and my colleagues in this place who have made really personal contributions so far. Certainly I think we can all acknowledge that whether you are supportive of or have reservations about the content of this bill, the convictions that people hold on this topic are sincerely and passionately held, and you are all welcome here today, whether you are watching along online or here in person, as we all approach this debate with a really welcome sense of sincerity and compassion in the chamber.

As the first state in Australia to introduce voluntary assisted dying, Victoria’s legislation was quite cautious and set the standard at that time. What we have seen since those laws came into operation, and from other jurisdictions that have now introduced voluntary assisted dying, is that there are some provisions that were considered appropriate by this Parliament 10 years ago which now we understand to be unnecessarily restrictive. So the changes being proposed in this bill are welcome, and they will bring Victoria roughly into line with what has been determined in other jurisdictions that have followed on from that groundbreaking legislation. Rather than acting as safeguards, we have seen that some of those provisions are, in practice, creating barriers that mean people who the laws were intended to help are being unnecessarily prevented from accessing voluntary assisted dying and that some of those original provisions are creating additional distress or meaning that people are trying to access voluntary assisted dying when it is too late. Some people, sadly, are not able to access this service and die before they can complete the process.

This bill is very welcome. There are still very strong safeguards in place to ensure that the person who is applying for voluntary assisted dying is certain; that they can provide clear, informed consent free of coercion; and that health workers involved are appropriately qualified and do follow rigorous processes. One thing that has become clear is that rural and regional Victorians face additional postcode barriers to access given the sometimes narrow range of health practitioners who can provide voluntary assisted dying services and the lack of availability of those services and practitioners in these areas. We believe that the government’s bill could do more to address these barriers, and Dr Mansfield has spoken about this. We have put forward some amendments seeking to improve the bill before us in this respect.

Briefly touching on the amendments in my name, which we can come back to in committee, they broadly cover two areas of improvement that the Greens would like to see in the bill. The first area is the enabling of the secretary to grant an exemption in exceptional circumstances on compassionate grounds in relation to the 12-month prognosis requirement in the bill. The government's amendment to change the prognostic window to 12 months is very positive. However, there are some conditions where there is inherent uncertainty around timeframes to death but all other eligibility criteria may be met. Our amendment will enable a person who meets all eligibility criteria except for the 12-month prognosis requirement to apply to the secretary for an exemption. The secretary would then be required to seek certain information in order to inform any decision, including relevant parts of the person's medical record, and seek expert advice. This is a process that is similar to what takes place currently in Tasmania. Creating this sort of exemption would allow some data and experience to be gained regarding the number and nature of such applications, and this could in turn inform future reviews and amendments to the law with respect to eligibility criteria.

The second set of changes that my amendments seek to make deals with the proposal requiring the coordinating practitioner or consulting practitioner to have relevant expertise and experience. The amendments in my name simply change this to 'expertise or experience'. These amendments broaden the interpretation of the minimum requirements for the coordinating and consulting practitioners. This wording would allow, for example, GPs with relevant experience to meet that criterion. Particularly in some of those locations where there is a dearth of practitioners who are able or willing to provide VAD services, it will mean that that is not a practical barrier to a person who rightfully needs and wants to seek information and support to access voluntary assisted dying. It will provide more options for them in practice.

I will leave my brief comments there. There have been, as I noted at the outset, some very compassionate and personal stories offered in this debate, not only here but also in the other place. I thank members for the caring way that we are approaching this issue today and commend the bill.

Jacinta ERMACORA (Western Victoria) (15:58): I am pleased to speak on the Voluntary Assisted Dying Amendment Bill 2025. From the outset I want to take a moment to reflect on those Victorians who are currently battling a life-ending illness or simply facing the end phase of their life. For those individuals and their families and friends it is a distressing and devastating experience. For many the experience of pain and loss of capability is frightening and awful. Many of us have experienced the loss of someone close, and I certainly have, with the loss of my father to a painful cancer death in January 2022. I acknowledge my parliamentary colleague in the other place Emma Vulin. Emma described her own consideration of voluntary assisted dying as she confronts the relentless impact of motor neurone disease. She said:

> 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 is the experiences and views of Emma and many others that drive the need to ensure that our Victorian health system offers a full range of end-of-life options.

After much consultation, listening and debate the Victorian Parliament passed the Voluntary Assisted Dying Bill in 2017, and in doing so it led the nation in providing a compassionate and dignified end-of-life choice to Victorians who have what is commonly referred to as a terminal illness. The act came into effect in June 2019. Between June 2019 and 30 June 2025 – that is six full years – over 1600 people used the voluntary assisted dying option and 2758 people applied and were approved. This means that not everybody used the option in the end. I think this is what Emma was referring to: there is a level of comfort in knowing that it is available at the end if needed. For many it was the fact that the option was there that was a comfort. For others the process was not timely enough to allow that choice. Hence we are here today in this chamber making some amendments.

It is important to acknowledge that Victoria was the first jurisdiction in Australia to introduce voluntary assisted dying, and therefore it makes sense that refinements are needed. That is why the

Voluntary Assisted Dying Amendment Bill 2025 was subsequently introduced, on 14 October this year. The amendments uphold the values and principles underpinning the existing legislation. The bill seeks to make a number of changes, which have been mentioned already by previous speakers: removing the gag clause prohibiting medical practitioners from raising voluntary assisted dying; ensuring that practitioners who conscientiously object provide minimum information to patients about accessing VAD; amending VAD eligibility in terms of residency and prognosis timelines; reducing the timeframe between first and final requests – and that is certainly in response to bureaucratic delays; removing the need to obtain a specific administration method permit; expanding the administering practitioner cohort to include nurse practitioners and registered nurses; and also allowing a broader range of health practitioners to raise it with their patients, often people who might have a very close relationship with their patient, whether that is a podiatrist or a physio or a range of other practitioners.

As a social worker myself, I support talking about issues, particularly difficult issues, so I think more ability to be open and frank about end-of-life options is a good thing and I do not believe that it increases the risks associated with abuse of the system. Also, we know that all of us have different practitioners, and some of us are closer to or have a better clinical relationship with some than with others. Sometimes you might feel more comfortable raising an issue or discussing personal matters with an allied health practitioner that may not be a doctor or a VAD specialist, so being able to kick off that conversation and to know that option is there I think is a good thing.

These changes remove arbitrary barriers to access based on citizenship status and lengthen the prognosis requirements to 12 months. The amendments prevent administering health practitioners from being related to or a beneficiary of that subject person. That is definitely a tidy-up. Very importantly for communities like my own, they improve access to voluntary assisted dying in regional communities by broadening the eligibility of practitioners. I think the number ‘one’ in the bill is quite deceptive really. To have been qualified as a specialist for one year, you have to have had almost a decade’s experience in the health system as a doctor, so I think the one year’s experience is really a bit deceptive. I think people can be very confident in the specialists and the speciality areas that are required – so if your terminal illness relates to lung cancer, for instance, they have to be an oncologist specialising in that. I think, having reviewed that, that is comfortable for me. And for regional communities sometimes we do experience health services differently, and it is often impacts like missing out on health services in the city – it is quite similar. What I am saying is: what is applied in the city does not always work in the country, and the tyranny of distance often impacts people’s access to health services. It improves the review process by requiring continual review and improvement.

In closing, I just want to thank everyone who has called me and my office and emailed me to express their view. I have appreciated listening to and reading all of the different views, for and against, and I respect those views too. It is a really important process to make sure that all views are heard out. I believe the Victorian system is robust and accountable and has strong integrity systems. Our system is compassionate and puts the patient first in all the decisions. I want to thank Minister for Health Mary-Anne Thomas and her team for the work done and for their open provision of information about these changes. Mary-Anne Thomas thoughtfully acknowledged that the bill builds on what voluntary assisted dying is about. It offers choice, not about whether to die but how, where and with whom. So thank you, everybody. I want to also acknowledge all of the colleagues present here in the chamber but also those not here, who are taking this very seriously and listening to each other. It is a very special process that we are going through, and I commend the bill to the house.

Gaelle BROAD (Northern Victoria) (16:07): I rise to speak on the Voluntary Assisted Dying Amendment Bill 2025. This is a challenging bill, as Ms Ermacora just referred to. It is one that we are debating, and it has been good to hear the discussions in the chamber today and also in the lower house. I want to thank all those that have contacted me on this issue, because I have received phone calls and letters and emails, as I am sure many have had, and I have also reached out to people that have worked in the industry, just to get their understanding.

I know that in the discussion that we are having today we are not re-examining voluntary assisted dying. It was a debate that was held at length in 2017, and it passed by a very small margin. I believe it was just four votes. It is not an easy discussion or topic. There is a time to live and a time to die, and death often brings a new perspective – certainly to let go of the small stuff and gain perspective on what really matters. We approach this debate with a conscience vote, and many have shared their own experiences and those of people they know, which are going to influence their decision today.

I had a very unusual situation in that I had all four grandparents live into their 80s, which is not always the case. I had one, my grandfather, who was very keen to live till he was 120, but my own father died much younger. He had cancer; I remember it was when we got engaged that he learned that he had cancer, and it was 14 years that he lived with that cancer. I remember speaking to the doctor after he passed away, and he said that he had actually lived a lot longer than they had expected – and it was long enough to see our three children born, which was very, very special. But I have witnessed close friends whose lives have been cut short much sooner, and I know people who have chosen to navigate voluntary assisted dying. It is a service that is available and one that more people have accessed than the government thought when it was first introduced.

The challenge with this debate is that we can end up narrowing our focus. It is important, as my colleague Ms Bath talked about in her contribution, to think about the valuable services of palliative care, particularly in regional areas. There are professionals that are focused on alleviating pain and providing that relief to help people to focus on living and to be comfortable wherever they choose to be – at home or in care. I know that there are inequities that we see in our health system. I think of MND, and I know the disparity in support for people who are over 65 who get diagnosed with MND and how expensive it is for them to access those critical services, which are needed to help them to be able to live with MND, and the costs of equipment compared to people that are under 65, who are able to access support much more easily.

I think one of the challenges that I have had with this legislation is that there was a review conducted by the Department of Health back in 2023–24, and it found that after the first four years of operation voluntary assisted dying was working as it was intended. Initially when that review was put out it was indicated that they were not going to consider legislative change as part of that. I have heard from a number of people who have raised concerns saying that stakeholders would have actually participated and got engaged a lot more in that process had they been aware that legislative change would be forthcoming.

We have heard it said that the initial debate back in 2017 did come up with numerous safeguards. I think there were about 68 safeguards that they talked about in 2017 when voluntary assisted dying was first introduced. But we have heard it said in the chamber today that now those safeguards are being referred to as barriers, and I think that is a concern, given the shift in the consideration of this. Also I remember that a while ago the Greens put forward a private members bill, and I was very concerned to read that in the review of that – they were wanting a review in three years – it would look at whether or not children could have the capacity to consider voluntary assisted dying. That is certainly not a direction that I want our state to head in.

This bill that we are considering today passed the lower house 64 votes to 14. There are a number of amendments that have been put forward here today, and I think it is important in this chamber to do what we can to contribute to improving legislation. The first thing that I am proposing – well, I think it is a double-up, because Ms Blandthorn has put in a similar one – is a reasoned amendment. I think the need to debate or have greater consultation on the bill is really important, and that is not something that we have seen, as I have mentioned, with the review. It was not meant to be about legislative change, but we now have the bill before us today.

There are also a number of textual amendments that talk to the conscientious objection in clause 6. It talks about the minimum information that is provided in the act, and I think being able to specify that information is really important. Also, I guess I am really keen to ensure that doctors do have the right to conscientiously object. That is just so important. I think if we are being given a free vote in this chamber, they need to have that freedom as well.

I think the ability to initiate discussions is something that will be talked about during the committee stage, and that restriction on raising the issue is a really important point. I attended a doctor’s appointment recently with a specialist for my son, and I was hanging on every word the specialist said. I think what is said by a doctor is really important, and raising this could put additional pressure on people. I think that is possibly a consequence that we have not focused on enough in this debate. I have seen the impact that this decision can have on people and their family and friends, and it is not an easy decision.

It is one thing to know that you are going to die, but to choose a date – who, where, when, how – is a whole nother pressure. It is a very difficult one for families to navigate. Life expectancy, that threshold moving from six to 12 months – I think we should be retaining that safeguard that was put in place initially, because I have heard from doctors that have said with the longer timeframe it is hard to be accurate with the diagnosis. And then there is the minimum consultation period that we see shifting in this bill; I think retaining that would be a better approach. The experience requirement of five years dropping down to one I do not think is necessarily a good approach, because this is not selling a house or buying a car; it is quite a significant decision that people are considering. My concern is that as the door opens just that bit wider, if doctors and others raise it as part of an end-of-life-care discussion, it will have unintended consequences, as I said. Also, I do want us to consider the vulnerability of people who face the decision. It does have that added burden on the family. Also people could be pressured by family members, because I know as people become aware of the costs – of $750,000 for a room or access to services – you certainly do not want them to feel that pressure to end their life sooner.

I know this conversation does raise that whole quality-of-life issue, and people respond very differently – what someone might consider a quality-of-life factor, someone else has no issue with that. I remember listening to a conversation once about a family who had a child born with disabilities. They were talking about how it is like being on an aeroplane and you think you are going to Europe where it is all flashing lights and very busy and going to be a pretty amazing holiday, and then suddenly you hear the captain come on and talk about how you are going to Holland. Holland has got windmills and tulips and it is very different and a slower pace of life, but they just talked about still valuing life in that and how precious life is, whatever situation people find themselves in.

This debate made me reflect on my own name, because people often ask me ‘How do you get Gaelle, G-A-E-L-L-E?’ I actually had a sister who died before I was born, and her name was Danielle. As a result my parents chose to call me Gaelle, because funnily enough, I was due to be born on the day of her birthday. Every day when I spell out my name, I guess I am reminded of how short life is and how precious it is, because she passed away when she was just three.

I do stand here as someone who respects people’s decisions and their choices in very exceptional circumstances, but I also want to protect those, particularly the elderly, who may feel pressure to go down this track if the option is presented to them. I received a letter from a person who pointed out that as politicians we are getting a conscience vote, yet this legislation takes away the conscientious objection of doctors who do not wish to provide that minimum information about voluntary assisted dying.

In closing, I do really want to thank all those who care for people at the end of their life, however long or short it is. They are incredible individuals. I have witnessed their work, and I am absolutely in awe of it. In regional areas I would love to see expanded access to palliative care services, to have that focus on holistic care, to provide support for people who are close to death – that psychological support, the social support, the emotional support and often cultural and spiritual needs as well, to help people relieve their pain, their stress and their suffering. Whatever the outcome today, I hope to be around when this legislation is next reviewed, and I will be watching closely to see what impact these changes make.

I move:

> That all the words after 'That' be omitted and replaced with '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 am happy to circulate the other amendments, but if there is a double-up, I will have a look at them in detail and we can sort that out later.

Rikkie-Lee TYRRELL (Northern Victoria) (16:21): One Nation Victoria will be supporting the Voluntary Assisted Dying Amendment Bill 2025. At the heart of this bill lies a simple but profound principle: compassion for those enduring the final stages of terminal illness. This legislation recognises that care takes many forms. For some it means the best palliative support, the presence of loved ones and the dignity of comfort, but for others, those whose suffering cannot be eased, whose pain persists despite every effort, care must also mean the right to choose a peaceful and dignified end. Voluntary assisted dying is not about giving up on life; it is about giving people the agency to make deeply personal decisions when death is near and suffering is intolerable. It ensures that terminally ill Victorians are treated with the same respect and compassion that we would wish for ourselves and our families. This bill strengthens safeguards, improves access to support and makes the process more compassionate and humane. It upholds the values of autonomy, dignity and mercy that sit at the core of end-of-life care. For those facing the final chapter of life, this reform ensures that they are not abandoned to pain or fear but accompanied with empathy, choice and respect. That is what true care looks like. I commend the bill to the house.

Lizzie BLANDTHORN (Western Metropolitan – Minister for Children, Minister for Disability) (16:22): The preamble to the United Nations declaration of human rights confirms that:

> … recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world …

Article 1 of the Universal Declaration of Human Rights states that:

> All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.

A belief in the dignity of the person is an acknowledgement that all human beings are inherently worthy, their status is equal and it cannot be diminished by circumstance, including by disability or illness. That brings a moral and ethical responsibility to provide for the dignity of the person without compromise or abandonment. At every stage of development and at every stage of life from the very beginning – including death – we should provide every person with the necessary support and assistance to achieve standards that are consistent with human dignity. This inevitably means that we should provide vulnerable people with more support and assistance than others, particularly children, the elderly, people with disability and those who are sick. We should invest in the supports and services that allow people to live happy and fulfilling lives and achieve their full potential, from the early years to their end of life.

I have the great honour and privilege to serve as the Minister for Children and Minister for Disability, and I previously served as minister for the aged. I continue to meet amazing individuals, advocates and organisations. I see them working together in the same spirit of brotherhood referred to in the UN declaration of human rights for better outcomes not only for individuals but for their communities, indeed for society. I share their hope for better outcomes still. There is so much more we can and should do for people at all stages of life, and in the name of human dignity, of human worth and value at all its stages, in spite of complications, we must do it before we assist people to die. To quote the Honourable Lindsay Tanner in the Australian Parliament on these matters:

> Why is it that, on one hand, we put so much effort and concern into telling some people, 'Don't kill yourself,' and we have so much concern now about youth suicide, yet on the other hand we are now shifting into a pattern where we are going to help certain other people, in effect, to commit suicide? There is an inherent subjectivity in all of this, and that is about the quality of life for people. It involves a subjective judgement

> which says that certain people in certain circumstances of a particular nature inherently have a lesser quality of life and therefore we are going to permit assisted suicide for those people, but not for other people.

This Parliament has provided for the establishment of a euthanasia and assisted suicide scheme. It represented a fundamental shift in end-of-life care in Victoria. I know it was not an easy question for many. During the 2017 debate, and again through this subsequent debate in 2025, members spoke both inside and outside of this chamber about their own individual experiences. Many indicated that those experiences were the reason for their support or their opposition to the bill. But neither the 2017 bill nor this 2025 bill are about any of the individuals that any of us have known, or know, or even individuals we love who lived or are living with terminal conditions. It is not about the individual stories that are generously shared with us directly and indirectly. As a Parliament of a civil society we have a responsibility to act as representatives of the community, not as a delegate for an individual. We have an obligation to make decisions in the best interests of the society, not in the best interests of an individual. Again the Honourable Lindsay Tanner put it well when he said:

> I accept that on occasion there are situations where it is clear that death is inevitable; that the person has a terminal condition against which nothing can be done to prevent death; and, that the person concerned is suffering so badly and is in such extreme circumstances that they desire death, they hope for death, and that somebody does assist them – a doctor or another medical professional – in attaining release. It is very difficult for any of us to regard that as in some way morally wrong.
>
> But there is a very different question at stake here; that is, not whether in some individual circumstances there is something morally wrong, but whether the state should legalise and indeed can safely legalise such practices. This debate should not be about one or two individual experiences, not about our own experiences, but about the broader social question.

He went on to urge:

> We must look beyond those experiences to the broader view of the interests of society at large and the interests of the individuals who make up society.

He also went on to say:

> I regard individual freedom in our society as essentially very fragile, as very vulnerable to misuse of state and bureaucratic power. Intrinsically, the state assuming the right to sanction killing of a citizen, for whatever reason, troubles me a great deal. Even with apparent consent, it worries me.

As is well known, I opposed the 2017 bill. My view on this issue is formed by an absolute belief that we have an obligation to protect and care for those who are most at risk in our society. And I believe that the measure of a civil society should be how we treat those who are most vulnerable. This is a progressive agenda, not a conservative one. I do, however, respect that there were several representatives who, coming from the same philosophical place, drew the very opposite conclusion on the 2017 bill, and I respect their deeply held positions. I also know that there were many members of Parliament who struggled to reconcile these issues. For many, the necessary reconciliation was established on the basis that the 2017 bill included extensive safeguards. Proponents of the bill described it as the safest scheme in the country. You only need to read the second-reading speeches that people gave in 2017 to see how much anxiety was relieved through the promise of these safeguards. These are the very same safeguards that this 2025 bill now seeks to dismantle. It is the slippery slope that many of us were assured would not eventuate, and I question the motivation.

The bill we have before us today follows the recently released five-year review of the operation of the Voluntary Assisted Dying Act 2017, which found that the scheme is working as was intended, providing a safe and compassionate end-of-life choice to eligible Victorians. Notably, until the day the review was published, the Department of Health website stated that as the legislated five-year review was operational, it was not considering changes to the legislation itself. The review did not consult on or recommend change to the existing legislative parameters. Many stakeholders, as would be expected, submitted in accordance with the terms of reference of the review, so they did not address the need for legislative change or the need to protect the legislative status quo. Some, however, ignored the terms of reference for the review and submitted in favour of legislative change – and now here we are. In announcing a plan for legislative change, the VAD team at the DOH wrote to stakeholders on 17 March advising them that they had until 31 March to make a submission – 10 working days. Indeed in this Parliament there is now an attempt to rush this bill. This has been justified on the basis that the changes are minor. However, I have grave concerns regarding the diminution of safeguards.

Firstly, I am fundamentally opposed to restrictions on conscientious objection. The Victorian charter of human rights provides that:

> Every person has the right to freedom of thought, conscience, religion and belief, including –
>
> …
>
> the freedom to demonstrate that person's religion or belief in worship, observance, practice and teaching, either individually or as part of a community, in public or in private.

The bill compels practitioners to provide information about accessing euthanasia and assisted suicide against their free will. In restricting conscientious objection, the bill would compel practitioners who conscientiously object to act contrary to the right of freedom of thought, conscience and belief contained in the Victorian charter of human rights consistent with core democratic principles.

Further, in the limited time available to me, I do call out the following, and I note that they have a compounding effect. The required years of experience of participating medical practitioners is being reduced from five years to one year. The less experience a medical practitioner has attained, the less equipped they are to properly advise patients and to assess factors such as lack of capacity, mental illness or coercion. The bill also allows registered health practitioners – which includes Chinese medicine practitioners, dentists, osteopaths and podiatrists, among many others – to initiate discussions about euthanasia and assisted suicide. The broad cohort of health practitioners, while not generally trained in end-of-life care, often have the trust and confidence of their patients, clients or customers. This could mean that their inexpert advice is given more weight than that which it should be afforded, and this is particularly so when the patient, client or customer is vulnerable and may be feeling like they are a burden. Notably, overseas data shows that considering oneself a burden on family, friends, community, the health system or society indeed is very often the reason for seeking euthanasia and assisted suicide.

I am concerned about shortening the time between the first and final request to access the scheme from nine days to five days, which includes the day of the first and last request. It is also dangerous, particularly in relation to vulnerable people who may be feeling like a burden. I am concerned about the update of the prognosis requirement to 12 months, particularly when we are reducing the experience required of medical practitioners and writing health practitioners into the scheme.

I did intend to move a reasoned amendment, but I note that Mrs Broad has already moved a reasoned amendment virtually the same as mine, and I indicate that I will support her reasoned amendment. I also indicate that, should the bill indeed be read a second time, I will support other amendments that may be put on the table that improve the direction of the bill, but I will ultimately not support the bill. My remarks are a mere summary of my concerns, given the limited time available to me. But in closing, I remind the house that the review found that the scheme was working as intended by those who proposed it, many of whom remain in this place today. I question why we are rushing to provide for the diminution of essential safeguards when the proponents of the 2017 bill heralded the scheme as the safest in the country.

Evan MULHOLLAND (Northern Metropolitan) (16:34): I rise to speak on the Voluntary Assisted Dying Bill 2025, and I want to acknowledge from the outset the thoughtful contributions made by members on both sides of this debate, as well as in both chambers of Parliament. I am a big believer in our democracy that you can have a different view while recognising that all sides come from a good place, and they come from a good place in their point of view on these kinds of issues. That is the way I have always approached this role as a member of Parliament.

I particularly want to thank my friend Georgie Crozier for the diligent way in which she has navigated this debate and assisted colleagues with briefings on all sides. In doing so, I want to be clear and up-front at the beginning of my contribution to this debate that I will not be supporting this bill and that I do not support this bill because I do not support assisted suicide. Assisted suicide is not health care. No legislation defines assisted suicide or voluntary assisted dying as health care. This is not just my point of view but the view of millions of Victorians who fundamentally disagree with the government on this issue, and I am proud to represent their voices in this debate.

It is important for members, especially those who were not here in 2017, including me, to note that this bill is not about casting a second vote for voluntary assisted dying. This bill is about the removal of safeguards and conscientious objections. Many colleagues on both sides of this debate have given thoughtful contributions and personal stories, so I want to provide the chamber with my own.

My late nonna Teresa Caruso was like a second mum to me. With my mum having four kids under five, including twins, my nonna was a constant in my life. She was a migrant to this country from Italy. When she arrived in the 1950s, she did not speak any English, but she was a very strong Catholic Italian woman. Around 2015 she was diagnosed with dementia, an incredibly difficult experience for me and my family. There were good days and there were bad days. There were horrific episodes and there were peaceful moments. After she had a fall and was in hospital, unaware of her surroundings, the only thing that would keep her calm was reading passages from the Bible in her hospital bed.

I recall the debate around voluntary assisted dying in 2017. As some will recall, it was all over the news. Nonna knew that she had dementia. She knew it was taking hold of her, and I remember it being on the news and Nonna turning to the family and saying, ‘Do not do that to me.’ It would have been the easiest thing to give up. The doctor’s prognosis was saying that she was not going to live for another 12 months. My nonno Domenico Caruso actually passed away before her, at 92 years old in 2018 after over 60 years of marriage. She did not even realise, lovingly referring to any old man that sat down next to her at her nursing home in Reservoir as Domenic, and when I arrived, asking the random old man, ‘Domenic, would you put on the percolator for some espresso, because your grandson has arrived.’

As many migrants who suffer dementia experience, she lost her English and referred back to her Italian language, a southern Calabrian dialect, which I got much better at understanding during my regular visits, as my wife and I lived around the corner from the aged care facility in Reservoir. These visits were such an experience, particularly because on each of our regular visits we got to retell her that my wife Brigid was pregnant. She would glow and cheer with excitement every time, and it would make her day. My nonna, despite being given a 12-month prognosis in 2017, lived until 2021, four years beyond medical expectations. I am so happy that she got to meet my first child Teddy, her great-grandson. It was a moment I will never forget. It is a photo I will always cherish. She was mostly non-verbal by then. I remember clear as day – it was delayed due to COVID – that this enormous, chubby six-month-old she described as ‘delicato’, saying that he was delicate or fragile, but she held him so tightly knowing that it was her great-grandchild.

What we are asking in this bill is to make a guess at a 12-month diagnosis, which everyone knows is unreliable, as the member for Broadmeadows pointed out in her thoughtful contribution. Everyone, every single member of this chamber, everyone in Victoria, would have a story about a family member or a friend who got told they had a certain amount of time to live, only to live two, five or sometimes 10 years longer, as do I. It is because I have witnessed the frailty and vulnerability of my loved ones facing the end of their earthly lives that I am opposed to this bill. There will never be enough safeguards. There is healing to be found. Hope for peace still exists even in the midst of illness, even in the face of mortal death.

These laws are being rushed through with limited consultation and insufficient sector input. Stakeholders were given just two weeks to make their views known on the bill. This followed the release of the five-year review of the act, which considered no legislative changes, consulted on no legislative changes and therefore did not propose changes. This bill also compels health practitioners who hold profound personal reservations to assisted suicide to provide information about it. This requirement forces them to go against their deeply held ethical beliefs by discussing something they do not regard as health care and which the law does not describe as health care. Such provisions risk driving principled professionals out of the healthcare system.

I want to thank the over 3000 people who signed my petition opposing this legislation. I know many of them. A large number of them are from the outer northern suburbs – a huge number of them, over a thousand, are just from the one seat of Kalkallo. And I particularly want to acknowledge the extraordinary joint submission from the Catholic Archdiocese of Melbourne, the Board of Imams Victoria, the Hindu Council of Australia, the Sikh Interfaith Council of Victoria, the Victorian Sikh Gurdwaras Council, the Greek Orthodox Archdiocese of Australia, the Chaldean diocese of Australia, the Syro Malabar Eparchy of St Thomas the Apostle, the Coptic Orthodox Diocese of Melbourne and the Maronite Eparchy of Australia for so diligently representing more than two million Victorians on this issue. I would also like to thank some other faith communities I have been speaking to about this: the Syriac Catholic Church, the Syrian Orthodox Church, the Assyrian Church of the East, the Antiochian Orthodox Church and all the other Catholic parishes, Christian parishes and Hindu temples across the state that have expressed their opposition.

These amendments were not recommended by the government's own five-year review, yet weaken protections that were deliberately built into the original legislation. When passed in 2017, Victoria's assisted suicide laws were described by the Labor government and some in the Labor government as the safest in the world, with 68 safeguards. Removing or weakening those safeguards without clear justification risks undermining public confidence and exposing vulnerable people to harm, as Dr Stephen Parnis, former AMA president – very respected on the Labor side of politics – recently told the *Curtin's Cast* podcast, referencing his warning in 2017 that safeguards will inevitably be redefined as barriers to access, which is exactly what the government is doing. We heard in the other place the Greens member for Melbourne saying the quiet part out loud: that these safeguards, which were designed to protect the vulnerable, are now barriers to access. Safeguards, whether in the law or on the factory floor, are by their nature barriers to access, so by this logic, it is a wonder why they accept any at all beyond those deemed important for political expediency.

The first and perhaps the most dangerous proposal would allow registered health practitioners to initiate discussions about assisted suicide. This was explicitly prohibited when the law was created, because it was recognised as a key safeguard against coercion. Patients who are frail, isolated or fearful may feel their doctor is suggesting that their life is no longer worth living. They may feel or be led to feel that they are a burden on their family, who would be better off without them. In fact, the experience of feeling like a burden was one of the primary reasons those accessing the VAD system provided to a Canadian study. That is not a choice, that is the implicit pressure of a system and a society that is failing people at a critical point. It is not compassion, it is abandonment.

The second change would require health practitioners who hold a conscientious objection to provide information about assisted suicide. At present the law includes safeguards for those with strong ethical or religious convictions, such as Christians, Muslims or Hindus, or simply with deep reservations to decline involvement. Under the proposed changes health practitioners who do not comply with the new requirement to provide that information could face suspension or loss of registration with the Australian Health Practitioner Regulation Agency or may risk losing their insurance coverage. Any health practitioner registered under the Health Practitioner Regulation National Law will be able to raise assisted suicide with their patients without any training required or offered. This includes professions like Chinese medicine practitioners, chiropractors, dentists, midwives, occupational therapists, optometrists, osteopaths, paramedics, pharmacists, physiotherapists, podiatrists, psychologists and others. I have significant concerns about diluting this to such a broad list of professions with limited support or guidance. I will be moving an amendment to deal with this, similar to my friend in the other place Jess Wilson, and I ask for that amendment to be circulated. I will flag, though, that I may withdraw this amendment in committee in order to support another one moved by, I believe, Michael Galea.

It is also unfair to suggest that health practitioners are denying a service. They are not. For example, Catholic services like Mercy, St Vincent’s and Villa Maria already have an existing practice to provide minimum information to residents or patients in their care, where they are able to seek out the subject matter expertise in relation to VAD if they wish from the Victorian Department of Health’s care navigator service. This process was developed in close dialogue with the Department of Health in 2018–19 as part of their models of care taskforce, and I plan to move an amendment to clause 6(2)(b) setting this in stone. My amendment would set an upper limit on the material that has to be provided by practitioners to the voluntary assisted dying care navigator service, and I ask for that amendment to be circulated. The intent of this amendment is simply just to set in stone what the government has already written in its explanatory memorandum. For colleagues, the impetus is on the government to explain why the secretary can provide information but the definition of that is limitless. The secretary, without coming back to this Parliament, could come back in a year and completely redefine what the minimum information is. As Ms Crozier diligently pointed out, we know what happened during COVID where the secretary and the CHO were giving so much advice that turned out to be wrong – that was later admitted to be wrong. So the impetus is on the government to explain this, and I ask for colleagues to support that amendment. We know that the World Medical Association and the Australian Medical Association do not publicly endorse euthanasia.

Another proposed change would expand eligibility to 12 months to all applicants. This means a person who may have a year or more left to live could be eligible for assisted dying. The prognosis at that distance is uncertain, as I mentioned before. True patient choice cannot exist where palliative care is harder to access than assisted suicide. It is worth noting that in many regional areas it takes longer than five days to arrange basic palliative support. Our society should offer support for people who are suffering without being overwhelmed by it, accompanying those who suffer rather than eliminating the sufferer.

I am deeply concerned about the provision in the bill to allow exemptions to using an accredited interpreter service for such weighty decisions, literally on life and death. We know the government’s own multicultural review recommended only using NAATI accredited interpreters, something that even the assistant minister for multicultural affairs agrees with.

True compassion is not found in ending a life but found in providing care, dignity and companionship at the end of life. I hold, and continue to hold, deep reservations about assisted suicide and its place in our healthcare system. I will not be supporting this bill. I strongly urge all colleagues to do the same and consider amendments.

David LIMBRICK (South-Eastern Metropolitan) (16:49): I would first like to acknowledge all the people that have contacted my office on this issue, on both sides of the issue, and also the engagement of various people that I have spoken with about this issue. Obviously it is a very weighty decision that we are faced with as members of Parliament here – literally life and death. Like all things, I must approach this according to the principles on which I was elected, and that is around the principles of individual liberty. Fortunately, I have those principles to guide my views on this bill, and I will say that this bill does some things to improve the rights and freedoms of Victorians and does some things to limit them. Like many bills that I face in this place, I must ultimately make a call on where I land with that.

In principle our party have long supported voluntary assisted dying, and that is because we believe in self-ownership, in the principle of bodily autonomy and that people should own their own body and should be able to make decisions about what they do with that body, including the biggest decision of all if they choose to end their life through this sort of process. With that fundamental belief, there are also other problems that this bill introduces, such as overriding, in a way, the conscientious objection of people who do not want to be part of this process, and therefore I have concerns with the bill.

I will go through some of the things that the bill does and my thinking on where they land in terms of enhancing or restricting the rights of Victorians. I will start with the biggest one, which is the updating of the prognosis requirement from six months to 12 months for all applicants. Both sides of this debate have shown scepticism about how scientific the prognosis in these cases is, and indeed I am sceptical as to whether this prognosis requirement is required at all because of that. However, in my view, updating it from six to 12 months does increase the accessibility for people that want to access this. I have heard of cases where this has been a problem, and therefore I have a supportive, positive view on that because I believe it enhances the rights of people that want to access this.

Similarly, on introducing exemptions to the Victorian residency requirements, I am highly supportive of this. My understanding is that when the bill originally went through, there was concern that people would travel to Victoria specifically to access this, and people did not want that to happen. As this type of scheme has been rolled out in other states, I see that is not really much of a concern at the moment. Therefore introducing that exemption on compassionate grounds enhances the rights of people.

Another thing that this bill does, which I think is good, is it amends the Australian citizenship and permanent residency requirements for people who can demonstrate that they have lived here for three years or more. For people that are ill and find themselves in this situation, it may be impossible or prohibitive for them to travel to another jurisdiction to access this type of scheme, or this type of scheme may not exist in another jurisdiction. Therefore removing those requirements enhances the rights of Victorians.

Similarly, reducing the time period between the first and final request from nine to five days, although it is a small thing, does enhance people's accessibility and ability to access this type of scheme. Another thing that I am very supportive of in this bill, and it is surprising that it was not included in the first place, is the prohibition on practitioners being a beneficiary or a family member of the applicant. This seems like a very sensible safeguard. I am very supportive of that being in the bill, and I think even the opponents of the bill probably support that safeguard.

Now to some of the points in the bill that I have concerns about. The largest concern I have is the requirement for health practitioners who object to provide minimum information. It has been put to me that if they provide no information, they are hiding access from people and they should be forced to provide that. I do not agree with that. I think that if someone, due to their sincerely held beliefs, does not want to take part in this at all, then they should be afforded that ability according to their conscience, so I am opposed to this part of the bill. I think it is wrong to do that.

One part of the bill which I do have some concerns about, but not huge concerns, is allowing health practitioners to initiate discussions. I think it is sensible in the context of having discussions with health practitioners that if an option is available, then that should be made known to the patient. I do have concerns, as others have brought up, about the power imbalance between the health practitioner and the patient. But this exists in all situations with health practitioners, so I am not sure that that alone is enough to think that it is a highly negative thing.

I will note that for many of my concerns there are amendments, and I will be considering those. For example, in relation to the requirement for registered health practitioners who object to provide minimum information, I will be supporting the amendments put forward by Mr Erdogan and Mr Mulholland. Mr Erdogan's amendment effectively removes this and provides protections, interestingly, using anti-vilification laws. I was quite impressed with that innovation. Mr Mulholland is attempting to make the scope of the information very clear, which I also think is quite a reasonable thing to do. With the issue of allowing health practitioners to initiate discussions, I note that Mr Galea will be proposing an amendment to narrow the scope of the type of practitioner, so allowing doctors and nurse practitioners to initiate discussions but not other health professionals. I think that this is a sensible amendment, and I will be supporting that also.

Another access issue which this bill addresses is to change the eligibility requirements for practitioners from five years to one year. It also updates some things about terminology. There has been much discussion about this and whether five years is necessary or whether one year is not enough. Ultimately, I accept that the five-year minimum at the moment is limiting access for people that want access. One year may be too short. Therefore I note that Mr Galea has an amendment to change that to three years. I see that as trying to strike a balance between those positions, and I think that that is a sensible move, so I will support that also.

Ultimately, I need to come to a position on this bill. It is my opinion that, although I have reservations about this bill and I am disappointed that the government is forcing people to act against their conscience in this bill by providing information where they do not want to do that, I have to weigh that up against the rights of the patient and their ability to access this scheme. I place great weight on that. Therefore, even though it is a close call for me, I will be supporting this bill. I am hopeful that many of these amendments I have spoken about pass, because if they pass, they will alleviate many of the concerns that I and members of the community have about this bill. I will leave it at that. I look forward to the committee stage of the bill.

Enver ERDOGAN (Northern Metropolitan – Minister for Casino, Gaming and Liquor Regulation, Minister for Corrections, Minister for Youth Justice) (16:59): Few matters that come before this chamber carry the weight of what we are discussing today. When we speak of voluntary assisted dying, we are speaking about the end of life itself – of pain, care, fear and love. Those experiences shape not only our politics but also our humanity. I do acknowledge the hurt these deliberations can open for families who have faced or will face unbearable suffering, for health professionals who walk beside them and for Victorians whose faithful philosophy frames these questions differently. I extend my respect to all of them and to every member of this chamber, who will wrestle sincerely with their conscience before casting a vote on this matter. I rise today not to relitigate the question of voluntary assisted dying but to confront a narrower yet no less complex proposition: whether we are, in tinkering with a well-received system, beginning to unpick the very safeguards and civic principles that made it acceptable in the first place.

When this Parliament passed the Voluntary Assisted Dying Act 2017, it did so after one of the longest and most conscientious deliberations in our state's history. There were years of inquiries, reports and hearings. It was in every sense a conscious debate, one in which members were asked to look inward before they voted outward. The sentiment that emerged from that process was principled. It was built on two pillars: that voluntary assisted dying would be permissible only within a cautious and carefully defined set of circumstances, and that those who could not, in conscience, participate would be protected from coercion or sanction. As the member for Greenvale in the other place stated, those safeguards were not administrative details, they were the moral foundation of public consent. They allowed this Parliament to legalise a practice that touches the deepest questions of human dignity without fracturing public trust.

After several years of operation, it is right that the department reviewed how the framework was functioning. The department's five-year review found the system was safe, compassionate and working well, with high compliance and no evidence of ineligible access. Importantly, it did not propose amendments to the conscientious objection provisions of this act. Yet the bill before us recasts safeguards as barriers and treats conscience as an inconvenience to be managed. That is why this debate matters. I do want to acknowledge that some technical refinements in this bill may help address practical challenges identified by clinicians and patients operating within the current law. Examples that I do think are positive and do make the bill better include the application of a 12-month consistent prognosis for all diseases, illnesses and medical conditions and a sensible change in preventing the administrative practitioner from benefiting in any way by the VAD applicant's death. But this bill before us introduces changes that go well beyond these refinements. Clause 6, in particular, alters the ethical boundaries that the Parliament put in place in 2017, and much of my contribution in this place will be on clause 6 in light of the time-limited debate before us.

Under the current law, a registered health practitioner with a conscientious objection may decline to participate in any part of the voluntary assisted dying process. They are not required to refer, advise or distribute information that would facilitate any act they cannot, in conscience, support. That protection is deliberate. Some will argue that this requirement merely ensures access, but access to voluntary assisted dying has already expanded far beyond expectations, and no evidence suggests that conscientious objection has obstructed it. The state has multiple channels to connect eligible people with willing providers. It does not need to conscript those unwilling to do so. This bill, by recasting conscience as a problem to be managed, weakens the trust on which the entire system rests. For patients to have confidence that their choices are free, they must also know that their clinicians are acting freely. A coerced conscience cannot deliver compassionate care.

Freedom of conscience is not a decorative phrase in our laws; it is a living principle that allows difference to exist without fear. Victoria’s Charter of Human Rights and Responsibilities protects freedom of thought, conscience, religion and belief. It does so because democracies are sustained not by coercion but by accommodation. The charter reminds us that the dignity of the individual does not depend on conformity, and that the right to abstain from an act can be as important as the right to perform it. That protection is not a privilege reserved for the religious alone, it is a civic guarantee for all of us – for the secular ethicist as much as the person of faith, for the pacifist who will not bear arms and for the clinician who cannot facilitate the deliberate ending of life. We cannot have a democracy that values freedom of choice but scorns freedom of conscience; both are oxygen of a plural society. In a state as diverse as Victoria pluralism is not an abstraction, it is a daily practice of our institutions. Our world-class healthcare system is sustained by people from across the world, whose beliefs and traditions span every faith and philosophy. They work together because the law makes room for difference. If Parliament starts demanding uniformity of conscience, it hollows out the very diversity it claims to value. Compassion ceases to be compassion if it demands complicity.

Freedom of thought, conscience, religion and belief enshrined in the charter is not theoretical, it is lived in Victoria’s multicultural workforce. These are the people who hold the hands of the dying and comfort the families left behind. Many come from communities where faith and moral duty are inseparable from service. For them compassion and conscience are not competing instincts, they are the same. To compel them to act against their conscience is not a minor administrative tweak; it is a direct challenge to the values that brought many of them into caring professions in the first place and some – and many in my electorate of Northern Metropolitan – into this country. We cannot claim to honour multiculturalism while drafting laws that punish its practical expression. A policy that narrows conscience rights will fall hardest on new Australians, in my view – the doctors, the nurses, the carers who brought their skills, beliefs and culture to this country. When we narrow the moral space in which people can work with integrity, we do not make the system stronger, we make it smaller and more brittle. Victoria’s health system depends not just on professional competence but on moral diversity – on the understanding that people from many traditions can serve the same public good in diverse ways. That is the true face of pluralism – not uniformity but cooperation grounded in mutual respect. I will therefore be moving two amendments that seek to restore the integrity that was enshrined in the 2017 act and to protect those who act according to conscience within it. I do ask the clerks if they could be circulated now.

I want to be very clear that my amendments are not attempts to roll back voluntary assisted dying, they are attempts to ensure it continues to rest on the balanced footing that earned this Parliament’s and this state’s trust. I was not here in 2017 when the Voluntary Assisted Dying Bill was debated, but as the member for Ivanhoe, who was there, stated in the other place, the conscientious objection was not a peripheral matter then and it is not now. It was central to the debate. My first amendment will restore the genuine right of conscientious objection that exists under the current law. It will remove the new requirement that an objecting practitioner must advise a patient of another provider and must distribute information approved by the secretary. It makes clear that a person who in good conscience cannot take part in any aspect of the voluntary assisted dying process may decline to do so without fear of civil, criminal or disciplinary sanction. It is a reaffirmation that our current act is working well; it ensures that conscience remains a shield, not a hindrance; and it leaves access untouched. Those who wish to proceed with voluntary assisted dying can continue to do so with the wide network of information and support already in place.

My second amendment will ensure that a person’s conscientious objection cannot become grounds for discrimination or vilification and will insert a new section 7A into the act, applying the principles of the Equal Opportunity Act 2010 and the new anti-vilification provisions in part 6A of that act. The amendment will ensure that a person’s conscientious objection cannot become grounds for discrimination or vilification. Without that, the promise of freedom becomes a permission slip that disappears the moment it is exercised. If we believe conscience is worth protecting under one law, we should not punish it under another. At its heart the bill forces us to decide whether compassion can coexist with conviction, the dignity of the person who seeks to end their suffering and the dignity of the person who cannot in good conscience assist them in doing so.

Equality before the law does not mean sameness of conscience, it means that each person – patient and practitioner alike – can act freely within the law without fear of penalty or shame. When we remove that right to act or not act according to conscience, we erode the principle, which runs deeper than this or any Parliament, that the state governs conduct, not belief. If we reduce conscience to mere compliance, we risk hollowing out the very pluralism that gives democracy its moral depth.

I remain committed to ensuring that Victorians facing end of life have access to compassionate, lawful and safe choices, but I am equally committed to ensuring that those who care for them are not coerced into acts that transgress their conscience. It is a balance of those values, not any single one of them, that earns the confidence of this state. This bill risks upsetting that balance. It redefines a safeguard as an obstacle and recasts conscience as an inconvenience. It cuts across the principles we affirmed in our own anti-vilification and social cohesion reforms.

My amendments do not seek to deny access to voluntary assisted dying for those who lawfully qualify. That right exists and will continue to do so. We cannot legislate compassion by stripping away conscience, nor can we build inclusion by erasing difference. The measure of a mature democracy is not how it treats those who agree with it but how it protects those who cannot. That is why I urge all members to uphold both their compassion and their conscience in voting on this bill. There will be many opportunities to make the bill better and make improvements. That is why I am moving these amendments, and I urge support from all members in this chamber.

Trung LUU (Western Metropolitan) (17:11): I rise to add my respectful remarks to the Voluntary Assisted Dying Amendment Bill 2025. I truly appreciate the opportunity to speak in this debate and listen to members from across the political aisle. This has been a very respectful debate, and I thank the house for that. I want to especially acknowledge the outstanding leadership of my colleague Georgie Crozier, our Shadow Minister for Health, for the amount of work she has done on this bill and for the way in which she has facilitated numerous briefings from various groups and organisations for the opposition. I also want to thank those groups for the respectful way in which they presented their case to the opposition on a very important debate. I also want to acknowledge those colleagues of mine from all parties – both sides of the chamber – and the other place who have shared deeply personal stories, including some cases where their loved ones and their constituents have battled terminal illness and endured struggles at the end of their lives. Some did not get the opportunity to end their lives using voluntary assisted dying but would have done so had they had the option available to them at the time. Also I would like to acknowledge that I understand that for those families of loved ones who may no longer be with us, this debate might trigger some anxiety and discomfort.

While I was not a member of Parliament in this place in 2017 when the initial legislation was debated and passed, I have listened intently to this debate and learned a lot about the impact that the initial legislation has had on the broader Victorian community. The Voluntary Assisted Dying Act 2017 was a first for our country, and we now see that every state and the Australian Capital Territory have passed legislation that has given effect to people ending their lives using voluntary assisted dying. By all accounts, the legislation that was debated and enacted roughly six years ago is working, barring some very minor exceptions.

Today we are now debating numerous amendments to this bill, and I will go through a few of the critical aspects of this amendment bill in a moment, especially the ones that I am personally concerned about. But before I do, I want to thank the government, the opposition and the crossbench for their considerations and contributions so far. We have kept the debate respectful, in line with Victorian community expectations. From the outset I will say I absolutely stand by and defend people's right to determine what is right for them, especially at such a vulnerable moment in their life, and to not have legislation dictate how they should end their life. For individuals and families, the end of life can be a very difficult time, and we should be in the business in this place to provide support and all options available to people to make an informed choice. I joined my party, the Liberal Party, because I support the empowerment of individuals – the absolute right to choose is part of our fundamental commitment to individuals. The fact is that he or she is best placed to determine what is right for them, including what is right for them at the end of their lives. The voluntary assisted dying legislation really does speak to the independence of individuals, providing dignity and reducing suffering for terminally ill individuals, which is why I do not oppose voluntary assisted dying as it stands.

I support the individual's right to retain their agency over how they end their life on earth. I do, however, have concerns about some aspects of this bill that we are debating today, which I believe does not strike the right balance, instead pushing debate outside what was first debated in 2017 into a grey area. This is why I do not support the bill as it stands. The first thing I find most disturbing is that the terms of reference that triggered the five-year review under the existing legislation did not reference consideration of changes to this legislation. What it did, however, was reference that the legislation's five-year review was of its operation. That is the key here – its operation stands part of the procedure. Therefore I am concerned that consultation on the amendments put forward by the government was substandard and rushed, and therefore the volume of respondents engaging in the review process was not as fulsome as it could have been. Had they known it would result in a possible legislative change, they may have been more forthcoming in providing their insights, concerns, perspectives and experiences.

Any legislative change to the Voluntary Assisted Dying Act 2017 must be rigorous and aligned with the community and their expectations. I do not believe this has occurred. I know, from the communication I have received to date on the amendments we are debating at the moment, that one of the strongest arguments, which I wholeheartedly agree with, is that the consultation phase has been non-existent and that the exposure draft of all the proposed changes should have been put on the table. We should have allowed Victorians more time to comment. Rushing through these changes could have significant unintended consequences.

I also object to the change whereby practitioners opposed to voluntary assisted dying must now provide information. Clause 6 of this bill requires that those medical practitioners who have a conscientious objection to voluntary assisted dying must now provide information to patients on this subject if requested. This is currently not the case, and there are no obligations. This worries me and concerns many constituents I spoke to on this bill. The bill seeks to change the current position to ensure people seeking information about voluntary assisted dying are provided with minimum information on how to make inquiries and how to access information and services. While supporting the individual's right to choose how to end their life using voluntary assisted dying, not predetermined by others' beliefs or values, I also support a medical practitioner's right to not offer minimum information if their objection is on several personal grounds. Governments should not be in the business of imposing minimum standards in terms of what information medical practitioners must provide. I understand and appreciate that, under the change, there is still no obligation for any medical practitioner to provide assistance or a referral to another health practitioner in relation to voluntary assisted dying beyond the provision of this information, and for that I am pleased. The information that a medical practitioner must provide under clause 6(2) is information provided by the Department of Health secretary, which details the statewide care navigator service and a link to the Department of Health voluntary assisted dying website. Again, even this information has raised concerns for me, and I believe it could lead to unconscious perceptions of going down a slippery slope.

I also want to put on record my opposition to clause 7, which inserts new section 8A, which allows registered health practitioners other than medical practitioners and nurse practitioners – such as allied health practitioners regulated by AHPRA, the Australian Health Practitioner Regulation Agency – to initiate discussions about voluntary assisted dying. This clause raises concern for me, and others have spoken about it too. I believe this needs to be tightened and more clearly defined, as it is open to assumption.

I am happy to see that the government has incorporated changes to the Australian residency requirement. The current requirements were not working. Opening it up to allow the residency requirement to include someone who has been in Australia for at least three years is a sensible move and one that I think has as close to universal support as possible.

In closing, for me personally I cannot in good conscience support this bill as it stands for the reasons I have outlined. I do want to reiterate that I stand by and would defend people’s right to make a determination on what is right, and I support the efforts the government is undertaking to strengthen the legislation in some respects and make it more sustainable. But the issues I have outlined are sticking points for me. For this reason, I cannot support this bill. I do thank the Council for indulging me and others in this place and allowing us to put our views forward on a deeply personal debate.

David ETTERSHANK (Western Metropolitan) (17:22): I rise to make a contribution to the Voluntary Assisted Dying Amendment Bill 2025. Legalise Cannabis support these amendments, and I would like to acknowledge and commend Minister Thomas for her work in bringing these amendments to the chamber. The VAD scheme has been operational now for five years. This compassionate and well-regulated program has served over 2700 dying people, offering them relief from terrible suffering at the end of their life. It has also helped relieve them of associated emotional and mental anguish through having the knowledge that when they are no longer able to or prepared to prolong their physical suffering, they will be able to choose the time and the manner of their death. That relief is also felt by family members and loved ones of the dying person. As anyone who has watched a loved one endure excruciating pain will confirm, they want nothing more than to see an end to that suffering and to see their loved one at peace.

The Victorian Voluntary Assisted Dying Bill introduced in 2017 was the first of its kind in Australia. Its introduction was fervently supported by its advocates and deeply feared by those who imagined the worst possible outcomes for society if the bill succeeded. Every clause of that bill was subject to the most rigorous interrogation in both houses during a gruelling debate which apparently totalled around 160 hours. Understandably, the bill erred on the side of extreme caution, containing no less than 68 safeguards. None of the dire predictions that accompanied that first debate came to pass. This humane, modest and very safe scheme is strongly supported by Victorians, and indeed every jurisdiction in Australia bar one has since adopted its own voluntary assisted dying scheme. Other states learned a great deal from our scheme and improved upon many aspects of it, and the five-year review has given the government the opportunity to examine other state schemes and to respond to stakeholder feedback in considering the Victorian scheme. Seeing the laws in practice has provided a good basis for improvements to our scheme. The new amendments are modest in scope. There is nothing particularly radical, but they cautiously broaden access to the scheme and will hopefully further improve the experience for those people availing themselves of the relief that VAD can provide.

I would like to just talk for a minute about palliative care. The issue of access to palliative care was talked about a lot in the Assembly and to some degree here in the chamber, and there seems to be this theme around the idea that VAD will be promoted above palliative care by health professionals – that in removing the gag clause, doctors will only discuss VAD and not provide people with information on palliative care options – or that patients will feel compelled to opt for VAD over palliation. But let us be clear: it is not a binary choice. It is not one or the other. No-one – no-one – is denying the important role of palliation. In fact we desperately need to be investing more in palliative care services. Many Victorians are unable to access adequate palliative care when it is needed, and this includes community palliative care services at home. This issue needs to be urgently addressed at both the state and the federal levels.

Most people approaching death are not seeking to accelerate death, and they do not take lightly the decision to end their lives. Palliation is central to the quality of remaining life. Palliative care can and does ameliorate suffering, but there comes a time when for some people it is simply not enough. At a certain point it becomes about the quality of one's remaining time, one's remaining life, not the quantity. As one who has worked in the aged care sector prior to entering Parliament, I recognise that there is both an informal VAD as well as a formal VAD. Generally, palliative care providers will maximise the treatment to remove pain, and often they will err on the side of removing pain over what might be a conservative prescribing limit even if it potentially shortens a life. That is as it should be. There is an inherent ambiguity in the palliation process which cannot be simply regulated by government. When the patient decides that palliation has reached its limit, there needs to be choice for that patient. They must be empowered. They must have the agency to make this most important choice: to continue palliation or to leave this life in a manner and at a time and place of their own choosing. Surely as a society we can offer an appropriate ending to dying people, to allow them to go gently into that dark night. If we are a humane and a caring society, surely – surely – it is the last and best action that we can do for someone.

We will be supporting the Greens amendments. We are particularly supportive of the amendments that would address the dearth of VAD providers across the state. There is an extremely limited pool of VAD practitioners, particularly in rural and regional Victoria, where the lack of local practitioners makes it very difficult for people to access the scheme. So the amendment to enable nurse practitioners to act as coordinating or consulting practitioners would be particularly welcomed in those areas. This is something that the Australian Nursing and Midwifery Federation supports as well. Nurse practitioners already have a lot of experience in the VAD space. Nurse practitioners would not be the principal consulting practitioner but would work alongside an appropriately qualified doctor, as defined in the bill. On this subject, I would note the proposed amendment from Mr Galea to more accurately define what constitutes a health practitioner, and we will also be supporting that amendment when it is circulated.

The Greens amendment to change the minimum requirements for coordinating and consulting practitioners would similarly help to reduce barriers for people in rural and regional Victoria in accessing the scheme. Tasmania and South Australia allow any doctor with experience in the condition to be a coordinating and consulting practitioner, and of course by the time a person gets to the point of needing to access the scheme, they have already spent a lot of time with doctors who specialise in that particular disease, and there are already sufficient safeguards in this area. Why wouldn't, for example, a patient want their GP to be one of their consulting practitioners? They are most likely the practitioner the patient has had the most contact with throughout their illness, if not throughout their entire lives. People place great trust in their GPs and have strong relationships with them.

As well as having a limited pool of VAD providers in the regions, access to VAD is then often compounded by the rigid prognosis timeframe. We acknowledge that the bill extends that timeframe from six months to 12 months, but with all of the other eligibility requirements, including that the person has an illness that is incurable, advanced, progressing and terminal, is it really necessary to impose a strict timeframe? Many clinicians are reluctant to provide an estimate of time remaining beyond days or weeks, and with a legally binding timeframe one can understand why they might err on the side of caution in their estimates, particularly if they fear breaking the law.

Thanks to Victoria's groundbreaking legislation in 2019, voluntary assisted dying is an accepted end-of-life choice that people with terminal illness looking down the barrel of immense suffering can access. It has allowed thousands of Victorians to live and to die on their own terms – with dignity, with humanity and surrounded by the people they love. The amendments proposed in the bill will reduce needless suffering and remove unnecessary obstacles to VAD access so that more people can have the option to end their lives in a dignified and respectful manner.

We saw an overwhelming number of members in the Assembly use their conscience vote to pass these important reforms. Even those who did not support the amendments could not have helped but be moved by the extraordinary courage of Emma Vulin, the member for Pakenham, who I acknowledge here today and who spoke about living with motor neurone disease, a progressive and terminal illness, and the solace she derives from knowing she can access VAD. She said:

> 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.

I also want to acknowledge Leader of the Opposition Brad Battin, who having previously voted against the bill in 2019, voted in support of the amendment after experiencing two of his friends dying from cancer. To quote Mr Battin:

> … it is about people … not politics … my position has changed on the facts of what I have done and what I have seen.

I understand that the numbers are a lot tighter in the Council than they were in the other place, but I sincerely hope that hesitant Council members will similarly draw on their reserves of empathy and be swayed to do the right thing by all Victorians.

In researching the bill, I read many heartbreaking and courageous accounts of people who have been through the voluntary assisted dying journey. None of them – not one – wanted to die. No-one undervalued the precious days of their life. They appreciated every moment they had left, but they knew what was coming and knew there would be a time when it was enough. I want to quote Helen Andreoni, who was diagnosed with colon cancer and has written about her experience. She wrote:

> I do not know how much time I have, no one does, I now realise. What matters most is the present.

She also noted:

> Pain, loss of control, indignity, these are not abstract thresholds. You know them when you live them. The difficulty lies in recognising when the situation becomes intolerable. I have learned to trust my own sense of what is enough.

That is really what this is about: offering compassionate end-of-life care for when living becomes intolerable, for when it is enough and it is time to let go. I commend the bill to the house.

Sheena WATT (Northern Metropolitan) (17:35): Over the course of this debate we have heard a wide range of opinions and deeply held views on this legislation before us. The diversity of perspectives expressed in this chamber is a reminder of how important this issue is not only to us as legislators but to Victorians right across our state. This is not a simple bill. It was never meant to be. It touches on life, death, dignity, faith, morality and compassion – matters that lie at the very heart of our shared community.

I have thought long and hard about this legislation. I have listened to my colleagues, to the community, to medical professionals, to advocates and to families who have lived through the realities of terminal illness and end-of-life care. I have considered this bill with the due process and respect that it so rightly deserves. This bill means a great deal to many different people for many different reasons, and today I stand here in full, unequivocal support of this bill and the changes it will make. It gives Victorians more agency in their lives and ensures that those facing the most difficult circumstances imaginable are treated with dignity, fairness and respect.

I would like to begin by acknowledging and thanking my friend and colleague here in the gallery the member for Pakenham Emma Vulin. Throughout this entire debate Emma has acted with a level of composure, compassion and integrity that has deeply moved not only me but so many others in this place. Her experience and her strength have added an irreplaceable human dimension to this conversation, one that reminds us why this work matters. Because, as Emma said, this is not a political issue; it is a profoundly human one. Emma, I want to say thank you for your courage, for your grace and for the example that you have set at such a difficult time in your life. You have shown us all what empathy in leadership looks like.

This bill, as we all know, means a lot to so many people. For some it will mean the difference between a peaceful, dignified end-of-life experience and weeks or even months of prolonged, unnecessary pain. For others it will mean the comfort of knowing that if that day ever comes, they will have a choice and the control to be able to make that decision for themselves. At its core this bill means choice. It is about giving Victorians the ability to make deeply personal decisions about their own bodies and their own lives. It is about respecting the autonomy of individuals, trusting them to know what is best for themselves and their families and ensuring that the laws of this state provide them with the dignity they deserve.

Crucially, this bill also addresses one of the most significant inequities that has existed in our voluntary assisted dying system since its inception, and that is accessibility. It gives regional and rural Victorians a fairer chance to access VAD services without the enormous logistical and emotional hurdles that they may face. No-one should be denied access to compassionate end-of-life care simply because of where they live.

Before entering this place I worked in the health sector for a number of years, and during that time I saw firsthand the enormous challenges, the heartache and the resilience of those facing serious illness. I saw how a diagnosis, no matter its severity, ripples through an entire family. It does not affect one person alone. It affects partners, children, siblings, parents, friends and colleagues. It tests relationships and it reshapes lives. I have had family members, friends and colleagues who have gone through palliative care. I have seen both the beauty and the limits of what modern medicine can offer, and palliative care can be extraordinary. It can comfort, it can relieve, it can support, but it cannot always eliminate suffering. There are some forms of pain – physical and emotional – that remain beyond even the best care. That is why this bill matters. Because when medicine has done all that it can, when care has reached its limits, what remains should be compassion and choice.

I recently had the privilege of meeting with the team from Dying with Dignity Victoria here in Parliament – Jane, Michelle and all their incredible advocates who have worked tirelessly to bring this issue to the forefront. I want to take a moment to thank them for their dedication, for their respectful advocacy and for the courage they have shown in sharing countless stories of those who have suffered and those who have found peace through voluntary assisted dying. Dying with Dignity has a simple but a powerful motto: respect for the right to choose. That sentence really captures the entire spirit of this legislation. It is about respecting people’s autonomy, their moral agency and their right to decide what happens to their own bodies at the end of life.

Over recent weeks I have received many emails, letters and calls to my office about this bill. Some expressed passionate support; others expressed deep concern or opposition. I want to say to every single person that reached out: thank you. Thank you for taking the time to share your views with me, whether we agree or not. Democracy is at its best when people engage in the issues that matter to them. So to you: thank you. I also understand the fear and uncertainty that sometimes surrounds this debate. Words like ‘assisted dying’ carry enormous emotional weight, and misconception can spread easily – and so can fear. I just want to let you know that this bill is not about coercion. It is not about pressuring people into decisions. It is not about doctors making premature judgements on the value of a person’s life. It is not about cutting corners or hastening death for the sake of convenience. It is about care – this bill is about care. It is about improving equity of access and ensuring that the voluntary assisted dying system is safe, compassionate, culturally safe and fair. It strengthens safeguards, enhances the experience of those who seek to access VAD and makes practical, humane improvements to the way the system operates for all Victorians.

The 2025 Voluntary Assisted Dying Review Board annual report shows that between June 2019 and June 2025 more than 1600 people accessed VAD care pathways. Of these, 24 people identified as Aboriginal or Torres Strait Islander and applied to access VAD, and I just want to make some comments on that now. You see, to strengthen cultural safety in the system additional funding has been provided to the statewide care navigator service in the 2025–26 and 2026–27 funding arrangements. This is for staff training and to develop culturally safe care pathways through partnerships with Aboriginal community controlled health organisations and hospital Aboriginal health liaison officers. Further improvements to practitioner training and guidance are also planned as part of this government's response to the five-year review. I know that is something that came through rather strongly into my office.

These are just a few of the steps we have taken to ensure that everyone who faces the end of their life – no matter their postcode, their income, their culture or their circumstances – receives compassionate, dignified, patient-centred care. What is fair is giving people a genuine choice, supported by robust safeguards, medical oversight and the freedom to decide when enough is enough for them. It ensures that those living in rural and remote areas are not left behind. It reduces the barriers to access, such as strict in-person consultation requirements, which have proven really impractical for so many. It allows medical practitioners to use technology responsibly and to safely conduct consultations while still maintaining the integrity and oversight of the process. It also provides better support for the practitioners who participate in VAD. These doctors, nurses and allied health workers are some of the most compassionate and courageous people in our healthcare system. They deal daily with the most difficult ethical and emotional work imaginable. They carry the weight of their patients' stories, the grief of their families and the moral responsibility of ensuring every step of this process is done with care and precision.

I want to take a moment to thank every healthcare professional across Victoria – in our hospitals, our palliative care units, our clinics and our community health centres – who continue to show up every single day. You do some of the hardest, most emotionally demanding work in our society, and you do it with professionalism, kindness and empathy. You sit with patients in their darkest moments, you comfort families when hope fades and you make an unbearable journey just a little bit lighter. For that, you deserve our deepest respect and sincere thanks. This legislation recognises your work and provides a framework that helps you continue to deliver compassionate care while respecting the choice of your patients.

I know that not everyone will access voluntary assisted dying, and that is exactly as it should be. This bill is not designed for everyone. It is designed for those who need it – those whose suffering cannot be relieved, who have made a fully informed and voluntary decision and who wish to conclude their story on their own terms. For many others simply knowing that the choice exists brings comfort and reassurance even if they choose never to exercise it. The knowledge that the law respects your right to choose can in itself be profoundly empowering. At the end of the day it is about giving people the ability to write the final chapter of their lives with dignity. It is about compassion in the truest sense of the word – to suffer with someone, to walk beside them, to understand their pain and to honour their decisions.

None of us know what the future will hold. Illness can touch anyone at any time. You never know who will be affected next. It could be a colleague, a friend, a neighbour, a loved one or even yourself. That is why we must approach this issue not with fear but with empathy, not with judgement but with understanding. The bill does not ask us to devalue life. It asks us to value choice. It asks us to acknowledge that dignity at the end of life is not one size fits all. Some find peace in fighting until the very end. Others find peace in letting go. Both deserve respect. In this legislation we affirm the principle that every Victorian deserves compassion, dignity and respect from their first breath to their last.

This bill represents an important step forward. It reflects years of consultation, lived experience, advocacy and evidence. It builds upon the strong foundation of the original Voluntary Assisted Dying Act 2017, and it ensures that the system continues to evolve to meet the needs of our community. It reminds us that good legislation is not static. It grows as we learn, as medicine advances and as our understanding of compassion deepens. To everyone who has contributed to this process – the advocates, the healthcare professionals, the families who shared their stories and the parliamentarians who have approached this debate with open hearts – thank you. And to those who will one day find peace and relief because of the changes we make today, we honour you. I proudly commend this bill to the chamber.

Ann-Marie HERMANS (South-Eastern Metropolitan) (17:47): There are times and seasons in life, and life is quite short. For some, unfortunately, it is shorter than for others. It is full of highs, lows, joy, mourning, loss and gain, comfort and suffering. There is a season for everything, and I firmly believe that life is a gift. It has become no secret in this chamber that I believe in a creator God and that I have been raised in a faith family, and I believe that this gift is worth protecting. But I understand that this debate is complex, deeply human and very personal. It asks us to balance autonomy with protection and relief from pain with responsibility. Each of us enters this debate with our own beliefs, our own life experiences and our own moral frameworks, and I respect those differences. I do not doubt for 1 minute the sincerity and the good intentions of many involved.

It is perhaps also not a secret to many people that last year I lost my father. He was probably the person that I was closest to in all the world. I slept next to his bed, in spite of my parliamentary duties, and I would be there awake all through the night. My father was in pain. He did have fourth-stage cancer, but that is not really what took him out. It was an infection that increased to a second infection, to a third infection and to a fourth infection in his leg that just continually progressed, and that made life very painful for him. My father was absolutely opposed to voluntary assisted dying, as was his mother, my grandmother, who I was also with, by her bed, at her last breath. It was unfortunately just me, because I had sent my father home to have a little rest.

In all of these cases I wondered and considered, particularly in the case of my father with all of his pain, especially as he started to lose the ability to have strong conversations and to engage, whether he still held that position. But I knew that he did, because in those moments where he could communicate through just holding my hand and rubbing my hand, I knew he was relishing and cherishing every last minute he could have with the people that he loved. He did not want to go like many people, because he had so many people here that he loved and he was invested in their lives and he wanted to hang on to life for as long as possible, in spite of his suffering. My father's death inspired me to see his courage, to see his humanity, to see his faith in action and to see his incredible love for those around him.

I understand that voluntary assisted dying was passed long before I ever got to become a member of Parliament and that with that there were 68 safeguards that were put in place. I have not been opposed to meeting with people who have been advocating for these changes, and I have spent time with them and they know that. I sat down for over an hour and had long conversations, and they were healthy and they were respectful all the way through. But I have grave concerns with the amendments. I think we need to be clear that this amendment bill is not removing voluntary assisted dying, it is bringing changes that remove some of these protections. That is incredibly important to remember when people are deliberating and giving speeches. There are a number of amendments that have been put forward, many of which I endorse and support, some of which I do not. I will also, time permitting – because I have put forward a draft that has got a lot, and I am going to be taking quite a lot out of it – be putting forward something before we actually go to committee on clause 1.

I want to go back to the original bill, where we look at the issue of conscientious objection. I think it is important to understand that as far as we know in our family history, all the way back to the days of about 365 AD, give or take some omissions in our family history where we lose the family for a short time, there have been doctors and nurses and medical professionals in my family. As I said, it goes back well over a thousand years. In the original bill, it said:

> **Conscientious objection of registered health practitioners**
>
> A registered health practitioner who has a conscientious objection to voluntary assisted dying has the right to refuse to do any of the following –

now, this is the original –

> (a) to provide information about voluntary assisted dying;
> (b) to participate in the request and assessment process;
> (c) to apply for a voluntary assisted dying permit;
> (d) to supply, prescribe or administer a voluntary assisted dying substance;
> (e) to be present at the time of administration of a voluntary assisted dying substance;
> (f) to dispense a prescription for a voluntary assisted dying substance.

This was giving doctors choice. And it also went on to say that:

> **Voluntary assisted dying must not be initiated by registered health practitioner**

Therefore it actually is a check and balance that if a person was saying 'I want to end my life, I'm in too much pain, I can't do this' or 'I don't want to prolong my suffering', they then could initiate that conversation. Should the doctor not feel comfortable with or capable of being able to have that conversation because of their own beliefs, they would then not have to personally engage in that but could allow others to do that and to provide that care. What this bill is doing is removing the opportunity for every doctor in Victoria to have any conscientious objection. By the way it is written it in effect forces – in its current state, without any amendments – doctors to do two things.

Firstly, if they have a conscientious objection, if they are not prepared to do it themselves and engage in that themselves, they will be forced to refer the patient to another doctor. It is very similar to the abortion legislation except that that requires two doctors and this requires one. Secondly, they will have to provide what the secretary deems that they have to provide as the information, which may mean that they have to engage in a conversation and go through what it would look like to engage in a particular type of voluntary assisted dying, which means they will have to be well versed in it. They will have to read up on it, they will need to know the drugs and the effects of those drugs and they will need to start to have those conversations even if it goes completely against their own personal understanding of what they want and feel is right for them to do. If you have a conscientious objection and you have an issue with that because of your own personal beliefs, you are not, as a doctor under this amendment bill, going to have any rights. You will not be protected. Whatever the secretary deems is necessary – we do not even have an outline of that, and that means it can change at any time, which is why I do support some of the amendments. I had some of my own, but I am pleased to be able to withdraw them and support some that are already on the table.

To force somebody to engage in both of those things is, to me, taking away completely the dignity of a doctor who takes the Hippocratic oath to be able to provide medical care, to be able to provide healing and health. It takes that dignity away from them. Should they not believe that that is okay, we have now forced them. Through this legislation, should it pass in its entirety, we are forcing them to go against their conscience, and that, to me, is something that no political Parliament should be allowed to do. I say that with all respect, because at the moment not only does the conversation have to be initiated by the patient but the doctors cannot initiate it. I understand there are people saying they want to change that, but it is one thing to change it from not initiating the conversation at all to mandating it and forcing through legislation that if you do not do this, you could lose your registration as a doctor, thereby forcing a whole lot of doctors to leave Victoria because they personally cannot abide by the legislation. That to me is just pitiful when we have already got that many people migrating out of the state for different reasons as it is.

In 2017, when Victoria became the first jurisdiction in Australia to legalise voluntary assisted dying, the then Premier Daniel Andrews noted:

> This will be the safest scheme in the world, with the most rigorous checks and balances.

But what does this amendment bill do? It removes those checks and balances that made people, in the end, vote to allow VAD to be part of legislation in this state. We are now going to make amendments, and we are going to remove the checks and balances, and I just cannot support something like that. Much as I am not a great fan of Daniel Andrews – that is no secret; in fact you can thank him for me wanting to join the Liberal Party and to become a member of Parliament – I can say this: that when he said that he was doing that and people agreed to that, there was always that concern that somehow the checks and balances would start to be lifted and they would put people into situations and scenarios that could be more dangerous, and that bothers me.

I represent the South-Eastern Metropolitan Region. It bothers me that you are not going to have to have an authorised interpreter for members of minor multicultural groups who may not fully understand what they are agreeing to, and this legislation is allowing that to take place. That is a real concern for me – allowing people to be able to take advantage of that situation and allowing people to have their lives taken when they may not even fully understand what they have agreed to. That is another clause that really, really bothers me. I raise these things not because I am trying to be an obstructionist but because I am looking at this realistically and how it is going to roll out.

I think it needs to be very, very clear that this is not about whether voluntary assisted dying should be legal in Victoria – it is already legal. It is simply removing safeguards and protections in the law that make it safe for patients and safe for health practitioners. I for one find that extremely distressing. I do think that a lot more could be done in the palliative care space, and now that the focus is going to become more and more on voluntary assisted dying, it bothers me to think that in regional Victoria there have been higher statistics of people resorting to voluntary assisted dying where it is clear that there has been a lack of palliative care resources and needs. To me, that highlights that that is something that should be worked on before we look at how we can increase the access to voluntary assisted dying. I think Palliative Care Australia estimates nationwide more than three in five people who are dying from a terminal illness do not receive specialist palliative care at any stage, meaning that patients are experiencing painful and distressing deaths simply due to delayed or inadequate palliative care availability, and this is even in public hospitals and is coupled with an understanding of many hospital staff that patients have palliative care needs.

I should get back to my actual written speech – I am completely off it at the moment. In terms of the mechanics of the bill, going through different clauses, clause 6 requires the health practitioner, as I said, who holds a conscientious objection – that is the section where that choice is taken away from them. We have an undefined term in minimum ‘information’, and I am glad to see that there are amendments on that, because it leaves vast discretion to bureaucrats to determine what practitioners must say, potentially compelling them to distribute material promoting or facilitating voluntary assisted dying which actually may have words in it that conflict with their own personal, moral or religious beliefs in medical practice. The ministerial responsibility is not there. We find again with minimum ‘information’ that it is only approved by the secretary. It bothers me that in this bill – when in a whole lot of other bills we are constantly bringing in the minister – the minister is nowhere to be found; it is all about the secretary.

I am going to have to wrap up because I have run out of time, but I will not be supporting the bill, because these amendments will take away from the 68 safeguards that were put in place when the original Voluntary Assisted Dying Act 2017 was brought into the chambers and passed.

Aiv PUGLIELLI (North-Eastern Metropolitan) (18:02): Sometimes bills come through this chamber that feel particularly important. I say that not to diminish any of the legislation that we here consider but to note that this Voluntary Assisted Dying Amendment Bill 2025 is one that feels very personal for many of us for many different reasons. I know that across the chamber there are a range of opinions and perspectives on voluntary assisted dying and on the amendments that this bill introduces, but for me personally, it is something that I wholeheartedly support. I know that I want to live in a state where people can have choice at the end of their life to die on their own terms, in comfort and in dignity. This is a very difficult topic to discuss. It is hard to contemplate death; it is something so personal. Most who see my contribution to this bill today will understand the grief of losing someone close to us, but it is perhaps less of us who have had to deal with the death of a loved one in a manner that is especially painful and protracted. I know that should this become a reality for me or for a family member or for a friend, I would want the option available for access to voluntary assisted dying to prevent intolerable pain or being pushed beyond the limits, beyond what any human being should have to experience.

Victoria was a leader when it came to these laws. It was the first state in Australia to allow voluntary assisted dying, and that is something to be proud of. But it is time to make some updates to make sure that these laws as they are designed provide comfort and choice, that they are working as intended, that they are available to all those who are eligible and that they are not causing people more distress through administrative barriers or lack of information or lack of access. This bill makes a number of welcome updates, and the Greens' amendments propose further changes. I will not go now into the specifics of what the bill does or into the breadth of what the proposed amendments of my Greens colleagues entail. These matters have been well covered by my colleague Dr Mansfield, who has done a power of work on this issue. I feel privileged to be in a parliamentary team with my Greens colleagues where Dr Mansfield, a GP, has been able to share her understanding of the implications and of the benefits that voluntary assisted dying offers to many people who are terminally ill and to their families who support them. She has spoken in her contribution to some of the current limitations of this legislation, which my colleagues Dr Mansfield and Ms Copsey respectively will seek to remedy with our amendments.

Instead today what I am going to speak briefly to is my own experience that I reflect on in speaking to this legislation before us. In my inaugural speech I made reference to my mother, who sat up there in the gallery. I do not think she had ever expected to see me in this position, but here we are. I can recall a conversation that we had shared together when I was a younger adult where she reflected on what to her were her expectations of the end of her life, having seen both of her parents experience the frustrations, the challenges and at times the significant distress of our aged care system. They each endured significant health complications later in life. I can specifically recall her wish that should she be placed in a position where she is in immense pain, which in her experience of the world is one that is completely dehumanised, in that position she would want to have the option available to access voluntary assisted dying and she would want to have the option to end things on her own terms.

Time has passed since that conversation. Only a handful of years ago at a health check-up where she was reporting an issue with remembering names and a difficulty in identifying words to describe or name objects or ideas, she was diagnosed with what was initially deemed to be aphasia. Aphasia is a language disorder. It is a condition that can develop from dementia. When this all began she was in her late 50s – very young. She was still working, and she continued to work while experiencing this condition. While we initially hoped that this would not affect memory, that this was just affecting language, that this was not dementia necessarily, soon after it became obvious that her memory was going.

When I look at the progress in the conversation of voluntary assisted dying and the development of this legislation, not only in Victoria but in comparable jurisdictions elsewhere with similar laws – laws which I fully support – there is a point morally which challenges me immensely, and that is progressing into the conversation of advance directives to be given by a person prior to experiencing a neurological decline from a condition like dementia. When I think of my mother, she having seen both of her parents slowly decline and struggle, each living with dementia and Alzheimer's in aged care, and she now experiencing dementia at a very young age for that condition, I think about that conversation that we had had. I note that this conversation and this issue around advance directives is not a matter explored within this bill. It is an issue of vast and complex ethical concern, something which is incredibly challenging to even contemplate. I do not raise it lightly.

Because my mother expressed wishes to me when she did not have the diagnosis that she has now, even if advance directives were captured within the provisions of this bill, I fear that even then she would not be able to access voluntary assisted dying. I fear what is ahead for her, as things which she once enjoyed and readily discussed are things we are now no longer able to discuss. Friends who once spoke to her regularly now find it personally confronting to try and spend time with her, seeing how much has changed in a short space of time about the person they once knew well. She used to knit and crochet every day – sometimes a never-ending blanket or a project to finish. Now the idea of this to her is beyond even a distant memory. It is a painful subject. Losing loved ones is hard to put into words. We move forward, trying to find the things which make life enjoyable, to find purpose for as long as we possibly can. I have faith that I will have a breakthrough in learning to crochet with my mother, that her hands will remember how it works even if her conscious mind does not. This bill is an important one. While my mother will not be able to access the care that this bill provides, I take comfort from knowing that many people in our community now and into the future will have the option, that they can move forwards with that in mind.

I thank my colleagues and members from across the chamber for their considered and heartfelt contributions to this debate and to the matters within this bill for individuals in our community who wish to have the option to die with dignity on their terms. I commend this bill to the house.

Lee TARLAMIS (South-Eastern Metropolitan) (18:10): I also rise to make a contribution in support of the Voluntary Assisted Dying Amendment Bill 2025. I want to begin by acknowledging the contributions made by members in this place today. I acknowledge that there are many different and deeply held views on this issue, and I respect that. The way in which people have made their contributions today with respect, sharing their personal experiences and personal journeys, just shows that when we choose to be we can be at our very best and bring our own personal reflections to this chamber and contribute in a way that shows compassion and respect for differing views. I know that those contributions were carefully thought through and expressed deeply held views regardless of what side of the debate people were sitting on.

Eight years ago Victoria made history as the first state in Australia to legalise voluntary assisted dying. It was a nation-leading and 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. I want to acknowledge the Honourable Jill Hennessy, who had carriage of the initial legislation in 2017 in the other place, and the Honourable Gavin Jennings, who had carriage of it in this place and who I worked for at the time. Whilst I was not in the chamber, I was here in the Parliament for the entirety of that lengthy debate. I would also like to thank the Minister for Health in the other place Mary-Anne Thomas and her team for the work they have done to get this legislation into the Parliament and Minister Stitt, who will have carriage in this place throughout the rest of this week.

With this legislation before us today we are building on the legacy that continues to enhance safety while making practical improvements to support the effective administration of the scheme by incorporating 13 targeted amendments. I will not go through in detail the 13 amendments as they have been covered extensively already by previous speakers, other than to say that these changes will improve equity of access and experience for Victorians who choose to access voluntary assisted dying and to state that they are in no way a departure from the values and principles that underpin voluntary assisted dying. It remains a deeply personal choice, with this legislation strengthening the safeguards that ensure that this choice is informed, voluntary and enduring. It enhances the experience for applicants and practitioners alike while preserving the integrity of the system.

In developing the proposed amendments, the government listened intently and respectfully to people with lived experience, families of people who have accessed voluntary assisted dying, clinicians and advocates, as well as people and organisations that oppose voluntary assisted dying. They also studied the implementation of similar legislation that now exists in other Australian jurisdictions, including Queensland, Western Australia, Tasmania and New South Wales. These jurisdictions introduced their respective legislation after Victoria but with the same recognition that voluntary assisted dying 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.

The five-year review of the Victorian legislation provided an opportunity to look closely at how the law has been working and, just as importantly, identify and address problems with the current legislation. Over the past six years more than 1600 Victorians have accessed a voluntary assisted dying 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 voluntary assisted dying cases are reviewed upon completion by the Victorian Voluntary Assisted Dying Review Board to ensure compliance with legislation.

The review also makes it clear that no law remains perfect forever, especially legislation based on societal views. After six years of lived experience, this is an opportunity to refine and improve the system to ensure we are providing equitable access to voluntary assisted dying for the very Victorians that the act was designed to help. We know that this framework has provided comfort not just to those who have chosen the voluntary assisted dying path, but to many more who have found reassurance in simply knowing that they have this option available to them, knowing that when their suffering becomes unbearable, they can make the choice on their own terms of when and where they would like to die, surrounded by people they love. Let us be clear: this is an end-of-life choice, an option that to date has been accessed by less than 1 per cent of people whose lives end each year. It is about choice, it is about compassion and it is about dignity.

The legislation addresses barriers that have prevented eligible Victorians, those who are suffering with life-limiting illnesses, from accessing voluntary assisted dying, and does not go any further than laws that are already in place in other jurisdictions. The reforms are grounded in compassion, clinical experience and the evolving national landscape of end-of-life care. The existing legislation, together with these amendments, will improve equity of access for people who have lived in our community, contributed to our society and are now facing life-limiting illnesses, that have been excluded from voluntary assisted dying due to settings no longer in place in most other jurisdictions.

Let us be clear: these Victorians are already dying and suffering, and our system is not responding as well as it should. The amendments before us today afford them the same dignity and choice afforded to others. They are not about indiscriminately or substantially expanding the eligibility of voluntary assisted dying. Rather, they are about refining a compassionate framework to better serve those it was designed to help. It is about ensuring that no eligible Victorian is denied access due to settings that are no longer fit for purpose. Most importantly, they are about reaffirming our commitment to dignity, autonomy and the highest quality care at the end of life. We cannot give people their lives back, but we can give them more choice and control over the way they die. We can offer them more peace, dignity and the comfort of knowing they will not suffer needlessly.

Prior to this legislation being considered in this place, I have spoken to many people and received a high volume of correspondence from people who both support and oppose voluntary assisted dying. I thank everyone who has reached out, whether it be over the phone or through emails, through letters and in all different mediums.

I have also reflected on my own personal experiences – that of my grandmother and my brother who suffered immensely during the illnesses that ultimately took their lives. I have considered how their circumstances, their pain and suffering could have been mitigated if voluntary assisted dying had been available to them. In terms of my brother’s situation, I think it is fair to say that no-one could have fought harder than my brother, who was diagnosed with cancer around the age of 15. He fought hard for two years. He was originally diagnosed with a lymphoma the size of a grapefruit next to his heart, which could not be removed. Radiation and chemotherapy managed to get it into remission, but he developed a secondary cancer for which he required a bone marrow transplant, but the registry was in its infancy at the time, so we could not find compatible donors. He was someone who rediscovered faith during his illness, and it was something that he drew a great deal of strength from. He had two years of gruelling different treatments, trying all sorts of different things. On two occasions he was admitted into ICU and the doctors had said he was unlikely to make it through the night, but his strength and courage saw him through. He said, ‘Don’t worry, I’ll be fine,’ and he came out the other side. But after two years of all those different treatments, he was spent. He had nothing left.

I still remember this day. It was in the early hours of the morning on Monday 29 July when he woke up – and we were still sharing a bedroom because we were both quite young – and he said he could not move. We got him to the Alfred hospital as quickly as we could, and they essentially said, ‘Well, we can try this, we can try all these different things. Maybe we can get him another six months,’ and he just said, ‘I’m done. I’ve got nothing left. I can’t fight it anymore.’ So he made the choice, and we sat with him that day and he slowly passed at about 5:25 that evening. He did not have voluntary assisted dying available to him at the time, but I do have a father who has been diagnosed with Parkinson’s disease and has a number of other quite severe medical issues as well, so that is obviously a discussion that we will be having as a family fairly soon.

I would like to think that he should be able to have the same choice that my brother had so that he could go on his terms and in a way that he would best like to. These are just a couple of my personal experiences, but I have also listened to the personal experiences of other family members of those who have accessed VAD or those who have terminal conditions and are considering it as an option, including my good friend in the other place Emma Vulin – and I know she has been here for a lot of the debate this afternoon – who in her contribution on this legislation said the following:

> 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.

This legislation before us today is an opportunity for us to improve the system and ensure that every eligible Victorian with a terminal illness is afforded equitable, fair and timely access to choice. It is about compassion, and it is about dignity. I know that there are a lot of other people that still want to make a contribution on this today, so I will end my contribution with another quote from my good friend Emma Vulin, who has been a source of strength and courage and inspiration for so many in her advocacy work and all that she has been seeking to do since her diagnosis. She said:

> 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.

And with that, I also commend this bill to the house.

Sitting suspended 6:22 pm until 7:32 pm.

Wendy LOVELL (Northern Victoria) (19:32): As legislators, we are often called upon to make decisions about issues that we are not always comfortable with, and I think this bill and its predecessor that established the voluntary assisted dying framework in Victoria are two of the bills that have caused me to truly search deep within myself in making a decision on whether to support or not to support them. I want to thank the many constituents and stakeholders, including medical professionals, who have contacted me to put forward their views on this legislation. I particularly want to thank those who have taken the time to tell me of their personal experiences. The loss of a loved one is deeply personal, and I thank them for sharing their experience with me. I have read them all, both for and against, but in the end I will have to weigh up both sides and decide for myself which way I will vote.

When we debated the first bill in 2017, it was the most ethically challenging decision we had ever been asked to make as members of Parliament, because Victoria had never before had a process or a framework that allowed for legally ending a human life. I opposed that legislation because I was concerned about aspects of the bill that were inconclusive, particularly the fact that the state had not even established what substance would be available to a person who chose to access VAD. I had other concerns, like the substance being kept in a locked box in the home and whether other members of the family may access that locked box. On reflection there were many unknowns that concerned me, but now that the scheme has been operating for several years I am more comfortable with the operation of the scheme, which has assisted some 1683 individuals to end their suffering.

This bill does not set out to reprosecute the case for a VAD scheme; it merely sets out to amend some of the aspects of the current scheme, so the way we vote today should be viewed as our responsibility as legislators to ensure that a legally available choice in end-of-life decision-making is supported by the most appropriate legislation and regulation. On balance I am inclined to support this legislation, but there are some aspects that concern me. There are numerous amendments that are being put forward, and I will consider each of these and most likely support some.

One of the aspects of the legislation that does concern me is the requirement for doctors to provide minimum information about VAD to patients who request it. This requirement will be imposed on all doctors regardless of whether they have a conscientious objection to VAD or not. I do not disagree that doctors should provide some information, but I am concerned as to what information is required and I am concerned because there is a discrepancy between what the minister has said a doctor will be required to provide in the second-reading speech and what is actually required in the legislation. In the second-reading speech the minister said:

> This is intended to be contact information for the Statewide Care Navigator Service and the relevant Department of Health website – no more, no less.

But the legislation requires a doctor to give a minimum of two pieces of information. Clause 6(2) requires that:

> If a registered health practitioner who has a conscientious objection to voluntary assisted dying refuses to provide information about voluntary assisted dying to a person requesting information about or access to voluntary assisted dying, the practitioner must –
>
> (a) advise the person that another registered health practitioner or a health service provider may be able to assist the person in relation to information about or access to voluntary assisted dying; and
>
> (b) give the person the information approved by the Secretary.

There are two parts to that, not just to give the information that the minister talked about in the second-reading speech. I do not actually object to the requirement for a doctor to be required to advise a person of another health practitioner who can assist, but I do object to the minister not being transparent about that requirement. I also have concerns about the anomaly around the information that is required to be provided. If it is, as the second-reading speech says, just the contact information for the statewide care navigator service and the relevant Department of Health website, why doesn't the legislation say that? The way it is currently worded means that the secretary could require other information they choose to approve to be provided. There are amendments that are being put forward to limit that information to what is outlined in the second-reading speech, and I am inclined to support those amendments. I do acknowledge the right of individual doctors to have conscientious objections. It is the right of every individual to have their own beliefs. But on balance I think it is important, especially in rural settings, where we do not necessarily have a lot of choice of doctors, that a doctor who has a conscientious objection to discussing VAD does provide that minimum information.

This legislation will also lift the so-called gag on health professionals raising the option of VAD when discussing end-of-life choices with patients. I think this is a good thing, as not everyone would be aware that VAD exists in Victoria and a patient should be fully informed of their options. I know doctors raising VAD as an option has caused some concern to many people. But in considering this I have come to the conclusion that I trust doctors and nurse practitioners to always have the best interests of their patients at heart and to only raise VAD responsibly and cautiously, so I support the restriction being lifted for doctors and nurse practitioners. What I do not support is that right being extended to other health practitioners. This is not a subject that should be raised by your podiatrist, chiropractor or other practitioners, so I will consider amendments that are being put forward that narrow the scope by limiting this right to doctors and nurse practitioners.

There will always be concerns about this legislation because the subject is so sensitive, and this will not be the last time we will be asked to review this framework. It is wrong to consider changes to this bill as watering down safeguards that were put in place in the original bill, because we should regularly review legislation to ensure it is appropriate. This legislation was last debated in 2017, and eight years later it is time we reviewed it. On balance I think this legislation will improve the operation of Victoria's VAD scheme but also think it can be improved, and I will consider each of the amendments on merit and support those I think clarify or improve the bill. I will continue to listen to the debate and to all arguments put forward during the second-reading and committee stages. While I will support the second reading, I will reserve my right to decide on my final position when we vote on the third reading.

I also think it is important to talk about other options for end-of-life planning and care and to ensure that the state adequately funds services like palliative care, particularly in regional areas. When we debated the original VAD bill, palliative care was significantly underfunded in regional areas. In my own region the level of funding for palliative care in the Hume region was 29 per cent less than the state average, and in the Loddon Mallee region it was 22.6 per cent less. I acknowledge that there was an increase in palliative care funding in 2020–21 and that the government is currently conducting a refresh of the palliative care framework. I urge the government to ensure this service is adequately funded in all regions of our state so that no matter where Victorians live they have access to palliative care and do not feel the need to access VAD as an alternative.

Harriet SHING (Eastern Victoria – Minister for the Suburban Rail Loop, Minister for Housing and Building, Minister for Development Victoria and Precincts) (19:41): Thank you very much for the opportunity to speak on this bill here this evening. We have heard contributions in this place that have taken us beyond the original discussions that played themselves out in 2017, which bore out stories of love, of grief, of loss, of anguish, of grace, of family determination and of pain. I am hoping that as part of this particular process of debate we can continue to extend the same respect as was evident in the course of that debate when voluntary assisted dying led the way here in Victoria to become a scheme that would empower people living with terminal, insufferable pain, incurable illness and disease. I want to at the outset thank everybody who has been part of the representations to members of Parliament and ongoing debate and discussion, as should be the case on an issue of this substance, to make sure that as we contemplate large-scale systemic reform within the work of government, within the processes of parliaments, we are never able or willing or given permission to shy away from the innately, intrinsically human importance of what it is that brings us to our feet and to this place.

Many people have spoken about the five components of this bill, their intent and the principles that underpin them. To my mind they are easily and readily broken into a number of themes: of accessibility, whether that is the provision of information to assist people to make decisions that are right for them or whether that is about the access to a compassionate exemption in a range of very, very limited and strict conditions; of equity, in making sure that conscientious objections can be clarified in an extension of the prognosis period from six months to 12 months for most conditions; and of the provision of dignity through the repeal of the gag clause and an opportunity for conversations to occur as part of whole-person treatment, engagement and discussion of often intensely difficult and painful subject matters that are able to be ventilated with trusted practitioners, often who have known a patient, a client or a consumer for their entire life.

I do not for a second underestimate the seriousness with which communities, practitioners and lawmakers undertake this work to understand better the intersection between the moral and the ethical on the one hand and the legal and the regulatory on the other. To that end I think that the experiences that we as parliamentarians bring to this place are, as I said in 2017 when I spoke on the originating legislation, based almost exclusively in theory. They are academic in nature. They warrant and require a careful examination of the way in which systems operate, the way in which decision-making frameworks are deployed and the way in which we as lawmakers can ensure that, to the best extent possible, we have systems and processes that have relevant safeguards in them.

Here we are now following a comprehensive review, following careful consideration in the abstract, in the academic and in the clinical and through the lived-experience framework, contemplating how voluntary assisted dying laws here in Victoria might be able to be better shaped and deployed and resourced in order to meet the primary objectives for which they were established when the law first passed. But underneath all of this there is this current of need for us as human beings to understand what it means to live well and to die well. Underneath this discussion about the technical detail and the operation of a framework that here in Victoria was set up and established, which paved the way for reform around Australia and now has the opportunity to continue its improvement, sits an incredibly fragile and vital part of the human condition – that is, our innate hardwiring to survive and to talk only about life. We need, as I said when the legislation was first debated, to be talking about life as one side of the coin that also invites, requests and indeed in this instance demands a conversation about death. This is where the reforms that are proposed by this bill are set up and established, following that review, to better reflect the objectives of what it means to provide people with agency, with free will, with autonomy, with dignity, with equity, with accessibility – those themes that I outlined at the start of my contribution that I see as being foundational to the bill we are debating here.

Everybody here has experiences and stories of interactions with people they love, advocacy for family members – ones that we have loved and lost. In 2017 I spoke of my late brother Patrick, who died following an incredibly intense battle with prostate cancer. His was one example of the frailty of the human body in the face of disease which is inoperable, incurable, and pain which is intolerable. He is one of so many, though, and ultimately, when I spoke about him, I was clear to say that bill was not about him, it was about the decisions that were available to him. Here again tonight I reflect upon the people most dear to me. One of the people who many have referenced in their contributions, someone whom I am closer to than just about anybody in the world, who occupies an enormous space in my heart, who I love to the moon and back, is Emma Vulin. Emma brings a clarity to this conversation that transcends the theoretical and the academic. This is about real-world consequences. It is in Emma's instance about autonomy, free will and the opportunity to free up the space for a life yet to be lived such that it is not occupied by the way in which death may need to be accommodated.

I had the opportunity to talk with these levels of engagement with my late dad David Shing. He was here when the first bill was debated in 2017, and he died not two weeks ago. I did not get the opportunity to say goodbye, but what I do know is that I wished for him and I wish for him now, even as I love him – even as I will always love him – that when he died he was not scared and he was not in pain. Again, the point that I am making here is that we need to be able to transcend the gaps between the academic and the legislative, between the regulatory and the systemic and between the intensely human nature of love and of grief and of loss and the desire to have those around us given the dignity, the accessibility and the equity of self-determination around bodily autonomy and the way in which they die. I talked with my dad about what I was going to say tonight, and one of the things that he made clear to me was the importance of making sure that at every step of the way people be given an opportunity to make the decisions that are right for them by reference to information that they can access which is accurate and which is digestible – information that will assist in the preparation of decisions, actions and consequences that give the most meaning to the way in which a life is completed.

There are always going to be reasons as to why it is we should not reform our systems to create greater access to the sort of decision-making contemplated by the voluntary assisted dying framework. There will always be reasons to say that there are insufficient safeguards. There will always be reasons to say that there has been insufficient time to consider everything at play such that no action should be taken until every single stone has been turned – whether they are the stones we are aware of or those whose existence has not yet even been revealed to us. But to do that ignores the human essence of the conversations and the discussions that we are having and that, at their heart, medicine and science are systems to which the human condition applies. Judgement, opinions, information, probability and likelihood apply.

Dad often said that the way in which you assess a prognosis of death is inherently uncertain. This does not change that. What it does do, however, is provide people with a greater measure of certainty of the time that they might need in order to make decisions that do not result in death that is occurring in a circumstance of violence, of loneliness, of fear or of intense pain. It may well be that somebody lives on for many years after a diagnosis that may well afford them access to voluntary assisted dying, but correspondingly it may well be – as has occurred under the current framework – that despite all best efforts, access to voluntary assisted dying has not been available, because there simply has not been enough time.

I want to thank everybody who is part of this debate and this discussion for what it is that we do here in this Parliament, reflecting and respecting the views of our communities, and for the work that we are doing to make sure that, where systems are amended and changed for the purposes of accessibility, equity, dignity, safety and autonomy, this occurs with the resourcing that is required to ensure that systems operate well and as intended. This bill is not a debate on the core principles of voluntary assisted dying. What it is, however, is an opportunity for us as lawmakers to recognise and reflect the humanity that brings us here in the first place – that brings to this place the amalgam of the love, the loss, the grief, the friendship, the frustration, the anguish and the fear that we all know is an inherent part of being human and of the desire that we have – notwithstanding our frailty and the inevitability, if we are so lucky, of ageing and of death – to survive and to thrive. I have great confidence in the practitioners, the experts, the people who provide care to patients and to clients and to consumers and the seriousness that they place on the acquittal of their roles and responsibilities. I do not doubt for a second that these systems-based reforms are difficult, but correspondingly what I would say is that what is more difficult is to understand the impact of shortcomings and to turn away because to do nothing is easier.

I am grateful for the opportunity to speak on this bill tonight. I do commend it to the house. I also dedicate it to my beautiful dad, who despite the fact that he is not here had an awful lot to say about the legislation when it was first debated and no doubt will continue to have views about it even now. I wish the bill a speedy passage, and I thank everybody who has been part of this intensely important, personal and progressive message around what we as politicians do in this Parliament to make the most meaningful difference of all.

Moira DEEMING (Western Metropolitan) (19:56): I rise to speak against this bill. I want to acknowledge at the outset that this has been one of the very best debates that I have ever seen this Parliament have. I think it has been edifying on all sides. There are good reasons for people to agree with this bill and good reasons for people to disagree with this bill. I will not be supporting this bill, because I do not support assisted suicide at all.

We have heard it said that because we have had this legislation in operation, because we have had this review, it has been a success. But it has been measured by an increase in people dying. How can you have a lived experience of death? Death is not a product. It is not a service. And why is it that on the death certificates the cause of death is listed as the underlying disease or illness rather than suicide? I do refer to it as suicide because I believe it is a form of suicide. You can look up many dictionary definitions: suicide is the act or an instance of ending one’s own life voluntarily or intentionally. Currently, to access suicide a person must be diagnosed with a disease, illness or medical condition that is incurable, advanced and progressive and is expected to cause death within weeks or months not exceeding six months and that is causing suffering to the person that cannot be relieved in the manner that the person considers tolerable. It does sound reasonable, and I do believe that most people intend to support these kinds of things based on compassion. But these restrictions were agreed upon when

Parliament passed the Voluntary Assisted Dying Act in 2017, and now we are having these safeguards, these restrictions, wound back.

The reason that I do not agree with this law is I believe that there are some things, for the benefit of others, that we simply must bear up under. Some lines once crossed mean that we lose more than we ever meant to give away. Assisted suicide, in my opinion, is one of those lines. We were told in 2017 that the legislation would allow assisted suicide in circumstances that were narrow, rare and safe, with strict limits, strong safeguards and deep respect for conscience, and it would be only for the dying, only for those in unbearable pain that medicine could not relieve. That was the promise. But today, with this amendment bill, all of those promises are being undone, and that is exactly what has happened in every jurisdiction that has abolished that foundation cornerstone of health care, which is the promotion of life. If we are going to be extending the requirement to 12 months, then why not 18 months? Why have a terminal illness requirement at all? It is the slippery slope. If one year, why not two years? If physical suffering, why not emotional suffering? If adults, why not children? People say that the slippery slope is a logical fallacy, and I agree that it is a semantic logical fallacy, but it is actually a real-world certainty.

In Canada assisted suicide, like all the other places, was instituted only for the dying. In Belgium, the Netherlands, Canada and other places now it includes all kinds of things: disability, mental illness, even poverty. They now euthanise people with anorexia, trauma and chronic depression, victims of rape, victims of abuse and people with dementia – people who might have recovered. The Netherlands have euthanised 15 children. One was just 12. Sixteen- and 17-year-olds can get help to commit suicide without parental consent. One government is even considering allowing it for children aged one to 12 and even for newborns.

When my husband was born, he was born with a very, very severe cleft palate and cleft lip. The doctors told his parents that he would probably not walk, that he would be a vegetable and that he would probably end up in a home. He is actually two points off genius. He is the best man I have ever met, and he is the father of four amazing children.

I, like I would say every single person, have been suicidal due to tragedy and injustice in my life. I do not want to legitimise suicide. People who work with youth are slaving away telling them, ‘No matter what happens to you, you don’t give up. You keep going. Life can get better. You’re important. It doesn’t matter if you don’t have everything perfect in your life. It doesn’t matter if tragedies happen in your life.’ How are we going to actually say to them that they should not commit suicide if we do not have a problem with it? Everything feels unbearable sometimes. In Belgium the age limit was abolished in 2014, and the youngest child euthanised there was nine years old. I think that this is what happens when a nation forgets how to endure pain and revere life.

I also want to say that I am very much aware that it is a very heavy thing that I am asking. It is even more heavy that I am not just speaking about these things theoretically or on social media but that I have a vote. I am not asking lightly. I am not asking without skin in the game. I am not asking without fear for me and my family for what might be – what surely will be actually – the standard that I am now going to expect myself to hold to. I cannot whitewash it. I just really do believe that if we devalue life, if we allow suicide to be an option that is just like any other choice, then we are not going to be able to look anybody in the face in this society and tell them that their life is worth living.

In Victoria I do believe that this bill is going to set up a mechanism with this five-yearly review which is going to evaluate the operation of the act, but it is not a safeguard; I think it is an invitation. It is just a formal calendar invite to expand the bill – that slippery slope. The pattern is undeniable everywhere, in every other jurisdiction, without exception. People who do not have perfect health feel like they might be a burden. People do not want to look after other people. There is a dark side to humanity. It is something that needs to be restrained, and we need to honour self-sacrifice and serving others. Under the original act doctors were forbidden to raise assisted suicide with a patient first. That protection was put there deliberately to stop that subtle pressure, to protect those who are frightened, lonely or depressed and to protect against exploitation and abuse. It is a safeguard that this government is actually promoting being put into a bill about sexual harassment cases, but it has taken it out of this one.

Then there is the conscience clause. Members in this chamber have been granted a conscience vote today, but doctors, nurses and others in Victoria are not going to be given the same grace. Under this bill a practitioner cannot object to assisted suicide without participating by way of providing information and helping them find someone who will help them do this thing which goes against their conscience, and whether you like it or not, they would consider that participating in a murder. They do not want to participate in it – and it is no judgement on anyone else. You are doing them a moral injury. Faith-based doctors, anyone with a conscientious objection and even palliative care specialists devoted to preserving life must choose between their conscience and their career. We cannot be protecting our own moral freedom in this place while binding it for others outside. I do not think that there is such a thing as a right to have help to end a life.

There are also extensions so that others who are less qualified and less experienced can now be engaged in this – I do not want to call it a ‘service’ – and consent can now be expressed by any means of communication available: ‘Was that a nod or was it a gesture? Was that a yes or a misread silence? He didn’t say no.’ That is just bureaucratic convenience. That is not consent. Everybody knows that.

Meanwhile, Victoria’s palliative care services remain underfunded. We still have people dying in pain, not because pain cannot be managed but because services cannot reach them. Palliative Care Victoria made it clear that pain can be alleviated in almost every case, and in the very rare situations where it cannot, palliative sedation can bring peace until a natural death occurs without actually taking a life. The Australian Pain Management Association has warned that laws like this let health services off the hook. Why invest in better care when it is cheaper to end the patient’s life? We are spending millions and millions of dollars to prevent youth suicide and to prevent male suicide, and on R U OK? days – it has just become completely incoherent. Are we for life or are we against life? If pain is the problem, let us deal with the pain. If dignity is the problem, let us deal with ways to keep dignity as much as we can. But if we define dignity only as health, and peace as the absence of suffering, then we have already decided that sickness, frailty and dependence make lives less valuable and less worthy of love.

I do believe that assisted suicide may feel like mercy, but it teaches the next generation that some lives, even their own life, and some tragedies mean that life is no longer worth living. It blurs the line between compassion and convenience, and I really think it erodes that moral muscle we need as a society to carry our wounded instead of to abandon them, even if it is done in love. As a society, as a group, the incoherent message and the contradictory messages that we would give will do irreversible damage. Assisted suicide is the loan that we take out against the value of life itself. It is the compounding debt that our children are going to have to pay with interest. We can do better than assisted suicide, but we can be understanding as to why people would feel like they want to take that option.

Michael GALEA (South-Eastern Metropolitan) (20:10): I rise to speak on the Voluntary Assisted Dying Amendment Bill 2025. Following the passage of Victoria’s Voluntary Assisted Dying, VAD, laws in 2017 and their implementation in 2019, we have seen similar laws enacted in every other state and in one territory. A review of Victoria’s laws was published last year and it proposed various reforms, though in keeping with its terms of reference it did not propose legislative changes. A number of submitters to the review expressed a desire for legislative reform, which formed part of the genesis for this bill before us today. I do note, however, that as a consequence of this not all submitters were presented with the same opportunity to provide input on those legislative reforms in the course of that review. Being the first state to legislate VAD in Australia has meant that other states have been able to learn from our example and to craft their laws accordingly. Proponents of the bill before us today note that there is now a need for Victoria’s laws to catch up. They further note that each amendment in this bill is in operation elsewhere in Australia, which it is certainly correct to say. It is also worth noting that no other state so far has the breadth of these amendments in operation in their totality. The ACT does. However, their legislation came into effect only last week, which is to put aside any other differences that have been highlighted between our jurisdictions. In a similar way to how Victoria navigated its way through the initial VAD bill without reference to those other states, we are now in the position of updating our laws with the benefit of reviews done in this state and in Western Australia but not in other states.

The bill before us today is not a debate on whether we should have VAD in Victoria. That is a settled matter, and I take the opportunity to note my support for VAD. It is a debate on where we define the appropriate balance between access barriers and safeguards. When applying our own considered interpretation to this, we are invariably going to arrive at a multitude of conclusions as to where the appropriate delineations are between what are safeguards and what are access barriers. One inescapable conclusion to me is that in all but perhaps the most extreme cases every access barrier is a safeguard and every safeguard is an access barrier.

With the opportunity that a conscience vote provides, it also comes with a great responsibility to not only apply your conscience but to make your conscience as informed as it can be. In the pursuit of that responsibility I have had the opportunity to meet and talk with many, and I wish to remark my gratitude to those who have taken the time to share with me their informed perspectives and their firsthand experiences, be they proponents or opponents of VAD or those with nuanced views in between. I would like to acknowledge the constituents who have reached out to me to share their views. Though I have not yet been able to respond to each one, I have read each and every one. I would also like to acknowledge the tenacious campaigning of my dear friend the member for Pakenham Emma Vulin, who continues to inspire so many of us in this place.

The contributions that I am making to this bill this week reflect the conversations and other research that I have done to make myself as informed as I reasonably can be so that I may approach this bill with the respect and gravity it deserves. There are many amendments in this bill which I find to be commendable. Provisions in the act which currently restrict VAD only to Victorian residents and Australian citizens were perhaps a lot more justifiable in 2017 within the context of Victoria being the first state in the nation to legalise VAD and the understandable desire not to encourage so-called VAD tourism between states. The bill amends this to a requirement of three years residency in Australia, which will enable, for example, someone living interstate whose family is here in Victoria to return home, to be here in the place of their choosing and choose the place of their death.

Another positive change is the removal of the requirement for those with neurodegenerative conditions to seek a third prognosis assessment, which will remove something which has been a source of additional distress for many. And perhaps the least contentious part of this bill is the inclusion of a specific new offence which will prohibit consulting or coordinating VAD practitioners from being beneficiaries of patients. This is a provision which exists in every other state and territory’s VAD legislation, and it is appropriate for it to be included here. Another component which is in effect in every other Australian jurisdiction but not in Victoria nor in this bill is a clause outlining an explicit legal protection that affirms that VAD is not suicide. Noting that this was raised by the member for Preston in consideration in detail by the Assembly, I anticipate that I may have questions in the committee stage in relation to this particular proposed change.

One amendment where my view has been challenged over the past few weeks and my view has changed as a result is that of extending the requirement of the prognosis period from six months to 12 months, noting that, of course, for neurodivergent patients this is already at 12 months. My anxiety over this amendment stemmed from prognoses being inherently less accurate the further out they are, a correlation which is perhaps not absolutely linear but still one that is generally accepted. Whilst I am still somewhat concerned about the potential for misprognosis at that higher threshold and therefore will not be supporting amendments to further extend that prognosis eligibility period beyond 12 months, I have come to the view that the main benefit to be derived from this amendment will be the peace of mind it will afford VAD applicants, patients and their families, and I therefore support this change.

This position has been shaped through conversations with palliative care doctors, but it was reinforced by a conversation I had with a member of the public, also named Emma, who reached out to me. Emma's father was a constituent of mine in the Carrum area, and she told me how her father Terry had battled prostate cancer for 13 years. In that time he had lived a full life, and he had fought his cancer as vigorously as he could. When deterioration came, it came rapidly. Terry came home and made explicitly clear to his family that he wished to access VAD. By this point, however, he was too weak to travel to see the relevant specialist oncologist, and despite every effort of Emma and her family they were unable to provide him that access to VAD. His condition worsening, Terry would eventually be taken by ambulance to a palliative care unit where he died the next morning. Emma believes that had this amendment been in effect in relation to the 12-month prognosis period, her father and their family would have had the time to make these arrangements earlier and have the peace of mind that followed.

Another component of this bill which I have given much attention to is to the removal of the so-called gag clause, which would enable doctors to initiate conversations with their patients provided it is done within the context of broader end-of-life discussions. This is a measure that I support. Medical practitioners should be enabled, though not compelled, to initiate conversations about VAD when it is appropriate to do so and within that broader context. I am and have been for some time, however, concerned with the broadening of the scope of this part of the bill in such a manner that it not only allows medical doctors, nurses and other practitioners to initiate discussions but would also allow a much broader and wider cohort of health practitioners to initiate those conversations. The effect as currently stated in the bill would be that anyone who is a registered health practitioner as per the Australian Health Practitioner Regulation Agency definition, which includes chiropractors; dental practitioners, including hygienists and oral health therapists; optometrists; podiatrists; midwives; Chinese medicine practitioners and osteopaths would be able to initiate VAD conversations with their patients.

I wish just at this point to note that my concern here is not primarily with overt or outright wrongdoing on the part of these health professionals. I know that the vast majority of them are professional, and I am satisfied as well that the existing penalties in the act for such egregious breaches are sufficient. My concern, however, is for the potential for inadvertent coercion by a well-meaning practitioner, perhaps also a more cavalier one, whose realm of practice does not typically extend to such matters, especially when the inherent vulnerability of someone at the end of their life intersects with other vulnerabilities, such as language or cultural barriers, a well-intentioned initial conversation could be taken as a suggestion or even encouragement. This could particularly be the case if the matter is raised with a patient by multiple health practitioners unbeknown to each other, not knowing that others have already done so. It has been said that the vast majority of these health practitioners would be very unlikely to raise these conversations in the first place, which is reasonable and certainly aligns with the views of the many health practitioners that I and colleagues have spoken to about this. But it also makes the point to me that such a broad scope is not necessary. Given the inherently increased risk such a broadened scope presents, I believe it is far more appropriate for the initiation of VAD conversations to be the domain of a select fewer cohort, that being medical practitioners, nurse practitioners, registered nurses, psychologists and Aboriginal and Torres Strait Islander health practitioners. Accordingly, I wish to outline that I will be moving amendments, and I wish to now circulate those amendments in my name.

These amendments ensure that the people who are most qualified and in the most appropriate position to initiate VAD conversations are the ones to do so. They will specifically allow a broader health practitioner who is not covered by those five entities I just outlined to still respond to a patient's VAD query when it is raised by a patient, and they will be able to respond by directing them to an appropriate other practitioner, such as a medical practitioner. They will, in my view, meet the intent of this part of the bill without unnecessarily increasing the risk in the process. And accordingly, in circulating these amendments I wish to acknowledge and thank not only the many stakeholders and experts in their fields who have given their time to engage with me on this but also colleagues and other members in this place and also indeed the minister and her chief of staff for engaging with them and coming to a point where we can hopefully find a source of common agreement. I understand that these amendments will now be supported by the minister, and I would be very grateful to the chamber for their support.

In closing, this is a remarkably significant bill before us today. It does go to the very heart and to the very essence of life and death for Victorians. With the amendments that I have circulated I am of the view that this bill will strike the appropriate balance between removing those access barriers and providing important safeguards, and I hope that I have done my best to fulfil the immense challenge that this bill has presented me with.

Rachel PAYNE (South-Eastern Metropolitan) (20:22): I rise to speak on the Voluntary Assisted Dying Amendment Bill 2025. Like my colleague Mr Ettershank, I strongly support these amendments to improve access to voluntary assisted dying in Victoria to ensure that more people have the right to choose to end their life with compassion and dignity. We all die. We have no choice in the matter. For most of us, we do not know when that will be. For those who face a terminal illness, they do. For those people, this legislation is about compassion and choice, giving people with a terminal illness who are suffering the ability to choose how they end their life. They can spend their final moments surrounded by family in a setting where they are most comfortable to be at peace and feel like themselves.

Voluntary assisted dying also recognises that when people are suffering they will look for ways to end that suffering. The inquiry that led to the introduction of voluntary assisted dying in Victoria received substantial evidence about Victorians who took their own lives in painful, lonely and unacceptable ways. Evidence from the coroner showed that one terminally ill Victorian was taking their life each week. By legislating voluntary assisted dying we were addressing the shame many people were experiencing with suffering from a terminal illness and wanting to end their life. At what is otherwise a deeply sad time, these changes help to empower those living with a terminal illness to make that choice on their own terms to end their life. As one de-identified case study in the Voluntary Assisted Dying Review Board’s latest report put it:

> She passed away with her cat on her lap, looking across our backyard to the dam with me holding her. It doesn’t get better than that.

Everyone hopes to pass away surrounded by loved ones in a place that is dear to them. For those suffering with a terminal illness, these laws allow this to happen.

The Voluntary Assisted Dying Amendment Bill 2025 expands upon the original legislation in 2017, when Victoria was the first jurisdiction in the country to pass legislation of this kind. These laws were brought in to provide safe and compassionate end-of-life care in Victoria, but at the time they were introduced we adopted a fairly cautious approach. Since then, voluntary assisted dying has become available in all Australian states and New Zealand. We now have the opportunity to learn from the experiences of other jurisdictions, expand upon our legislation and harmonise our laws wherever possible. The modest amendments in this bill will help ensure voluntary assisted dying remains accessible to Victorians in an equitable way and operates to provide safe and compassionate end-of-life care while retaining necessary safeguards. Importantly, this bill will finally allow health practitioners to initiate discussions about voluntary assisted dying. Until now it could only be raised if a patient raised it, limiting access to those who knew it was an option, not all those who may be eligible and want to end their life on their terms. Like conscientious objections in other settings, this bill includes an amendment to ensure health practitioners who conscientiously object to VAD provide minimum information to patients, ensuring that someone seeking care is not left uninformed at a critical time.

Other important amendments in this bill include expanding access by making changes to residency and prognosis requirements and shortening the minimum time between the first and final request to access voluntary assisted dying from nine days to five. In 2024–25 there were 837 requests for VAD, commonly with people experiencing neurodegenerative conditions or suffering with cancer.

171 applicants died before receiving a permit. It is common that applicants to the scheme die, deteriorate or lose decision-making capacity before being able to access it as people access it in later stages of their illness. This is why it is so important that voluntary assisted dying operates effectively and in a timely manner. There are other improvements to the legislation that go beyond what the government is planning to do and should be considered to ensure the scheme is operating as well as it could, which we will be supporting.

Voluntary assisted dying is not just about the person who is suffering, it is also about their family, their loved ones, their friends and their chosen family, who often care for them and bear witness to their pain. I would like to take the chance to speak about some reflections I had recently with a dear friend of mine who supported their best friend through their end-of-life journey. I wanted to speak to my friend as someone who was this person's chosen family about what they observed of their best friend's experience and why my dear friend is such a strong advocate for voluntary assisted dying now after seeing that access. For privacy reasons, I will refer to them with the pseudonym Jim.

Coming from a conservative background, Jim did not tell his family that he was going down this path. He was independent and private, so he did his research, he consulted widely, before bringing his chosen family into that conversation. My friend relayed that when it was time to talk through Jim's thought process on VAD, the team at Peter Mac were amazing – really good at providing group support and therapy and available to answer questions for friends and family. Jim knew his diagnosis and what was to come. Knowing that VAD was available provided him with some relief. He was only in his early 40s. He wanted to go with dignity and have control over his decision.

My friend also said that there was time to talk about if this was what he really wanted to do. He wanted to do things his way and on his own terms. He had time to organise things for himself, and he had time to make it a special occasion. Reflecting on the experience of access and the support of the medical staff, my friend said that they never pushed it. You had VAD as an option, but you also had the option not to use it. The advice was matter-of-fact and practical. Jim had time to say goodbye to his nearest and dearest and had time to process his decision, and then he fell asleep. Instead of fighting and battling with a terminal illness and dying slowly, he still had the energy to know what he was doing. The relief it gives people in a time of feeling out of control gives people hope for a painless and chosen end.

I just want to say a big thankyou to my dear friend for sharing her experience with me and allowing me to share that story. Legalise Cannabis Victoria is a party of compassion, and compassion is at the heart of these laws, which is why we will be supporting them. We would also like to see this government consider other compassionate schemes for end-of-life care, like the New South Wales compassionate access scheme for medicinal cannabis. This scheme ensures people with a terminal illness and their carers will not be criminalised for growing their own medicine. For many people who cannot afford the significant costs of medicinal cannabis, this helps protect them at the most vulnerable point in their life. A similar scheme in Victoria would further cement this government's compassionate and dignified approach to end-of-life care.

Turning back now to the bill, these are important reforms that strengthen equitable access to voluntary assisted dying in Victoria. We will support them and any amendments that address unnecessary barriers to access.

Renee HEATH (Eastern Victoria) (20:31): It has been an incredible debate, and I have really enjoyed listening to it. I really hear where everybody has been coming from. I just want to acknowledge that although we have got probably 40 different views within this chamber, I believe they come from a place of compassion. At the outset, and for the sake of time, I want to mention five points that I have jotted down that have been a concern to me today as I have listened to this debate. The first one is: I am extremely concerned that the cause of death will not be recorded as VAD, or is not at the moment, but is recorded as the underlying health issue, which is just not factually correct. That is the first thing that I have a concern over. The second thing is the claim that the Minister for Health has made that this would bring us in line with other states and territories. Mr Galea touched on it really briefly before: even though all of these amendments are in place in one place or another, there is not another state in Australia that has all of them. This would not bring us into line with the rest of the states, it would make us the most progressive and radical state in Australia in that regard. The third thing is I think we have to be very careful not to conflate facts here. This is not about access to voluntary assisted dying. That is already cut and dried in this state. People already have access to VAD in the state of Victoria. What this does do, however, is severely restrict the rights of doctors and healthcare practitioners, and I think that that is something that we have to be very careful about. This debate is not about whether or not VAD is legal in Victoria. It is. This was the first state in Australia to legalise VAD, and I do not think we have forgotten that.

Just while we are speaking of conflation, I have been amazed that ethical principles like the law of double effect have not been brought up during this debate. This is an extremely important differentiation to make when we are talking about something like this. Many people in our discussions around the place have talked about how morphine is apparently used as a cause of euthanasia. Well, that is not the case. The law of double effect is a principle that suggests an action with both a good and a bad outcome is morally permissible if the intended outcome is not the bad outcome but it is likely a foreseen outcome. For example, giving a terminally ill patient a high dose of pain medication – for instance, morphine – is permissible if the primary goal is to alleviate their suffering. It will hasten their death, but that is not the goal; it is to alleviate their suffering. This is the law of double effect. That is palliative care. That is not voluntary assisted dying, that is not euthanasia, and we have to keep those things very clear. They are different things.

The last thing that I just want to bring up before really getting started is that I am very happy with Mr Galea’s amendment on taking out the ability for healthcare practitioners, because I am one of those cohorts. I am a chiropractor. I am registered with Australian Health Practitioner Regulation Agency. I have no training, no qualification and no ability to give anybody a prognosis. We do not know that. We rely on medical practitioners. That is the goal of allied health. However, if we did not comply with providing the minimal information to a patient that is far out of our scope of practice – palliative care, end-of-life care, is far out of our scope of practice – we could be liable, and we could be found guilty of unprofessional conduct. That is really unfair, in my opinion, to put allied health professionals in that sort of position where they are working outside their qualified scope of practice. As a chiropractor myself I feel that I am in a good place to be able to say that, because I absolutely loved practising as a chiropractor; we would have conversations like this all the time, and every one of those people – well, not voluntary assisted dying, but people coming in that were coming towards the end of their life, and I can honestly tell you that regardless of belief you would act in the very best interest of that patient as if they are the only person in the world. It is not about your personal belief; it is about what is best for them. I do not believe that any allied health professional should be found guilty of unprofessional conduct because they are not giving information in an area that they are absolutely not qualified in.

So just to start off, Victoria’s VAD legislation was introduced in 2007 as a cautious and tightly safeguarded model. It was presented to the public and this Parliament as a last resort option in the final stages of terminal illness. It had 68 safeguards designed to protect the most unwell and vulnerable Victorians. But now, just a few years later, the government is proposing 13 amendments that significantly expand access and dilute the very protections that allowed it to get through this place. Essentially what I believe we are seeing is safeguards being rebranded as barriers, and I think that it would be disingenuous of anybody to say otherwise. I honestly think that if we do say that, we are not facing up to the facts; we are potentially not only misleading ourselves and the Parliament but also the public. In 2024 and 2025 when the review of this legislation was concluded it was an operational review; it was never intended to be about legislative changes – it never was. So these amendments did not come from the department; what they came from was people that put in a submission that was outside the scope of the terms of reference, and I think that is something that cannot just be papered over. It cannot be minimised; the five-year review was not intended to include legislative change, yet some submissions outside the scope were accepted. That is not something that happens within a normal inquiry or a review. It is something that I think we have to think seriously about, what sort of precedent we are setting.

So this raises the fundamental question: are we still safeguarding the vulnerable or are we normalising death as a response to suffering in a system that is not only failing to keep up with demand but failing to care? This bill takes away the right of healthcare practitioners and doctors to conscientiously object, and if there was absolutely nothing else, that line alone would make me reject this bill, because not being able to live according to your conscience is not the mark of a free society. Mrs Deeming put it so well before; I actually thought, ‘Wow, that is such a good point.’ Every single person in this chamber today is granted a conscience vote, yet we are denying every doctor, every healthcare practitioner and every nurse that exact same conscience vote. I think that is really quite scary.

VAD can be accessed in this state; this is not about access. This is about the rebranding of safeguards as barriers. I loved what Enver said before: he said conscience is not a matter to be managed. That is absolutely correct. Being allowed to live according to your conscience is a fundamental human right, and I do not believe that we can say that we uphold fundamental human rights in Victoria if we take away this right for medical and health practitioners. It is a human right to be able to express freedom of religion, freedom of thought and freedom of conscience. And if you do not support conscientious objection, you cannot turn around and say you support freedom of religion because the reality is you do not. Democracy is tricky, and I think that one of the issues with democracy is that it is continually about balancing conflicting human rights. Sometimes there is somebody that wants to express their human right, and it might come and it might clash with somebody else’s. This is what sometimes makes democracy a bit untidy and a bit tricky, but it also creates the freest democracies in the world. We have to realise that this bill that is in front of us does not balance those – it just does not balance those, no matter how you look at it. It is upholding the right of somebody – who, by the way, I think should have the right to do what they want – while erasing the rights of somebody else.

If there are some people, and I would be one of them, that could not find it within themselves – after they have taken an oath to first do no harm, after they have been through years and years of study and years and years of universities to preserve life and to save life – to end a life, or to give advice on how to end a life, I do not think they should be punished. I do not think that they should be found guilty of unprofessional conduct. So the mark of a free society is the ability to live according to one’s own values, not those approved or prescribed by the state. No matter which way you pitch it, this bill does not do this; it erodes those human rights. We can argue this in the name of compassion. We can absolutely do that. I hear and I see the compassionate arguments, but you cannot gloss over the facts that this erodes the basic human right of being able to live according to your conscience. Every one of us will face these issues in our life. Every one of us will come to a point where we have to balance the differing and clashing human rights.

We have a signed letter here. Every one of us in the chamber received this letter, months and months ago, signed by leaders from the Catholic Archdiocese of Melbourne, the Board of Imams of Victoria, the Hindu Council of Australia, the Sikh communities, the Sikh Interfaith Council of Victoria and the Ukrainian Catholics of Australia, New Zealand and Oceania – from all these different faith leaders. They represent people that have come from all over the world, that have all different beliefs but have come here for one reason, for freedom. With the passage of this bill, I am sure many of you have got emails like I have; I have got some supporting, some completely disagreeing. But there have been many doctors who have said that a bill like this, after taking an oath to first do no harm, would actually take them out of practice. We also have to realise that if we say we support the multicultural community, if we say we support the multifaith community, if we say we actually support a pluralistic society, this decision is actually going to restrict Muslims, Christians, Hindus, Sikhs and people of no faith at all, that just do not believe in this from living according to their conscience.

So next time you go to a multifaith community and say, ‘We stand for you,’ realise that you actually do not; realise that there are going to be little boys and little girls that are working as hard as they can, that are probably going to be restricted in being able to work in certain hospitals because of this. It is actually something we have got to face up to, that many people that have escaped other countries, maybe because of persecution, might not be able to practise medicine – or actually not even just medicine as this bill stands – or podiatry, chiropractic, osteopathy, dental hygiene. That is actually pretty amazing. So I think we have to realise that if we actually stand for people – if we actually stand for equality among different faiths, religions or whatever it is – we could be crushing the dreams of young children who will work for many years towards that dream of saving lives and dream of doing great things in the name of a bill that we call compassion.

I just wanted to mention a few of those things. I really think we have to realise, in closing, that there is a big difference between palliative care and voluntary assisted dying or euthanasia. We need to look at the law of double effect. Give it a quick google; it is a fact. I think that we need to start funding palliative care properly.

The ACTING PRESIDENT (Gaelle Broad): I would like to acknowledge a former member of this house, Dr Rachel Carling – thank you for being here – and also a former member of the other place, Graham Watt. It is good to see you in the gallery.

Ryan BATCHELOR (Southern Metropolitan) (20:46): I rise to speak on the Voluntary Assisted Dying Amendment Bill 2025. Straight up, I am a supporter of Victoria’s voluntary assisted dying laws. I support Victorians’ right to choose how they end their own life, and I think there could be no more powerful or profound right that we give our fellow citizens than to choose the timing and the manner of their death. As legislators, these are issues that clearly affect us all very deeply. For me, I have got to say, it is a pretty straightforward question. Do the amendments in this bill improve on the current law? I think the answer clearly is yes.

Listening to the debate today, the passion in those opposed to the bill seems to me a passion that is really in opposition to the principal act. Defeating this bill will not stop Victorians being able to access voluntary assisted dying. It is the law of the land, and after six years of operation, that law is working well. As the principal act remains the law of the state, I am really thankful to our predecessors in the 58th Parliament who stood and debated and debated and debated and debated and debated to make it so. I particularly want to pay tribute to Jill Hennessy, who was the Minister for Health at the time and who drove the reform; to Gavin Jennings, who led the government in this place and took this bill through the marathon sittings in this chamber; and to everyone who contributed to the passage of the Voluntary Assisted Dying Act 2017. We are not replicating that effort in this bill today. This is incremental by comparison. It is important, yes, and it is an improvement, absolutely. But I thought it was important to put that in some context.

I also at the start want to pay particular tribute to the amazing advocacy of our colleague Emma Vulin, the member for Pakenham, on the issues in this legislation. What Emma has done in three years in this place puts us all to shame. I think her impact is extraordinary, almost as extraordinary as her warmth and the generosity of her spirit for sharing with us all her personal journey with MND and for speaking so bravely about why this bill means so much to her. We are with you, Emma.

I just want to structure the rest of my speech with some echoes or some reflections on some comments I made in my inaugural speech that will hopefully give a bit of context and shed some light on what is motivating my support for the bill. The first thing I will say, as I reflected then, is that the task of policy reform is never done. There are always new challenges for us to confront, and we cannot rest on our laurels or be zealously uncritical of the work that we have already done. I think this bill typifies that spirit where we have passed a significant piece of legislation, we have looked at its operations and we have decided it could be improved. It has worked well for 1600 Victorians who have accessed the VAD pathway, but for many it has not. The bill makes some important improvements to the operation of the state’s voluntary assisted dying framework. I will not go through them all, but they include removing the gag clause, amending citizenship and residency requirements, removing the third prognosis requirement for people with neurodegenerative conditions, amendments to medical practitioner eligibility requirements and the prognosis requirements, and more.

In reflecting on and listening to the debate early on and some of the views expressed, there has been some particular concern about the operation of clause 6 in the provision of information, setting out what those who conscientiously object to voluntary assisted dying must provide to patients. The explanatory memorandum in the second-reading speech seeks to clarify what that minimum information means. It has been clear in the course of the debate that members would like more certainty in the law itself about what that should be, and I have proposed amendments to provide some certainty about that, and I ask that those amendments be circulated.

Very briefly, those are some pretty simple amendments clarifying and prescribing the information that can be provided by a conscientious objector to a patient, rather than leaving it at the discretion of the secretary to provide. I do that in consideration of the committee stage.

A sort of reflection or echo I want to make of my inaugural was just some reflections on the work of the late Dorothy Reading, my father’s partner of about 35 years, my brother’s mother and a woman who I have previously described as a force of nature in politics, policy and public health advocacy. Upon her retirement from paid work at the Cancer Council, where she saved countless lives, she then in the early 2010s joined the board of Dying with Dignity Victoria, because she felt that the laws and the framework that governed end-of-life care in Victoria needed reform. When she was faced with the choice between expressing sentiment and taking action, Dorothy would always insist on the latter, taking action. I know that over that period of time we spent many hours over a bowl of soup at the lunch table discussing with her the work she was doing. We debated ambition and bottom lines and compromise and persuasion and many, many the aspects of this work. She got to work for Dying with Dignity strategising, devising, cajoling and campaigning. She was focused, determined and, in 2017, successful. Dorothy died unexpectedly in 2019, just days before the laws she had worked so hard to see came into effect. So I am here to do what I can to keep progressing this issue, lending my proud support to Dying with Dignity and the work they do. I have spent many hours talking with Jane and Michelle from Dying with Dignity about these issues and will continue to be a supporter for as long as I have the absolute privilege of being in this place.

I think the last reflection on my inaugural involves just a short discussion about my mum Alice. Mum could not be here at my inaugural. I said at the time she was watching from home because her body just was not well enough to make the trip in to Parliament. That was in February 2023, and what we did not know then that we found out in April, just two months later, was that she had cancer. One day she had a stomach ache, and that led to the discovery of a bowel obstruction. That obstruction was caused by tumours, really, and a cancer that had spread through her bowel and her liver, by which stage about half was covered in tumours. It had metastasised through her lungs and elsewhere. There was no treatment; there was nothing that could be done. It was clear then for this little 5-foot-nothing fighter who was about 40-odd kilos at that point that she was going to die, and soon, within months. Her doctor said maybe six months she would have, and she was just hoping to make it to her birthday in late August. She processed the news in the hospital – we processed this news – how you go from one day having an upset stomach to a couple of days later being told you are going to be dead within months and there is nothing anyone can do. Sitting in the doctor’s office with her oncologist, she was absolutely determined. I was sitting there being a quivering wreck. She had the courage and assuredness of mind to ask her oncologist about voluntary assisted dying, because she supported it and felt that the laws had been passed to be an option for someone like her. He said to her that he could not help and that he would not help – that he did not believe in it – and that he did not know anyone who could. We were a bit shocked, to be honest, by that response. It was pretty confronting.

We bundled up, went home and got on with the task of making her life more comfortable. The weeks that followed were obviously a haze. We were getting her set up at home – a new bed, a new chair, wheelchair, shower modifications, food, love, support, everything she might need. I just want to take a moment to thank her partner Greg for the work that he did for her and for us in that time. After a few weeks of being at home, her gradual but noticeable deterioration was clear, and my mind returned to her request for information about VAD. Her oncologist was not going to help, but I thought that, as a reasonably competent human being, I could probably figure this one out. There were tough nuts to crack, but I thought I was up for the challenge. So I read everything that I could, I spoke to a lot of people and then I took a look at the discharge letter from her oncologist. It said that in his opinion she had between six and 12 months to live, which confused me and perplexed me because it was not what he told her in the room before she asked him about VAD. I made more calls, and the oncologist referred me to a second doctor, who told me point-blank that he needed to concur with her consulting oncologist's report and with the assessment that she had between six and 12 months to live. I really struggled to comprehend how medical professionals could say this when it was very clear to us that she was going to die very soon.

I had that conversation on a sitting day, on the lawn out the back. I was pacing around trying to figure out what we could do and how we could overcome this issue, and I was just shocked and I did not know what to do. I felt like a failure – a failure as a navigator of rules and requirements and checking all of these boxes that have been put in place; a failure as someone who was confident that they could conquer bureaucracy; and honestly, I felt like I was a failure as a son. I felt powerless to help. And if I felt that I was probably more skilled than most to try and solve this problem, how did other people in the community who did not have access to what I have access to feel like? No-one with a dying loved one should feel like that. No-one should feel like their dying mother's simple requests were being obstructed by rules that made no sense.

In the end I do not know whether mum would have used VAD. I just do not know. I got the sense that by that point she was at peace with what was happening to her, and she knew that she was dying pretty quickly. I should also say that Victoria's medicinal cannabis reforms did give her some much-needed relief from the persistent discomfort. They were a godsend, and I thank those who advocated for that. She died less than four months after her diagnosis. She was at home, at peace in her own bed. But if the law had reflected the amendments that this bill proposes, we would have had a very different set of circumstances and a lot less anguish and been a lot less at the mercy of an oncologist who said one thing to her face and then wrote another thing in a letter, after she had expressed her views about an option she wanted to consider about how her life would end.

So if this bill provides more certainty, more clarity and more support for those who are also going through the challenges of dealing with someone who, expectedly or unexpectedly, is told that they are going to die soon and that they have the power to make decisions about their own life and how it should end, I absolutely commend this bill to the house.

Anasina GRAY-BARBERIO (Northern Metropolitan) (20:59): I too rise to speak on the Voluntary Assisted Dying Amendment Bill 2025. It has been very obvious today that this is a bill that is deeply personal to so many people, touching the lives of so many in our communities. I have also been moved by the many constituents who have written to me, sharing their stories and strongly urging my support. I want to acknowledge the work of my colleague Dr Sarah Mansfield and her team, who introduced a private members bill in Parliament last year to improve access and equity for people seeking voluntary assisted dying in Victoria.

One constituent wrote to me telling me of a parent lost to cancer who was unable to access the choice this law provides. Despite the excellent palliative care their mother received, she was forced to endure a prolonged and distressing death, unable to eat or speak, unable to even be kept awake, lying sedated and comatose because of the unbearable pain. This is something which could have been avoided if they had access to the amendments this bill provides. They wrote:

> I ask you to support these changes so that others do not have to endure what my mother – and so many others – have endured.

This bill is about preventing that kind of suffering. It is about offering greater compassion, choice and dignity at the end of life, and it offers families the comfort of knowing that their loved ones can die peacefully on their own terms. I have also had medical professionals write to me in support of this bill. One voluntary assisted dying practitioner stated:

> While I was proud that Victoria was the first state to introduce VAD laws, I have seen from personal experience that the laws need to be improved.

They highlighted the cruel irony of the gag clause, which forces doctors to lie by omission, unable to list all options unless the patient, who is often overwhelmed and ill, knows to ask for it first. Some parts of the law are blocking access to otherwise eligible people – the exact people this law was intended to help. These amendments do not make the law any less safe, but they do make it more accessible to terminally ill Victorians who no longer have the luxury of time and have had so many other choices taken away.

It has also been heartening to hear from constituents for whom the current VAD laws have worked. One constituent spoke of loved ones dealing with cancer and Parkinson’s who made the choice to die with dignity after their illness had robbed them of so much life. They speak of families who were able to support them throughout this process rather than have their final memories be traumatic and distressing. This is what these laws are for, but they are not perfect. They are nuanced. Many otherwise eligible people who need VAD are being unnecessarily blocked from access, being denied the choice of dignity.

These amendments do not make the law any less safe, but they do make it accessible to terminally ill people who are running out of time and choices. But, like many, I have heard from constituents who object to this legislation on deeply held religious grounds, and I hear them. As a person of faith myself, I have listened to those who share my religion argue against not just these amendments but the idea of VAD itself, that the ending of one’s life is not ours to control, that life is sacred and that we have no part to play in how it ends, but this is not what we are here to debate. These laws are already here, and this bill is about making them better. My faith teaches us to be agents of compassion in a broken world and to care for one another in the face of pain and suffering. When a person is facing a terminal illness with only unbearable suffering ahead, I see and understand the choice for a peaceful death, not to defy divine authority but as an act of profound caring – a final, merciful response to pain that medicine can no longer alleviate.

Victoria, as we know, was the first state to introduce VAD in 2017 and did so with an abundance of caution. However, we have fallen behind and become unnecessarily restrictive, but the changes being proposed in this bill will bring Victoria into line with other jurisdictions around the country. It is important to note that there are still strong safeguards in place with these reforms so that the person applying for voluntary assisted dying is certain and can provide clear, informed and free consent, free of coercion, and that the health workers involved are appropriately qualified and follow rigorous processes.

As a spokesperson for disability, I acknowledge the concerns raised by people with disability about voluntary assisted dying, particularly regarding the risks of coercion and the potential devaluing of their lives. The 2008 United Nations Convention on the Rights of Persons with Disabilities acknowledges that people with disabilities, including those living with cognitive impairment, can have legal capacity, acknowledging that the capacity for decision-making depends on individual circumstances. These VAD reforms are designed to ensure that informed consent is genuinely and repeatedly obtained from the person applying for VAD at multiple stages of the process. These reforms do have strong safeguards in place, including the involvement of multiple health practitioners and independent witnesses. The legislation also makes it clear that a person is not eligible for VAD solely on the grounds of disability or mental health.

I also want to acknowledge that for so many in multicultural communities voluntary assisted dying is not a familiar or a practised concept or medical option and that in their communities such issues include family conversations. I would encourage the government to understand that standalone community language resources would not be sufficient to improve community understanding and knowledge of

VAD or palliative care and that more needs to be done to ensure these barriers are removed to give everyone agency and autonomy over their end-of-life options.

As I mentioned at the beginning of this speech, VAD is an incredibly personal decision, unique to every single person, their family and their community. These reforms are not about taking away from palliative care but about giving people dignity and choice – a choice to end their pain and suffering the way they choose.

I would like to end with a story from one of my constituents, Elizabeth, whose fiancé Alex Blain, at just 28 years old, chose to use VAD in 2021 after enduring 19 rounds of chemotherapy for cancer. Elizabeth wrote that during that time:

> … no drug or therapy gave him as much comfort, energy, or dignity as the peace of mind that came with being approved for VAD.

Alex has now passed. In his own words:

> The Voluntary Assisted Dying program gave me my life back … as I started dying. I had 19 rounds of chemo, I handed my treatment and body over to medical professionals for over a year and in many ways lost autonomy over my body. VAD has given me the power back. I feel empowered and now as it is getting towards the end of things I know that I have control back. I can show myself compassion and choose not to die of cancer. It is a small thing but the peace of mind it has created is immeasurable.

Elizabeth wrote that Alex was treated with compassion and respect by his care team, and he faced his death with calm, dignity and love. Alex experienced the best of the VAD program. In that sense Alex was one of the lucky ones. In his feedback on the VAD process Alex also called for reform, and these are his words:

> Going forward with the VAD program, I think it needs to be more widely embraced and talked about. It makes me anxious thinking about how older people or people who don’t speak English might access the program. I think that the need for patients to advocate for VAD themselves is a barrier to entry into the program.

The reforms we are seeking to pass today align with what Alex was advocating for and capture the essence of what VAD was always meant to be: a compassionate choice for those facing the end of their lives to have peace, humanity and dignity. Elizabeth told me finally:

> Alex died gently, comfortably, and with dignity, listening to *Heroes* by David Bowie, exactly as he wanted.
> I hope you will support these reforms. VAD gave Alex his life back just as he started dying. These reforms ensure that others can experience that same gift, the freedom to choose, and the dignity to do so on their own terms.

I humbly support this bill and commend it to the house.

Nick McGOWAN (North-Eastern Metropolitan) (21:11): Long before I entered this house, I had the opportunity to look at the previous legislation, the legislation that enables VAD in Victoria. It occurred to me then that there were very many things about the legislation that I did not particularly like. It is not that I did not like the fact that the legislation itself empowers the individual to make choices around their own life. What concerned me more were the safeguards, or what I perceived to be the lack of safeguards. Some of those concerns remain. We have heard today in this chamber some of the statistics around how many have actually used the voluntary assisted dying aspects versus those who have applied and not used them. So for me, very many questions remain, not the least of which is: does the lack of use of that tool reflect a change of mind, a change of circumstance or a delay, perhaps, in taking that pathway?

This debate today also allows me, I suppose, a unique opportunity to reflect upon myself in some respect, and that is the extent to which I am at heart a democrat. I honestly believe we are elected to this place not to represent our own personal views, notwithstanding that they come into debate each and every day, but ultimately to represent the views of our constituents – our constituencies. For me, that is actually more important than my own personal view. It is conceivable to me that I, from time to time in this place, even place a vote that is inconsistent with my own views but consistent with my electorate's. When I do that, it is important for me to explain why I am doing what I am doing, and on occasions where I differ from my community, I likewise explain why I have differed from my community, why I am out of step with my community and why I think I am somehow right and they are not.

Likewise, it is an opportunity to talk about the conscience vote. I always hated that term long before I came to this place, and I continue to hate it today. 'Hate' is a strong word, so I do not like to really use the word 'hate' these days. I would discourage kids from using it. I dislike the term 'conscience vote'. I dislike it because it implies that every other vote we do in this place does not have a conscience, and while that is arguable, very arguable – the longer I am here, the more I find that is perhaps serendipitous in many respects – every vote we cast in this place, I believe, should be a conscience vote. If we are not using our conscience, there is something drastically wrong with each and every one of us – and maybe there is.

My simple point is this: I think about what it is my constituency wants, and when I say that, I am speaking in broad terms of course because I cannot possibly go and visit all 500,000-plus of them. I certainly do not have the office budget that would allow me that, sadly. I think members across the chamber would all agree that that is the case. I can nonetheless take the opportunity, as I have over the last few months, to talk to very many groups and individuals, and it is clear to me, I believe, that most people in our community – and I say 'most' because I think it probably is most – support voluntary assisted dying in some way, shape or form, which is ultimately how we have the legislation we have today. So I turn my attention to this bill today.

It comes after the review. The review made recommendations, and as a consequence we have a number of proposals here to make good on the promise of that review, and that is to make it better in some way, shape or form. Now, I have heard very many people in this place today talk about differences around prognosis, eligibility and provision of information. There will be plenty of time to go through that in fine detail, I have no doubt. I have also heard people talk about conscientious objections. I think it is also important for me to reflect upon the fact that, notwithstanding that I think my community are overwhelmingly in favour of some kind of voluntary assisted dying, there is also the fact that I am a proud Liberal. I joined my party because we champion the rights of the individual. For me, it is an even simpler question. It would be entirely inconsistent of me to stand here in this place, as I do day in, day out, week after week, month after month, year after year now, and champion the rights of the individual but then say that they do not have the ultimate right over their own life. To me, that would be entirely inconsistent. It is not my choice. I hope it is never my choice. But I have learned in life to be very careful about what you say. As we have learned from our colleague Emma Vulin in the other place, our pathways may take a similar turn at some point. Who is to know?

While I am talking about Emma, I do want to reflect upon something, so I am going to take a little bit of a sideways path here for a second. I noticed that during that debate there were very many people and one in particular – I do not like to point the individual out, so I will not name him – who persistently used the word 'suicide'. It was distasteful, I think. That is my opinion. Others in this place, on my side and across the benches, will differ, but I think it was distasteful. I think it was disrespectful, and I think she is owed an apology. I say that because while I have heard people in this place even today recite the dictionary definition of 'suicide', it would be incorrect for anyone here in Australia, I think, to apply that word without properly considering the culture. We all know that. In our culture in Australia, broadly speaking, it is accepted that when someone commits suicide they do so not having a full appreciation of the decision they are making – not having a full appreciation of the circumstances but also the consequences of the decision they are making. This is not what we are referring to when we talk about voluntary assisted dying. In fact it is quite the opposite. So to equate the two was disrespectful and probably hurtful and entirely unnecessary. We all know what we are talking about. I am learning slowly but surely in this job that we accept the behaviour we walk by, so for my part I spoke briefly to Emma today before I spoke in the chamber now and I did say to her that I would mention something because I just did not think that sat right with me. I am sure it did not sit right with her either. I hope that individual in particular has the opportunity to reflect upon his comments and perhaps make that apology, because I think it is warranted.

I will consider, like my other colleagues in this place, each of the amendments which have bombarded us one after the other – some similar, some the same. I trust they all have the same objective in mind. When I look at and consider the amendments – it is important that I explain this both here in this chamber and also to the public, to those who are watching at home and to those of my own party – I do so very conscious that while I represent a constituency, and that is critical, as I have outlined already, I am also a product of my own party. I would not be here without the Liberal Party. I am very conscious of that. To those in the Liberal Party who are watching, my views are not new on this issue in particular.

I will not digress into a whole separate discussion about death and how we empower in certain circumstances the taking of life – because we do. To me, it is one of the great moral ambiguities of our time, because in all truth – and I have seen it in many places I have worked across the globe – we as lawmakers and legislators and citizens even empower, in some circumstances, our police officers to use lethal force. We do, in all truth, authorise and allow our armed forces to take life in some circumstances. So it is an extension of this legislated right, this moral ambiguity, that somehow the taking of one life is not equivalent to the taking of another. I accept that they are ultimately the same act no matter how we take a life.

The question for me then becomes, certainly in terms of whether you choose to take your own life, or end your own life, as it is more appropriately put: does the individual have that right? I clearly believe the individual does have that right. To the extent that this amendment bill improves upon the initial act, I will take two things into consideration. One is the extent to which it enhances choice and empowers the individual. I cannot think of a better yardstick by which to measure – qualified by one other consideration, and that is the extent to which any proposed amendment increases or decreases safeguards. That will always be a balancing act, because of course it is a very subjective assessment as to whether it increases or decreases a safeguard.

For me the overwhelming consideration I will give as we go through each amendment in this place is whether it enhances choice, the choice of the individual, that empowers that individual to make decisions in respect to their own life. As a Liberal I stand proudly. I stand as an example of what I believe my own party, those who put me here, and those who elected me through an election would want me to do. Notwithstanding, I respect the right of others here in this place to differ. Great minds can differ. I am not suggesting mine is a great mind, but nonetheless I will leave it at that.

Ingrid STITT (Western Metropolitan – Minister for Mental Health, Minister for Ageing, Minister for Multicultural Affairs) (21:21): I thank all members for their contribution to today's debate. The pathway to Australia's first voluntary assisted dying laws started with the release of the Victorian Parliament's Legal and Social Issues Committee's inquiry into end-of-life choices in June 2016. We then progressed to the ministerial advisory panel, which focused specifically on developing the Victorian VAD model and guiding principles, and then on to a long and very impassioned parliamentary debate in 2017. Extensive community consultation informed development of the original VAD legislation, and the amendments proposed in this bill today are modest. All amendments being considered have been operating safely and effectively in other Australian states for several years.

Regarding comments about safeguards in the act, it is important to emphasise that no safeguards are being removed from the original act with this bill, and in fact a new safeguard is being added. The act will continue to include a comprehensive range of safeguards that work together to ensure a person is making a voluntary, enduring decision to access VAD. It is also important to make a comment in relation to the claim that Victorians are accessing VAD as an alternative to palliative care. There is no evidence that people have chosen VAD in Victoria because they have been unable to access palliative care. During assessments highly skilled medical practitioners explore why a person is seeking to access

VAD, and they are required by the act to discuss end-of-life options with the patient. Over the full period since the commencement of the legislation in Victoria nearly 80 per cent of applicants for VAD have been also accessing palliative care. This data confirms that VAD is overwhelmingly accessed in addition to, rather than in place of, palliative care.

Members have raised concerns regarding the issue of conscientious objection and the changes this bill proposes to implement in that area. A health practitioner's right to not provide VAD due to conscientious objection must be balanced with their patient's right to access information about all their legal end-of-life care options. Most health professionals are already providing information or support to access care elsewhere. However, the five-year review and the VAD review board both describe instances where people have been prevented or delayed from accessing information because the health practitioner had a conscientious objection to VAD. This meant a person's wishes remained unmet. Such behaviour is inconsistent with the AMA position on conscientious objection. Additionally, Australian health practitioner codes of conduct describe good care as ensuring the health practitioner's personal views do not adversely affect the care they provide their patient or the referrals the health practitioner makes. A health practitioner with a conscientious objection to VAD will not be required to understand or explain the VAD process. This does not require referral, merely reassurance that someone else may be able to help with where they can get more information, such as the statewide care navigator service or the Department of Health website.

Some members have raised concerns regarding the minimum information provision specified in the bill, required to be provided to those who have a conscientious objection. A health practitioner with a conscientious objection to VAD will not be required to understand or explain the process. The explanatory memorandum and second-reading speech provide further specificity of what constitutes minimum information. There is no intent to expand the requirements outside of what has been indicated in the explanatory memorandum, but I want to acknowledge that Mr Batchelor has moved an amendment to clarify the source of the minimum information to be provided, and I want to indicate support for his amendment.

I also want to address comments regarding the removal of restrictions on health practitioners raising VAD as an option with patients. The fundamental principle of Victoria's health system and the act is that people are entitled to genuine choices regarding their treatment and care. However, the current act requires health practitioners to withhold information from patients during end-of-life discussions. Medical practitioners and nurse practitioners will be able to raise VAD during a discussion about end-of-life care, provided available treatments and palliative care options are also explained. That being said, Mr Galea has moved amendments to clarify which healthcare workers are able to raise VAD. I want to indicate that I support these amendments in my capacity as the minister representing the Minister for Health. We have considered the range of views expressed on this point and acknowledge that Mr Galea's amendments form a reasonable middle path that I hope this chamber can agree to.

We are exercising our conscience in relation to this bill, so I do want to, on the indulgence of the chamber, place on record a couple of comments that reflect my personal views in relation to VAD. I support the right of individuals to choose VAD as an end-of-life decision, and I want to thank Minister Thomas for bringing this bill before the Parliament. I also want to acknowledge the bravery and leadership of Emma Vulin, the member for Pakenham, who has advocated so strongly for these changes. The amendments have been carefully considered by the minister to ensure that our VAD laws, the first of their kind in Australia, do not fall further behind other jurisdictions who have since introduced VAD. The changes proposed are grounded in the lived experience of Victorians seeking to access VAD, their families and practitioners, and they respond to the very real barriers to equitable access that exist for many in the community.

I must say I have found it deeply upsetting to hear VAD described as assisted suicide. We do not have assisted suicide in Victoria – we have a voluntary assisted dying scheme that is about access to compassionate end-of-life choices that are entirely led by the patient, and as the Minister for Mental Health, I find the comparison to suicide deeply offensive. I see how suicide rips apart families and communities. Suicidal ideation is completely different. It is a serious mental health condition. It requires specialist care. This is not that. If we are serious about respecting the differences of views here and in the community, then our language really does matter.

I also intend to talk about my own experience briefly. It has informed my views on some of the amendments, but of course it is not the only thing that has shaped my overall support for the bill. I have recently experienced, up close, some of the barriers that exist to timely access to VAD in the last weeks of a person's life. My mum was diagnosed with multiple myeloma in 2023, a very cruel and incurable form of bone marrow cancer. She fought really bravely for about two years and even went into provisional remission for a few months. Whilst treatment options have really advanced, it is not uncommon for myeloma patients to deteriorate really quickly once they stop responding to the treatment. My mum went downhill very rapidly earlier this year and was admitted to palliative care at Peter Mac. I cannot speak highly enough of the care she received in this world-class facility. I knew my mum wanted to access VAD because she told me; we had had conversations about it. We had both watched my dad die of cancer in 2007, well before VAD was legislated. Despite the wonderful palliative care that he received, it was a hard death, and my mum did not want that.

I found the beginning of the VAD process very disjointed, to say the least. I was struck, though, by the professionalism and empathy of the VAD navigators and the medical specialists and the seriousness with which they exercised their responsibility under the VAD framework. They were impeccable. These are tough conversations to witness, but my mum was adamant: this is what she wanted. This was her choice. She was the one that wanted to make that choice while she still had the capacity to do so. But the barriers and challenges to timely access were something that I found very difficult, and I related very strongly to Mr Batchelor when he expressed how distressing it was and how he felt so powerless and he felt like he had failed. I had those similar feelings. As someone who is very capable of navigating different systems, I felt all at sea.

My mum became unresponsive on the day her second face-to-face assessment was due to be held. Really, it was a race against the clock, despite the best endeavours of everyone concerned. Nine days is an eternity to wait when you are in the final stages of terminal cancer, and I am therefore very, very supportive of the reduction in time between assessments to five days. For similar reasons I support the 12-month prognosis amendment as a much more compassionate approach that hopefully will give people that time and that space to plan, and it will mean that there is a compassionate approach that will help with equitable access to the scheme, rather than waiting and deteriorating to the point that exercising choice becomes impossible.

The further challenge of accessing medical specialists in the field when you have a particularly rare condition is also very challenging, so I know how important the amendments are that seek to increase the pool of eligible medical professionals. The practical barriers to VAD can be real even when you are in world-class facilities like the Peter Mac cancer centre. This bill is all about addressing those practical barriers to equitable access in a way that is measured and in a way that aligns us with other jurisdictions around the country.

As this has always been and will continue to be a patient-led process, if we can ease suffering and give patients their dying wish within a strong framework – the one that is set out in the bill – then we should. I am sensitive to the fact that members hold very different views on these end-of-life choices – we have heard that throughout the second-reading debate – and I know that we are in for a long committee stage. I also want to note that there are extremely large numbers of amendments; I have had to make a folder, there are so many. So I hope that we can all be patient and kind with one another. I commend the bill to the house.

Council divided on amendment:

Ayes (16): Melina Bath, Lizzie Blandthorn, Jeff Bourman, Gaelle Broad, David Davis, Moira Deeming, Enver Erdogan, Michael Galea, Renee Heath, Ann-Marie Hermans, Trung Luu, Bev McArthur, Joe McCracken, Evan Mulholland, Adem Somyurek, Richard Welch

Noes (24): Ryan Batchelor, John Berger, Katherine Copsey, Georgie Crozier, Jacinta Ermacora, David Ettershank, Anasina Gray-Barberio, Shaun Leane, David Limbrick, Wendy Lovell, Sarah Mansfield, Nick McGowan, Tom McIntosh, Rachel Payne, Aiv Puglielli, Georgie Purcell, Harriet Shing, Ingrid Stitt, Jaclyn Symes, Lee Tarlamis, Sonja Terpstra, Gayle Tierney, Rikkie-Lee Tyrrell, Sheena Watt

Amendment negatived.

Council divided on motion:

Ayes (26): Ryan Batchelor, Melina Bath, John Berger, Katherine Copsey, Georgie Crozier, Jacinta Ermacora, David Ettershank, Michael Galea, Anasina Gray-Barberio, Shaun Leane, David Limbrick, Wendy Lovell, Sarah Mansfield, Nick McGowan, Tom McIntosh, Rachel Payne, Aiv Puglielli, Georgie Purcell, Harriet Shing, Ingrid Stitt, Jaclyn Symes, Lee Tarlamis, Sonja Terpstra, Gayle Tierney, Rikkie-Lee Tyrrell, Sheena Watt

Noes (14): Lizzie Blandthorn, Jeff Bourman, Gaelle Broad, David Davis, Moira Deeming, Enver Erdogan, Renee Heath, Ann-Marie Hermans, Trung Luu, Bev McArthur, Joe McCracken, Evan Mulholland, Adem Somyurek, Richard Welch

Motion agreed to.

Read second time.

Committed.

Committee

The DEPUTY PRESIDENT: Before we commence clause 1, I call Mrs Hermans to circulate her amendments.

Ann-Marie HERMANS: If we could please circulate my amendments, that would be appreciated.

Clause 1 (21:45)

Sarah MANSFIELD: Victoria's Voluntary Assisted Dying Act 2017 and this bill fail to provide any obligation for a health service, including hospitals or residential aged care facilities, to allow reasonable access to voluntary assisted dying. Other jurisdictions, like New South Wales, South Australia, Queensland and the ACT, have specific requirements related to this. There is not even a minimum requirement for these facilities to provide information about voluntary assisted dying or information –

Ingrid Stitt: On a point of order, Deputy President, I am really having trouble hearing Dr Mansfield.

The DEPUTY PRESIDENT: I ask for conversations to be taken outside the chamber. It is an important issue, and the minister needs to hear the questions.

Sarah MANSFIELD: I will start again just for the benefit of the minister. Victoria's Voluntary Assisted Dying Act 2017 and this bill fail to provide any obligation for a health service, including hospitals or residential aged care facilities, to allow reasonable access to voluntary assisted dying. Other jurisdictions, like New South Wales, South Australia, Queensland and the ACT, have specific requirements related to this. There is not even a minimum requirement for these facilities to provide information about voluntary assisted dying or even information about what their policies are in relation to voluntary assisted dying. According to Go Gentle's recent report, Victoria has the lowest quality of voluntary assisted dying information provided by residential aged care facilities of any jurisdiction. What steps is the government planning to take with respect to the obligations of health services, including residential aged care facilities, to provide basic information about their voluntary assisted dying policies?

Ingrid STITT: We have seen acceptance of and the capability to provide VAD in our health services and aged care services grow over time. However, we would like to see this continue to improve. The Department of Health will continue to work with public health and aged care services to provide public policies on VAD and improve how requests to access VAD are supported in these services. Certainly the five-year review identified opportunities for us to strengthen existing departmental guidance and support for services, and the government has accepted in principle all of the recommendations of the review.

Sarah MANSFIELD: The next question I have actually relates to the principal act. I imagine this is probably the best place to ask that question, if the minister is happy with that. Section 10(3) of the principal act states that:

> Either the co-ordinating medical practitioner or 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, so one of the voluntary assisted dying practitioners, either consulting or coordinating, has to be that specialist consultant. Other jurisdictions do not have such a narrow interpretation and do allow, for example, GPs or general physicians with appropriate experience in the person's condition to fulfil this legislative requirement. This significantly expands the potential workforce available to provide voluntary assisted dying and improves access, particularly for rural- and regional-based individuals, given the broader interpretation in other jurisdictions. 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?

Ingrid STITT: Every jurisdiction approaches this differently, but all have some form of experience requirement for practitioners, either in legislation or in operational policy. New South Wales, Queensland, WA and the ACT set expectations for medical practitioners' experience in policy. Tasmania's legislation requires medical practitioners to have relevant experience in treating and managing the disease, illness, injury or medical condition expected to cause death. South Australia's legislation has the same expertise and experience requirements as the Victorian act, and the expertise and experience requirement is a key safeguard in Victoria and provides the community with confidence that a person accessing VAD has been assessed by at least one medical practitioner who has specialist knowledge of the person's condition, illness or disease. The Department of Health will continue to explore how clarity in the interpretation and operationalisation of the legislative requirements can be improved upon.

Aiv PUGLIELLI: This is my one and only question, I should just flag, Minister. Advance directives for VAD are an issue of considerable community interest, although we recognise that it is very complex legally, ethically and medically. In response to this, the ACT is currently undertaking an inquiry into advance directives for VAD and is due to report mid next year. Minister, can I ask: will the government consider the findings of this report in their next review of Victoria's laws?

Ingrid STITT: The difficulty and suffering obviously faced by many people with dementia can be very distressing, and many families and carers have very sad stories about caring for loved ones in that circumstance. Many people hold fears about their future, and advanced care planning can provide some comfort. No Australian jurisdiction allows a person to access VAD via advanced care directives or through a waiver of final consent process, and no Australian jurisdiction expressly provides access to VAD for people with dementia. A fundamental safeguard in the Victorian law is that a person seeking to access VAD must retain decision-making capacity throughout the process, and it would be very difficult to be confident that that would be the case for people with dementia. Obviously we will keep abreast of the inquiry being undertaken in the ACT, but our safeguards in Victoria are an important element of the legislation.

Evan MULHOLLAND: I want to particularly discuss what I believe I heard in your summing-up speech, Minister, that no safeguards have been removed. Are you confident of that?

Ingrid STITT: Mr Mulholland, there were 68 safeguards in the original legislation passed in 2017. Fifty-six remain unchanged, 12 are retained with amendment or revision – they reflect practical improvements, clarifications and contemporary practice and feedback – and there has been one new safeguard introduced.

Evan MULHOLLAND: Would you agree that allowing the secretary to give exemptions for unaccredited interpreters is the removal of a safeguard?

Ingrid STITT: I can talk to that particular amendment in the bill, Mr Mulholland, which is seeking to address a situation that can occur with some language groups that are less common and which do not have readily available National Accreditation Authority for Translators and Interpreters (NAATI) accredited interpreters, and I would also add that that particular amendment operates in Queensland, the ACT and Tasmania.

Evan MULHOLLAND: But my point was that it is a removal of a safeguard, so I do agree that it is a removal of a safeguard. Just while we are on this, do you acknowledge that your own Victorian multicultural review, which I believe the government accepted, recommendation that the government should only engage NAATI-credentialed interpreters and translators?

Ingrid STITT: Whilst the multicultural review is an important piece of work, it is not within the scope of this particular bill. Yes, there were some recommendations made in that review about the importance of language services. The government has agreed with the overarching principle contained in the review. We will support language services being an essential service in Victoria, and we are obviously very keen to ensure that quality and safety are a key part of our interpreting and translating services. I am happy to have a conversation with you as my shadow minister any time about the multicultural review and what our plans are for strengthening translation and interpreter services, but that is not strictly relevant to the bill before the house today.

Evan MULHOLLAND: Does the government or do you agree with the concern raised by your assistant minister for multicultural affairs about the effect of this particular amendment on multicultural communities in the outer northern suburbs and really our multicultural areas in the outer suburbs of Melbourne?

Ingrid STITT: It is a funny question, because we are exercising conscience in relation to this bill. I have no objection to any colleague of mine having a different view about a particular aspect of the bill, because people have been given a conscience vote in relation to these matters. I do not think that the views expressed by the member for Greenvale take away his absolute commitment to his parliamentary secretary role in multicultural affairs. In fact he is an excellent parliamentary secretary, and I know that he is strongly committed, as I am, to strengthening our interpreting and translating services across the state. But again, they are not specifically matters that are dealt with by this bill. The amendment that proposes that under exceptional circumstances an exemption can be granted by the Secretary of the Department of Health, where there are less common languages and where no NAATI-accredited interpreter is available, is an important amendment because we do not want people to be inadvertently excluded from having access to interpreter services if they want to pursue VAD.

Evan MULHOLLAND: Minister, the government obviously has its own government business enterprise on interpreting. I believe it is LanguageLoop. Were they consulted as part of consultation for this amendment, and did they raise any particular feedback?

Ingrid STITT: I would have to check that, which I am happy to take some advice about from the box. I would have thought not, but let me double-check that with the advisers.

No, as I thought, they were not directly consulted, Mr Mulholland, but individual health services procure their own interpreting services and arrangements.

Business interrupted pursuant to standing orders.

Ingrid STITT: Pursuant to standing order 4.08, I declare the sitting to be extended by up to 1 hour.

Evan MULHOLLAND: With the government indicating that this change is designed to benefit people from smaller linguistic groups, how does the government protect against conflict of interest where non-accredited translators may be known to the patient or perhaps a family friend of the patient?

Ingrid STITT: There are still the same restrictions on family members or those familiar with the patient being the interpreter, so that is still not allowed under the legislation. This is about seeking an exemption from the Secretary of the Department of Health under exceptional circumstances where a NAATI-accredited interpreter or translator cannot be sourced. I would add that through the Department of Premier and Cabinet within the multicultural section of the department we do run a scholarship program which is about trying to increase the number of accredited translators in those smaller language groups that are less common and do not have large numbers available in the system.

Evan MULHOLLAND: You mentioned the safeguards around the family members. Would this include a person who is known to a family member but not the patient themselves?

Ingrid STITT: That would have to be determined on a case-by-case basis. The Secretary of the Department of Health would need to be satisfied that there were exceptional circumstances that warranted the exemption, and it is expected the person would still need to have an appropriate tertiary qualification for interpreting. In addition to that, a medical practitioner assessing a person for VAD must be satisfied the person’s request is voluntary and without coercion, irrespective of whether an interpreter is used or not. If they are not satisfied that the request is voluntary or if there is coercion, then they cannot find that person eligible to access VAD.

Georgie CROZIER: If I can just follow on from the line of questioning from Mr Mulholland, I was going to leave it to the clause, but now that we are speaking about this, Minister, I have just a couple of questions, if I may. How many languages are you talking about when you say the smaller language groups? How many are not accredited through the appropriate avenues?

Ingrid STITT: I might need to take that one on notice, Ms Crozier, and see whether I can get any available information on that.

Georgie CROZIER: Thank you for doing so; I think it is important to understand. I have concerns around this in terms of interpreters not being available. I know that stakeholders I have spoken to in palliative care have said that they do have some concerns around the use of non-accredited interpreters and cultural accessibility, so there is that concern amongst a number of people. In terms of requiring an interpreter, obviously through the various stages there would be a need for an interpreter to be available. But at the start of the process, which can take some time, why couldn’t that – with a language that there is an issue with – be held off until there is an appropriate interpreter? I am just wondering: why is there not an interpreter available at any point in time in the process?

Ingrid STITT: I think ordinarily there would be. It is just for those smaller language groups – perhaps they are more newly arrived communities, so they may not have the volume of NAATI-accredited interpreters available. We do not want people to miss out on accessing their right to apply for VAD in a circumstance where there may not be a NAATI-accredited interpreter available. There is still a strong process in place, as proposed by the amendment, and the secretary would have to be satisfied that it was in exceptional circumstances. And on top of that, the assessing medical practitioner would have to be satisfied that there was no coercion involved and so on, in terms of what I have already put on the record in answer to Mr Mulholland.

Georgie CROZIER: I appreciate that, and I appreciate the complexity of this. As you say, some of these groups are newly arrived or do not have that NAATI accreditation – that is why I asked about the numbers. What numbers are we talking about? I still think it is important. For people who do not have the proper interpreter services that they somehow should have, is it a funding issue that there are not interpreters available? Why are they not available?

Ingrid STITT: I know it is definitely not a funding issue. We have a scholarship program that we fund every year to increase the number, to enable translators and interpreters to gain their NAATI accreditation so they can operate within a range of different services, particularly for those less-spoken languages in the state. I also want to reiterate that if we cannot get someone with a NAATI accreditation, there will be guidelines, and we would expect people to have qualifications of a tertiary nature in the language that they were translating in. I did want to reiterate that these provisions are operating well in Queensland and the ACT, so we are proposing to align with those two jurisdictions on this question.

Georgie CROZIER: I appreciate that. When we are talking about these interpreters for some of these lesser-known or smaller language groups, are they sourced from around the country? Are they nationally sourced or are they Victorian sourced only?

Ingrid STITT: It depends on the contractual and procurement arrangements in place at any particular health service.

Georgie CROZIER: Okay. So there lies my problem a bit, because if one particular service have a contract that extends outside the state of Victoria, they have greater access to interpreters, but others do not. I think that is a problem, and I do not understand why that has not been resolved for this particular piece of legislation that we are discussing. Surely if there was the need for an interpreter to be made available in order for someone to understand this rather than having non-accredited interpreters, that is one of the safeguards that should be in place to enable that to occur. I think it is a pretty simple thing that the state could do to get that accredited interpreter if there are certain contracts for certain health services and no contracts with others.

Ingrid STITT: Because of the way in which these services are procured – I am going to check with the box to see whether accessing VAD is a different process or not; just let me check that – I do know, more through my multicultural affairs interactions with LanguageLoop, that the procurement arrangements in each health service can mean that not the same interpreting and translating service is used in each health service. So just bear with me.

The intent of this amendment is to make sure that we are not inadvertently denying people access to VAD because of a language barrier, and it is in recognition of the reality that we do not have NAATI-accredited translators and interpreters available for every single language, given that there are over 260 languages spoken in Victoria and probably a number of dialects within that 260. But there is still that safeguard of the secretary having to be satisfied that there were exceptional circumstances, and I would imagine that that would include having to be reassured that every effort had been made to find a NAATI-accredited translator.

Georgie CROZIER: I appreciate the numbers and therefore the complexity of some of those dialects that are within those different language groups. I would just be interested in the numbers, because there would not be very many, I would have thought. I understand what you are saying, I would just be keen to understand those figures when you can.

Ingrid STITT: We will see what we can get, Ms Crozier.

Evan MULHOLLAND: I just wanted to pick up on something you said earlier in terms of the targeted scholarships and then give a practical example from my community of some of the issues I have with this particular exemption. One of the targeted groups among the scholarships which we support is Neo-Aramaic, so it is made to pick up the Assyrian community. The last census had almost 4000 Assyrians living in the suburb of Roxburgh Park. All of that community speak Assyrian or Neo-Aramaic. I have dealt with them quite a bit, and I know Mr Erdogan has as well. They all go to the one church, so they all know each other or are all cousins in some respect. I am just trying to give a practical example: in scenarios where there is a smaller community and everyone knows each other, how could there possibly be enough safeguards to grant an exemption in a community such as this?

Ingrid STITT: I am sorry, Mr Mulholland, but I am loath to get into hypotheticals on this question. I do not want to speculate about particular communities, and I do not want to generalise about whether they would or would not be seeking to access a particular end-of-life service. There are strict guidelines still contained in the legislation around who would not be able to provide interpreting for somebody seeking to have those end-of-life VAD conversations with a medical professional.

Ann-Marie HERMANS: Minister, thank you so much for spending the time explaining some of this – obviously I represent a large contingency of multicultural communities – but I have got a few questions around this new section 115A. To start with, you mentioned that a couple of states currently have something similar. Those states of course are not anywhere near the same vicinity in terms of overseas multicultural communities that have come into this state. I understand the spirit in which this has been put in, to allow people to access voluntary assisted dying, but the issue here is about the safeguards, and whilst the safeguards are there because, ‘Oh, we don’t want anyone to have been coerced,’ the problem with language is that things can be misunderstood, misinterpreted or not fully comprehended, and there are consequences of that. What empirical evidence do you have for this decision, beyond providing us a couple of states that are using it? Based on those states, for example, what empirical evidence do you have of how many people from minority groups that do not have translators that are accredited have accessed voluntary assisted dying? Has there ever been a situation where there has been a sense of regret or a lack of understanding that has been noted or been understood to have been noted or any concerns around that with family members who did not fully comprehend as well as the person who was making that decision? Are there any examples? Can you give empirical evidence to provide support to the addition of section 115A?

Ingrid STITT: I will say this, Mrs Hermans: this is a patient-led process at all times for seeking to access VAD, and for the assessment that is made by medical practitioners, they must be satisfied that there is no misunderstanding or no coercion involved and that people are expressing their free wishes. So when there is a language barrier, it is very important to ensure that the language barrier does not limit access if it is the patient’s choice that they want to access VAD. The impetus behind this amendment is simply to ensure that, if there are language groups where there is not the number of NAATI-accredited interpreters and translators available, that person does not go without any translating support at all.

Ann-Marie HERMANS: I appreciate, as I said, the intent behind the decision to insert this, but there is a lack of protection for those with those language barriers and even for those who may be interpreting. Additionally, I note that my colleague Ms Crozier asked whether this would be Australia-wide. I do not know how this works within your exceptional circumstances – I will be interested to ask you about that in a minute – but I can give you an example of another factor. We have, for instance, Aboriginal people from communities outside of Victoria for whom English is their second language, and they get flown in in order to have the care that Victoria can provide to them, particularly at critical times when their life may be hanging in the balance and other hospitals may not be able to provide the services that would be required for these patients. I personally am aware of and have visited an Aboriginal woman from the Territory in this situation, and I am very well aware that she may have been offered care as well as would have been possible, but a family member later came up to be by her side. English was also her second language, and while she was able to speak English a lot more fluently than the patient, it would have been very, very easy for a misunderstanding to have taken place in the offer of care and life. As it turned out, eventually the life support for this woman was switched off. But the understanding of the offer of voluntary assisted dying as it is in this bill, which means that it is something that is offered to every patient, could definitely be lost in translation and then cause a great amount of hurt and consternation because of it.

I am just looking at this and wondering why we are rushing this section through when we have not worked out the safeguards and taken the time to protect these communities from misunderstandings. It is one thing to be ticking it off and saying that they have not been coerced and they understand what they are doing. But I can tell you, as a person who has been an English and an English-as-a-second-language teacher, that the translation of this sort of thing could easily be lost and mixed up with palliative care and mixed up with what is actually being offered. Other than what they are offering in terms of being able to access it, what safeguards will the government be proposing to protect people who are vulnerable in this situation? For those that do not have access to the right sorts of translators that are accredited, how will we make sure that we are not inadvertently allowing someone to access voluntary assisted dying when they did not really intend that and neither did their family member that was interpreting?

Ingrid STITT: There were quite a few questions in that. In terms of the example that you gave about coming to Victoria for care, whilst there are some changes to the residential requirements, the example that you gave would mean that person would not be eligible to access that anyway – point number one. I have already answered a number of questions from Mr Mulholland and Ms Crozier about the arrangements in place around interpreters. The secretary may give an exemption under exceptional circumstances if they are satisfied that there is no NAATI-accredited interpreter available, but there will be guidelines and expectations that people would need to have a qualification of a tertiary nature in the language before the exemption would be agreed to. There will be guidelines that the department will develop in relation to this particular amendment. I repeat that this amendment is about making sure that someone with a language that no NAATI-accredited interpreter is available for does not go without an interpreter altogether. In addition, there are safeguards that remain in the act around the assessment by the medical practitioner, who must be satisfied that this is the person’s free will and that there is no coercion involved. I repeat: those are the safeguards that are in place under the proposed amendment.

Melina BATH: Minister, on that point, without going down a rabbit hole, what is the method of assessment to ensure that the doctor is confident there is no coercion? It cannot just be a vibe. What kind of assessment is there, particularly if the interpreter is not NAATI-accredited and the natural language is not that of the doctor? What sorts of set of assessments can the doctor use to ensure there is no coercion?

Ingrid STITT: There are already requirements that the doctor must be satisfied there is no coercion, but the judgements around the exceptional circumstances for providing an exemption sit with the Secretary of the Department of Health.

Melina BATH: But the Department of Health secretary is not sitting in the room with the interpreter, the patient and the doctor. When this discussion is being had, how does that doctor actually make the assessment naturally that there is no coercion when the doctor is not of the native tongue of the two speaking, in a non-NAATI interpreter situation with the patient?

Ingrid STITT: Ms Bath, if a person needed a translator, then the Secretary of the Department of Health would have to decide whether an exemption was warranted before those interpreted conversations occurred with the medical professional about their access to VAD. Okay?

Melina BATH: I appreciate this. It is just that when you have someone sitting in an office, and there is a terminally ill patient and there have been exceptional circumstances to bring in a non-accredited but reasonable interpreter, I guess it still stands – when that is not an accredited interpreter and the doctor is not of the native tongue of the two people that are speaking, I just need to try and understand how there can be genuine confidence that the doctor sitting in that room knows there is no coercion. This is a hypothetical, but this is a real situation, otherwise it would not be in the bill. How is the doctor going to make an assessment when the secretary is not in the room, there are exceptional circumstances and the doctor has got to make a call?

Ingrid STITT: We have a lot of trust in our medical professionals and their expertise and experience in having these quite sensitive conversations. They also have to exercise their clinical judgement about these matters. But the secretary of the department can, as part of the process, seek further information from the doctor if that is warranted.

Melina BATH: I think this is evidence to me that there is goodwill, but in this particular case, in terms of non-accredited interpreters, it is still open for interpretation by a doctor. I think there are some amendments that might be coming through that might satisfy my concerns. But thank you, Minister.

Evan MULHOLLAND: I have got one more question on this topic, and I will move to just a few more broad questions. How would a doctor – and this follows up from Ms Bath's question – possibly know if the interpreter has misinterpreted?

Ingrid STITT: Translators are qualified professionals, and many of them hold a qualification in addition to their NAATI accreditation. They do this day in and day out in a range of sensitive situations across our health system. They are adept at managing those situations and translating professionally.

Ann-Marie HERMANS: I do appreciate that, as I said, this is trying to make things available, but with doctors not being able to interpret, you have in this clause that there are exceptional circumstances that warrant the exception. I am just wondering, given that we are discussing the opportunity for a person who has a language barrier and may not have a qualified interpreter, what have been exceptional circumstances in the past that this has been based on that warrant the exception? Could you give us some actual examples that have caused this clause to be in here in subsection 2(b)?

Ingrid STITT: Well, we are seeking the amendment so that this is possible in the future. I just want to ask the box one question in relation to the information they have given me. One moment.

By way of example, in Queensland this provision has been in place since 2023. The exemption has only been used once, and there have been no concerns raised from their experience in that jurisdiction over that time.

Ann-Marie HERMANS: I know you cannot give us a case-by-case, but could you give us the type of example of that type of exception for this language situation? It may only have been once.

Ingrid STITT: We do not have examples in Victoria, because we are asking you to support the amendment in the bill today. Obviously there is ongoing review of the operation of this legislation which is dealt with in a separate part of the bill in respect to how often the legislation will be reviewed. There are governance arrangements in place to gather all of the appropriate data and information around the VAD system and how it is operating through the VAD review board. I have given you an example from Queensland which we are aware of, but we do not have a body of evidence in Victoria because it is not currently a provision that we can utilise, and the whole point is on the odd occasion where we cannot find a NAATI-accredited interpreter we do not want to deny people that opportunity to have an interpreter and to have this conversation with a health professional.

Melina BATH: Minister, if the patient's primary language is not English, the interpreters naturally could also have a primary language that is not English. But you said that the non-NAATI interpreter must have qualifications at a tertiary level in the language. Would that mean that they would have to have a tertiary qualification in English in order to be that interpreter?

Ingrid STITT: There are pretty high English language proficiency standards for interpreters and translators that are required.

Melina BATH: I appreciate that, but this is in that, I understand very slim, case where it is a non-NAATI interpreter. In your understanding of this legislation, would they have to, through the secretary, then have been accredited with a tertiary qualification in English if it is not their primary language?

Ingrid STITT: The proficiency standard that is required in respect to interpreters and translators is that they have to have a high proficiency in English. That is the nature of translating and interpreting; you must have that.

Ann-Marie HERMANS: Just on that basis then, if one cannot be found and it is thought that the person is requesting voluntary assisted dying, do they then miss out on voluntary assisted dying because there is nobody that meets that criteria that can actually interpret for them? Is that what we are saying in this instance? Or is that where the exception rule comes into play? I still do not fully grasp the use of the exception.

Ingrid STITT: We are seeking this amendment to be supported for these very reasons, because we do not want the lack of a NAATI-accredited interpreter to be a barrier for people to access VAD.

Ann-Marie HERMANS: I understand that, but we also do not want somebody with a language barrier to inadvertently access VAD when that was not their intention, and those protections are not fully in place with this insertion of 115A. It is just a concern. We have got to have tertiary qualifications, I understand, in English, which could be a diploma, as I understand it, which was the case actually for this particular Aboriginal woman that I went to visit. Her family member that was there did have a diploma, but English was still not their second language. Understanding the process of what was going on in the hospital was incredibly difficult. They asked me to come in, and I could not fully explain everything to them because I did not have their language.

Ingrid STITT: I am going to answer you this way, because there are other provisions in the bill that protect people: a medical practitioner assessing a person for VAD must be satisfied the person's request is voluntary and without coercion, irrespective of whether an interpreter is used or not. If they are not satisfied of that, they cannot find the person eligible for VAD, full stop.

Evan MULHOLLAND: I want to ask your view or ask some questions on particularly some of the government-supported amendments that we have seen in this debate. I particularly want to ask on both clause 6 of the government bill and the clause 6 amendment from Mr Batchelor, which is very similar to my amendment. I will just go back to *Hansard* to the debate in the lower house and the minister's explanation for the reasoning for this amendment. I know a number of your colleagues, Minister, and a number of my colleagues asked on this amendment, so I am not trying to come at it from any particular angle. The minister, in defending questions on that amendment, said that she had confidence in the secretaries of the departments right across government being highly competent, ethical people in the way in which they perform their duties and also said, in response to the member for Caulfield when he asked, if the purpose is simply to provide that information through the navigator website, why the intent is for the department secretary to have any involvement in the process:

> Because someone has to make this happen, and it is appropriate that it be the Secretary of the Department of Health.

Do you agree with those statements, and are you now supportive of the intent with which members moved to try to limit this amendment to what the government's explanatory memorandum was?

Ingrid STITT: That is an interesting angle. I will try and answer it this way, and I will be guided by the Deputy President, because I think that individual members who have got amendments will get the opportunity to put those amendments to the clauses that they are seeking to amend, and there will be a bit of back and forth about what people think about those amendments. I do not want to pre-empt that part of the committee process, but I would say that Minister Thomas has a very high degree of support for the Secretary of the Department of Health, who is a highly professional and competent public servant. But I think there are plenty of times where there are debates in the Assembly – not too many of them go into consideration in detail of bills – and there are plenty of times when bills get here and through the course of conversations and discussions between various members there are amendments that are agreed upon. This is being put forward by Mr Batchelor – as I have said, I do not want to put words in his mouth – in an attempt to reflect some of the conversations that have been had and the concerns that have been raised by various members about this particular aspect of the bill.

Evan MULHOLLAND: On a similar theme, I wanted to briefly comment on the new proposed amendment by Mr Galea, and I thank him for his diligent work right across the chamber, in –

Ingrid STITT: You need to thank Mr Batchelor as well.

Evan MULHOLLAND: Good one. Yes – not going to believe that one. Particularly I thank Mr Galea for very constructively speaking to all colleagues as someone who does support the bill overall, and I thank him for the work that he did to force this change. I will note that the minister said in the lower house that:

> What this clause seeks to do is to enable registered health practitioners who are providing end-of-life care to use their professional judgement and potentially advise that voluntary assisted dying is a lawful end-of-life care choice here in the state of Victoria.

So I ask: does the minister at the table now agree with the proposed amendment? As far as you are aware, in your discussions, has the minister changed her view on this? I will leave that as the question, but with a couple of amendments there appears to have been some consultation or backdown, whatever you might call it. These two amendments, I think, signal the government will always go as far as what they think they can get away with politically, and they have acknowledged under pressure that they may have overstepped in what appears to be an embarrassing backdown. I am pleased that sensible heads on both sides of this debate have prevailed in, I think, gutting some of the worst aspects of this bill. But I repeat to you, Minister, in your discussions with the Minister for Health, has the minister or the government changed their view, particularly on the health practitioners amendment?

Ingrid STITT: I think that is a bit uncharitable of you, Mr Mulholland. I also want to thank Mr Galea for bringing forward this amendment. I will repeat to you what I said in my summing-up comments, which is that Mr Galea has moved amendments to clarify which healthcare workers are able to raise VAD. I want to indicate that I support these amendments in my capacity as the minister representing the Minister for Health. We have considered a range of views expressed on this point and acknowledge that Mr Galea’s amendments form a reasonable middle path that I hope will be supported by the chamber. And it is in that spirit which we make those comments, because at the end of the day this is about trying to expand the available workforce that can participate in the VAD process and thereby give Victorians access should they wish to pursue that as an end-of-life option.

Michael GALEA: It seems an appropriate time for me, Minister, to ask a question. I wish to draw your attention to another matter that was raised in consideration in detail in the Assembly when the member for Preston raised a question of the minister in relation to a clause that was not included in the bill, specifically querying Victoria being the only state or territory in Australia that does not have a specific clause outlining that the operation of VAD does not constitute a crime, in our case, under the Crimes Act 1958. He cited supporting claims from Go Gentle Australia, who said that their 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. Minister, was the inclusion of such a clause considered for this bill? Why was that not ultimately put into this bill?

Ingrid STITT: Thank you, Mr Galea, and I am sorry I have got my back to you. This is a very unusual dynamic. In answer to your question – and I know that the member for Preston asked this in the Assembly’s consideration of the bill – the position is that it is not necessary to define this in our act, because VAD is not suicide. The language of ‘suicide’ is not appropriate for explaining how people who are dying and suffering make a decision to die with dignity following the lawful process to access VAD. Increasing awareness and the shifting of community attitudes towards VAD are more effective means of reducing stigma than amending the act to specify the difference between VAD and suicide. Some jurisdictions have sought to provide that VAD is not suicide in their laws to address the issue arising from the Commonwealth Criminal Code's prohibition on the use of carriage services. However, given Commonwealth law overrides state law to the extent the laws are inconsistent, this does not provide a solution to this issue in any event.

Michael GALEA: Yes, I understand that when it comes to telehealth consultations, that is certainly subject to jurisdiction that we do not have in this state. Nevertheless, in terms of the application of the Crimes Act, that was not considered, as I understand. Is there something particularly unique about the Victorian Crimes Act or the Victorian VAD act as it currently stands so that it does not require this change to be incorporated as other states have done?

Ingrid STITT: I think I have already answered that, Mr Galea, in that our view is that it would not resolve the scenario in any event. But it is not necessary for us to get into that definition in our act.

Georgie CROZIER: If I can just go to another topic, Minister. I noted and made mention in my second-reading speech of, I think, one case of being noncompliant. It was an understandable sort of oversight from a grieving family member who did not return the unused substance in time, within the 15 days. In the information pack – which I might add was very, very helpful – that was provided to us all from the department and the minister's office, it speaks about the statewide pharmacy service being the only provider of the substance, and therefore any unused substance gets returned. But it says in the future additional statewide pharmacy service locations may be established to dispense and manage safe disposal of VAD substances, and I did raise this in the briefing. I am just wondering, when you say 'in the future', will that just be done through regulation, or how will that be undertaken to ensure that there are appropriate processes in place for those pharmacists to be able to dispense and manage the safe disposal of VAD substances?

Ingrid STITT: The advice I have is that that is a recommendation from the five-year review and it is under consideration by the minister. I am just seeing if I have got anything additional on that. Just bear with me for one second.

Ms Crozier, I cannot give any additional information at this point other than what I have already stated – that it was a recommendation of the five-year review and it is one of the recommendations that will be considered. But there is no additional information or decision that has been made so far.

Ann-Marie HERMANS: Just on the substances that are being used for voluntary assisted dying and that lack of provision, was there a reason why there was no work done on what is currently being used or proposed to be used for voluntary assisted dying in Victoria in terms of the substance, with understanding and available information on side effects and the actual way that the drug would cause death? If we are putting amendments in, I would have thought that there would have been some work done on the actual methodology that is being used. I just wondered why that was not put in and whether that information is going to be available, and how if so.

Ingrid STITT: I need a bit of clarification from you, Mrs Hermans, on what you mean by methodology and what your question is getting to. Is it the type of substance or the way it is dispensed?

Ann-Marie HERMANS: I think you provided some of that information in the past, in the previous bill, on dispensers. Obviously there are some changes to how that is going to take place and the return of the substance and that it has to come from pharmacists, as Ms Crozier said. But what we do not have is, 'These are the substances that are being used or will be used.' There are no parameters or limitations around that other than it has to be provided by a pharmacist and therefore be available. There is no additional information that is readily available and there are no restrictions put into this particular bill to provide those safety parameters. I just wonder why there has been no additional work done on that and why that safety catch, since we are removing some others, has not been put into the bill. Is there a reason for that? Is it because there are exhaustive options or that there are limiting options? I do not understand why we have not put those protective measures in this bill in this amendment.

Ingrid STITT: There are significant provisions already in the existing bill around the safe dispensing and return of medication. We do not make public, for obvious reasons, what the substance is, because that is about community safety. There have been no reported instances of misuse of the VAD substance in Victoria. This is data that is systematically collected by the VAD review board and reviewed regularly.

The DEPUTY PRESIDENT: Minister, I have noticed a couple of times you made a comment while you were still sitting, before you stood to give the answer.

Ingrid STITT: I will desist.

The DEPUTY PRESIDENT: Could you stand and give your answer so that *Hansard* can record everything that you say.

Ann-Marie HERMANS: In the process of making voluntary assisted dying more accessible to more people and with the expectation that there will be something provided by the secretary on voluntary assisted dying, I guess a question for me remains. I know that we are talking about end of life here, but there are some things that take longer than others, and there are side effects as to how that actual death takes place and what those physical effects are that lead up to the cause of death. I understand why it is not being made available to the public, but there does not seem to be anything in the bill that actually puts parameters on that. I just wonder: when the secretary then provides this information, is there going to be information on the types of options available for voluntary assisted dying and the effects of the drugs or poisons that will be used?

Ingrid STITT: I am trying to be helpful, but there are some assertions that you are making that are just not based in fact; there are a large number of safeguards already in the existing legislation that has been operating safely for the last five years around, in particular, medication and dispensing of that medication and safe return of that medication. I want to reassure you that in development of the bill we have worked closely with the statewide pharmacy service on all aspects of the bill before the house today. In terms of the five-year review process, the five-year review found no reported cases of a VAD substance failing to result in death. I think that was one of the comments that you made. As I have said, we have worked closely with the statewide pharmacy service on the aspects of the bill that relate to the dispensing of that medication. I would argue that the processes that we have in place are very robust indeed, and we deliberately do not provide public information on what the substance is.

Ann-Marie HERMANS: I have just one little question on that, to clarify. It is not about the process of what the doctors do and how that is done – I can appreciate your answer about not providing the names of the substances – but about the methodology, not how it is actually administered but the effects of those drugs that actually lead to the cause of death. Outside of morphine, for instance, there are certain drugs that are used at the moment that are considered to be for palliative care, not for voluntary assisted dying. I guess the question remains – there is nothing in here to provide protection for the person making the decision on a voluntary assisted dying choice – of what the effects of those drugs would be. There is nothing provided in this bill about how the method of that drug actually killing them would take place. I just wonder: will that be provided by the secretary in the information that is going to be considered necessary to be provided to the patient when they are making a choice and a decision?

Business interrupted pursuant to standing orders.

Ingrid STITT: Pursuant to standing order 4.08, I declare the sitting be extended by up to 1 further hour.

I was just losing your train at the end there, but I can reassure you that the VAD review board collect all of the statistical data available on the VAD process. But clinicians always provide very detailed information to patients irrespective of VAD or other treatments. From personal experience, I have been in the room with a family member who has had the whole process described to them by the doctor in a very clear, professional and ethical way.

The five-year review, I repeat, found no reported cases of a VAD substance failing to result in death. There are surveys that are collected about people's reactions to the substance, and there were a very small number of instances where there may have been some difficulties with swallowing, but that may have been related to the person's condition. Doctors and pharmacists have a protocol provided to them and guidance and supports to be able to provide this information to their patients.

Clause agreed to.

Progress reported.

Adjournment

Enver ERDOGAN (Northern Metropolitan – Minister for Casino, Gaming and Liquor Regulation, Minister for Corrections, Minister for Youth Justice) (23:04): I move:

> That the house do now adjourn.

Youth crime

Ann-Marie HERMANS (South-Eastern Metropolitan) (23:04): (2081) My adjournment matter is directed to the Minister for Police and the Minister for Youth Justice. I wish to raise serious concerns regarding youth crime and community safety, particularly in light of the Community Advocacy Alliance's recent report titled 'The 300 club phenomenon'. The alliance estimates that around 300 young people are responsible for the majority of violent offences in Victoria, particularly across metropolitan Melbourne. While the government may wish to debate whether there is a crime problem, there are hundreds of victims and their families who can attest to the devastating reality of what is happening in our communities. What is troubling is that the government policy continues to direct substantial resources toward this small cohort of repeat offenders in the hope of changing entrenched behaviour. Rehabilitation is important, but when it comes at the expense of accountability and community safety, it sends the wrong message. We are dealing with a group of young offenders who see crime as a lifestyle, one that brings notoriety, control and power, and they operate without fear of consequences.

The statistics are revealing: in 1979 the Turana youth detention centre held approximately 200 young offenders when Victoria's population was about 3.5 million; today, with more than 7.1 million people, an average of only 88 youths are in detention on any given night. These figures from the Australian Institute of Health and Welfare highlight a system increasingly reluctant to impose meaningful consequences for serious offending. The Judicial College of Victoria's bail bench book, as updated, instructs magistrates to apply the minimum intervention necessary for accused young offenders, while acknowledging that this approach carries a degree of risk. I note that this is not borne by the courts, Minister, but is borne by the next victim of a carjacking or machete attack.

We need a recalibration of priorities. The safety of the community must come first. Serious young offenders should face proportionate consequences, including detention where appropriate. Those facilities must be places of structured discipline and education, not comfort or privilege. At the same time, early intervention must be strengthened, schools must keep young people engaged in education and training rather than excluding them, and parents must be held accountable when very young offenders repeatedly engage in criminal behaviour. Accordingly, I call on the minister – and this is the action that I ask for – to review Victoria's youth detention and bail policies and ensure that the rights of victims and the safety of the community are placed ahead of idealism, because the people of Victoria deserve a justice system that protects them and restores confidence in the rule of law.

Five Ways intersection, Warrandyte

Sonja TERPSTRA (North-Eastern Metropolitan) (23:07): (2082) My adjournment matter this evening is for the Minister for Roads and Road Safety in the other place, and the action I seek is for the minister to provide an update on when consultation will open for the Warrandyte Five Ways intersection upgrade and how the local community can have their say on this important project. It is fantastic to have Labor governments both in Canberra and here on Spring Street working together to deliver for Victorians. Through this partnership the Allan Labor government and the Albanese Labor government are getting on with the job, and I am pleased that later this month consultation will open for the upgrade of the Five Ways intersection in Warrandyte. This upgrade will cut congestion in the Warrandyte area, improve safety for drivers and pedestrians and make it easier to access local businesses. It will also have flow-on benefits for surrounding suburbs that currently experience congestion because of the choke point. I recently visited the site with Matt Gregg, the new federal Labor member for Deakin, and Gabe Ng, the new federal Labor member for Menzies. We spoke with locals about just how important this upgrade is for them, and it is clear the community is eager to see it progress. Whilst all those on the other side do is cut, cut, cut, we are hard at work delivering projects which matter to our local community. Works like upgrades to Five Ways are only made possible because of strong Labor governments, and I am excited to hear the minister’s response.

Energy policy

Katherine COPSEY (Southern Metropolitan) (23:08): (2083) My adjournment tonight is to the Minister for Energy and Resources. António Guterres, the United Nations Secretary-General, has been blunt in the lead-up to the COP30 climate conference in Belém: the world must phase out fossil fuels, full stop. I want us to take up that call as an invitation to move faster with hope and possibility, because across Victoria our communities are already showing the way – rooftops shine with solar; households are swapping out gas for efficient electric appliances; schools and sports clubs are installing batteries; and local councils are installing EV chargers. Victorians are leaning in. They want a safe climate, cleaner air and lower bills, and they are doing that one induction cooktop and heat pump at a time. They are doing it for the planet and they are doing it to save money. It would seem an absolute no-brainer that the state government matches that speed and commitment, but sadly, it is not. Victoria has world-class wind and solar resources, a deep manufacturing base and workers ready to build and scale up our clean energy future. We need more renewables bolstered by storage, community batteries in our suburbs, rooftop and commercial solar on every viable roof and a public-led push to electrify homes and small businesses. It is an optimistic agenda that creates jobs, lowers bills and cuts pollution.

So tonight my adjournment is to the Minister for Energy and Resources. In the spirit of COP30 and the huge task we collectively face, I ask the minister to bring forward a phase-out plan for fossil fuels, one that (1) rules out any new gas exploration and approving new gas projects, (2) accelerates the coal exit on a clear timetable with a fully funded worker-led transition package and regional diversification so no-one is left behind, (3) prioritises the rapid rollout of new publicly and community owned solar, wind and other renewable generation projects across Victoria to ensure the state achieves and maintains 100 per cent renewable electricity with capacity to meet rising demand from electrification of transport, heating and industry and (4) scales up storage and transmission with genuine community benefit sharing and in partnership with First Peoples. Victorians are ready. They are investing their own savings in solar and batteries. They are organising bulk buys and co-ops. COP30 outlines a new momentum, and our communities give us the mandate. Let us answer both of these with a timeframe that actually phases out fossil fuels and a plan that is based on intergenerational justice that powers our homes and industries with clean energy and secures a healthier, climate-safe future for every Victorian.

Crime

Evan MULHOLLAND (Northern Metropolitan) (23:11): (2084) My adjournment is to the Attorney-General, and it concerns a very significant letter sent to the Attorney on 5 November regarding an increase in violent crime across Hume city. I want to thank Cr Jim Overend for moving a notice of motion in council to write to the Minister for Police and the Attorney-General and the Minister for Education to get an update on how they can help Hume City Council with violent incidents that are occurring and eliminate the fear of many residents, particularly the elderly, going about their daily business. You only have to go to Broadmeadows Central to see that. I know that many Hume City Council staff have contacted my office very concerned about their safety, given machete fights are happening in the car park of their council offices.

I want to use this opportunity to also congratulate – it happened tonight – the new mayor of Hume City Council Carly Moore and the new deputy mayor Ally Watson, both good friends and colleagues that I know advocate for their community very strongly. So it is really good to see that the council will have a very, very strong voice in Hume city advocating for better services, and this is part of that, Minister. The council, I am aware, wrote to you, Minister, to seek an understanding of how the government's new bail laws are being implemented across the state and to raise several concerns about the lawlessness placing the wider Victorian community at risk. What we are seeing locally is creating immense fear for residents. That is definitely the case. My office is just up the road from Broadmeadows in Meadow Heights, and I know people come in on a daily basis concerned about violent incidents of crime in Hume city. It is really out of control. This letter notes that we also saw the lockdown of and shocking machete fight outside Greenvale Secondary College, which was a huge concern. I note that the bail laws, which they asked about, were the toughest. We were told that these were the toughest possible laws, and yet now the minister and the government are coming back to the well for even tougher laws. I was shocked to see in reports today that both the Attorney-General and the Treasurer were not supportive of going further and not supportive of the government's so-called adult time for violent crime – thanks, Mr Crisafulli – so I seek the action of the minister, and I ask what she is doing to help solve the crime crisis in Hume city.

Women's health

Jacinta ERMACORA (Western Victoria) (23:14): (2085) My adjournment is to the Minister for Health Mary-Anne Thomas. The *Bridging the Gender Pain Gap* report found that women living in regional and rural Victoria face greater challenges in accessing and navigating health care. My request of the minister is to provide details of what initiatives the Allan Labor government has put in place to address these challenges.

Family violence

Georgie PURCELL (Northern Victoria) (23:14): (2086) My adjournment matter is for the Minister for Prevention of Family Violence and relates to the growing number of family violence cases in regional Victoria involving animals beyond cats and dogs. In regional areas, including in my own home, the family pet often extends well beyond traditional companion animals. Horses, farmed animals such as sheep and cows and working animals are a normal part of the household and daily responsibilities. Yet in rural settings there remains a major policy gap in awareness about how these animals are used as tools and coercion in family violence cases. Centre Against Violence, a not-for-profit organisation providing crisis care and case management in the Ovens–Murray region of northern Victoria, has observed a significant rise over the past two years in the use of animals as instruments of family violence and notes that other family violence services across the state are reporting the same concerning trend. Perpetrators of family violence are increasingly using animals to locate, track or control the people that they abuse. This can include causing physical harm, exerting coercion or creating financial abuse, often through ownership, registration or microchipping systems. In some cases perpetrators manipulate ownership or registration details, withhold access to income connected to animals or use these systems to maintain ongoing control after a separation. Centre Against Violence reports that in rural settings those experiencing family violence are more likely to be providing primary care for family animals, yet they are putting their lives at risk in doing so.

There is a severe shortage of emergency accommodation that can support animals beyond cats and dogs, leaving many survivors with impossible choices between their own safety and the wellbeing of their animals. Stables and kennels in rural areas are often unmonitored or publicly accessible, giving perpetrators opportunities to locate or harass victim-survivors as they wish. This lack of oversight, combined with limited emergency accommodation and support, demonstrates the significant gaps in services and policy for regional communities. Every single person affected by family violence, along with their animals, deserves safety and support, no matter where they live. The action that I seek is for the Minister for Prevention of Family Violence to work with the Minister for Agriculture to recognise and address the link between family violence and harm to all animals central to rural life and to ensure regional services and policies reflect the full scope of this concerning issue.

Energy policy

David DAVIS (Southern Metropolitan) (23:17): (2087) My matter for the adjournment tonight is for the attention of the Minister for Energy and Resources, and it relates to matters in the Department of Energy, Environment and Climate Action (DEECA) annual report 2024–25. There is a note at 6.2 on derivative financial instruments, which points to a change in financial assets from 2024 to 2025: in 2024 $68.901 million and in 2025 $525.145 million. An increase from $70 million to $525 million – that is a huge change. The report says:

> The contracts, which include future settlements of Contract for Differences and rights to large-scale generation certificates … from/to proponents, have been classified as financial derivative instruments and are measured …

through a fair-value mechanism. What this leads to in the description of valuation techniques on page 233 is wholesale electricity price forecasts, and it goes from, in 2024, the bottom range, $17, to $44.57, an increase of $27.42 – an increase in fact of almost 160 per cent. Likewise, at the top of the range, from $155.02 in 2024 to $257.13 in 2025, an increase of $102.13 – an increase of 66 per cent. These are whopping increases in estimated wholesale electricity prices by the government. If these are even remotely realised – these are government estimates on which they are based, the valuations in the DEECA annual report – there will be a huge surge in energy costs in this state. These are the state government's own forecasts, its own estimates.

Jaclyn Symes interjected.

David DAVIS: Yes, in the report. That is right. DEECA – whatever you want to call it. The energy department's report – what it shows is a massive increase in wholesale electricity prices being used here. There is modelling that has been commissioned by DEECA to deal with this. The DEECA modelling in fact has blown the whistle on the forthcoming electricity price rises.

What I am asking the minister for energy to do is come clean on the costs of energy and the government's own forecasts and stop saying that energy prices are going to fall, when the government's own annual report says they are going to rise. The government has based its own valuations, through contracts for difference, on the idea that the energy costs are going to rise. The minister needs to stop misleading the community.

South-Eastern Metropolitan Region schools

Michael GALEA (South-Eastern Metropolitan) (23:20): (2088) My adjournment is for the Deputy Premier, the Minister for Education. The action that I am seeking is that the minister update me on how the government is celebrating the hard work and achievements of teachers and schools, particularly in the South-Eastern Metropolitan Region. I would like to give a big shout-out to all of the 14 winners, drawn from the 41 finalists, of the Victorian Education Excellence Awards. In particular I congratulate Knox Park Primary School's high-abilities team and the school as a whole for being one of three finalists for 'Outstanding provision for high-ability students' in the primary category of these awards. Certainly it is a terrific opportunity to thank all of the very hardworking teachers, principals and support staff that go into giving our kids the best possible education and giving our state the best NAPLAN results we have seen in this state and this nation's history.

Palliative care

Sarah MANSFIELD (Western Victoria) (23:21): (2089) My adjournment matter is for the Minister for Health, and the action I am seeking is for the minister to commit to properly funding palliative care services across Victoria. Victoria has a rapidly growing and ageing population. Victorians are living longer, and many are living with chronic illnesses. For people diagnosed with complex or terminal illnesses, palliative care provides much-needed comfort, dignity and support not only to the patients but to their loved ones during what is often an extremely difficult time in their lives. Palliative care is often just thought of as end-of-life medical care, like pain relief, provided in the very last days or weeks before death. But it is so much more than that. It is care that focuses on improving quality of life for people with life-threatening conditions and their families, and it is holistic in nature – physical, psychological, social and spiritual.

Unfortunately, many Victorians, particularly those in rural and regional Victoria, struggle to access palliative care. This is due to a combination of limited workforce availability, lack of knowledge and training within the existing workforce, complex funding systems that do not reflect the multidisciplinary and holistic nature of care, the lack of system planning and coordination and also, crucially, underfunding. The Victorian system is desperately stretched beyond capacity. It must be properly funded to ensure care is available for those who need it, when and where they need it. According to Palliative Care Victoria, just today 62 Victorians will die without receiving specialist palliative care at any stage through the course of their illness. Some of these people may not have needed it and some might have received palliative care in other forms, such as from non-specialist providers, but the reality is that many did not receive access to care that could have significantly improved their quality of life. Currently only a tiny fraction of the state health budget is directed towards palliative care. With so many people already lacking access and the expected increase in demand for services, without a significant shift in prioritisation and funding, even more will miss out. Minister, I urge you to listen to the experts on this issue, such as Palliative Care Victoria and the Victorian Palliative Care Alliance. It is time to properly fund palliative care services so Victorians can have equitable access and higher quality care when and where they need it.

Donnybrook Road, Kalkallo

Wendy LOVELL (Northern Victoria) (23:24): (2090) My adjournment matter is for the Minister for Roads and Road Safety. The action that I seek is for the minister to commit to funding the full duplication of Donnybrook Road from the Hume Freeway to Epping Road, including the flyover bridge over the Hume Freeway, in the 2026–27 state budget. Donnybrook Road is one of Labor’s worst planning failures. Greedy for extra tax revenue, Labor approved thousands of new homes along Donnybrook Road but totally failed to first upgrade Donnybrook Road from a single-lane farm track to a double-lane arterial road in order to handle all the extra traffic. The road is now chronically congested, with notoriously bad traffic that traps locals, making them late for work, late for school, late for kids sporting events and late home for dinner in the evening. In one incident a truck crash forced the whole road to be closed for hours. Without any alternative entry point to housing estates, residents were unable to return to their homes. One of my constituents was stuck at the Epping Road roundabout with her toddler and unable to get back to breastfeed her baby, who was at home and screaming for her mum. She then had to go to hospital with the toddler, who had become dehydrated after being stuck in a hot car for hours. This is just one example of the chaos caused by Labor’s complete mismanagement of suburban expansion in the northern growth areas.

I have raised this issue in Parliament many times, but I have still not received a satisfactory answer that commits to fully duplicating Donnybrook Road all the way to Epping Road. When I asked the government to fully fund the road duplication in the 2025–26 budget, the minister would not commit to the upgrade and said that planning work would inform the decision about whether or not to proceed with a financial investment. This answer raises serious concerns that the Allan Labor government may not invest in the full duplication of Donnybrook Road, which will shock and outrage locals, who tell me that traffic congestion has had a terrible impact on their quality of life. They moved to this area to live the Australian dream, but Labor's planning failures are turning the experience into a nightmare.

The Labor government thinks it can get away with just adding a connection to the Hume Freeway at Gunns Gully Road, but that interchange is not expected to be finished until at least 2028, and construction is already six months late, with no start date in sight. When it finally arrives, the interchange will only connect Cloverton to the freeway and will not help the residents of other housing estates along Donnybrook Road who still do not have a single alternative entry or exit to their suburbs. The federal government has announced work to upgrade the Mitchell Street roundabout, but that project will not add any extra lanes to the on-ramps or the bridge over the Hume Freeway and will not duplicate Donnybrook Road to Epping Road. The single-lane bottleneck causing chronic congestion on this old farm track looks set to continue for years without any relief in sight. Labor's refusal to fully fund duplication of Donnybrook Road proves they have turned a deaf ear to the cries of local residents.

Energy policy

Tom McINTOSH (Eastern Victoria) (23:27): (2091) How fitting that the Shadow Minister for Energy and Resources in the Liberal Party came in talking about energy today of all days, when the Liberal Party are tearing themselves apart on energy. For 25 years the Liberals have had nothing in the energy space. For 10 years when they were in power federally they had a different media adviser every year wheeling out a different policy that got put forward. We had nuclear, we had fracking and we had all sorts of things. ScoMo of all people put up net zero, and yet the Liberals are going to walk away from it, even when last month 50 per cent of Australia's electricity came from renewable sources. The Liberal Party are turning their backs on their own policies.

What is it that the state Liberals believe in? Do we understand what the state Liberals believe in in the energy space? Are they going to frack? Are they going to tear up pristine agricultural farmland to frack farms for gas? Are they going to go back to nuclear? Are they going to go back to the small modular nuclear reactors?

Members interjecting.

Tom McINTOSH: We are not going back to small modular nuclear reactors. We do not know what the Liberals believe in. They do not know what they believe in. They are tearing themselves apart. It is a nuclear reaction in the Liberal Party. Again, it has gone on for years and for years. My adjournment question is for the Minister for Energy and Resources and Minister for Climate Action in the other place: what is the Labor government doing in the space of the renewable energy target and emissions reduction?

Medicinal cannabis

David ETTERSHANK (Western Metropolitan) (23:29): (2092) My adjournment matter is for the Attorney-General in the other place, and it relates to an inconsistency in the Road Safety Act 1986 which is impacting medicinal cannabis patients who are caught in roadside drug testing. In November 2024, thanks to Legalise Cannabis Victoria's campaign on behalf of medicinal cannabis patients, Parliament amended the Road Safety Act 1986 to allow courts to exercise discretion in relation to the licence cancellation of a driver who tests positive for THC and has a lawful prescription for medicinal cannabis. The reforms, which commenced in March, recognise the legitimate therapeutic use of cannabis and allow magistrates to employ a fair and discretionary approach aimed at preventing unfair penalties for drivers who use their medication responsibly, as prescribed by their doctor, and are not impaired when tested. However, the intent of this reform is being undermined in practice due to procedural and legislative barriers, and people are still being placed in a situation where they face a criminal record simply for using their medication as prescribed. This is due to section 59(1)(b) of the Criminal Procedure Act 2009, which explicitly states that offences under the Road Safety Act 1986 are excluded from eligibility for court-ordered diversion. The combined effect of these provisions is that magistrates are not able to apply the discretion that was intended by the amendment, even in cases where a person's conduct was entirely lawful under the Drugs, Poisons and Controlled Substances Act 1981. This outcome undermines the legislative intent of the 2024 reforms. The action I seek is that the Attorney-General immediately resolve this conflict and implement a solution to enable medicinal cannabis patients to actually access the discretion of the court, as the Parliament intended.

Health services violence

Georgie CROZIER (Southern Metropolitan) (23:31): (2093) My adjournment matter is for the attention of the Minister for Health, and it is in relation to the very alarming increase in violence in our hospitals. The latest dump of annual reports last week showed that across a number of our major hospitals – in fact, right across the system, actually – there has been a huge increase in violence. We are looking at around 65 incidents every single day, and some of these are very, very violent. That equates to around 24,000 incidents that occurred in Victorian public hospitals last financial year. We are seeing an increasing number of people taking weapons into emergency departments. That is what I am most concerned about, and it is symptomatic of what we are experiencing in the general community around the crime crisis that has got out of control. We have a Premier who is desperately trying to make the political hit without understanding or doing the work. She made an announcement today and does not even have any legislation in place. The whole thing is farcical – it makes *Yes Minister* look like goodness knows what. She is taking *Yes Minister* to the next level with her actions.

Nevertheless, I digress. I want to get back to this important issue. The president of the Victorian AMA, Simon Judkins, blamed the increase in violence on overcrowding, long waits in hospitals and inadequate access to health services in the broader community. I do agree with him, given what I am hearing in my office from people describing what they see and what they are experiencing in emergency departments, and also from the clinicians who contact me and tell me what is going on. There is huge concern amongst so many people, and more needs to be done. The government back in 2015 said they were going to put a taskforce in place to address this issue. Well, it is 10 years later, and where are we? We have got rising violence right across the system, where some very violent incidents are occurring. But I will go back to the main issue I was speaking about – it is about the weapons in our emergency departments. The action I am asking the minister for is a breakdown of the number of weapons and in which emergency departments they are being found.

Save-A-Dog Scheme

John BERGER (Southern Metropolitan) (23:33): (2094) My adjournment matter is directed to the Minister for Agriculture in the other place. I was pleased to see the announcement of round 13 of the Animal Welfare Fund by the minister at the end of October, offering grants of up to $100,000 for eligible not-for-profit organisations, animal shelters and community foster care networks focused on rehoming, education, emergency animal relief and expanding facilities available to the community in crisis periods. It also offers low-cost vet clinic grants of up to $50,000 for equipment upgrades and expansions for not-for-profit and community vet clinics and up to $200,000 to establish new low-cost vet clinics. This grant program invests $1.6 million into companion animal welfare across Victoria, and over the past decade it has given over $14.75 million towards animal welfare support across the state. For many Victorians, pets are important and beloved members of their families, whether they are cats, dogs, rabbits, fish or more. My electorate of Southern Metro Region is home to Save-A-Dog Scheme Inc based in Glen Iris. Opening their doors in 2006 they are a community-based not-for-profit shelter that saves hundreds of dogs and cats from being killed every year, with support from the City of Stonnington, caring for animals and reuniting lost pound pets with owners across the electorate. They do exceptional work in my community of Southern Metro Region caring for, homing and saving the lives of countless dogs across the state. The action I seek is for the Minister for Agriculture to join me in visiting the Save-A-Dog Scheme facility in Glen Iris to see the excellent work they are doing to promote animal welfare in the Southern Metropolitan Region.

Recreational fishing

Melina BATH (Eastern Victoria) (23:35): (2095) The minister I seek an action from is the Minister for Outdoor Recreation, and the action I seek is for that minister to disclose the full cost to taxpayers of the little angler kit program announced on Sunday 19 October. Little anglers is a taxpayer-funded gimmick that is fishing for votes, not a genuine effort to increase participation in outdoor recreation. These kits are funded through fishing licence revenue, yet this government is not being transparent about the costs or motive. Under Labor, fishing licence fees have continued to rise. A one-year licence has increased by $16.50 since 2014. A three-year licence has increased by $45. Three-year licences in Victoria cost $150 compared to $85 in New South Wales, and they are free in Queensland. Meanwhile licence numbers in Victoria are declining. If the government really wanted people to take up fishing, it would reduce these fees or cap them at the very least.

I love fishing. I love fish. It is family friendly, it is inclusive and it is relaxing. But what I dislike intensely is waste, and this government is hooked on waste. In Victoria a parent accompanying a child must hold a valid fishing licence. By handing out 82,500 kits – each containing a rod, a reel, a tackle box, a glossy brochure and a big carry bag with a big Vic government logo on the side of it – the government is creating a multimillion-dollar marketing campaign in the guise of outdoor recreation activities. If these kits cost anywhere between $60 to $100 each, this program costs somewhere between $2 million and $3 million, generating over $12 million in licence revenue if parents join up and comply.

This is your second cast of the program, Minister; the first cast had no evaluation, no costing and no transparency. We know it did not increase fishing licence uptake. Many of the kits – and I went on Facebook and Gumtree the other day – can be sold. People are on-selling them for somewhere around the $30 mark. If affordability drives participation, why is Victoria the most expensive state to get a fishing licence? This government needs to reel in its spending, recast its priorities and get hooked on fiscal responsibility. Stop fishing for headlines and start delivering for all Victorians. Minister, disclose the total cost of the program, commission a review of its effectiveness and explain why Victoria continues to slug anglers with high fees while pretending this is all about participation.

Gender services

Bev McARTHUR (Western Victoria) (23:38): (2096) My adjournment matter for the Minister for Health concerns our duty of care to Victoria’s most vulnerable children and the fundamental collapse of confidence in the legal and clinical foundations of paediatric gender care in this state. The minister has repeatedly asserted that she is fiercely proud of Victoria’s gender clinics, claiming their care is exemplary. That view is now utterly indefensible. Former Family Court Chief Justice Diana Bryant, the same judge who wrote the landmark 2013 decision which removed court oversight for puberty blockers, has recently stated she has serious doubts about that ruling. Had she known what we know today, she would have reached a different conclusion. She now accepts what many of us have been saying for years: that the expert evidence her court relied upon in 2013, particularly testimony that puberty blockers were fully reversible with no side effects, appears, in her own words, misleading and overconfident. It is extraordinary: the architect of our approach admitting the foundation was built on sand. Furthermore, the Royal Children’s Hospital gender service has had its credibility severely damaged by the Family Court. Justice Strum described evidence from their lead expert as misleading and infected by ideology, noting that claims dismissing opposition as Nazi-like oppression had no place whatsoever in objective testimony.

Minister, when courts determine that evidence from your primary service provider is ideologically contaminated and when the legal architect admits the grounds may be flawed, the state cannot claim its care is exemplary. When Nordic countries tightened protocols, Victoria looked away. When the UK banned routine puberty blockers following the Cass review, your government arrogantly shrugged. When Queensland paused new treatments, you continued to declare, ‘We’re fiercely proud.’ Your refusal to heed these warnings is not a defence of care; it is a combination of complacency and stubbornness. Clinical best practice, the best evidence and long-term researched care for our children take second place to fashionable ideological ideas. These are vulnerable young people struggling with mental health, autism and their sexuality. They deserve careful assessment, not to be fast-tracked into experimental treatments with life-altering consequences like infertility, sexual dysfunction and cardiovascular disease. Minister, the action I seek is that you immediately commission a truly independent clinical audit of Victoria's paediatric gender services, convene an expert review panel and pending that work, impose a precautionary pause on the prescription of puberty blockers to patients under 18.

Vermont Men's Shed

Nick McGOWAN (North-Eastern Metropolitan) (23:41): (2097) Treasurer, I just feel like the gods are trying to bring us closer together today, and it is probably appropriate, because it is getting close to midnight and there are not many people left in the Parliament. It is just the stayers that are here, so that is always nice to see. Unfortunately, my matter is not for you today. I appreciate you being here – we did discuss this earlier today – but it is actually for the minister in the other place, Minister Spence. It of course relates to the Vermont Men's Shed. I know you have heard this once today, so I will try and recast it – not to borrow from my colleague here Ms Bath, who has already left for today. There were enough hooks and lures in that speech already.

Nonetheless, I have a very serious request of Minister Spence. I will have a delegation from the Vermont Men's Shed here on Friday, and I would love for Minister Spence to join that delegation. They need a home. Mr John Mullahy is working assiduously, I would say, and has made some great efforts. However, he has come up short – no fault of his. I think he has in his mind a solution, which is to work not only with the Vermont Men's Shed but also with Cape, formerly Nadrasca, a sensational local organisation that works in the disability space. Unfortunately for us, time is of the essence. They cannot wait until the next budget cycle. That is some distance off, as I do not need to tell you – you are the one running the next budget process.

Nonetheless, about these men, there are 120 in total. I need not tell you, because I know you know particularly well – and you are passionate too about men's sheds in addition to other community facilities – that it provides a purposeful, productive and in many respects life-saving facility for these men. The prospect that they will find themselves homeless in short order – as I said today, in only a number of weeks they were about to find themselves thrown out of their current facility. The Anglican Church, thankfully, have continued to extend – I guess for the last time. They were due to finish there this year. I think they will now extend into the early new year, but I cannot understate the importance of them finding a home.

I know that also the President shares the same sort of passion for the Ringwood Men's Shed. They were a little bit more fortunate. They got about $2500 in the last round, so that was welcome. Nonetheless, the urgent need is for the Vermont Men's Shed. As I said, this delegation will be here. I would happily invite the member in the other place, Mr Mullahy. He knows Mr David Lewis, who is the president, very well. He will be accompanied by two other men from that men's shed. Treasurer, you are also welcome to be invited, although this action is not for you, but it is an extension of my constituency question. Certainly Minister Spence would be welcome to join us and to discuss with them their pressing, urgent needs, because the last thing we want is for these 120 men, who have a contribution to make and a purposeful outlet, to finish.

Youth crime

Trung LUU (Western Metropolitan) (23:44): (2098) My matter tonight is for the Minister for Police and Minister for Community Safety regarding the surge in crime being committed by minors. The action I seek is for the minister to urgently address the alarming rise in youth crime by investing in targeted prevention programs and working with the Minister for Youth Justice in reviewing the effectiveness of government youth justice policies.

Victoria is in the midst of a crime crisis. The latest data from the Crime Statistics Agency revealed a staggering 15.7 per cent increase in criminal offences across the state, with children driving much of this surge. As of 30 June 2025 the total number of offences had risen to 638,640 – an increase of over 32 per cent since the end of 2022, during the pandemic. Most concerningly, repeat youth offenders, a group of just over 1100 children aged between 10 and 17, are responsible for more than 60 per cent of home invasions and nearly half of all aggravated burglaries. Offences committed by children aged between 10 and 14 increased by 11 per cent year on year. This is not just a statistic, it is a reflection of a broken-down system. These young offenders are not receiving the support or intervention they need. Instead they are cycling through the justice system, which has failed to rehabilitate them and failed to protect the community. Retail theft has jumped 27 per cent, aggravated burglary has jumped 21 per cent and motor vehicle theft has more than doubled since the pandemic, with one in five traced back to the same group of repeat youth offenders.

Victoria Police are doing their best, but they are being let down by soft laws, watered-down legislation and a lack of crime prevention action by this government. Almost 10,500 offenders failed to meet bail conditions last year, the highest number in a decade. I urge the minister to act now. We need to get early intervention, community engagement and youth support programs that work. Victorians deserve to feel safe, and young people deserve a future beyond crime.

Responses

Jaclyn SYMES (Northern Victoria – Treasurer, Minister for Industrial Relations, Minister for Regional Development) (23:46): There were 18 matters raised by 18 members, which will be passed on to various ministers for response.

Questions without notice and ministers statements

Written responses

The PRESIDENT (23:46): At question time there were two supplementary questions that Ms Crozier called a point of order on regarding answers from Minister Stitt. I promised to get back this afternoon. It is not midnight yet, so I think I will count that as I have got back this afternoon. I did review those answers, and I believe they were relevant. The minister did answer the questions.

The house stands adjourned.

House adjourned 11:47 pm.