

PARLIAMENT OF VICTORIA

**PARLIAMENTARY DEBATES
(HANSARD)**

LEGISLATIVE COUNCIL

FIFTY-EIGHTH PARLIAMENT

FIRST SESSION

Friday, 3 November 2017

(Extract from book 18)

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The Governor

The Honourable LINDA DESSAU, AC

The Lieutenant-Governor

The Honourable Justice MARILYN WARREN, AC, QC

The ministry

(from 16 October 2017)

Premier	The Hon. D. M. Andrews, MP
Deputy Premier, Minister for Education and Minister for Emergency Services	The Hon. J. A. Merlino, MP
Treasurer and Minister for Resources	The Hon. T. H. Pallas, MP
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Minister for Industry and Employment	The Hon. B. A. Carroll, MP
Minister for Trade and Investment, Minister for Innovation and the Digital Economy, and Minister for Small Business	The Hon. P. Dalidakis, MLC
Minister for Energy, Environment and Climate Change, and Minister for Suburban Development	The Hon. L. D' Ambrosio, MP
Minister for Roads and Road Safety, and Minister for Ports	The Hon. L. A. Donnellan, MP
Minister for Tourism and Major Events, Minister for Sport and Minister for Veterans	The Hon. J. H. Eren, MP
Minister for Housing, Disability and Ageing, Minister for Mental Health, Minister for Equality and Minister for Creative Industries	The Hon. M. P. Foley, MP
Minister for Health and Minister for Ambulance Services	The Hon. J. Hennessy, MP
Minister for Aboriginal Affairs, Minister for Industrial Relations, Minister for Women and Minister for the Prevention of Family Violence	The Hon. N. M. Hutchins, MP
Special Minister of State	The Hon. G. Jennings, MLC
Minister for Consumer Affairs, Gaming and Liquor Regulation, and Minister for Local Government	The Hon. M. Kairouz, MP
Minister for Families and Children, Minister for Early Childhood Education and Minister for Youth Affairs	The Hon. J. Mikakos, MLC
Minister for Police and Minister for Water	The Hon. L. M. Neville, MP
Attorney-General and Minister for Racing	The Hon. M. P. Pakula, MP
Minister for Agriculture and Minister for Regional Development	The Hon. J. L. Pulford, MLC
Minister for Finance and Minister for Multicultural Affairs	The Hon. R. D. Scott, MP
Minister for Training and Skills, and Minister for Corrections	The Hon. G. A. Tierney, MLC
Minister for Planning	The Hon. R. W. Wynne, MP
Cabinet Secretary	Ms M. Thomas, MP

The Governor

The Honourable LINDA DESSAU, AC

The Lieutenant-Governor

The Honourable Justice MARILYN WARREN, AC, QC

The ministry

(from 13 September 2017)

Premier	The Hon. D. M. Andrews, MP
Deputy Premier, Minister for Education and Minister for Emergency Services	The Hon. J. A. Merlino, MP
Treasurer	The Hon. T. H. Pallas, MP
Minister for Public Transport and Minister for Major Projects	The Hon. J. Allan, MP
Minister for Small Business, Innovation and Trade	The Hon. P. Dalidakis, MLC
Minister for Energy, Environment and Climate Change, and Minister for Suburban Development	The Hon. L. D'Ambrosio, MP
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Minister for Families and Children, and Minister for Youth Affairs	The Hon. J. Mikakos, MLC
Minister for Police and Minister for Water	The Hon. L. M. Neville, MP
Minister for Industry and Employment, and Minister for Resources	The Hon. W. M. Noonan, MP
Attorney-General and Minister for Racing	The Hon. M. P. Pakula, MP
Minister for Agriculture and Minister for Regional Development	The Hon. J. L. Pulford, MLC
Minister for Finance and Minister for Multicultural Affairs	The Hon. R. D. Scott, MP
Minister for Training and Skills, and Minister for Corrections	The Hon. G. A. Tierney, MLC
Minister for Planning	The Hon. R. W. Wynne, MP
Cabinet Secretary	Ms M. Thomas, MP

The Governor

The Honourable LINDA DESSAU, AC

The Lieutenant-Governor

The Honourable Justice MARILYN WARREN, AC, QC

The ministry

(to 12 September 2017)

Premier	The Hon. D. M. Andrews, MP
Deputy Premier, Minister for Education and Minister for Emergency Services	The Hon. J. A. Merlino, MP
Treasurer	The Hon. T. H. Pallas, MP
Minister for Public Transport and Minister for Major Projects	The Hon. J. Allan, MP
Minister for Small Business, Innovation and Trade	The Hon. P. Dalidakis, MLC
Minister for Energy, Environment and Climate Change, and Minister for Suburban Development	The Hon. L. D'Ambrosio, MP
Minister for Roads and Road Safety, and Minister for Ports	The Hon. L. A. Donnellan, MP
Minister for Tourism and Major Events, Minister for Sport and Minister for Veterans	The Hon. J. H. Eren, MP
Minister for Housing, Disability and Ageing, Minister for Mental Health, Minister for Equality and Minister for Creative Industries	The Hon. M. P. Foley, MP
Minister for Health and Minister for Ambulance Services	The Hon. J. Hennessy, MP
Minister for Local Government, Minister for Aboriginal Affairs and Minister for Industrial Relations	The Hon. N. M. Hutchins, MP
Special Minister of State	The Hon. G. Jennings, MLC
Minister for Consumer Affairs, Gaming and Liquor Regulation	The Hon. M. Kairouz, MP
Minister for Families and Children, and Minister for Youth Affairs	The Hon. J. Mikakos, MLC
Minister for Police and Minister for Water	The Hon. L. M. Neville, MP
Minister for Industry and Employment, and Minister for Resources	The Hon. W. M. Noonan, MP
Attorney-General and Minister for Racing	The Hon. M. P. Pakula, MP
Minister for Agriculture and Minister for Regional Development	The Hon. J. L. Pulford, MLC
Minister for Women and Minister for the Prevention of Family Violence (until 23 August 2017)	The Hon. F. Richardson, MP
Minister for Finance and Minister for Multicultural Affairs	The Hon. R. D. Scott, MP
Minister for Training and Skills, and Minister for Corrections	The Hon. G. A. Tierney, MLC
Minister for Planning	The Hon. R. W. Wynne, MP
Cabinet Secretary	Ms M. Thomas, MP

Legislative Council committees

Privileges Committee — Ms Hartland, Ms Mikakos, Mr O’Sullivan, Ms Pulford, Mr Purcell, Mr Rich-Phillips and Ms Wooldridge.

Procedure Committee — The President, Dr Carling-Jenkins, Mr Davis, Mr Jennings, Ms Pennicuik, Ms Pulford, Ms Tierney and Ms Wooldridge.

Legislative Council standing committees

Standing Committee on the Economy and Infrastructure — Mr Bourman, #Ms Dunn, Mr Eideh, Mr Finn, Mr Gepp, Ms Hartland, Mr Leane, #Mr Melhem, Mr Ondarchie, Mr O’Sullivan and #Mr Rich-Phillips.

Standing Committee on the Environment and Planning — Ms Bath, #Mr Bourman, Mr Dalla-Riva, Mr Davis, Ms Dunn, Mr Elasmarr, #Ms Hartland, Mr Melhem, #Mr Purcell, #Mr Ramsay, Ms Shing, #Ms Symes and Mr Young.

Standing Committee on Legal and Social Issues — #Ms Crozier, #Mr Elasmarr, Ms Fitzherbert, #Ms Hartland, Mr Morris, Mr Mulino, Ms Patten, Mrs Peulich, #Mr Rich-Phillips, Mr Somyurek, Ms Springle and Ms Symes.

participating members

Legislative Council select committees

Port of Melbourne Select Committee — Mr Mulino, Mr Ondarchie, Mr Purcell, Mr Rich-Phillips, Ms Shing and Ms Tierney.

Fire Services Bill Select Committee — Ms Hartland, Ms Lovell, Mr Melhem, Mr Mulino, Mr O’Sullivan, Mr Rich Phillips, Ms Shing and Mr Young.

Joint committees

Accountability and Oversight Committee — (*Council*): Mr O’Sullivan, Mr Purcell and Ms Symes. (*Assembly*): Mr Angus, Mr Gidley, Mr Staikos and Ms Thomson.

Dispute Resolution Committee — (*Council*): Mr Bourman, Mr Dalidakis, Ms Dunn, Mr Jennings and Ms Wooldridge. (*Assembly*): Ms Allan, Mr Clark, Ms Hutchins, Mr Merlino, Mr M. O’Brien, Mr Pakula and Mr Walsh.

Economic, Education, Jobs and Skills Committee — (*Council*): Mr Bourman, Mr Elasmarr and Mr Melhem. (*Assembly*): Mr Crisp, Mrs Fyffe, Ms Garrett and Ms Ryall.

Electoral Matters Committee — (*Council*): Ms Bath, Ms Patten and Mr Somyurek. (*Assembly*): Ms Asher, Ms Blandthorn, Mr Dixon and Ms Spence.

Environment, Natural Resources and Regional Development Committee — (*Council*): Mr O’Sullivan, Mr Ramsay and Mr Young. (*Assembly*): Mr J. Bull, Ms Halfpenny, Mr Richardson and Mr Riordan.

Family and Community Development Committee — (*Council*): Dr Carling-Jenkins and Mr Finn. (*Assembly*): Ms Britnell, Ms Couzens, Mr Edbrooke, Ms Edwards and Ms McLeish.

House Committee — (*Council*): The President (*ex officio*), Mr Eideh, Ms Hartland, Ms Lovell, Mr Mulino and Mr Young. (*Assembly*): The Speaker (*ex officio*), Mr J. Bull, Mr Crisp, Mrs Fyffe, Mr Staikos, Ms Suleyman and Mr Thompson.

Independent Broad-based Anti-corruption Commission Committee — (*Council*): Mr Ramsay and Ms Symes. (*Assembly*): Mr Hibbins, Mr D. O’Brien, Mr Richardson, Ms Thomson and Mr Wells.

Law Reform, Road and Community Safety Committee — (*Council*): Mr Gepp and Ms Patten. (*Assembly*): Mr Dixon, Mr Howard, Ms Suleyman, Mr Thompson and Mr Tilley.

Public Accounts and Estimates Committee — (*Council*): Ms Patten, Ms Pennicuik and Ms Shing. (*Assembly*): Mr Dimopoulos, Mr Morris, Mr D. O’Brien, Mr Pearson, Mr T. Smith and Ms Ward.

Scrutiny of Acts and Regulations Committee — (*Council*): Ms Bath and Mr Dalla-Riva. (*Assembly*): Ms Blandthorn, Mr J. Bull, Mr Dimopoulos, Ms Kilkenny and Mr Pesutto.

Heads of parliamentary departments

Assembly — Acting Clerk of the Legislative Assembly: Ms Bridget Noonan

Council — Acting Clerk of the Parliaments and Clerk of the Legislative Council: Mr A. Young

Parliamentary Services — Secretary: Mr P. Lochert

MEMBERS OF THE LEGISLATIVE COUNCIL
FIFTY-EIGHTH PARLIAMENT — FIRST SESSION

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Deputy President:

Mr K. EIDEH

Acting Presidents:

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Leader of the Government:

The Hon. G. JENNINGS

Deputy Leader of the Government:

The Hon. J. L. PULFORD

Leader of the Opposition:

The Hon. M. WOOLDRIDGE

Deputy Leader of the Opposition:

The Hon. G. K. RICH-PHILLIPS

Leader of The Nationals:

Mr L. B. O'SULLIVAN

Leader of the Greens:

Dr S. RATNAM

Member	Region	Party	Member	Region	Party
Atkinson, Mr Bruce Norman	Eastern Metropolitan	LP	Mikakos, Ms Jenny	Northern Metropolitan	ALP
Barber, Mr Gregory John ¹	Northern Metropolitan	Greens	Morris, Mr Joshua	Western Victoria	LP
Bath, Ms Melina ²	Eastern Victoria	Nats	Mulino, Mr Daniel	Eastern Victoria	ALP
Bourman, Mr Jeffrey	Eastern Victoria	SFFP	O'Brien, Mr Daniel David ⁷	Eastern Victoria	Nats
Carling-Jenkins, Dr Rachel ³	Western Metropolitan	AC	O'Donohue, Mr Edward John	Eastern Victoria	LP
Crozier, Ms Georgina Mary	Southern Metropolitan	LP	Ondarchie, Mr Craig Philip	Northern Metropolitan	LP
Dalidakis, Mr Philip	Southern Metropolitan	ALP	O'Sullivan, Luke Bartholomew ⁸	Northern Victoria	Nats
Dalla-Riva, Mr Richard Alex Gordon	Eastern Metropolitan	LP	Patten, Ms Fiona	Northern Metropolitan	ASP
Davis, Mr David McLean	Southern Metropolitan	LP	Pennicuik, Ms Susan Margaret	Southern Metropolitan	Greens
Drum, Mr Damian Kevin ⁴	Northern Victoria	Nats	Peulich, Mrs Inga	South Eastern Metropolitan	LP
Dunn, Ms Samantha	Eastern Metropolitan	Greens	Pulford, Ms Jaala Lee	Western Victoria	ALP
Eideh, Mr Khalil M.	Western Metropolitan	ALP	Purcell, Mr James	Western Victoria	V1LJ
Elasmar, Mr Nazih	Northern Metropolitan	ALP	Ramsay, Mr Simon	Western Victoria	LP
Finn, Mr Bernard Thomas C.	Western Metropolitan	LP	Ratnam, Dr Samantha Shantini ⁹	Northern Metropolitan	Greens
Fitzherbert, Ms Margaret	Southern Metropolitan	LP	Rich-Phillips, Mr Gordon Kenneth	South Eastern Metropolitan	LP
Gepp, Mr Mark ⁵	Northern Victoria	ALP	Shing, Ms Harriet	Eastern Victoria	ALP
Hartland, Ms Colleen Mildred	Western Metropolitan	Greens	Somyurek, Mr Adem	South Eastern Metropolitan	ALP
Herbert, Mr Steven Ralph ⁶	Northern Victoria	ALP	Springle, Ms Nina	South Eastern Metropolitan	Greens
Jennings, Mr Gavin Wayne	South Eastern Metropolitan	ALP	Symes, Ms Jaclyn	Northern Victoria	ALP
Leane, Mr Shaun Leo	Eastern Metropolitan	ALP	Tierney, Ms Gayle Anne	Western Victoria	ALP
Lovell, Ms Wendy Ann	Northern Victoria	LP	Wooldridge, Ms Mary Louise Newling	Eastern Metropolitan	LP
Melhem, Mr Cesar	Western Metropolitan	ALP	Young, Mr Daniel	Northern Victoria	SFFP

¹ Resigned 28 September 2017

² Appointed 15 April 2015

³ DLP until 26 June 2017

⁴ Resigned 27 May 2016

⁵ Appointed 7 June 2017

⁶ Resigned 6 April 2017

⁷ Resigned 25 February 2015

⁸ Appointed 12 October 2016

⁹ Appointed 18 October 2017

PARTY ABBREVIATIONS

AC — Australian Conservatives; ALP — Labor Party; ASP — Australian Sex Party;
DLP — Democratic Labour Party; Greens — Australian Greens;
LP — Liberal Party; Nats — The Nationals;
SFFP — Shooters, Fishers and Farmers Party; V1LJ — Vote 1 Local Jobs

CONTENTS

FRIDAY, 3 NOVEMBER 2017

BUSINESS OF THE HOUSE

Adjournment 5699

VOLUNTARY ASSISTED DYING BILL 2017

Second reading 5699, 5728

QUESTIONS WITHOUT NOTICE

Jasvinder Sidhu.....5719, 5720

Youth justice system.....5720, 5721

Freedom of information5721, 5722

Adult Parole Board of Victoria 5722

Literacy.....5723

Ravenhall Correctional Centre5723, 5724

Timber industry.....5724, 5725

Gambling regulation 5725

Office of the Racing Integrity Commissioner 5725

Written responses 5726

QUESTIONS ON NOTICE

Answers 5726

CONSTITUENCY QUESTIONS

Eastern Metropolitan Region 5727

Eastern Victoria Region.....5727

Western Metropolitan Region.....5728

South Eastern Metropolitan Region5728

Southern Metropolitan Region 5728

ADJOURNMENT

Shepparton rail services.....5745

Prisoner drug and alcohol testing.....5745

Koo Wee Rup Secondary College.....5746

South Yarra Primary School.....5746

Autism services5747

Hunting economic impact survey5747

South Melbourne public housing.....5748

Ballarat railway station precinct.....5748

Concord School, Bundoora 5749

Responses 5749

Friday, 3 November 2017

The PRESIDENT (Hon. B. N. Atkinson) took the chair at 9.33 a.m. and read the prayer.

BUSINESS OF THE HOUSE

Adjournment

Mr JENNINGS (Special Minister of State) — I move:

That the Council, at its rising, adjourn until 12.00 p.m. on Tuesday, 14 November 2017.

Motion agreed to.

VOLUNTARY ASSISTED DYING BILL 2017

Second reading

Debate resumed from 2 November; motion of Mr JENNINGS (Special Minister of State).

Ms PATTEN (Northern Metropolitan) (09:38) — I feel privileged to rise to speak on the Voluntary Assisted Dying Bill 2017. As many of you know, the issue of voluntary assisted dying has been a constant part of my term here since I was elected, so it is a great privilege to see after this extensive process that this bill recognises and reflects the will of our community. I have to say it has been an absolute honour to hear the contributions of others in this house and in the other place, and I am very proud to be part of what I hope will be a historic debate. This bill is wanted by the community. This bill will ease the suffering. This bill will allow people a choice at the end of their lives. This bill will provide transparency to what is already happening.

We are talking about people's lives. Even if it is at the very end of their life, it is still their life and all the normal attributes that a person enjoys in healthy life should apply at the end of life, like personal choice. We should not be robbing people of their basic human rights because they are dying. I think this is something that some of those supporting the 'no' campaign have not understood. Death is a part of life. It is not the opposite of life. Birth is the opposite of death. Life goes on around both of them. I know this debate is personal for us all, because no-one has not experienced the death of someone and the sadness that that brings.

First off I would like to thank some of the pioneers that have brought us here today, people like Marshall Perron, a former Chief Minister of the Northern Territory, who I had the pleasure of meeting yesterday;

Rod Mackenzie, a former President of this house; Colleen Hartland, whose amazing work for a decade on this issue has brought us here; Rodney Syme; all the people who wrote emails, rang and signed petitions and letters that we have all received; the ministerial panel; Andrew Denton and his team; Dying with Dignity; and the passionate people who are here today from both sides. I am passionate about the rights of terminally ill people. Having, as I said, spent a large part of my time in this term thinking about this issue, I am satisfied that this bill is in line with what the community wants.

All throughout this debate I have not heard anyone dispute that the community does want us to vote for this bill. We have seen the polling, including the polling just the other day in western Victoria. We know that the vast majority of Victorians want us to be brave. They want us to pass this bill. I am satisfied that this bill creates a compassionate and safe option for people at the end of their lives with unbearable suffering. On the day I was elected I committed to upholding my promise to Peter Short, a friend and a voluntary assisted dying campaigner. He died in December 2014, but his family has continued that campaign. Today I pay my respects to another campaigner, Jay Franklin, who died at the Austin Hospital on Wednesday.

We often say in this place that it is about fairness and equality, and these are worthy objectives, but it is not always the case. We are not equally clever, we are not equally beautiful or healthy, and we certainly do not die equally. My grandmother just fell asleep and did not wake up, as did my dad. For my mother it was a bit more complicated. For my father-in-law, though, the last few weeks were pretty tough. He was a World War II pilot who had seen his fair share of death and dying. At the age of 91 he had an inoperable cancer and, as he said, he was happy to go. He said, 'Just get me the pills. I've had a good life, and I'm happy to go'. 'What is the point of me lying here in pain and putting my family through all this grief?', he asked. When we spoke to the palliative care nurses there was kind of a sort of a wink and a nudge and they said, 'We'll be okay. We'll look after him'. Then they explained in detail the various medications that they had left at the house. I understood what they were saying. We all do. Nurses and doctors around the state help in this way every day. It is unregulated, and it is open to abuse. This bill allows transparency.

We know from the coroner that many terminally ill people that commit suicide use the drugs that the palliative care staff have left at their home. So a man has served his country, has given up his life for his country — well, fortunately he did not — and is now asking to be relieved of his suffering, but his country

says no. No amount of palliative care was going to change his mind or his condition. I ask those considering voting against this bill to consider this: there are still some thousands of World War II veterans in the final stages of their lives in Victoria. I can tell you that a lot of them will want the option of physician-assisted dying if it comes to that point. So will you stand in front of them and say, 'No. You need to tough it out to the bitter end'? Is this the way we repay the men and women who have fought for our freedoms? Surely the right to die when you are in extreme pain and suffering is the ultimate democratic right.

I would like to use some of my time reflecting on how this bill came to be before us. This has been a very long and extensive process, one that I do not think any other jurisdiction has undertaken. This has not been sudden. There has been an 18-month parliamentary inquiry followed by a nine-month ministerial panel. I believe that the process has resulted in a thoughtful, well-designed bill that is uniquely Victorian. I stand here in quite a privileged position as a member of the end-of-life choices inquiry. I went on the incredible journey through end-of-life choices. The terms of reference were holistic. They covered advance care planning, palliative care, the legal frameworks governing end of life in Victoria and voluntary assisted dying. To me they are all part of a toolbox for improving how, where and when we die.

Going into this inquiry my views were pretty firm. I wanted laws around physician-assisted dying to be as broad as possible. But the more evidence we heard, the more my views narrowed. I had thought that death should be as personal as possible and that government should not play a role at all. What I learned is that this is not so clear-cut. We need regulation, we need review and we need accountability. This bill will create extensive regulations and safeguards, and I feel I have been very honoured to be part of that inquiry. We received over 1000 submissions and we spoke to a vast array of people: rabbis and priests; mothers and fathers; sons and daughters; doctors, nurses, volunteers and carers; and police, coroners, lawyers and even politicians. This bill before us is partially the result of those conversations and the evidence we received.

I would like to take a moment to thank the secretariat of that inquiry for the extraordinary work that they did. It would have taken its toll, with the compassion and patience they exhibited when dealing with a range of witnesses with a range of needs, the heartbreaking submissions that they read over and over, and the difficult phone calls that they had. So thank you, Lilian Topic, Joel Hallinan, Matt Newington, Caitlin Grover,

Geetashree Shyam, Annemarie Burt, Kim Martinow de Navarrete and Esma Poskovic.

I too was privileged to hear those personal stories of caring for loved ones or patients. I thank all the people who were involved in that inquiry, because this issue is deeply personal and people shared their personal pain but also many of their happy moments. We heard about good deaths and bad ones. The committee travelled to regional areas of Victoria and five of us travelled to countries where physician-assisted dying was legal. This was a privilege that gave us I think a unique insight that many who have contributed today did not have the opportunity to gain. It might be why some people have expressed so much fear about what is going on overseas, because they have not seen it. We have.

In the Netherlands we spoke to the pioneers and proponents of assisted dying. We spoke to the opponents of assisted dying in the Netherlands, and they stated that they would not repeal the laws; they just would not use them. Then we spoke to people in restaurants and on the streets in Amsterdam, and there is overwhelming support. Here in Australia we heard about mobile death vans, but we found nothing like that. We found compassionate doctors who had long-term relationships with their patients. These doctors spoke about the pain and difficulty in helping someone to die when they had previously helped them to live for 20 years. It was painful, but they said it was also rewarding.

We heard the story of a dying woman who had lost her daughter many, many years ago. She wanted to go at exactly the same time that her daughter had died so that they could meet in heaven, so she gathered her loved ones around and at the exact moment, that exact time of day that her daughter had died, she died too. She would not have been able to do this without assisted dying. But the legislation in the Netherlands has little in common with the bill before us, and in many ways addressing a lot of the opposition to this bill is like fighting with shadows. They do not address the bill that is before us, and using extreme examples from the Netherlands, that has a very different model, is not helpful and frankly is misleading.

We were told by people in Australia that overseas doctors were killing anyone who asked. They told us doctors were killing people with mental health issues; they were killing babies. But what we learned overseas was that the accountability and transparency are extremely high — and, no, they are not euthanasing babies. We spoke to the government bodies that had overseen the legislation about how they monitored it.

The reporting is transparent and extensive, and the opponents obviously agree because they have been quoting from those very reports, albeit selectively. We also met with the Royal Dutch Medical Association and medical researchers. The laws work for their society and have overwhelming community support, but the bill before us requires a greater level of reporting than in other jurisdictions because that is what the Victorian community wants.

I note that Switzerland has rarely been mentioned in this debate, and I wonder why, because if you want to highlight doctor shopping, mobile death squads and death clinics, point to Switzerland, where assisted suicide has been legal since 1941. Dignitas and Exit International provide services there for people with terminal illnesses suffering intolerably. But that does not help the arguments of the opponents of this bill, because very few people access the service. In Switzerland, assisted suicide, if done without selfish motive, is legal. Assisted suicide accounts for less than 0.1 per cent of all deaths, even with the death clinics and the squads. The bill before us is of course not the same as the legislation in Switzerland; it is not the same as in the Netherlands or Belgium; it is not the same as in Canada, California, Washington or Oregon. It is uniquely Victorian, and it has been informed by an extensive parliamentary inquiry, evidence from the coroners prevention unit and the ministerial expert panel.

I would like to touch on some of the comments made by Mr Davis in his contribution where he questioned the role of the coroner in this debate and was concerned that they may have overstepped their remit. In fact he felt that we may have been 'bedazzled' by them, to quote Mr Davis. I know many of us have read the coroner's submission, and many of their reports have been quoted extensively in this debate. The case studies they presented were harrowing, and they were quite right to research how to prevent the tragic suicides of people with terminal illnesses. Let us be clear: the Coroners Court of Victoria is a specialist court, established to investigate certain types of deaths and fires. The purpose of these investigations is to consider ways that similar deaths and fires may be prevented in future. The coroners prevention unit is a highly qualified and exceptional team of professionals. They help us understand issues that arise and they make recommendations on how we may reduce these deaths. When a cohort of our community is found to be committing suicide at the rate of one a week, the coroner must investigate this, and quite rightly.

I have to say that what really struck me when listening and speaking to the coroner was the story of an elderly

woman with a terminal illness who smuggled razor blades into her aged-care facility. She did not want to make a fuss; she did not want to make a mess, so she slashed her wrists and put them over the toilet, and that is where she died. That is not what we want in Victoria; that is not what the community wants in Victoria. We want compassionate legislation. The police relayed terrible accounts of miserable suicides and double suicides that they had to deal with, and it is awful for the families and friends to know that that is how the person they love ended their suffering, and for the nurses, doctors and staff who find their patients in this manner or have to deal with the consequences of a failed attempt. This will haunt them for the rest of their lives, and that is what we heard in the inquiry. We cannot allow this to continue. There is a better way, and this bill, the Voluntary Assisted Dying Bill 2017, provides just that.

We travelled to Oregon, where similar legislation was introduced in 1997. It has not changed; it has not been amended. The only thing that has changed is the number of people accessing palliative care. It has increased. In the most litigious country in the world you would expect there to have been hundreds of lawsuits, but there have not been. If you listened to the contributions of Dr Carling-Jenkins, Mr Finn and others who have spoken about the horrors of Oregon, you would expect this to have happened, but it has not. There are five of us in this chamber who know this, because we travelled to Oregon and met the government, the palliative care experts, the disability rights organisations, the doctors and the legislators. No-one wanted to change the legislation, and no-one has. There has been no slippery slope. There are no accusations of coercion. There is no concern about doctor shopping or death clinics. There is peace of mind.

If you look at Oregon's most recent, 2016, annual report on the use of the Death with Dignity Act, it found that 102 physicians had written 204 prescriptions under the act and 133 people had died from ingesting prescribed medication, but that included 19 who had prescriptions from previous years. This represented a slight decline. The characteristics of those patients were similar to those of previous years: mostly white middle-class men over 65 with cancer. These are not the numbers of a system where evil doctors are colluding with greedy relatives.

Right now the vulnerable are committing suicide alone and often violently. Right now the vulnerable are more vulnerable. We know that assisted dying is already occurring in our hospitals. The doctrine of double effect was deeply considered and widely discussed during the

inquiry. This is where doctors are legally allowed to administer painkilling medication to patients even if they know that death will occur as a result. It is allowed because the intention is to relieve pain and suffering. If death occurs as a result, it is simply viewed as incidental to the intention of providing pain relief, and that is quite right. In my opinion, though, this puts people at far more risk of abuse, because this is not monitored and not regulated. If we are worried about greedy relatives, lying carers and evil doctors, why not regulate this situation?

I would also like to address a number of the concerns members have raised about the criteria and the process, because as I listened to the debate in this house and the other, I wondered what society they live in, because it is not the one that I live in — mean, greedy relatives killing their terminally ill aunts and mothers by coercing them into telling a doctor that they would like to access medication to relieve their suffering, risking being prosecuted for significant offences under this bill and existing offences around counselling someone to commit suicide, expecting doctors to risk losing their licence and going to jail, finding independent witnesses to attest to this — and witnesses will also risk criminal prosecution — and then finding a second doctor who will also risk being charged. Frankly, there are far easier ways to get your hands on a relative's cash, and seriously, evil doctors? If you think they are, then you should be supporting these measures to regulate them, but in my opinion doctors are the linchpin of this bill — they are our safeguards.

Dr Carling-Jenkins suggested that this was a simple click-and-tick process. Obviously we have been reading very different bills. This is an extensive process. We do not ask for two doctors, independent witnesses and the approval of an expert medical board for any other medical decision — not abortion, not withdrawal of treatment, not terminal sedation, nor any other end-of-life treatment that was discussed.

If a doctor wants to do what is called palliative sedation, there are no regulations. They do not even have to ask the patient. Of course doctors do ask patients and doctors do the right thing because doctors are conservative, doctors care about their patients and doctors care about process. But palliative sedation, while it happens regularly, is not pretty. Someone is put into a coma, and then they dehydrate to death. Putting them into a coma to dehydrate to death does not necessarily stop the pain and the suffering. In fact we heard of a man who watched his wife slowly dehydrate to death over seven days, wracked with pain and almost falling off the bed convulsing. Is that what a compassionate society does?

I do not know whether other members got a letter from Stanley John Grayson. He has a brain tumour. He was diagnosed in November 2014. His prognosis is two to five years. He was 33 when he was diagnosed, and he knows that he is going to die. He writes:

I have a cancer in my brain and it will kill me. This is inevitable. My death is not a question of 'if', it's a question of how.

He does not think this is suicide.

It's a medical intervention to stop pain and suffering when there is literally nothing else that can be done. This is of vital importance. Cancer is killing me. If I was at the point of ...

assisted dying —

in a hypothetical, it's not the doctor that is 'murdering', it's the doctor that is carrying out an act of love and compassion, to stop my ongoing torture.

There have been concerns that terminally ill people who start the extensive process of requesting voluntary assisted dying will not be given a mandatory psychiatric assessment. Well, you are not given one when you buy a gun, either, and that will certainly kill you a lot more quickly. We do not ask people to undertake a psychiatric assessment to get a gun. What we do is exclude them if they are diagnosed with a mental illness, as we will with this bill. If a person refuses treatment or, in extreme cases, food and fluid, we do not insist on a psychiatric assessment. If a person wants to buy a packet of cigarettes that is going to kill them, we do not ask for a psychiatric assessment. I do not mean to be flippant about this.

We trust doctors to make life-and-death decisions. We trust doctors to prescribe medication that could kill a horse. We trust doctors. I trust doctors. But for some reason we cannot trust them to act compassionately and carefully within the strict criteria of this voluntary assisted dying framework.

I am sure we are all aware of the criteria and the process, but I think it is worth recapping quickly: a person must be over 18, be living in Victoria and have decision-making capacity. They must be diagnosed with a disease, illness or medical condition that is incurable, advanced and progressive; that will cause death; that is expected to cause death within months or weeks not exceeding 12 months; and that is causing suffering to the person that cannot be relieved in a manner that the person considers tolerable. It will exclude those with mental illness. It will exclude those with a disability unless they have a terminal illness.

My friend Jay Franklin was suffering intolerably. He barely had any intestine left. He was in and out of

hospital and in constant pain. He died receiving great palliative care at the Austin Hospital on Wednesday. He would not have qualified for this legislation. He did, however, qualify for Dignitas in Switzerland.

Peter Short, who had oesophageal cancer, would have qualified under this bill, but he died in hospital comfortably with palliative care. He had made arrangements so that he had the peace of mind that this bill will bring for more Victorians, but in the end he did not need this legislation. Very few people will qualify. Despite what we have heard in this debate, we have good palliative care. But this is not an either-or situation. Palliative care can and does relieve suffering but not all suffering. The report of Australia's Palliative Care Outcomes Collaboration confirms that 5 to 7 per cent of patients have significant unrelieved distress at the end of their life.

As I said at the beginning, sometimes death is unfair, and this debate is not about the vast majority of people who obtain good relief but the small number of people who cannot get relief. That number is small, but in gross numbers in Victoria it is probably somewhere between 300 and 500 people per year who would qualify.

We know, and I know personally, that when a dying person knows that they have the power to end their suffering when they are ready that provides incredible palliative care and comfort. We know from Oregon that a third of people who get the medication do not need to use it. While travelling we even heard anecdotally that just knowing it was available provided great comfort to people, even if they did not go through the process of accessing the medication or the approval. Just knowing it was available was enough.

A lot has been said about the 12-month period. The 12-month period is not about saying that a person will absolutely die in 12 months and therefore the medication will be approved, they will go through the process, they will get the medicine and they will then immediately use it. This is about giving people time, giving people peace of mind and consoling people who have a terminal illness and are suffering intolerably. It is likely that any decision to access voluntary assisted dying will be made after a long period of consideration. People do not rush to death. Even if you have a terminal illness, frankly, you want to live.

In Oregon the median time between a first request and people taking the medication is about six weeks to two months, but remember that more than a third of those people who request the medication do not take it at all. In the USA the time frame for eligibility is six months.

This is not for medical reasons; it is because of insurance and hospice care. The vast majority of people — around 80 per cent — who access their laws are dying of cancer. As cancer is the third most common cause of death in Australia, that figure will be similar in Victoria.

That 12-month time frame in the legislation is designed to accommodate people dying of diseases with longer but equally certain trajectories towards death, such as those with neurological and cardiorespiratory failure, those suffering and dying over a period that may well exceed 12 months. For motor neurone disease there is no cure and it is particularly brutal. You know what is going to happen. You know the future. It slowly strips a person of all function, including eventually the ability to swallow and breathe unaided. To limit voluntary assisted dying to those with only weeks to live — essentially cancer patients — is to discriminate against people whose death is equally certain but whose suffering may last much longer. I think it is very important that people with diseases, illnesses and medical conditions that affect fine motor function, breathing and swallowing are given sufficient time to consider all of their options. A 12-month time frame will give them this opportunity.

It should be noted that the concept of 12 months until death sits within the existing Victorian framework and is considered uncontroversial in all other legislation. It is consistent with existing end-of-life policy documents, including Victoria's end-of-life and palliative care framework, which is familiar to many health practitioners in Victoria. It is widely accepted by insurance companies as a time frame for paying out a policy in the event of a terminal diagnosis. A 12-month time frame is also consistent with existing clinical practice. Many health practitioners use the surprise question 'Would I be surprised if my patient died in 12 months?' when planning and discussing treatment and care for people who are at the end of their life.

Allowing a dying person to have some autonomy at the end of their life is the right thing to do. Assisted dying is already happening illegally behind closed doors without any regulation or safeguards. We need laws that keep up with community values and offer necessary regulations and safeguards. Palliative care is important, but it has its limitations and cannot always relieve extreme pain or suffering. In the same way that everyone has the right to refuse treatment, everyone should be able to choose how to manage their own pain and suffering at the end of their life. For many terminally ill people just having the option of assisted dying would relieve a huge amount of stress and anxiety, and they probably will not use it.

I want to hear what you would have said to my father-in-law when he said he has had enough or to Ms Hartland's friend when the bowel blockage was causing them to vomit up fecal matter and was way beyond the reach of palliative care. Do you say, 'Well, just suck it up while we work on getting better palliative care' or 'You'll just have to go through it because if we pass a law there's a chance that someone might misuse it', or do you quote religion at them and say, 'It's your punishment for being a heathen'?

This is what this debate actually ultimately comes down to: you as a politician by the bed of a dying person in great pain and suffering, telling them why you think they should be enduring this situation. Let us not let people continue to suffer and die miserably because we do not think palliative care is perfect. Do not let perfect get in the way of good. Do not disappoint our community that expect us to reflect their views, and their view is that we should pass this bill. I commend this bill to the house.

Mr ELASMAR (Northern Metropolitan) (10:10) — I rise to contribute to the debate on the Voluntary Assisted Dying Bill 2017. This is a difficult and contentious issue. Many good people believe they are acting in the best interests of the sick, the frail and the elderly, and I have great respect for their intentions. I also have a great deal of respect for the amazing work of our doctors, nurses, researchers and all who are involved in patient care. I thank the many people who have contacted me to provide their thoughts on the bill, both supporters and opponents. I have met with constituents who pleaded with me to support the bill. Others pleaded that I vote against it. Both sides shared touching stories about their own personal experiences, and my heart was genuinely saddened.

A lot of community consultation has taken place on this bill. I would like to acknowledge the hard work that has gone into its development, particularly by the Minister for Health, her staff and her department. Despite the consultation, many constituents are truly frightened by this bill. Whether it is an irrational fear or not, there is a real belief that the monetary aspect of keeping a patient alive has a bearing on decisions made to end that person's life. The possibility of assisted dying enhances this fear. I believe the community is divided on the issue, as is this Parliament. We have been allowed a conscience vote determined by our own beliefs and thoughts, and for this I am very grateful.

After careful consideration, I will not be supporting this bill, and I would like to explain my reasoning. On the time line of the universe, our life spans are infinitely small. This means that life has infinite value and every

single day is precious. I strongly believe that life is precious at whatever stage we are at. Many terminally ill patients continue to inspire their loved ones and their community right until their final breath. About 10 years ago my much-loved brother-in-law Sami was diagnosed with lung cancer. I spent a lot of time with him at the hospital, where we, his family, camped for almost two weeks. During his last days he shared with me his prayer: 'Please, Jesus, either cure me or take my life'.

Sami was an inspiration to the family. He fought bravely to be alive for his daughter's 21st birthday, which we celebrated at the hospital. He passed away soon after. I remember him fondly and with sadness every day of my life. I am sure we all know of terminally ill patients who have fought to be around for important milestones during their final days of life. They have completed PhDs, married their soulmates and attended crucial family events such as birthdays, anniversaries, weddings and one last Christmas. Our role as parliamentarians should be to create an environment that allows them to experience such joy without suffering, not an environment that can end it by facilitating their deaths.

Some will argue that not all pain and suffering can be alleviated, even with the best palliative care. However, if this statement is true now, it does not mean that it will remain true, particularly with the advances in modern medicine. Of course no-one wants to see a suffering loved one at the end of life, nor do we want to suffer ourselves, but by investing in the research and development of palliative care the ability to relieve all suffering is not beyond us, and neither is the ability to cure some terminally ill patients with intolerable suffering and a life expectancy of less than 12 months — the very same people who qualify for assisted dying in this bill.

Clinical trials are having remarkable effects on terminally ill patients every day. Given that Victoria prides itself in leading the nation in medical research, I am surprised that we may become the first Australian state to legalise assisted dying. By supporting this bill we are telling Victorians that we have given up on comforting certain terminally ill patients and have conceded that assisted dying might be a better option. We must not give up on our patients.

I am especially concerned about voluntary assisted dying applying to those who have up to 12 months to live. Being expected to die within 12 months certainly does not represent the most conservative model in the world, particularly when other jurisdictions have a model of six months. A full 12-month period with

intolerable pain that cannot be alleviated seems like a fairly long time. On the other hand I can think of numerous examples of people who many years ago were given less than 12 months to live but are still alive today. The bill itself acknowledges this very issue by using the word 'expected' in relation to a patient's remaining time before death. Expectations can be very wrong.

I would like to highlight the case of a famous physicist and cosmologist. I am of course referring to the great Stephen Hawking. When diagnosed with motor neurone disease in 1963 at the age of 21, Hawking was given a life expectancy of just two years. However, 53 years later, Hawking is still alive after having made some of the most remarkable contributions to our understanding of the universe.

Instead of introducing voluntary assisted dying we should do all we can to bolster palliative care. As it exists today, we have an ageing population which continues to grow. We need to ensure that adequate resourcing is allocated to palliative care so that those patients who are dying can receive compassionate and professional treatment given by dedicated and highly skilled people.

All of us in this Parliament have received many hundreds of emails, phone calls and letters on the bill. The overriding concern, in addition to fear from the elderly and hostility from the medical profession, is anger from palliative care nurses. Recently my electorate office was contacted by a hospital administrator who asked a series of questions regarding professional indemnity insurance for the medical health professionals who will become responsible for the lethal drugs brought in by patients. She said that medical staff will be forced to lie by putting natural causes as the reason for death on death certificates. It may become legal to lie in this matter, but they believe it is unethical, and so do I. We expect our medical professionals to have the utmost integrity in their dealings with patients and their families. The Hippocratic oath which all medical doctors are required to take says 'First, do no harm'. This fundamental oath is at definite odds with the Voluntary Assisted Dying Bill.

There are many dedicated and compassionate palliative care nurses who do not support this legislation. While the bill contains provisions to exempt them from participating, it will be a very brave nurse who chooses to exercise his or her rights under the bill. The approval of this bill may well see the exodus of highly trained staff from the industry. It takes a very special person to care for the terminally sick. To many of them, end of

life should not involve a lethal cocktail of drugs injected into a frail person's body.

I am also concerned about elder abuse and the capacity for coercion that this bill gives to uncaring or greedy relatives. Elderly people frequently become extremely depressed, mainly because they have lost their spouses or friends, but what they need is company and laughter to persist in their daily lives. Too often the young and the healthy are too busy to remember their ageing relatives. They live lifestyles too hectic to visit them regularly enough. The elderly and the sick need to feel necessary and loved. In places where it is legal, a significant percentage of people state their reasons for requesting voluntary assisted dying as being a burden on their loved ones or fear of pain associated with various diseases, and we need to closely examine the aspect of depression for people of all ages, not just the elderly.

The assisted dying model proposed in this bill has been declared to be the most conservative in the world. This is not a guarantee that it will not evolve over time, especially when it has been the norm for euthanasia laws to become increasingly permissive in jurisdictions that have introduced them. The Netherlands and Belgium are perfect examples. Euthanasia laws in the Netherlands now apply to children as young as 12, while in Belgium there is no age limit. In both of these jurisdictions patients are no longer required to be terminally ill.

In relation to the Netherlands I paraphrase Canadian attorney Anne McTavish, who said that the lesson of the Netherlands should be instructive for any nation looking at legalising the gruesome practice of assisted suicide. It is a jurisdiction that provides us with deeply concerning data that should stop us from going down the same path. She also said:

A 1973 court decision in the Netherlands started the process. Doctors and lawyers set strict guidelines to restrict when doctors could assist a terminally ill patient who wanted to commit suicide, and to protect a terminally ill patient who didn't want to be euthanised ...

She quoted Wesley J. Smith:

In only 23 years, Dutch doctors have gone from being permitted to kill the terminally ill who ask for it, to killing the chronically ill who ask for it, to killing newborn babies in their cribs because they have birth defects, even though by definition they cannot ask for it.

It is not unknown for Dutch doctors to also engage in involuntary euthanasia without significant legal consequence, even though such activity is officially prohibited. These facts are staggering and an instructive

lesson to all who support euthanasia. Let us not repeat the mistakes made by other jurisdictions.

We are a caring nation which believes in giving people a fair go. I cannot support this bill, particularly when some patients are expected to live up to 12 months and some potentially for much longer. Instead I advocate for a greater investment in clinical trials and palliative care to improve patient prognosis, prolong life and ensure that end-of-life pain and suffering can be alleviated for all Victorians. I do not commend the bill to the house.

Mr GEPP (Northern Victoria) — I rise with a touch of irony that this week we are debating this bill. Last night at about 11 o'clock I was having a cup of tea — well, actually I might have been having a little merlot — and my friend Ms Pulford, who spoke so beautifully yesterday, acknowledged that Tuesday this week, when this bill was introduced into this house, was the 15th anniversary of my mother's death. Of course it was also only a couple of short weeks ago that Ms Pulford commemorated the anniversary of the passing of her beautiful daughter. So it has been a difficult week for me and it is difficult to come to a debate like this without having your mind cast back to your own memories and experiences that you perhaps try not to relive or that you might otherwise preserve for times when you are with close family and friends rather than at work. But in all the jobs that I have had over the years, this is probably the least difficult workplace of them all. Whilst it has been especially difficult for me, I must admit that I have been wrestling with the decision about whether or not to speak and I only arrived at that position this morning.

As I said, on Tuesday it was 15 years ago that my family lost my mum to a particularly aggressive form of breast cancer. It took her life just nine months after diagnosis. She was diagnosed in February and we lost her on 31 October 2002. Given the short time frame from diagnosis to death, you can imagine what that nine months was like for my mum. On top of that, yesterday I learned that a very dear friend, who has been battling cancer for two and half years, likely made his last trip to the palliative care hospice by ambulance, so to Kevin and Rob, we love you; we are with you.

We all come to this debate with our own personal stories and our personal experiences, but of course our task is much bigger than that. As individuals we are legislators, we are parliamentarians and we are thrust into the responsibility of making decisions. End-of-life decisions for me, both from the perspective of this bill and my personal life, have been dominant all week. But it is also true that whilst I have grappled with this,

particularly last night, there are so many terminally ill Victorians who last night would have endured another long night of suffering.

I have come to the parliamentary processes and debate on voluntary assisted dying pretty late compared to everybody else in the place, probably with the exception of Dr Ratnam, because I only arrived here some five months ago. For me it has been lots of reading, lots of talking, lots of listening, and I am grateful to everyone who has given me their time, thoughts and views as I have sought out the information and knowledge to help shape my own thinking on this critical piece of public policy.

At the end of the day I have decided that I will be voting yes to the Voluntary Assisted Dying Bill 2017, and I want to briefly set out my reasons for doing so. First and foremost, I try to find the reasons, whenever I am confronted with change, why I should support that change. In my many years as a union official, I have to be honest, it was always easy to say no. The easiest thing to do is to say no; it is pretty simple. Somebody brings forward some change and it is very easy to say no. What is often more difficult in life is to stand up and advocate for something that you believe in and to encourage others to embrace that change. I find that a big difference to simply saying no.

When I look at this particular bill, the case for voluntary assisted dying, I find it to be a very compelling argument that is put forward, and it is based on the very best of human qualities — things like compassion, empathy and love. That is the place that this comes from. It does not come from evil; it does not come from nastiness. Yes, we are all concerned about making sure that people get the best quality care that they could possibly get. Surely that is everybody's objective in this debate. But this bill has been crafted by people who are experts in this field. We have seen thousands of submissions and heard thousands of people speak on the matter. We have all received the emails. We have all received the letters. Overwhelmingly those qualities of compassion, empathy and love just shine through at every level.

The evidence and submissions we have received from ordinary Victorians, sharing their experiences with end-of-life situations, have of course been extraordinary, heartfelt and moving — from people currently enduring dreadful health issues and facing a certain and painful death, to couples giving details of the struggles one of them is experiencing and pleading for this Parliament to provide them with end-of-life choices that are currently not available to them. I want to share a couple of stories with you, but I do not want

to share them from a perspective of any form of one-upmanship. I think everybody in this debate can bring the stories to this place that have moved them as we have shaped our own views and positions on this.

I just want to share with you a couple of very brief stories that have moved me in the course of consideration. This is from Mrs H — and I will not name names — of Mandurang, who wrote to me and said:

I nursed my late husband through his cancer ordeal until it was impossible for me to have the drugs he required at home. He was never frightened of dying, but he was frightened of dying in extreme pain.

Although he spent the last two months in palliative care and the staff were mostly wonderful, it became impossible to control his excruciating pain, at which time it was suggested and agreed he be heavily sedated. This resulted in him never regaining consciousness but it did still result in terrible, unnecessary suffering.

I now find that I have a terminal illness and I would like to have the choice to end my life, in the event my suffering becomes intolerable.

Euthanasia, in my opinion, is not assisted suicide, it is the relief of prolonged suffering.

This is from Ms L and Mr A of Arthurs Creek:

We watched my sister suffer a terrible death. She died from leukaemia. In the last two weeks of her life she was in terrible pain that could not be relieved by the hospital. We couldn't even talk to her as the vibration of our voice hurt her so much. Our touch hurt her. Her husband kept wanting to hold her hand to comfort her but she kept asking him not to as she was in so much pain.

I have multiple sclerosis, my life is great, I have known I have had MS for 20 years but I would like the choice if my circumstances changed and met the proposed law's criteria.

We cannot express deeply enough how we wish the voluntary assisted dying law be passed.

The stories are based on love and compassion. Does anyone think for a moment that these people want their time with their loved ones, or their own time on this earth, shorter for any other reason than to alleviate intolerable pain and suffering? Like so many other stories that we have heard throughout this debate and in the processes this Parliament has undertaken to arrive at this moment, these stories are compelling.

When I looked at the content of the bill with the backdrop of the many submissions, letters and emails that I have received and provided to the committee and to the panel, I asked myself three questions: if not this, then what? If not now, then when? If not us, then who?

It has been argued in this debate that more palliative care is an alternative — that is, if not voluntary assisted dying, then more palliative care will address the many things that have been spoken about. I do not concur. For one, I do not believe that palliative care and end-of-life choices are mutually exclusive, but instead I believe they are deeply entwined. Like my friend Ms Pulford, I have experienced the wonderful, wonderful work of our palliative care system and our caregivers, and I could never speak more highly of them, particularly those from Bendigo who cared for my mum. I should add that most of these people are women, and they are proud members of their trade union.

I am also a member of the Law Reform, Road and Community Safety Committee. We recently concluded a full round of public hearings on drug reform. The overwhelming theme coming through from experts here and overseas is that an approach of prohibition and simply kicking people into the criminal justice system does not work. What they advocate for is harm minimisation. We also learned through that process that there are more overdose deaths from prescription drugs than illicit drugs, at about a ratio of three to two. When you combine these facts with the observations of the coroner in this space, it is not difficult to draw a correlation. So I am comfortable when answering the question, 'If not this, then what?' with 'This is the right approach for this matter'.

As to the timing of this reform, and if not now, then when, I dare say that many of the people I have spoken with and who have sent me enormous numbers of emails and letters would like it to have happened yesterday. How many more people need to endure pain and suffering before the time is right? Mr Leane shared the story in his contribution yesterday of the woman who waited inside as her terminally ill husband, with her knowledge, went outside and took his own life with a shotgun because he did not think he had any other choices available. Each day we hear one of those stories is a day too many.

In terms of 'If not us, then who?', well, that answers itself, does it not? We, the Parliament, turned it over to a panel of experts to give this Parliament their best advice and recommendations. They gave us what has been described as the most conservative voluntary assisted dying regime that would exist anywhere in the world, with some 68 safeguards. So only this Parliament has the capacity to make this change; there is no-one else to hand it over to. The time is now for us.

I cannot measure another person's suffering, nor can I knowingly ignore the pleas that I have heard from

people across this state. What I can do, however, is provide Victorians who want to voluntarily end their intolerable pain and suffering with end-of-life choices through this reform. To give people the right to make their own choices about their health care except at the point where they can choose to end their pain and suffering when it becomes too much just does not sit right with me.

If by supporting the Voluntary Assisted Dying Bill 2017 a terminally ill Victorian can get to make their own end-of-life choices and not have to endure intolerable suffering, then I will consider our duty, my duty as a parliamentarian and our duty as a Parliament, to have been performed. It is a privilege to have been part of this debate, albeit coming later to it. I hope that this debate will finish with a momentous decision in Victoria's history. I believe the majority of our community wants this change.

I began by telling the story of my mum. I do not know what she would have done if this had been available, but I wish she had had that choice. I commend the bill to the house.

Mr O'SULLIVAN (Northern Victoria) (10:40) — I rise with much pleasure to make a contribution to the Voluntary Assisted Dying Bill 2017. I am not afraid of death and I am not afraid of dying. I grew up on a farm, and when you grow up on a farm, particularly with livestock, death is something you experience on a very regular basis. In a human form I have experienced it considerably as well. My parents have both moved on, as have my grandparents and also a lot of my uncles and aunts. But that is not going to make a difference in terms of the way I look at this bill, although I will come back to that shortly.

At the start of the process in terms of the way I would consider this bill I had many thoughts. It is the first time that I have had to really dedicate my mind to such a decision, and it is not a decision that any of us can or do take lightly. Many people do not have the opportunity to stand up here, after all the consideration we have had, and make a decision as significant as the one we will be making today and over the next sitting week.

I started this journey — and it has been a journey for me on many fronts — from the position that I was not against voluntary assisted dying as a theory. As this journey has progressed I have started to question why I thought that before I started on the journey. When I started this journey I said to myself that as a part of the process in terms of how I would make up my mind I would need to completely satisfy myself that this bill would be 100 per cent safe and that all the appropriate

safeguards would be in place. That would be my starting point. Once I could satisfy myself that the bill was 100 per cent foolproof, then I would be in a position to determine whether I could or would support it. That is something that I had firmly in my mind the whole way through.

In my office, and as I walk down the street, I have had phone calls and contact in many other ways. I have had a considerable number of people pass on their views in relation to this matter, including people from a whole range of backgrounds — doctors, nurses, those in the palliative care field, psychiatrists, psychologists, university professors, as well as the mums and dads and the voters who have a view on this matter. It is one of those topics that people have a view on, people who probably usually do not have much of a view on bills that come before their parliaments.

Of the thousands of contacts I have had to my office in Bendigo, about two-thirds have been against the bill. I appreciate everyone who has taken the time to speak to me personally or email me or write to me in terms of what their views are, because it is not easy for people to sit down and put their views on paper in relation to these matters and send it to their local MP, and all of us have received such things. But in particular on my Facebook page I had contact from a couple of gentlemen who I know quite well from my home area who would not contact me in relation to political matters at all. One is a farmer from Patchewollock and the other is an electrician from Ouyen. These are guys who, when I talk to them, talk about how much rain we have had, about motorbike riding and about potentially what sort of fish we are going to catch the next time we go fishing.

These guys actually took the time to pass their views on to me, and theirs are views I respect enormously. Both of them are in favour of this bill. They said that they respected my decision to vote against this bill, but that they were in favour of this bill. So as a part of this speech that I am making today I want to try and explain to those guys why I am actually going to vote against this bill.

In terms of palliative care an estimated 10 000 Victorians die every year, and one in four of those people die without access to the appropriate palliative care that they need. I think as part of this process palliative care needs to be the first step in having this debate in a meaningful way. Over the last three years palliative care funding has really remained at a status quo and I think that is a part of this issue. People who may want to go down the path of considering their options into the future perhaps have

not had access to appropriate palliative care in advance to actually realise that there are different ways. The argument produced by people campaigning for assisted dying is that people are committing suicide in horrific ways or dying alone in pain. How many of these people would have stopped committing suicide if they had accessed palliative care or adequate psychiatric support? That is a question that I certainly do ask. It is a flaw in this debate and this public policy journey that we are going along that palliative care has not been the first step in this process. If palliative care was given the appropriate consideration that it needed to be given, I think this would be a slightly different debate.

Robert Clark in his speech in the other place made a comment, and I wish to quote it:

When you have got more than 10 000 people a year dying in needless pain because they cannot get access to proper palliative care, how is it a solution to say that providing death for 150 people, as the advocates say, is going to be a solution?

In reference to this, a more appropriate solution would be the proper funding of palliative care; that is something I agree with.

The bill does not include any registration of the pharmacists to complete the approved training in relation to this legislation, including their roles and functions. As we know, if someone decides in their last 12 months that they want to go down this journey they not only have to go and speak to two different doctors, but obviously they have to go to a pharmacist who has to provide them with the medication that they will be taking. I find that strange as well. In terms of this debate the medication that they would be taking — the poison they would be taking, the concoction that they would be taking — is not available in Australia at the present time. Nembutal is the drug that is used around the world in terms of people undertaking to end their life on a voluntary basis, and as we know right now Nembutal has not gone through the Therapeutic Goods Administration process. So that leaves us in a bit of a bind as to what would actually be used. We have heard different stories about the types of concoctions of drugs that might be used for someone to undertake ending their life. The questions that I have are: where are the trials, what are the safeguards, what are the side effects and what happens if someone takes one of these new concocted drugs and it does not work properly? These are questions that remain unanswered to me, and I think we cannot proceed any further until we get answers to not only that question but to a whole range of other questions as well. A drug that is proposed to be used to help people goes through years and years of different trials and tests and so forth. I do not see why we should not have the same sort of processes put in place for

whatever drug is going to be used as part of this legislation. That is something we do not know.

I would like to quote a lady by the name of Karen Hitchcock. Karen is a specialist in acute and general medicines at the Alfred hospital and a lecturer in medicine at Newcastle University, and she regularly writes in a whole range of journals. Karen Hitchcock said:

Over the 12 years that I have worked as a doctor in large public hospitals, I have cared for hundreds of dying patients. No-one has ever died screaming or begging for me to kill them. Patients have told me they want to die. My response to this is, 'Tell me why'. It is rarely because of pain, but it is often because of despair, loneliness, grief, the feeling of worthlessness, meaninglessness or being a burden. I have never seen a dying patient whose physical suffering was untreatable. The combination of morphine and midazolam is extremely powerful; it can be administered and titrated up very quickly. Barbiturates can render one unconscious in minutes. Palliative care practices have come a long way in the past decade.

She also went on to say:

Studies repeatedly show that the desire to hasten death for those with a terminal illness comes principally from a feeling of hopelessness. We must listen to and attempt to address this and other fears. Knowing one is dying can be excruciating: the terror of non-existence. For thousands of well-educated, affluent people in vocal advocacy groups, a euthanasia drug like Nembutal is the sole way to wrest control of the only part of their life they may not fully control.

It is clear that there is no consensus among the members of this house. It is clear there is no consensus among the medical practitioners who work in the palliative care industry. Former Australian Medical Association (AMA) president Professor Brian Owler is an advocate of this bill; former AMA vice-president Stephen Parnis opposes it. If this was such an irrefutable bill, I would think that all the medical fraternity would be singing its praises. But the more you study it, the more you look at it, the more division you actually do find.

I am pleased that the Liberal-Nationals, if we come into government next year, will dedicate \$140 million to improve palliative care for patients in Victoria and the people of Victoria. I think that is a good first step. The president of the AMA, Michael Gannon, said:

Once you legislate this you cross the Rubicon. Our position is we need to do better with end-of-life care and we say that doctors should have no role in intentionally ending a patient's life. The medical profession is concerned because we will be expected to be involved.

That is strong when you have got that coming from the president of the AMA.

I have got a whole range of other quotes from other people giving their views one way or another, but I do not choose to go through them here today. There is one question I do want to raise. There was an article by Paul Kelly in the *Weekend Australian* a couple of Saturdays ago. The article says:

The medical director at Marie Curie says predicting the time of death is 'like predicting the weather'. Is a condition 'incurable' if a patient refuses a cure? Accuracy dealing with death over a 12-month range creates wide scope and is difficult to get right.

As we know, under this bill someone who is in their last 12 months of their life would be able to access the drugs and be able to take them home. For doctors, trying to predict how long someone has got to live is something that they do with the best information they have, with the best education and training they have and with the best experience they have, but they do not always get it right. They try and provide the best possible answers they can, but they do not always get it right.

A family friend of ours, a gentleman by the name of Ray Barwick, many years ago was given six months to live. Ray Barwick was a heavy drinker and a heavy smoker. The doctor said to him, 'If you continue on the way you are, you'll live another six months. If you give up drinking and smoking, you'll live for 12 months'. Ray liked to drink and he liked to have a smoke, so he said, 'I'm going to continue to smoke, I'm going to continue to drink and I'm going to particularly enjoy the last six months of my life, because that's what I like to do'. Ray drank twice as much and he smoked twice as much. He ended up living an extra six years, so sometimes the doctors with the best information, training and experience do not always get it right, but they try to do their best. So for this bill to have a 12-month window in it I think is too long, because I think many things can change along the way and sometimes the doctors do not get it right. But they try to do their best.

We have seen some research come out in relation to what the people around different areas of the state think of this bill, and to my surprise the results came out that showed that many people, particularly in the regional areas, were in favour of this particular piece of legislation. The question that was asked of them in a survey was, 'Should terminally ill patients be able to legally end their own lives with medical assistance?', and that is a fair enough question to ask. I would suggest the facts or figures in relation to that are accurate. With a question like that I think most people would say, 'Yes, I agree with that principle', but I do not think that one question tells the whole story.

This debate cannot be summed up with one simple question. This is a complex situation. It is a complex medical situation, it is a complex ethical situation and it is a complex religious situation, and I just do not think that one sentence sums this up. I think that research — and I do acknowledge the research and believe the results — does not tell the whole story, because quite often people will say, 'Yes, I agree with it', but once you start to say, 'Were you aware of (a), (b), (c) and (d) in relation to this legislation?', they will say, 'Oh, that changes it a little bit'.

I wish to go back to something I mentioned earlier in relation to this bill, because in some of the correspondence we have had people say, 'Obviously you've never been through this'. People have a right to say that, but that does not mean that they are right. I have been through this. My father, Brian, went through this only five or six years ago. He had cancer. He had less than a year to live. We provided him with the best care that we possibly could. It was interesting; I was just listening to what Mr Gepp said in relation to his mother in terms of whether she would have accessed this program if it were available, and I asked the same question to myself. Would my father have accessed this? He was one of those guys — he was a farmer — who would always say in a sort of whimsical way, 'If I ever get like that, push me in front of a bus'. I respect that and I probably had the same view for a while as well, but at the same time, having gone through the experience that I had with my father, I do not know whether he would have or not. It is one thing to say, 'Yes, I want to do it', but to actually do it is another thing. From my point of view, I got to say some things to my father that I would not have got to say. If he had gone down this path at a time of his choosing, I would not have got to say the things that I wanted to say to my father.

I think that is probably something that some other families would see as well, because in terms of this — say someone goes through the whole process, and they get to the point where they have got this drug at home in a locked box — the family does not know when the person is going to take it. The person may not know when they are going to take it. It is like having an unexploded bomb in the house; you do not know when it is going to go off. I would imagine that the person who has got that — and they might have it at home for six months or however long — every morning would wake up and would say to themselves, 'Is this the day? Is this the day I'm going to take it or not?'. The rest of the family and the friends would wake up every morning thinking, 'Is today going to be the day that they're going to take it?'.

I would imagine that someone who has got that drug at home would have a whole range of thoughts going through their head every day. It would almost be traumatic in itself. Would they actually tell their family that they are going to take it today, or would they take it in secrecy because they would not want to alarm the family? That is something I do not know the answer to and none of us would know the answer to, but it is one of those things where I think it might actually add stress to the patient and add stress to the family of having this unexploded bomb in the house.

In terms of the argument that this is a way that might actually alleviate loneliness and so forth, it actually might create loneliness on one hand, or it might actually work out well. I do not know the answer to that, but I will tell you what: as a patient, if I was in that situation, I would wake up every morning and I would probably think about it every hour — ‘Will I take it now? Will I take it tomorrow? Will I take it after I’ve watched my favourite TV show? Will I wait until everyone has gone out to the supermarket? Will I wait until everyone’s at home?’. I do not know. But that would be a stressful situation, and it would be particularly stressful for the family because of the unknown.

In the time that I have remaining I want to talk about some other elements. We hear about how the Oregon model is one of the models which we are following. In this year alone, 2017, Oregon have introduced a further two bills which would extend the scope of this bill in their state, and on both occasions those bills were defeated. In fact some information I was provided with is that there have been 30 examples in 2017 where similar bills have been introduced in some states of America. On 30 occasions they have been voted down for whatever reason, whether they have died in committee or have just been voted down. So I am concerned about the creep that this bill would have if it was to proceed. As we know, the Oregon legislation is there and it is in operation, but even twice this year there have been elements brought in to extend that beyond where it is now, so I think the creep factor is something that would always be there.

In concluding, I want to follow on from some comments that were made by Mr Ondarchie yesterday. This would be a monumental step for our state if we were to go down this path. This is not just passing another bill or considering another bill that is going to bring in a new road law or bring in a new regulation somewhere. This is going to fundamentally change the way we operate as a society in this state. We are legalising death, and that is a huge thing for us to consider.

If I was going to be able to support a piece of legislation that sanctions death, I would have to have absolutely no doubt in my mind that it is fail-safe. But as we know, with this piece of legislation there have been 68 safeguards put in place, and that is just the start. We have heard of a whole range of other issues and concerns in relation to this bill, outside of those safeguards, in terms of the other contributions from other members of this house and the other house. If this bill is as fail proof as we are led to believe, why does it need 68 safeguards? Why are there so many other concerns that have been raised in relation to this bill? For me to even think this bill worthy of being considered, there would have to be no hesitation in my mind that this is 100 per cent safe. Mr Ondarchie articulated it beautifully yesterday, and I agree with every word he said.

What we have got in front of us has got problems. It has got flaws. It has got safeguards. It is got unanswered questions. If we are going to bring in such a monumental change to the fundamental elements of our society, we have to have absolutely no hesitation in our mind, and if that was the case, this bill should pass 40-0, because none of us would have any issues or any concerns. If there is one concern about this legislation, it cannot go through this Parliament, and from my point of view there are several — 68 safeguards. There are questions about the doctors, there are questions about not having a psychiatrist involved, there are questions about the type of drug that would be used and there are questions about the locked box. There are so many questions that are unanswered in this piece of legislation.

We have got the responsibility to make a decision here on behalf of everyone else in the state. We are not making this decision for the 40 people who get to vote in this chamber; we are making it for the 5 million or 6 million people who live in this state. Once this legislation is decided, we have got it for a long time. If this gets up, there is no coming back from it. There is absolutely no coming back from it. In fact the only progression we get is probably further creep into other areas. So that is the reason, after much consideration, I just cannot in my heart support this piece of legislation.

Mr PURCELL (Western Victoria) (11:05) — It gives me great pleasure to be able to contribute to the Voluntary Assisted Dying Bill 2017, and it has been an absolute pleasure to listen to the civilised debate that we have had in these chambers. Listening to the debate yesterday and being in the chair for a number of hours last night, it was quite obvious to me that the contribution I will make will not have the same impact that many others have lived through. Many of the

contributions by members who have sat with loved ones, the contributions by members who have lived with this over the years, are overwhelming.

I must admit I had a set speech that my office helped me put together, but I will not be using that today because I do not think I could do it justice and I do not think I could do justice to the suffering that people have actually lived through. I would like to thank my staff for not only putting the speech together but for listening to the fors and againsts over particularly the last week. When this was coming up we asked our community to contact us, and they did. I had to put on extra staff in my office, which I know other members did as well. I had staff with a telephone in both hands. It got to a stage where our answering service got clogged up and we could not actually receive any more calls. We literally had hundreds and thousands of calls to my office. My staff spent a lot of time out of hours working through the position of people for and against. They listened to their stories and were certainly moved by them; it was a situation that really moved them. At the end of the day we sat down and had a discussion about what they believed I should vote, and I will come to that a little bit later — where that finished up.

The reason I have not used my set speech is because all of us can very selectively pick the bits of quotes from doctors and nurses or we can pick the articles in the press that favour our particular position. That is so easy to do. It is also very easy to pick a number of supporters and a number of opponents, and I have heard in here that it is 80 per cent in favour or 83 per cent against. I can assure you that in my community it is not that decisive; I can tell you it is very close. I believe that it is probably 60 to 40 in favour. I can tell you that from a lot of research that I have personally done, and I think that is the only way any of us can do it. I do not think that anyone who relies on anyone's research will come up with a figure that they can rely on, and Mr O'Sullivan touched on that. A lot of it is to do with the question you ask, and for that reason it is not the way to go to actually just use those figures.

I have not personally had an experience of a loved one dying. My parents are still alive — into their 90s, very healthy — but this is the first time that I have ever sat down with my parents and discussed dying. We usually talk about sporting events and what is going on in the world, but it was actually very moving to sit down with them and discuss dying. I can tell you that in regard to this bill my father has a mixed opinion and my mother supports it. In my family we did the same thing, and we would not have done that if this bill had not been put in front of this house. So for that I am certainly thankful the bill has come forward.

What I thought I would do is basically tell you how I made the decision. As I said, like most of us, we spoke with doctors and nurses; we spoke with our communities. But for me it was a combination of all of those. My community understands that this is the biggest decision that we will make in this house. A lot of the other decisions we make may cause death, but this one will be a life-and-death issue. This is the biggest decision we will make. My community understands that. My community were very, very outspoken — for or against. It is an issue where I did not find anyone who was sitting on the fence.

I left a message with my local GP, who has been my GP for so long — I do not know how many years. Once I had a severe stomach-ache, and he got out of bed at 4 o'clock in the morning to come and see if I was okay, so he is a guy I trust. He rang me back, and I had the longest conversation with my GP that I have ever had. He is a person that, as I said, I trust immensely. His position, after explaining all the fors and againsts, was marginally supportive. I met with and discussed this issue with 10 or a dozen of my local GPs, and they had a mixed position, but usually it was quite decisive. Most of them did not sit on the fence; they were decisive one way or the other. I discussed it with my community. Like everyone else I had a million emails, and we read as many of them as we possibly could.

Then I discussed it with a lot of nurses, particularly aged-care nurses and palliative care nurses. The nurses in particular, of the community, are supportive of this bill. Doctors tend to come in and provide the medicines and give the analysis. Nurses spend days and days and weeks with the people who are dying. I did not find one of the nurses in my area who did not support this bill. The community are mixed; the doctors are mixed. The nurses support the bill.

This is not a religious bill, even though a lot of religion is taken into it. I am a Catholic and proud of it, and I have raised my family as Catholics. I am certainly not the best Catholic, but I am certainly not the worst either. My children are also of the same religion.

The question when this started was, 'Am I qualified to vote on this bill?', and I am not. Seriously, I am not. I am a qualified accountant, and if this were something to do with the budget, I would feel very, very comfortable. When I stood at the election I never raised the issue of voluntary assisted dying. I never got elected and I never got one vote or lost one in regard to voluntary assisted dying. That is the reason I had to go back and ask my community. I think anyone who has not done that has failed, because this issue is not one that anyone can

claim they got elected on. So I went back and asked them.

Have I heard compelling arguments on both sides? I certainly have. I think we all have. We have heard the reasons why people are going to vote. We have heard the substantial facts and figures that are going to help members make a decision, but at the end of the day it is something that we all are going to vote on and have to vote on. So for me this is a summary of how I made the decision. I believe I have consulted as widely as I could. I have asked as many members of my community as I could. I have discussed it with numerous doctors. I have had up to 10 ministers of the faith in my office at a time. I have discussed it with my family, my friends and also anyone else that was willing to have a discussion with me.

At the end of the day, as I said, I sat down with my staff who have been through all this — listened for hours and put in a huge amount of effort — and we discussed what they thought. They have had a balance of for and against, and unanimously my staff believe that I should support this bill. The nurses who are with the patients day in, day out believe I should support this bill. I will be supporting the bill, but there are some reservations.

The reservations that continually came up to me — and I have heard the arguments why these should not be changed — are from doctors and nurses telling me that the pain and suffering is in the last weeks, not in the last months or year. I will be looking for an amendment to change the 12-month period back to six months, because I believe that is reasonable. Not only is it the pain and suffering, but medicine and the quality of our medicine do change very quickly. There are cures being found daily that will assist in the cure of some of those currently incurable diseases.

It was also quite regularly put to me that there is the possibility of coercion in this bill. That quite simply does happen. I have heard numerous stories about the bedside manner of some families — certainly hopefully not all — that could coerce dying patients. I would like to have a role for a GP who has been treating the patient. It is not to be one of the two doctors, but a role to basically say that they believe that there is no coercion in there and that they do believe that the person is of sound mind, or along those lines. I do not think they are unreasonable amendments, and I will be certainly pursuing those.

In summary, I would prefer not to be in a position to be voting on this — seriously, in a heartbeat I would give it to somebody else to make that decision — but we do not get elected to make a choice on what we do vote on.

I have been asked whether I would abstain, and I said I will not because I have never walked away from making a decision in my life, and I will not for this one. I will be voting. I will be voting for the bill, and I will be voting for some amendments to the bill.

Mr DALIDAKIS (Minister for Trade and Investment) (11:18) — I came in at the wrong time of Mr Purcell's contribution, because I have a feeling that he and I will cover off on many similar issues at the same time, albeit approaching it from a slightly different perspective. Can I start by recalling what I said in my inaugural speech in this place. I said that politics was:

... a means to an end and that end always has been and always must be good public policy.

I went on to say that the policy outcome must always be paramount to what we do. It must always be paramount to what I do. To that end, let me say at the outset — not a surprise, given that I put a media statement to this effect some weeks ago — that I will indeed be supporting the bill.

I believe without a doubt that we need to have a look at a range of issues in relation to the policy that we are attempting to legislate right now. But before I do, I think it is important — in the same vein as Mr Purcell — to raise issues about consultation, coordination and representation of our community. Indeed we had this debate back on 15 April 2015, which I believe was in response to Ms Hartland's motion to refer the issue to the Victorian Law Reform Commission. I read in *Hansard* my contribution to that debate yesterday, and I was a little bit surprised at what I had said — not surprised in terms of the content, but I have to say I had not gone back and looked at my *Hansard* contribution until yesterday. It would fit very nicely if I tendered that contribution now and said very little more. I think in fact that I managed to express myself and my views about representation of our community as well as the issues that we face as legislators on what is a most personal issue, a most difficult topic to grapple with — that is, the end of life.

When you consider that we are literally talking about life and death and that we are literally debating some legislation that will deal with ending people's lives — by their own decision-making, let me point out, but nonetheless, it is not an issue that this Parliament should ever trifle with — I have to say, as I did back in the contribution I made on 15 April 2015, that the spirit of the debate has been one that we should be proud of when we consider the very difficult nature of the subject matter that we are discussing, debating and reviewing. This has probably brought out the very best

of our Parliament. At a time when there are shenanigans in parliaments around the world, including our own up in Canberra federally, it is a shame that this does not give our community an opportunity to understand that they can be proud of the contribution that members make, irrespective of the content of their contribution, whether they are supporting or opposing the legislation that is before us.

The responsibility weighs very heavily on me. What is my role as a member of Parliament? Is my responsibility to my community, and how is it that I make representations of that community in this place? Southern Metropolitan Region is a vast tract of land south of the Yarra down to Sandringham; up through Hampton, Bentleigh, Oakleigh and Burwood; all the way up to North Balwyn; and then back under the Yarra. We are talking now close to half a million people. It is not physically possible for me to have tried, nor would I have tried, to speak with each and every person within that region.

There are members who have spoken in their contributions of the notion that they have spoken with community leaders and that they have received hundreds if not thousands of emails that have been organised by groups both for and against. But what does that mean given the weight of the fact that nearly half a million people are voters within our region? What fate should I put on this bill in relation to communications with maybe 2000 or 3000 people out of 500 000? This is something that each member will grapple with in their own way. They will make a determination in consideration of a whole range of matters and facts that they consider relevant in coming to an outcome. For me, unlike Mr Purcell, I have not decided that that must be part of my guiding principles in relation to the legislation before us.

I was not elected as a member of Parliament on a right of self-determination — although, again, in my inaugural speech I did note very clearly that I view myself as a social democrat, but that is more around jobs and economic prosperity and opportunities for our people so that they might be able to prosper and grow. But for me the right of self-determination is a guiding principle in relation to the way that I act, the way that I govern, the way that I legislate and indeed the way that I govern my ministerial portfolios. At times that opens me up to the allegation that I am focused far more on the macro of a policy than the micro of a policy. I do not shy away from that. But if we fundamentally believe that each and every person has a right of self-determination within our society, if we believe in democracy, then we have a fundamental belief that people can actually make decisions for themselves, as

challenging as those decisions may be and as difficult as those policy issues may be to discuss.

What then leads me to those types of issues? Family, faith, love, life, suffering — we all experience those factors in our lives. They make us who we are. We cannot get away from them. I had a very lengthy email exchange that went backwards and forwards on multiple occasions with an orthodox rabbi in the community, obviously as a proud member of the Jewish community. One of the things I said in that email exchange that will be very challenging for people in this place, regardless of their faith, was, ‘Why is it that my faith should somehow have a greater weighting in the decisions that I make as a legislator in comparison to the rights of an individual who may not be of the same faith as me? Why should I allow my faith to dictate to me what is in the best interests of the community over and above the community itself?’. That is quite challenging. It was quite challenging for the rabbi that I had the discussion with, and it is quite challenging to try to remove yourself from your experiences and everything that has brought you to this point in life as a rationale for the decision-making that you come to.

Of course that leads us to the policy itself. What is the policy trying to achieve? Does the policy actually achieve that? Does the legislation achieve what we are trying to arrive at? How is it trying to do that? What safeguards are built into the legislation to give us confidence that that right of self-determination is not a right that will be abused or a right that will be leveraged by people within whatever prism they operate in, whether it be one out of love, one out of self-interest, one out of mischief-making or one out of murderous intent?

So I believe very clearly that there are the safeguards in this bill that provide security for us to know that the implementation of the legislation that is before this place should give us confidence that people will be held to account should their actions prove otherwise. This is important for us to reflect on. No piece of legislation that comes before this place is ever perfect. The amount of legislation that we amend is proof positive of that. The fact that we have laws for murder show that humankind is not perfect either, but that does not have us locking everybody up on a curfew and allowing each person out for 1 minute a day to ensure that acts of aggression or violence do not occur.

As a result we need to actually reflect upon, again, the basics of what we are trying to achieve as a society. From my perspective if people get it wrong, they are held to account. Under this scenario there could be

tragic consequences if people do try to coerce people to take up the opportunity under the voluntary assisting dying legislation before us, but that is no different from what can actually occur if this legislation is not passed by this Parliament. People can be coerced to commit suicide right now. Those people do not need to be in insufferable pain or do not need to have a terminal illness. However, people do need to know that there are laws that will punish them should they transgress. This legislation is no different. So of course it is important to ask, if you come from a very policy-pure perspective in terms of that right of self-determination, what is it that has helped me to get to the position where I am confidently supportive of the legislation before us? There are indeed conversations that we have. We cannot lock ourselves away and be blind to the nature of the discourse, and I am going to recount two such conversations.

I must say that I have sought permission on one occasion and not on the other. On one occasion the conversation I had was with a man who is a very dear friend and also a relative of my family, an in-law on my wife's side of the family. He is a man that will be very well known within the Jewish community, a man by the name of Efraim Finch. Efraim, before he retired, was the head of the Melbourne Chevra Kadisha, which was the orthodox funeral burial home in Melbourne. He is a man who would have seen more deaths in society than anyone in this place could ever speak to, a man who has provided pastoral care to people in their dying moments in hospitals and who has comforted loved ones in their hours of need. I spoke to him recently and I asked Efraim what he would do if he was in my place. As a member of the Orthodox Jewish community, his response — and I asked permission to recount this conversation — was, 'Philip, I would pass the legislation and I would support it'. So we must not move away from what this legislation is designed to do. It is designed to help people in the dying moments of their life who are in insufferable pain that cannot be cured by palliative care or modern medicine. This policy is designed to give people the choice and the chance and the right of self-determination above all else.

I have heard people in this chamber say, 'If somebody is 17½, or six days away from their 18th birthday, why can't they access this legislation?'. We have arbitrary rules across society and 18 years of age has been the point at which we as a community have bestowed adulthood upon people in the community — the right to vote, the right to purchase a drink legally in a licensed venue, the right to drive a motor vehicle on your own. People that are 18 have the right. So yes, you could argue that somebody that presents with the same issues

at 17 years and 361 days deserves the same rights as somebody that is 18, but we as a community have drawn a line in the sand. That line in the sand is 18 and we should not try and play around with that.

My conversation with Efraim was such that I realised the pain that people can be in, the pain that people experience is what this legislation is attempting to be able to alleviate for people in their own decision-making. I found that conversation with Efraim very elucidating for me personally.

The other person that I spoke to about this was my mum, and I did not seek support from Mum to be able to recount this conversation. But let me tell you, Mum is not happy with me. Mum is also not happy with the government. Mum wants this legislation to go further. She does not think that allowing the legislation to be stopped at the point at which we do, the safeguards which we have put in, is sufficient. Mum wants to be able to make a medical power of attorney to say that should she be in a position to meet the following set of criteria, she would like the outcome to be not dissimilar to being provided with the injection of the medical cocktail that we have discussed.

This is very challenging for me. I spoke in my contribution to the house in April 2015 of my grandmother. What I did not say in that contribution was that twice when my parents were overseas and my aunt was living overseas permanently my grandmother broke her hip. I think one was at the age of 91 and the second time was at the age of 93 and she lived until the age of 96. Both times I had to tell the doctor as the next of kin, having had directions from my mum and aunt during phone calls overseas, that should something happen on the operating table, 'Do not resuscitate'. It is a very heavy judgement to be provided to a grandson when there are living relatives between the grandson and the grandparent.

To put this into perspective for those that do not know my family history, my grandmother was a tough old bird. In 1935, eight days after she was married to my grandfather, the Nazis took my grandfather and put him in Dachau concentration camp. For three and half years — she had never worked a day in her life before — she worked every day to save money and be able to look after herself. In 1938 she had enough money to be able to seek passage for her two brothers and my grandmother's parents, and she got my grandfather out of the camp when the Nazis said, 'We will allow the Jews to leave without any of their worldly possessions as then they are no longer our problem'. She sought passage for them and took them to Shanghai, where my mother and my aunt were born.

My grandfather was not able to work in the early years in Shanghai, such was the recovery from being in concentration camps. She looked after that family and she made that family come out to Australia when they got visas, refugee visas in fact, and she forged a new life for my family here in Australia. So to give a do-not-resuscitate direction to the doctors at the time was extraordinarily challenging for me. But it was not my call; it was my mother's and my aunt's call. They had the right to make that determination.

Whether or not I will ever make use of this legislation should I be in this position is absolutely irrelevant to me as a legislator, because it is not about me; it is about providing the right to somebody else without my telling them what they can and cannot do as an adult in our community. If someone meets the criteria — if they are of sound mind, if they have met with two doctors, if they have written a request to access this opportunity — it is not my position to tell them that they cannot do that. We need to make sure that when they undertake that process they undertake it without fear of coercion and without concern that there is any possibility of impropriety. However, as I said earlier, we cannot guard against that forever and a day, which is why there are penalties associated with that should that occur. Some people will argue that is enough reason to vote against the legislation, because a life lost under those circumstances is a life too many. That will be the perspective of some. But, as I said, we do not lock up everybody to make sure that they do not commit crimes just because they might. At some point we need to measure the weight of the rights of the individual against the weight of the rights of the community as a whole.

This is probably one of the most challenging pieces of legislation I will come across in my parliamentary career, however long that lasts. My view upon weighing this up from the time that I made a contribution on voluntary euthanasia, on 15 April 2015, until today has not fundamentally changed. I am satisfied with the way that the Minister for Health, Jill Hennessy, and Professor Brian Owler and his team have built in protections for adults to be able to access this on their own decision-making.

At this point I want to thank a number of people for their contributions thus far. I want to very specifically thank Jill Hennessy. This is a very challenging piece of legislation, and I think that Jill has acquitted herself very well as a minister of the Crown, as a human being and as somebody who has grappled with this policy themselves. Acting President Patten, I do not wish to reflect on the Chair, but I also want to thank you. You have championed people having the opportunity for

self-determination for some time. We have seen a spirit around the chamber of people from different political parties, backgrounds and walks of life coming together to support this right of self-determination.

I extend that thanks to you, Ms Hartland, and note that this has been a very longstanding policy for you and that back in 2008 you were unsuccessful in implementing it. You have announced your intention to retire at the next election, and would it not be nice for you to leave this place knowing that a policy pursuit that you have committed your professional political career to has come to fruition?

I mentioned Professor Brian Owler moments ago, and I want to thank him. Professor Owler provided his time for a one-on-one meeting with me a month or two ago when I put to him a range of concerns that I had, difficulties that I was facing. He answered each and every question and was very generous with his time. I want to thank him for the professionalism that he has shown at each and every stage and the dedication that he has provided amidst what would also no doubt be challenging issues for him as a medical practitioner and also as a father and a member of this community.

I would also like to thank Ms Wooldridge for the work that she has done in this place.

I say to everybody that maybe, just maybe, a controversial piece of legislation should not have to be what brings us together to bring out the very best of this Parliament irrespective of what our views are, what the politics show or what our decisions will be. With that, I commend this bill to the house.

Mr RAMSAY (Western Victoria) (11:42) — My contribution today on the Voluntary Assisted Dying Bill 2017 will be the most difficult speech I will make in this place in my seven years as a member of Parliament. The deliberations that I have gone through to reach this point have been most challenging. Many times I have been on an emotional roller-coaster ride. I do thank my parliamentary colleagues from all sides of the political divide for their support and their respect. I thank the Liberal parliamentary team for allowing me a free vote on this bill, and my hope is that whatever my final decision is, they will respect me for it.

I thank all those people who have contacted my office by letter, email or phone. While I have not been able to respond to all of them physically, I have read, heard and noted their views, and all of them played a significant role in my decision. On that point, I thank my staff Tracy and Connor, who had to shoulder the extra workload at the coalface — not always pleasant work, I

might add, but they have risen to the occasion in a thoroughly professional way.

I would also like to thank the many doctors, clinicians, nurses, carers and stakeholder groups like the Australian Medical Association, Palliative Care Victoria, ethnic communities and those faith-based organisations that I have spoken to, that have made their time available to ensure that I was well briefed and well researched and had a good understanding of the impacts of the proposed legislation.

I have sought the views of family and friends and referred to my own personal experiences with family deaths and the circumstances of those illnesses. I do not intend to use those emotional, sad and distressing memories as evidence or examples to defend or shape my views on this bill, but I do draw on those experiences to gain a better understanding of the importance of allowing choice to those who face incredible and intolerable pain as they wait for eventual death. I place on record that I have not personally faced such a circumstance and freely admit that I have tried to draw on the experiences of those who have.

I have read the Legislative Council Legal and Social Issues Committee's report on its inquiry into end-of-life choices and its 49 recommendations. I congratulate the committee and staff on the thoroughness of their work over the 18-month period of the inquiry, which received more than 1000 submissions.

I congratulate the Minister for Health on establishing the Ministerial Advisory Panel on Voluntary Assisted Dying, chaired by Brian Owler, a past president of the Australian Medical Association, and on providing full public engagement through a discussion paper and delivering a final report in July 2017. I thank Brian for his guidance and accessibility.

The government has now introduced the Voluntary Assisted Dying Bill 2017, which provides a compassionate framework mirroring — I believe in the main — the work of the parliamentary committee and the ministerial advisory panel report. I have listened to the debate in the Legislative Assembly, and regardless of members' positions I am proud of the way it was conducted, with well-researched, intelligent and thought-provoking contributions. It was a good demonstration of democracy at work, highlighting the strength of a Westminster system that uses both its houses to maximum effect.

I noted that some members who opposed the bill used emotionally charged words like 'suicide', 'state-sanctioned suicide', 'killing', 'death' et cetera to

purposely stigmatise a framework that I believe is devoted to a compassionate and humane process. I am pleased to say that those contributors were in the minority.

I am disappointed that the government used its numbers in the Assembly to refuse amendments, and if that is the approach the government takes in the Council second-reading debate, the bill will not get my support. I support the principle of the purpose of the bill to give voluntary access to medication causing death for adults with decision-making capacity who are expected to die from an advanced, progressive and incurable illness that is causing intolerable suffering.

Having said that, the bill needs greater safeguards for those who may be victims of abuse, particularly elder abuse, rather than purely beneficiaries of painless death. But I have seen no evidence either in Australia or in other jurisdictions where assisted dying is currently legal, or in many of the documents that I have read, to suggest that those most vulnerable are being wrongly persuaded to end their lives so others can seek profit from their death.

I foreshadow that I will seek amendments to, in my mind, further strengthen the bill and provide greater protection to those seeking relief from intolerable pain that palliative care cannot provide, regardless of its quality. I cannot support a government-sponsored bill that does not provide sufficient palliative care funding and services that will improve the quality of care, particularly in regional Victoria, where new data indicates, particularly in the south-west of my electorate, that it is totally substandard or non-existent in many areas in rural communities.

I congratulate Matthew Guy in the Assembly and Mary Wooldridge on taking the lead to address this situation, with an extra palliative funding commitment of \$140 million if elected in 2018. We now need to see leadership from the Andrews government to address the inequity and discrimination in palliative care in regional areas. I say this because I would hate to think that a person who meets the criteria for the assisted dying framework seeks assisted death because of a lack of access to proper palliative care.

My position is not influenced by faith or politics but by the need to use my representative position as a member of Parliament to give people a choice in how and when they die when faced with intolerable pain and a terminal illness that takes away any opportunity for any quality of life in the few months to the end. I will not use words that are guaranteed to inflame, abuse or misconstrue the compassionate purpose of the bill, nor

will I seek to compromise the aim and intent of all the hard work that was done by the many people who helped produce the framework we are debating today.

I accept that much of the correspondence to my office opposed the bill, despite the fact that two polls in western Victoria showed overwhelming evidence of support for the bill. I expect that much of the opposition was religion based or ethnic based, and I respect the rights of those who expressed those views. Many views were ideology based, and again I respect those positions. Every view and experience is relevant, none more or less so than another. Each of us comes to this house with an ideology of sorts — acknowledged or not — shaped consciously or unconsciously. Be they secular, communal, corporate, conventional, unconventional or whatever, our ideologies shape us all.

I cannot help but be affected by my own personal experiences where family members have faced terminal illnesses and, despite the very best of palliative care, were in considerable pain and may well have sought the right to die at a time of their own choosing. The fact that these choices are being exercised daily in our hospitals discreetly with consent is not a concern to me. However, the stories of many people going off on their own to die alone somewhere, often in a violent manner, makes me ill.

We know many seek death through suicide because the choice of assisted dying is not available, and many seek family to assist in death, which is not fair to family members — to be put in that position — many of whom are left psychologically scarred for life. I know many doctors are saying we are now asking the same of them — that we are loading a figurative gun and asking them, with the backing of legislation, to fire. I can understand that many doctors are opposed to the principle of assisted dying, given they are trained to preserve life and work to that ethos. But I find it ironic that we are comfortable with ending the lives of our family pets. When we believe their time has come, we decide enough suffering is enough. Yet we allow humans, our loved ones, to suffer through when they reach the same end.

I want to make it clear that no person, patient or health practitioner is obliged to participate in voluntary assisted dying. In fact doctors are prohibited from initiating discussion of voluntary assisted dying as part of an advance care plan. Any discussion of voluntary assisted dying must be initiated by the patient. They must be an adult, be a resident of Victoria, have decision-making capacity, be diagnosed with an advanced, progressive, incurable disease which is

expected to cause death within weeks or months but no longer than 12 months and be experiencing suffering that cannot be relieved in a manner they deem tolerable.

Assuming there is a committee stage I will seek clarification on the resident status, as it seems to be open to abuse — that is, people will move to this state purely to access this legislation. I cannot support a terminal illness diagnosis of up to 12 months as part of the criteria. Time frames are difficult to assess. Doctors can only express an informed opinion based on experience and medical science, with no guarantee of accuracy. It is on that basis I seek a more definitive time frame of diagnosis. I would prefer a three-month time frame, but I understand that would cause unintended consequential impacts, so I will request a six-month diagnosis, with exemptions for motor neurone disease.

I am not comfortable with the provision in the bill that allows a patient who meets the voluntary assisted dying criteria to be allowed to self-administer a lethal dose of an unknown drug to be unsupervised or unassisted. I cannot support a bill that requires a terminally ill person, alone and in contact with a locked box of a lethal drug, to decide to end their life by self-administration without some care and assistance. I seek a commitment from the government on clinical guidelines that give greater oversight on the safe use and distribution of a lethal drug which has the primary purpose of causing immediate death.

A request to access voluntary assisted dying must be made three times, once in writing over the course of 10 or more days. Two independent doctors must be satisfied that the person qualifies for voluntary assisted dying and that the request is voluntary, informed and enduring. I strongly believe those that have a mental health history should be assessed by a psychiatrist as an added safeguard. Again, these hurdles may not meet the needs of rural patients who do not have the depth of doctor supply — that is, being familiar or otherwise with the patient.

There is no doubt the Oregon experience has highlighted concerns, with patients in a depressed state and worried that they are a burden to others. They could use that concern as means to choose to end life, so the ongoing assessment of a voluntary assisted dying patient is critical. It is said that elder abuse could lead to a patient using voluntary assisted dying to end life, not as a consenting matter of choice but as a result of being coerced into that decision. But I can find no evidence that shows vulnerable people were being persuaded by abuse to end their lives so that others could profit from their death.

At the end of the day we are legislators, not clinicians. We do not feel the pain of a terminally ill patient when palliative care does not provide relief and they are suffering intolerable pain as a consequence. Yes, we have personal experiences that we have used in our contributions, but that is nothing compared to what GPs face daily on the coalface. Every day they see and deal with dying patients, many in terrible pain; many with terminal illnesses, again in terrible pain; and many who are seeking a painless exit. We have a duty of care, like doctors in their own professional fields, to use our profession as legislators to provide the best quality of care to those facing terminal illness.

There will never be perfect legislation that is introduced into this house, and to use the fact that it is not perfect as a defence to oppose it is not a position I will take. The overriding driver for me is to provide terminally ill patients with a choice of quality of life or death by having a choice at a time that best suits them. The choice might be all they require, and many may not choose the time but let the illness do so, if they want to continue to enjoy a quality of life that suits them. I cannot deny the right of those who seek these choices, but I will ensure as best as I can that Victoria and regional Victoria have equity in palliative care, that the framework is not abused or compromised and that those seeking the right to choose their own finality, and who meet the criteria, do so of their own free will, without the threat of coercion or abuse.

Of the thousands of personal messages sent to me during this debate, there was one which resonated with me profoundly. I found it deeply moving and an example of the type of patient which this bill is precisely aimed at supporting. In part, it reads:

Dad had lived a healthy active life, hiking into his 70s and cycling and lap swimming into his 80s. He had never smoked. After diagnosis and prognosis he knew what was coming and wanted to choose the time of his death before his suffering became too great to bear. Dad wanted to say goodbye to gathered family and friends while he still could. He knew that others had been medically assisted to die. He joined Dying with Dignity and filled out an advance medical directive in the hope that his wish would come to pass. But this was not to be.

The suffering grew. In the last few months the tumour in his throat prevented him from speaking, and in the last few weeks even liquid was hard to swallow, triggering violent coughing fits. Dad lost 30 kilos in three months and was starving to death. He also had tumours in his brain and behind his face.

The pain became excruciating, and morphine, the only pain relief permitted in palliative care, did nothing to ease it. My father had been a stoic all his life and never complained, but towards the end he wrote that he was in agony and wanted to die.

I pleaded with the treating doctor to increase the morphine, adding that it didn't matter if it killed Dad — he was desperate to die, had wanted to die long before this, and that we, his distressed family, wanted an end to his unbearable suffering.

To my absolute disgust with the palliative 'care' system, I was told that administering more morphine would make no difference as it had no effect on nerve pain, which was what my father had. In fact, four separate nerves were impacted by the tumours ...

And I will not go into those.

I asked the doctor how long he thought it would be before dad died. He replied that because he had a strong heart it could be up to 10 days. I again pleaded for him to end my father's suffering, but he was very quick to tell me that it was against the law and his hands were tied.

So Dad was expected to just endure excruciating pain for however long it took him to die without medical intervention.

My father died two days later, alone in his own private hell, unaware that a daughter was in the room with him. Not the way that he had wished to go — that he should have had a right to.

In closing, I will support the second-reading vote, not as a tick-off to the bill but to allow the Legislative Council to do what it does best: use the committee stage to drill into the clauses, debate the merits of potential amendments and be satisfied that at the end of the final third reading vote we have done everything possible to provide the Victorian community with legislation that gives them a framework for a better quality of life when facing the trauma of terminal illness. It is only at that stage that I will feel my work has been done.

Business interrupted pursuant to sessional orders.

QUESTIONS WITHOUT NOTICE

Jasvinder Sidhu

Mrs PEULICH (South Eastern Metropolitan) (11:59) — My question is to the Leader of the Government. Minister, another organisation founded by Mr Jasvinder Sidhu is Jagriti. Jagriti has been a recipient of a \$150 000 family violence grant from the Andrews government. Given the concerns surrounding Mr Sidhu paying for Labor Party memberships from his other charity, what assurances can you give the Victorian community that every cent funded by taxpayers to Jagriti for family violence programs is being used for its intended purpose?

Mr JENNINGS (Special Minister of State) (12:00) — I thank Mrs Peulich for her question. I am not aware of the grant in question, but I will make inquiries about it. In fact the confidence that she is seeking from me and that I would actually seek as a result of the inquiries I make is that I would expect, just as you would expect, that in relation to any acquittal of public money to support those in our community who either have experienced family violence or need support in relation to family violence, however we can actually engage in a greater community development process that mitigates family violence, that should be the sole purpose that those funds are put to. I will make the appropriate inquiries.

Supplementary question

Mrs PEULICH (South Eastern Metropolitan) (12:00) — Minister, Mr Sidhu has publicly used Jagriti to request cash donations into his Let's Feed bank account. Given Mr Sidhu is currently the subject of an investigation by Consumer Affairs Victoria into his Let's Feed charity, will you also direct the Department of Premier and Cabinet, the Department of Health and Human Services or in fact the Auditor-General to begin a forensic audit into Jagriti to ensure that every cent provided by the government is applied to programs intended to address family violence and to ensure that the grant is not being rorted?

Mr JENNINGS (Special Minister of State) (12:01) — I have already volunteered to the member that I will institute inquiries in relation to that matter. Two of the agencies that you referred to I believe I would have required to act as default instigators of those inquiries, and I will rely on those, and if any further investigation is warranted, then I will receive advice on that and consider it appropriately.

Youth justice system

Ms CROZIER (Southern Metropolitan) (12:01) — My question is to the Minister for Families and Children. Minister, on Wednesday the Andrews government released the latest category 1 incident reports into youth justice. Between July and September 2017 the reports show a record number of assaults, a record number of behavioural issues and a record number of other incidents, which include drug use and self-harm. Minister, your own reporting shows it, so will you now admit that youth justice continues to be in crisis and is now at its worst point in Victoria's history?

Ms MIKAKOS (Minister for Families and Children) (12:02) — Firstly, I refute the preamble to Ms Crozier's question, because the data was actually put up online on 31 October. I congratulate Ms Crozier on taking most of this week to actually locate that data. She was very quick to go out and tweet that the data had not been made available when in fact it was up the day prior to her tweeting.

What I can inform the member of is that the safety of young people, youth justice staff and the community is of the utmost importance to our government. This is why we have introduced the toughest ever consequences for assaulting staff, damaging property and escaping or attempting to escape whilst incarcerated — legislation, let us not forget, that Ms Crozier and the Liberals tried to scuttle. Inappropriate behaviour towards our hardworking and dedicated staff in our Victorian youth justice facilities is not acceptable and will not be tolerated. When serious matters come to light they are taken very seriously. Staff can be suspended if they are accused of assaulting young people in custody, and similarly where a young person is involved in an incident, whether it is assaulting another young person or a staff member, that is also taken very seriously. All matters relating to alleged criminal conduct is in fact reported to Victoria Police and is able to be investigated by them.

What I can also say to the member is that since we have had a machinery of government change and youth justice has moved across to the Department of Justice and Regulation there has been a concerted effort by the department to ensure that staff report and appropriately categorise all incidents occurring across our youth justice system. In particular there have been changes put in place to the reporting of these incidents that now see threatening and assaultive behaviour towards staff, all self-harm attempts and all assaults that not only result in admission to hospital but have the potential to harm and are of serious intent being categorised as category 1 incidents.

This is in fact something that should be welcomed — that we are having more serious incidents that do in fact impact on young people in custody being categorised as category 1. We have had to address these issues because it was in fact Ms Wooldridge as the minister who as one of her first actions as minister changed the classification system, did away with category 3 incident reports altogether and put in place a reporting system that we have had to rectify. So we have taken active steps to ensure that staff are reporting these matters and that they are appropriately responded to.

We have also put in place increased transparency. We are publishing quarterly data — something that those opposite never did. We also passed legislation to strengthen oversight powers to ensure that these incident reports are in fact reported to the Commission for Children and Young People and that the commission of course has the ability to review these matters. Ms Wooldridge in fact introduced secrecy provisions into the legislation and changed the classification system, but we are open and transparent about these matters.

Supplementary question

Ms CROZIER (Southern Metropolitan) (12:06) — Thank you, Minister, for your response. Minister, you may wish to check with the Department of Justice and Regulation, because they confirmed that the category 1 incidents were actually uploaded on 1 November at around 10.45 a.m. By way of supplementary: escapes, riots, property damage, violent assaults, behavioural issues, drugs and self-harm are at record highs. Community reintegration programs for young offenders are at record lows. There is double-bunking, overcrowding and a lack of respect for agency staff, which has increased tensions at both Parkville and Malmsbury. Which one of these multiple-choice failures will you blame for the category 1 incident increases, or is it a mixture of all of the above?

Ms MIKAKOS (Minister for Families and Children) (12:07) — In the minute that I have available to me I do not know where to start in relation to that. The member in her preamble referred to community reintegration activities. Can I explain to the member, who clearly does not get it, that this is in fact young people going out of custody on temporary leave — so Ms Crozier is advocating for more young people to be released from custody to go out on temporary leave.

She just does not get it. She does not understand the basic facts about things that sit with Mr O'Donohue as the shadow minister. It is no wonder she is the 25th shadow. It is no wonder: she does not get the basic facts about her portfolio. She cannot even locate data on the department's website, she does not understand there has been a machinery of government change and clearly she is struggling to come to grips with basic information.

We are rectifying the inadequacies and the failures of those opposite, who for four years sat on their hands and did nothing. We have put in record investment to fix infrastructure —

The PRESIDENT — Thank you, Minister.

Freedom of information

Ms FITZHERBERT (Southern Metropolitan) (12:09) — My question is to the Leader of the Government. Minister, given your comment in response to my question that ministers do not interfere in departmental freedom of information requests, I have another example, this time from VicRoads. On 14 June FOI officers at VicRoads suggested rescoping my FOI claim to two short summary documents, writing that it would ensure a quick turnaround, which I agreed to. A month later the FOI manager said in writing:

I again apologise for the delay in sending you my decision for this request and understand your frustration, however, I'm yet to receive note by the minister's office to release —

the documents.

The documents finally arrived on 14 September, having apparently sat in the minister's office for at least two months. My experience is that this is not unusual, so I ask: as the minister responsible, what action will you take to ensure government policy of no ministerial interference in the release of documents from department and agency FOI requests is adhered to?

Mr JENNINGS (Special Minister of State) (12:10) — I thank Ms Fitzherbert for her question. I am pretty disappointed that in fact she did not include in her preamble that she got a pretty reasonable response from me in relation to the matter she raised a couple of days ago. In fact in writing I shared what had actually occurred. I explained what had occurred. I explained that a resolution was expected to the matter that she raised with me, and that is my intention in relation to this matter.

So that she is clear and the chamber should be clear, in fact it is standard practice that FOI officers make the determinations, and before they are released they do share them, where it is relevant, with ministers' offices for noting — not for interference, not for determination — and indeed that is the practice as it should be. That is the practice that we seek at all times to adhere to. I will have a look at this issue, just as I looked at the other one, and whether in fact —

Honourable members interjecting.

Mr JENNINGS — I actually think that on this matter, this week, Ms Fitzherbert has had a good week in relation to resolution of and clarity around a certain matter she raised on Tuesday, and on this matter I reckon on her track record, and perhaps on my track record, she might do reasonably well again.

Supplementary question

Ms FITZHERBERT (Southern Metropolitan) (12:11) — Thank you, Minister, for your response and also for intervening in this matter to indicate that a document that had been withheld was being reconsidered and at some point may be released to me. That brings me quite neatly to my supplementary question, because I had to raise that in Parliament to get that dealt with. Minister, what action would you recommend members and media outlets take if their FOI applications are stuck in purgatory in a minister's office?

Mr JENNINGS (Special Minister of State) (12:12) — I am not sure whether Ms Fitzherbert is actually expressing some degree of sympathy or empathy with me in relation to my responsibilities. I am not quite sure. Let us just say we have a shared interest in the process running smoothly, efficiently and as it should, and in fact let us actually see if either your raising these matters and pursuing these matters or my engagement throughout the public service can actually make sure that is complied with.

Adult Parole Board of Victoria

Mr O'DONOHUE (Eastern Victoria) (12:12) — My question is to the Minister for Corrections. Minister, the Adult Parole Board of Victoria (APB) annual report for 2016–17 states that during the last financial year additional resources have been made available by Corrections Victoria to the board's secretariat to support this priority project — that is, the case workflow system. As at December last year \$4.6 million had been spent on the case workflow system against an original budget of \$4.2 million. Minister, according to your most recent advice, how much has now been spent on this project, which is already hundreds of thousands of dollars over budget and three years over time?

Ms TIERNEY (Minister for Corrections) (12:13) — I thank the member for his question and the opportunity to talk about the adult parole board's 2016–17 annual report, because it indicates that the parole system in this state is working effectively and efficiently and has community safety as its primary focus. There are nearly half the amount of people on parole now than there were five years ago: 1646 in 2012–13 compared to 841 in 2016–17. These changes are working. There has been a 92 per cent drop in serious offences committed by parolees over the last four years, which has consistently decreased with each reporting year under this government.

An increasing number of parolees are completing their parole orders, with 2016–17 results representing the highest proportion of parolees completing their orders in the last eight years. These results are because the APB is better resourced. Prisoners have to work hard to achieve parole, and parolees are more thoroughly supervised than was the case under the old system.

The new system is engaging with victims to ensure their important voice is heard as part of the process. The number of victim submissions has nearly doubled in five years. In 2012–13 there were 91 submissions from victims; in 2016–17 there were 161. As I said, there has been a 92 per cent reduction in the number of persons convicted of committing a serious offence while on parole over the previous four financial years. A lot of this is because the APB is better resourced; as I said, prisoners have to work harder to achieve their parole; and parolees are more thoroughly supervised.

So it is clear that this government is providing the resources that are needed to make sure that the system works effectively, Mr O'Donohue. Indeed Judge Couzens has said, and I quote:

The system was grossly overworked and under-resourced, and the changes that this government has implemented have changed that.

Supplementary question

Mr O'DONOHUE (Eastern Victoria) (12:16) — Noting the minister did not actually address the issue of the question, I ask by way of supplementary: Minister, the Adult Parole Board of Victoria annual report describes the objectives of the case workflow system as to, and I quote:

reduce the risk of inaccurate adult parole board decisions made due to inaccurate, untimely, incomplete and inaccessible information.

Minister, how are these risks identified by the adult parole board of inaccurate, untimely, incomplete and inaccessible information being managed, given the three-year time blowout in the delivery of this critical project?

Ms TIERNEY (Minister for Corrections) (12:16) — I thank the member for his question. I have had discussions with Judge Couzens on numerous occasions, and he is fully aware of the work plan that is underway in this area. We have ensured that we have had, as I said, phase 2 completed, and that did not stop us from commencing phase 3, and as I have said, that will be completed next year. I have not received any complaints from the APB in relation to the progress of this issue.

Literacy

Mr FINN (Western Metropolitan) (12:17) — My question is to the Minister for Training and Skills. Minister, a common complaint from employers is that often new employees do not have basic literacy skills and struggle to write coherent sentences without simple spelling errors. Minister, what are you doing as the Minister for Training and Skills to address this important issue?

Ms TIERNEY (Minister for Training and Skills) (12:17) — I do thank Mr Finn for his question because it does give me an opportunity to talk about the funding stream called Reconnect. Reconnect is about listening to what people were saying about the broken system that was left behind by the previous government. Reconnect is about making sure that those that have difficulties in accessing training and skills do have that opportunity. Whether it is about literacy and numeracy, whether it is about ability or disability, or whether it is about being from a disadvantaged background where there is entrenched poverty, we have a funding stream called Reconnect. This is just one example of what we do, and this is all about making sure that there is a leg-up for those that were locked out of the system by the previous government.

We have foundation courses. We also are ensuring that we have Learn Locals that are also providing literacy and numeracy skills so that people do have the opportunity to undertake further education and training or indeed access a job. We have got a very proud history and a very strong commitment to making sure that foundation courses and literacy and numeracy courses are available to those that need those courses.

We will not rest on our laurels here. We understand that this is a continuing problem that we have in this community and indeed right across other jurisdictions in this country too, so we have got an emphasis on making sure that young people in particular have got access to those skills — not only them, but retrenched workers too. When people are referred to the skills and job centres we also encourage them to undertake literacy and numeracy courses, which are available in a number of locations, and they are directed to various pathways that can link the literacy and numeracy courses that they are doing to jobs.

We are also developing courses where you can have contextualised learning so the literacy and numeracy issues that an individual might have can be taught through actual hands-on work, and this is groundbreaking work that is being done in a number of organisations now. This is one of the things that we

actually had in the car industry, and there are a number of learnings there, because people came from a number of different backgrounds, often not literate even in their own language from their home country. So in terms of understanding the production process and what was required to work on a moving line, we often had to make sure that skills and training and literacy and numeracy were built in and embedded into the hands-on skilling of workers.

So there is lots we can do in this area, and I would think that this is an area where we could have bipartisanship, Mr Finn, because if our children and our adults are not skilled in literacy and numeracy, then in fact we have difficulties in terms of people being able to get a leg-up and ensure that they have jobs into the future and indeed careers that they can participate in and feel comfortable with. So I thank you for your question and I look forward to your next question, Mr Finn.

Supplementary question

Mr FINN (Western Metropolitan) (12:22) — Minister, I look forward to your next answer. Minister, following your clumsy, error-ridden written response yesterday, to evaluate the effectiveness of these problems firsthand have you considered undertaking a literacy course yourself?

Ms TIERNEY (Minister for Training and Skills) (12:22) — Thank you, Mr Finn. That was the supplementary I was expecting — because there was a typo in an answer. But it all goes to show that those opposite are only interested in the minutiae. You are not interested in the issues of the day. You are not interested in Auslan training. You are not interested in delivering courses for the deaf and the hard of hearing community. You prefer to come in here and talk about a typo and not the courses that need to be run that we are funding and that you cut. Shame on you!

Ravenhall Correctional Centre

Ms PENNICUIK (Southern Metropolitan) (12:23) — My question is for the Minister for Corrections, and it relates to the Ravenhall correctional facility, which opened last month. On 8 September I raised with the minister in question time the issue of double-bunking at Loddon Prison and whether the government had a time line for eliminating it in accordance with Corrections Victoria standards, which recommend single-cell accommodation. The minister, in a written response to me, advised that 30 per cent of male prisoners are in double-bunk cells, that the government is addressing this growth through investment in expanding amenities, that the opening of

the Ravenhall correctional facility this year will provide further capacity in the prison system and that corrections continue to assess and allocate all prisoners to the most appropriate prison. When the new prison opened I saw footage on TV of cells with double-bunks. I was surprised to see that, so my question is: how many and what percentage of cells in the new Ravenhall correctional facility have double-bunks?

Ms TIERNEY (Minister for Corrections) (12:24) — Thank you, Ms Pennicuik, for that question. I think you would agree that in terms of prison capacity, with Ravenhall coming onstream and prisoners being gradually decanted into that facility later this month, it is a good thing and that it will reduce the pressure in the system. The fact of the matter is that there will be a scheduled and planned shift of prisoners from certain locations in Victoria to Ravenhall. I know that that will be over a period of time and Corrections Victoria will be managing that very closely. In terms of the actual number that you are seeking, I do not have that on me at the moment, but I am more than happy to provide that to you.

Supplementary question

Ms PENNICUIK (Southern Metropolitan) (12:25) — Thank you, Minister, for your answer. With regard to the supplementary question, I mentioned that in your previous answer you said 30 per cent of male prisoners are in double-bunk cells, so when you provide the follow-up as to the number and percentage in the Ravenhall facility could you tell me whether that changes that? The tenor of the answer you gave me was really that the government was moving towards the standard of Corrections Victoria to move out of double-bunking, so I was surprised to see that a new facility was actually built with double-bunks in place, so my supplementary question would be, particularly with regard to remand prisoners and the Walshe report, whether the intention is to remove double-bunking entirely from the Ravenhall correctional facility.

Ms TIERNEY (Minister for Corrections) (12:26) — I thank the member for her question. It is the intention of this government to reduce the pressure of the capacity issues that we have. Ravenhall, to a certain extent, will assist that. There are also some additional beds that have come onstream from another existing prison as well, and there are further discussions that government is having. There has been a lot of work done in Corrections Victoria and a lot of work liaising with the courts, the department and of course Victoria Police as well in terms of the flow-on aspects of any resource allocation. What I can say to you,

Ms Pennicuik, is that it is in all of our interests to have a prison system that has a population in accommodation that is stable and enables a greater chance of rehabilitation, a greater chance for people to undertake programs and a greater chance to undertake skills and training that is available on site.

Timber industry

Mr BOURMAN (Eastern Victoria) (12:28) — My question today is to the Minister for Agriculture. Recently we had the report of the inquiry into the operations of VicForests. During the course of the inquiry it was apparent, to me at least, that the timber industry is in dire straits and this is directly because of policy decisions by successive governments leading to a reduction in available timber to the point that the government has purchased the Australian Sustainable Hardwoods facility in Heyfield to save jobs. In this year's budget \$110 million was allocated for plantation timber to help the transition away from native timber harvesting on public land. Whilst I do not believe that plantation timber is ever going to completely replace timber that is naturally grown, it can certainly satisfy the market for lower grade timber. It has now been some time since the money was allocated, but I am not aware of any activity towards procuring or starting a plantation for native timber. My question is: can the minister please update me as to exactly where the government is at with its transition to plantation timber?

Ms PULFORD (Minister for Agriculture) (12:29) — I thank Mr Bourman for his question. It is certainly the case with the timber industry that many people in the Victorian community would like to see a greater share of our timber industry activity being derived from plantation sources. I recognise some of the significant pressures that the industry has been under and some of the things that the government has done to respond to these issues.

In relation to the funding commitment around plantation establishment, what I can indicate to the house is that what has been occurring since the funding was provided from the start of this financial year is planning and design for delivery of such a significant undertaking. What we are keen to do is to use that \$110 million public funding commitment to incentivise and encourage further private sector investment that complements this. There is a great deal of planning work that also needs to go on in terms of identifying the types of species that will be required and the types of locations that will be suitable for plantation establishment.

That is what has been going on up to today. What will happen next is that within the coming weeks the conversations that have been informally occurring with industry and with local councils in Gippsland will be able to kick into a next and more formalised phase of consultation. It is really important that we work with industry and important that we work with communities in plantation establishment. I certainly look forward to providing you with frequent updates as we move through the different stages of this big project.

Supplementary question

Mr BOURMAN (Eastern Victoria) (12:31) — I thank the minister for her answer. On a recent trip to Powelltown one of the things that I picked up was that uncertainty is a huge problem. Obviously the industry needs to know what is going on, so my supplementary question is: will the government provide to the people of the timber industry a plan for what transition is appropriate that is detailed enough for the industry to be able to make long-term plans for their businesses and also allow the workers to have comfort that their jobs are safe?

Ms PULFORD (Minister for Agriculture) (12:31) — I thank Mr Bourman for his supplementary question. We are acutely aware of the uncertainty that the industry has experienced. This is perhaps best evidenced by the changes that have occurred at the mill at Heyfield. The native timber resource, as all members are aware, has been under some considerable pressure. Absolutely, Mr Bourman, I am happy to undertake to the house and to the timber industry that we will work closely with them to ensure clarity and certainty, particularly in reference to your substantive question around plantation establishment, and ensure that, to the fullest extent possible, people are certain and secure about what any changes in the reduction in native timber sawlog availability and the establishment of plantations will mean for them.

Gambling regulation

Ms PATTEN (Northern Metropolitan) (12:33) — My question is for the Minister for Consumer Affairs, Gaming and Liquor Regulation, who is represented in this house by Mr Dalidakis. Poker machine losses exceed \$2.6 billion in Victoria each year, exacting a terrible toll on families and communities. Four hundred gambling-related suicides occur nationally every year. In our crossbench briefing on Monday we were advised that the reason underpinning a change to 20-year gaming machine licences being made now, despite existing licences not expiring until 2022, was that the pokie clubs need more borrowing certainty from banks

to do renovations. Can the minister please explain why her office provided us with this advice and reassure me that extensive gambling-related harms to our society, including suicide, are being prioritised above the needs for pokie clubs to renovate their premises?

Mr DALIDAKIS (Minister for Trade and Investment) (12:34) — I thank the member for her question. Obviously I was not present at this cross-party briefing, nor am I aware of the discussion that may have ensued thereafter. As always, I will endeavour to take the member's question on notice, pass it to the minister in the other place and seek a written response as quickly as we can ascertain it.

Supplementary question

Ms PATTEN (Northern Metropolitan) (12:34) — Thank you, Minister. I look forward to that. In Tasmania a \$200 daily EFTPOS withdrawal limit exists, which is regarded as this country's best practice. Could the minister articulate why in Victoria a \$500 limit is being proposed in preference to a \$200 limit, bearing in mind the harms of these clubs?

Mr DALIDAKIS (Minister for Trade and Investment) (12:34) — I thank the member for her question. I will again take that question on notice and pass it on to the minister, including the member's desire to ensure that all of Victoria resembles Tasmania.

Office of the Racing Integrity Commissioner

Mr PURCELL (Western Victoria) (12:35) — My question is for Minister Tierney representing the Minister for Racing. The racing integrity commission was established in 2010 and is meant to be an independent body to endorse the policies and integrity of the racing industry. Since his appointment in 2010 the commissioner, Mr Perna, has continually pushed his own agenda, including anti-jumps racing, and has failed in his role to endorse the policies of the racing industry. During the course of the Moody trial earlier this year Commissioner Perna was publicly criticised by Justice Bell, who said during the trial that he was trying to come to terms with the purpose of a Perna press release in regard to his investigations and the contact of trial witnesses by Perna. I therefore ask: with his actions during the trial has Mr Perna broken the rules of racing, and if so, will the minister commit to supporting the racing industry by either disbanding the racing integrity commission or at least terminating Mr Perna?

Ms TIERNEY (Minister for Training and Skills) (12:36) — I thank the member for his question in relation to the racing integrity commission. I will convey those concerns to the Minister for Racing, Minister Pakula, and I am sure that he will provide a response within the prescribed guidelines.

QUESTIONS ON NOTICE

Answers

Mr JENNINGS (Special Minister of State) (12:36) — I have a written response to question on notice 11 830.

QUESTIONS WITHOUT NOTICE

Written responses

The PRESIDENT (12:37) — In respect of today's questions, Mrs Peulich's question to Mr Jennings, the substantive and supplementary questions, I require written responses in two days; Ms Crozier's question to Ms Mikakos, the supplementary question; Ms Fitzherbert's question to Mr Jennings, the substantive question, two days; Mr O'Donohue's question to Ms Tierney, the substantive and supplementary questions; Ms Pennicuik's question to Ms Tierney, just the substantive question, one day; Ms Patten's question to Mr Dalidakis, the substantive and supplementary questions, two days; and Mr Purcell's question to Ms Tierney, the substantive question, two days.

Mr Morris — On a point of order, President, I wish to raise a point of order with regard to a written response to a question without notice I asked yesterday, both the substantive and the supplementary questions asked of Minister Pulford in relation to Timac Agro. The minister sought in her response to fob the question off to another minister. The minister is directly related to this matter, having been quoted in the media release in regard to this. I ask you to consider reinstating the written response.

Ms Pulford — On the point of order, President, Mr Morris's question related to a specific grant, a grant coming from a program that I have no role in the administration of. So it is appropriate that the minister who was associated with the government's support that Mr Morris is seeking to inquire about is able to furnish Mr Morris with information that is available to them as the appropriate minister.

Ms Wooldridge — On the point of order, President, the response from Ms Pulford does not actually seek to

refer the matter to that minister for a response. It in fact just says that that is a matter, without any suggestion that the minister will seek a response to provide back to the house. Perhaps a way through this would be for Ms Pulford to seek a response so that that loop could be closed from the minister directly related to the grant, given that Ms Pulford had said the grant is specific to another minister in the other place.

The PRESIDENT (12:39) — I do understand the issue that Mr Morris raises in the context that he would have expected an answer from the minister, Ms Pulford, on the basis that there was no concern expressed yesterday that this was not within her portfolio, and that does go to what Ms Wooldridge has also indicated. I think that it is a matter of courtesy to the house that if a minister is being asked to respond on a matter that they clearly know they are not responsible for that they might well indicate to the member asking the question that the question ought to be redirected to the appropriate minister. In these circumstances I would ask that Minister Pulford seek a response from Minister Carroll in two days.

Ms Pulford — Further on the point of order, President, I am happy to do that. It was a bit noisy and raucous at various points in question time for which I do take some responsibility, but I was not certain I had heard Mr Morris refer to the company being Melbourne-based in his question. Having had the opportunity to review it I now know that to be the case, and so I did not want to assume that I had heard that correctly. If I had been more confident that I had heard him refer to a Melbourne-based company, I would have certainly made that clear to the house yesterday because that is the point at which these things become clear between ministers.

The PRESIDENT — Thank you. We will get a response from Minister Carroll.

Mrs Peulich — On a point of order, President, in relation to a written response received to a question without notice that I asked on 1 November. The responses that I received from Mr Jennings for both the substantive question and the supplementary question were merged into one, and there was no date given in response to my asking the date that Mr Sidhu left the position as adviser to Premier Andrews. The response that I received was that he left in 2015. I would expect at least a month to ensure that we can pursue other lines of inquiry and investigation pertaining to the matters that I have raised in this chamber and that others have raised in another chamber. I ask that the question be reinstated.

The PRESIDENT — The answer relied on here is that the matter is sub judice. My understanding is that this is an investigation by Consumer Affairs Victoria, which is not a court. Therefore there is no sub judice defence in terms of not providing an answer, so I would seek a reinstatement of that question.

Mr Jennings — It does not say ‘sub judice’, does it?

The PRESIDENT — No, it does not say ‘sub judice’, but it says it would be inappropriate for me to comment on the investigation currently being conducted by Consumer Affairs Victoria. The fact is that our guideline is ‘sub judice’, not whether or not a departmental inquiry is in train.

Mr Jennings — On the point of order, President, I want to be very clear about this. I am not interfering in any investigation run by any statutory authority or any department in question. I am not going to interfere or inappropriately seek any information in relation to a current inquiry by any agency that is acquitting its responsibilities — be very clear about that. I am not going to do it.

The PRESIDENT — That may well be the answer that you provide in the end, but I am reinstating it. I think the question that was put is a legitimate question, and I do not think it goes in any way to undermining the investigation or infringing on Mr Sidhu’s rights as part of this question.

Mr Jennings — On a further point of order, President, just in relation to why I am asserting this matter, if in fact there is any investigation into any matter relating to any member of the Parliament or any individual in the community and I pursued an inquiry in relation to the investigation, then I would expect that I would be subjected to the scrutiny of this house and the potential condemnation of this house for interfering in an investigation. I suggest to you that in fact there is entrapment in what you are asking me to do, and I reject the premise that I am going to interfere and potentially contaminate any independent investigation undertaken by any agency in this state.

Mrs Peulich — On the point of order, President, the question that I seek to be reinstated would in no way interfere with or prejudice the investigation that is being currently undertaken by Consumer Affairs Victoria. Indeed, the answer would allow me to consider further measures that I can take, further questioning that I can pursue, in relation to whether Mr Sidhu’s behaviour was consistent with that of ministerial staff in relation to his other activities. Therefore it is a separate line of

inquiry for which I need a month, or at least a period of time, that he was employed by the Premier’s office.

The PRESIDENT — At this point I have reinstated the question.

CONSTITUENCY QUESTIONS

Eastern Metropolitan Region

Ms WOOLDRIDGE (Eastern Metropolitan) (12:46) — My question is for the Minister for Emergency Services in the other place, and it relates to the future of the former Eltham Country Fire Authority (CFA) fire station on Main Road, Eltham. The site is on prime land and situated near the central shopping strip, but it has not been used as a fire station since the new \$10.5 million station, on which construction began under the former Liberal government, opened for operation in March 2016. Earlier this year the Nillumbik Shire Council agreed to buy the site should the state government offer it for sale. However, local CFA volunteers told the council at the time that there were tensions between them, that station staff had created an unsustainable working environment and that the volunteers would prefer to return to the old site. Now the minister has said the former Eltham CFA fire station will not be sold but that the staff and volunteers will continue to operate from one fire station facility. So I ask: what will the former CFA building now be used for, given the minister says it will not be used for those CFA volunteers?

Eastern Victoria Region

Mr O’DONOHUE (Eastern Victoria) (12:47) — I have a constituency question for the Minister for Energy, Environment and Climate Change. I have received representations from a constituent — and I will not use his name or his exact address — in Ridge Crescent in Mount Dandenong about connecting to mains water. The constituent’s property abuts the William Ricketts Sanctuary. He has previously engaged with Parks Victoria about burying a water pipe in a walkway to enable him to connect to mains water. In 2010 Parks Victoria gave an in-principle yes, subject to a licence agreement. In 2017 they walked away from that in-principle agreement, saying that the impact on the sensitive nature of the William Ricketts Sanctuary would preclude that from occurring.

My constituent does not have access to mains water, and despite writing to the minister he has had no response to his request. So I ask the minister to consider my constituent’s request to be connected to mains water through Parks Victoria land.

Western Metropolitan Region

Mr FINN (Western Metropolitan) (12:48) — My constituency question today is for the Minister for Public Transport. As consultation undertaken by the Andrews government is again a popular topic of discussion, the people of Essendon would like some. The views of the Moonee Valley Council and the Essendon community have been ignored by the government when it comes to the removal of the Buckley Street level crossing. Locals are keen to ensure that the government gets this right and are very enthusiastic about telling the minister how this can be done. Will the minister change her attitude to consultation and speak and listen to the Essendon community on this particularly important matter?

South Eastern Metropolitan Region

Mrs PEULICH (South Eastern Metropolitan) (12:49) — My constituency question is for the Minister for Public Transport, and it is in relation to the possible negative impacts of the sky rail and its possible interference with the operations of closed-circuit TV. Indeed at a recent community forum I was approached by a number of local residents, who claimed that this was the case and that the closed-circuit TV along the line where sky rail is being installed in my electorate is being negatively impacted. This was denied. However, I want to know the facts, and I ask the minister whether she will investigate whether the building of sky rail will interfere with closed-circuit TV and its operations, who will bear the costs of either rectification or relocation of CCTV and what the impact will be on safety.

Southern Metropolitan Region

Mr DAVIS (Southern Metropolitan) (12:50) — My constituency question today relates also to the sky rail project, and it is for the attention of the Minister for Finance, who I believe has responsibility for WorkSafe. There have been a number of incidents along the corridor, and I have written to WorkSafe seeking a briefing on their steps, their work and their responsibilities in these matters. There have been significant incidents, including a bolt falling, a spanner landing on a car and a series of other incidents that have occurred. We saw a cat in a backyard that was covered with hydraulic fluid. What I seek from the Minister for Finance, who is responsible for WorkSafe, is assistance in arranging such a briefing with WorkSafe. I ask him: will he ensure that I obtain a briefing?

Sitting suspended 12.52 p.m. until 2.03 p.m.

VOLUNTARY ASSISTED DYING BILL 2017

Second reading

Debate resumed.

Dr RATNAM (Northern Metropolitan) — We are on the verge of making history in this place by passing Victoria's first voluntary assisted dying laws. Over recent days and weeks we have listened to our colleagues chronicle the passing of their loved ones as well as that of many community members. I thank them for sharing such personal accounts. These accounts have been deeply moving. It has demonstrated that this is an intensely personal decision but not just a personal decision for each of us individually. It is a deeply personal decision we are making on behalf of thousands of people.

Death is indeed a difficult thing to contemplate. As many have mentioned, we do not often talk about death, despite how it shapes our lives. And in not talking about death we do not talk enough about grief. Grief has a lot to do with this debate, and I urge everyone to think about this issue in terms of grief as well. The way a person dies shapes the grief of their loved ones. For those suffering incurable illness and experiencing intolerable suffering, let us turn our minds to the grief they are suffering while alive — and the grief that their loved ones endure — when they are not given the choice over their health. This bill and its purpose have been debated for years. So many of you have listened to the medical practitioners, palliative care specialists and terminally ill advocates share their reasons for supporting or opposing this bill.

Every conversation has reinforced that this should not be an ideological battle about the right to die; it should be a debate about good public health policy. The question that we are being asked to answer is: should people with a terminal illness have the right to choose to end their life with dignity in the least amount of pain and trauma possible, or should this remain illegal? As it stands, anyone in Victoria who assists someone with a terminal illness experiencing acute suffering to take their own life is guilty of a criminal offence. Whether it be a family member or a medical practitioner, even if they are acting out of love and a genuine desire to do what is best for the suffering of a human being, their decision must be tempered by fear of prosecution. Is that how it should be? Do we believe that someone with a terminal illness should be forced to suffer and ultimately die in a hospital despite wanting a dignified death at home at a time of their choosing? If that patient chooses the timing of their death, is it fair that they be forced to do so alone out of fear that their families

could be charged if present? Evidence from other countries where assisted dying is legislated demonstrates that terminally ill people feel a great relief at gaining control over the end of their life. Many of these people may not exercise that choice, but it is the notion of control and choice that relieves suffering and brings peace of mind. How can we look those people in the eyes and deny them that choice?

Assisted dying is Greens policy. We were involved in helping set up the parliamentary inquiry that recommended that this bill be brought before the parliament, and we had a representative on that inquiry. I thank particularly Nina Springle and Colleen Hartland for their unrelenting perseverance and hard work to get us to this point. The Greens believe that people should have choices about their medical care at the end of their lives. This includes the right to end their life in a humane way if their suffering is immense, intolerable and incurable. Of course the choice must be genuine, the safeguards must be sufficient and any laws need to work hand in hand with resources for good palliative care. There are some who have cited their concern that this bill does not protect against all the possible negative scenarios.

We are not fortune tellers in this place. We cannot judge every piece of legislation against the most unlikely and malign possible outcomes that we can imagine or conjure up. Our job is to strike a balance. This balance will help people and their families. That is why it is before us, because of the good that it will do. We have instituted safeguards. A person who is not in a sound frame of mind or is under undue pressure is very unlikely to access the provisions of this bill. It is impossible for a person without a documented and advanced terminal illness to end their lives under this framework. These safeguards are adequate. They are more than adequate; they are some of the most rigorous in the world.

In concluding, I would like to thank my Greens colleagues at all levels of government who have fought for this for so many years and in particular Colleen Hartland, who introduced assisted dying laws into the Victorian Parliament in 2008, nearly 10 years ago. Thank you for your incredible commitment to this issue. I would also like to acknowledge the Minister for Health, Jill Hennessy, for the manner in which she has handled this sensitive and emotive debate. I also thank Fiona Patten for her advocacy and work that has helped us achieve this cross-party support.

Australia is well and truly ready for a voluntary assisted dying law. We recognise that allowing people this

choice is the right thing to do. I am proud to commend this bill to the house.

Mrs PEULICH (South Eastern Metropolitan) (14:08) — It pains me to speak on this bill. In fact I cannot believe that we are here debating this bill with the prospect of it passing. This has indeed been an agenda that has been pushed by the Greens, by Colleen Hartland first of all in 2008 and certainly when the reference was passed through this chamber to the Legal and Social Issues Committee, on which I had the arduous task of serving. I opposed that reference, but I will come back to that. I will speak on this bill in generalities and look forward to the opportunity of speaking on each provision of this bill in the committee stage should it pass on the second reading, and I assume that it probably will.

Andrew Marvell said in his poem *To His Coy Mistress*:

The grave's a fine and private place,
But none, I think, do there embrace.

In the second stanza of that poem Andrew Marvell, the poet, laments the shortness of human life. Some of us who have come from other places in search of safety, security, democracy and freedom of speech, from conflict-ridden places, from left-wing and right-wing regimes, have a very different perspective on life. I would like to commend Mr Elasmar for an outstanding speech, probably the best speech that I have heard in my 21 years in Parliament in parliamentary service. We have heard lots of stories, very sad stories. I cried through most of the debate yesterday, not because I agreed with many of them. I was moved by them, but I was sickened by the prospect and the thought that there are people who think that they are committing a public service by facilitating death.

I am not insensitive to people in pain. Just a little bit of history: my grandmother was diagnosed with tuberculosis back in the 1920s, with no prospect of being cured. Her husband was told to take her home to die. He discovered natural therapies and read a lot. Ten months later he took her back to the doctor; she had been cleared. In this day and age with innovation happening at a fast rate of knots any disease which is considered to be terminal today may well not be tomorrow, so it seems impossible to me that people could actually believe that the prospect of having someone diagnosed with a terminal illness 12 months down the track was an acceptable eligibility criterion.

My mother spent time in a concentration camp. She lost several members in that concentration camp, and others during the Second World War. People like them and like my mother treasure every moment of life, and she

has had the opportunity of coming to a new country, building a new life, raising her children and seeing her grandchildren and even great-grandchildren be born and prosper. My father-in-law and grandfather were in concentration camps also and survived, using their cunning to escape a likely death.

I remember when I was four years of age being gripped by the hand by my mother, encircling a prison in which my father had been imprisoned — so we thought — summarily in a communist regime, and she was racked with fear and anxiety and wanted to just simply find out the status of her husband's life. She spent the last bit of money that she had just to get word of whether he was alive or dead. I will never forget that feeling of anxiety and fear that someone's life would be summarily or accidentally taken. My father died at the age of 63 here in Australia after an eight-week diagnosis. He had palliative care. We are indeed lucky to live in this wonderful country where palliation is available for people facing a terminal illness, a terminal condition, and to be able to have the benefit of managing that pain, managing that distress.

For my family and so many — an overwhelming number — of people from multicultural communities who have come here from left-wing and right-wing regimes, life is precious, and not for one moment do I personally trust any government or government agency to be involved in the making of decisions about the taking of life. When we look at some of our communities and where they come from — Bosnia, Ukraine, Turkey, Syria, Iran, Iraq and many of our African countries and South American countries, where unfortunately in some they have taken to shooting down homeless children to clean up the streets, as well as Sri Lanka and Israel — these are the fears that rack and grip more than 30 per cent of our community.

This affects not only those who have migrated here but their children, whose lives and experiences live on, and we encourage them to remember their history and their past. They are frightened, and I would like to commend all of those who have been brave enough to come out in support of their communities — and yes, many may wish to vilify them as perhaps religious nutters, conservatives or motivated by narrow religious motives — for having the courage to come out and represent those without a voice, and in particular I would like to thank all of those religious leaders who have come out and built bridges and come out together to oppose this sinister piece of legislation.

I was absolutely delighted to see an imam come out with a rabbi, a representative of the Buddhist Society and many others, and Christian religions coming out

together in opposition to this sinister legislation. On top of that there were 101 oncologists, over 100 palliative care specialists, faith leaders across religious divides and people from all walks of life in our multicultural communities. I have in recent times tabled nearly 3000 signatures just from South Eastern Metropolitan Region, and I have received scores of emails, letters and calls all expressing enormous angst and concern about this legislation, which has prospects of becoming a law that is based on so many loopholes, so many subjective and value judgements and little real transparency — a process which I believe has been hijacked and has been driven by the government, supported by the minor parties and by activist groups such as Go Gentle Australia, including their ambassadors.

I was involved in the Standing Committee on Legal and Social Issues inquiry, and could I say it was an entire stitch-up. There were many, many submissions, many of them virtually carbon copies of one another — half-page, one-page and one-and-a-half page letters, very superficial, all claiming this right to personal autonomy. This is about much more than personal autonomy. This is not just about you and me; it is about the people that we represent. If this government and others actually believe in this — again, I find it really hard to understand that anyone could think that ending someone's life, the final solution, is acceptable in a compassionate and civilised society — then the method that they should have taken is either a plebiscite or circulation of a draft bill for everyone to comment on and be able to improve the outcome. The Australian Medical Association opposes it, Palliative Care Victoria opposes it, Alfred Health opposes it, Melbourne Health and Western Health oppose it and not one of the specialist colleges has endorsed it.

I opposed the report of the Standing Committee on Legal and Social Issues basically on three points. Number one: it is far more than just an expression of personal autonomy. It is also predicated on the convenient assumption that people are needlessly dying in pain. If we were talking about India or a Third World country, I would say indeed that is the case. People deserve the very best of medical care and the very best of palliation when faced with a terminal illness or pain. And lastly, that there can be safeguards — the very fact that we have 68 recommendations intended to plug holes in poorly drafted, ambiguous legislation — is evidence of the fact there can be no safeguards. I will use again the committee stage of this debate in order to shine a light on many of those misconceptions.

The real intent of the report on the inquiry by the Legal and Social Issues Committee was to work towards the

establishment of a physician-assisted dying regime. Indeed we had defeated that in 2009, but of course now that we have the minor parties holding the balance of power and the government facing some political challenges, especially in the Northcote by-election, this government is prepared to trade anything in order to save its political hide. The Greens had unsuccessfully introduced it back in 2008, and from the outset I knew what the outcome of this most recent inquiry would be. To say that it was robust is very far from the truth. Indeed there was a strong predisposition by most on the committee towards voluntary euthanasia from the time of the inquiry's establishment as well as, as I said before, an orchestrated loading of the inquiry with pro-euthanasia submissions. This is a common tactic that is used by minor parties in particular to create the impression of overwhelming community support, and it has been effective. We will see this particular tactic or strategy taken of course with other contentious issues such as the drug injecting rooms.

They say there is overwhelming support for euthanasia. There is also overwhelming support for capital punishment, but this Parliament would not legislate for it. I would never vote for it. Why? Because in my view, the taking of a single life, especially an innocent life, is not acceptable. So this notion that somehow just because something has overwhelming support we ought to embrace it is, I think, a very poor argument. Such overwhelming support needs to be questioned, and as I said before, it does not translate to other work that we do.

We generate lots and lots of legislation here. We heard today in question time Ms Patten expressing concern about the fact that persons can access \$500 in order to gamble on pokies and saying she wants it reduced to \$200 a day. From a person who believes in personal liberties, I would have thought that euthanasia posed a much greater risk, although I am no defender of the pokies industry.

The taking of one innocent life — someone's son or daughter, brother or sister, mother or father — is a crime. It is a crime against humanity. Previous inquiries in which I have been involved would have been much more robust than the one that I have been involved in most recently, and can I say I lament the process and I lament the quality of this debate. I will apologise in advance if I am not as civilised or as respectful in my debate. Please take into consideration the views of so many who have come from a very different place where life has a very different meaning.

The Voluntary Assisted Dying Bill 2017 is a sinister bill. It will have a corrosive effect on humanity and the

institutions which have been associated with protecting life and our most vulnerable each day, every day. What does this legislation say about our society, which seeks to characterise the taking of life as an act of compassion? It is a campaign which has so little regard for the truth or fact, which seeks to cloak the debate in words of healing and goodness when in reality its effect and its capacity for the exploitation of the most vulnerable members of our society — the sick, the disabled, the mentally ill, the elderly — at the most vulnerable times of their lives by implementing a state-sanctioned dying regime worries me no end. I am anguished; I am sick to the stomach, and if I faint during the course of this debate, please do not be surprised. The campaign for state-sanctioned death is disturbing, frightening and so well coordinated. For many of us who have migrated to Australia from places of war and conflict, from left-wing and right-wing regimes where the life of a human being is so inconsequential that its taking is commonplace, this direction for our state is indeed frightening.

Again, I want to commend all of those who have come out to rally for the truth, for humanity, for life. I say that not out of any religious conviction whatsoever. I commend them for setting aside their religious differences to unite in opposition to this policy madness. I want to commend all those doctors who have come out in force to oppose this sinister legislation in the context where the call for a state-sanctioned death has now, apparently, become a fad. How can our public debate be so desensitised to the possibility of death and, of course, desensitised to the truth? How can we be so inconsistent in our perspectives and policy, on the one hand talk about introducing drug injecting rooms to save lives or be moved by a rising road toll but think it is okay to sanction the taking of life and be so immune to the facts and blind to the fatal flaws of this legislation or similar regimes in other jurisdictions? Why is it okay to vilify anyone who thought — and, as I said before, not necessarily on religious grounds — that life was too precious to take, and to glorify and lionise its pro-death advocates, some of whom use PR firms to promote its benefits, but at the same time refuse to debate the issues with anyone with an opposite view? And I want to ask the question: who is paying for this?

As I said, yesterday I cried throughout much of the debate. I also cried when Ms Pulford shared the moving story of the loss of a young daughter. As a mother, as a human being, I shared her anguish and her sadness. I can only hope to understand what it would mean to lose a child prematurely. But this bill has nothing to do with that experience, nor does it have much to do with my experiences. We do bring those experiences to this

debate, but one would have thought that we would have learned from history that a state should not be the architect of a dying regime. I was horrified beyond belief that a rabbi recently approached me to advocate for euthanasia, and that two nurses had argued that anyone over 60 should not be clinging on to life because they have had their time.

I cannot understand that a Minister for Health and a Minister for Mental Health would be passionate advocates for euthanasia when their own portfolios are about protecting health, promoting health and promoting treatment, when their own key stakeholders and key officials have had so little involvement in the development of this sinister, frightening piece of legislation. Yesterday I made some calls to what I would have thought would have been key stakeholders who would have had some involvement in this, including the office of the chief psychiatrist, who seemingly had no input into this framework.

A member in the other house argued that opposing state-sanctioned death was somehow paternalistic. I make no apologies for being paternalistic. I am about giving voice to those who are vulnerable, protecting those who need representatives. This is the time for this Parliament to do the same thing that other major parliaments around the world have done. The inquiry and the feedback we have all received on this disturbing bill have been punctuated with stories of pain, real or perceived, sickness and dying, and of course we have all been touched with stories of death because, as they say, in life there are only two certainties: death and taxes. But many stories of painful death, horrendous death, were stories that predated the standards of palliative care we have in this country today. Yes, there are still thousands of people, especially in remote communities, who need better access to palliation, but we in Australia are indeed lucky to have palliative care, for which there is overwhelming support.

I also commend the opposition for increasing its commitments to funding for palliative care. I am strongly in support of recommendations that seek to improve the operation and funding of our well-respected and effective palliative care system. The management of pain, the accessibility and availability of palliative care and its access by Indigenous and multicultural communities are areas where ongoing improvement is occurring and is needed. This needs to be supported to ensure that pain is managed effectively and that no terminally ill person dies in pain. But can we ever guarantee a pain-free death, even under the regime proposed here in this legislation? No, we cannot.

The notion of advance care planning to promote end-of-life choices being made by Victorians is in principle worthy of support. My concern with advance care planning was that it was going to be used as a vehicle for the promotion of physician-assisted dying. That is the reason why in the inquiry I opposed it. I am also concerned that advance care plans may be used to lock in advance care directives, which bind physicians and medical staff to execute wishes which may well be subject to change when a person is confronted by the prospect of death.

My own father had had a rough time. He himself lived through the war, saw his father killed in front of his eyes and in front of his mother and four brothers and sisters. He had said that when his time had come, he would be ready to go. But the funny thing was, once his time had come, he wanted to live every single day just to make sure that he was there with the possibility of enjoying and experiencing the next milestone of his grandchildren — something that he would not have envisaged earlier on.

No person can predict the psychological disposition of a person or his or her will to live or die or propensity to change their mind when confronted by death. Any proposal for a physician-assisted dying regime or a form of euthanasia is invariably a slippery slope. Already Ms Patten and the Greens are canvassing the expansion of the eligibility criteria to minors, perhaps even babies, people who are not terminal, perhaps even people who suffer from depression, the demented and perhaps even the homeless.

People will die as a result of this legislation. It will be through accident, it will be through error, it will be through misdiagnosis. They do now, let alone with a regime which needs 68 recommendations to plug holes in this framework — and of course this is never possible. Any accidental loss of life, even the loss of one life, means that such a regime cannot be justified, just as the loss of life due to capital punishment, deliberate or due to a possible miscarriage of justice, cannot be justified and was the reason for its abolition. Worse still, when a patient is unable to communicate their wishes on life and death issues, can we be confident that the actions of medical professionals or family members will be genuinely motivated by the best interests of the patient, by their wishes or their views? Can the ending of the life of a person, a person who is unable to give informed consent, who may be coerced internally or externally, ever be justified in a modern democratic and multicultural society?

It is even more disturbing to consider the social impact of state-sanctioned assisted suicide. What impact does the promotion of a physician-assisted death regime have on our efforts to reduce suicide, youth suicide in particular?

Public debate on these issues seems to be fairly set. There are a few votes in the swing. All I can say to those who are not completely convinced is: please, think about those safeguards and their adequacy. If it requires a leap of faith to support a call for a physician-assisted dying regime, do not do it. A caring and compassionate society cannot support the taking of life when it is clearly impossible to have safeguards against errors of medical judgement and the accidental taking of human life, let alone the moral arguments which exist against state-sanctioned death, no matter what language of compassion this is cloaked in. Through the availability of palliative care, well-funded and accessible, delivered by caring, well-trained and compassionate staff with all of the sensitivities required by patients suffering terminal illness and their families, terminal patients can be looked after compassionately.

End-of-life directives that exclude physician-assisted death options are the only safe and assured way of protecting and safeguarding against unintended deaths due to human error, accident, misdiagnosis or subjective interpretation to facilitate euthanasia for patients unable to express their views — and that is really the frightening part. And who is to say, as I said before, in being confronted by death or receiving a script which you have filled and taken home, that indeed the condition of the person is not going to change?

The ambiguity in relation to the lethal cocktail of drugs that are going to be used to end people's lives is a huge concern. Obviously there have been no trials, and I think there are just too many uncertainties to be able to agree to this regime, even if you agreed in principle. The horrendous example of the woman in the Netherlands, who reportedly struggled at the last minute in a bid to hang onto life, is a frightening example of what can happen when indeed such a regime is put in place and zealotry overwhelms what should be common sense.

Many of the arguments presented in this debate for dying with dignity were based on a general commitment to principles of personal autonomy and rights. However, a state-legislated regime of physician-assisted dying is not just an exercise of personal autonomy. The implications of such a regime for those who legislate, for those who administer it, for those who may be victims of poor implementation and

for family members who witness the voluntary assisted dying or euthanasia — something not uncommon in society or our hospitals — are too severe, and the recommendations of this report and this legislation must be given closer scrutiny and rejected as a response of a compassionate society.

Pro-euthanasia advocates claim that life is not devalued by permitting assisted suicide and euthanasia. Given that there can never be a guarantee that a regime will never result in a single accidental death, it is cold comfort to those who lose a loved one accidentally as a consequence of such a regime being in place or even having complaints systems in place. The idea of fabricating a death certificate to me is unbelievable. The destruction of documents — for example, in Oregon after 12 months to prevent any type of investigation or litigation — is an example of the reasons why there is no concrete evidence of these systems failing.

Pressuring of vulnerable and sick people is another dimension which is at risk if we cannot fully account prospectively or retrospectively for how these regimes work. Also, there is a risk of creating a society where choosing death becomes an obligation for a patient so as to relieve family of the responsibility and the costs of looking after them — an ill or disabled patient who is consuming resources associated with the continuation of life.

What sort of society are we if we believe that the way of dealing with the problems of suffering is by eliminating those who suffer? Will a pro-death culture be created if we see the ill as being a burden on society, that their death serves to eliminate them or the elderly from our overcrowded hospitals or nursing homes? Such a culture would undoubtedly be corrosive to the trust patients and families have in the medical profession and our health institutions. I personally would not trust or have anything to do with any doctor or facility that has anything to do with voluntary assisted dying or euthanasia.

The respect for personal autonomy enshrined in advance care planning is a means of respecting the wishes of the individual patient who no longer wishes to continue receiving treatment for terminal illness. The refusal of treatment is currently lawful. Any regime which goes beyond this is no longer simply about personal autonomy and raises far too many issues for a compassionate society to contemplate.

Should personal choice, if indeed it is voluntary, informed and enduring, ever trump the potential for harm to others when we are talking about the taking of life? It is preposterous to argue that this is the case with

the growing number of laws we generate in a bid to try and protect people from an ever-increasing number of harms in our society. Is it not the case that euthanasia weakens society's respect for life and the vulnerable and that humanity becomes weaker as a result of it?

Good health care and proper palliative care make for a much more aggressive form of legislation, making the establishment of a state-sanctioned dying regime and euthanasia unnecessary. There is no lawful way or effective way of properly regulating euthanasia. It is for those reasons and many others that I can never possibly support the bill, and I urge those who have not committed to a position to think carefully about the safeguards which are clearly absent.

Ms SHING (Eastern Victoria) (14:34) — I rise today to speak on the Voluntary Assisted Dying Bill 2017, and in doing so I want to begin by acknowledging the vast number of contributions that have been made to elected representatives, including me, in the course of this particular debate. We have seen an extensive parliamentary inquiry. We have seen an expert medical panel's consideration and report, which culminated in recommendations which have been adopted as the basis for this bill.

The nature of the conscience vote afforded to government members in this particular vote is one which I, along with everyone else, have taken exceptionally seriously. In combining the concept of conscience with the role that we have as an elected representative, I have engaged in numerous discussions and conversations with medical practitioners, with ethicists, with community members and with organisations. I have spoken to people who have lost the ones that they love, those who are in the process of losing the ones that they love and those who are facing that journey alone into death themselves — a journey where, despite all of our best efforts, we can only accompany those we love and care for to a certain point.

I am indebted to the many thousands of people across Victoria who have gotten in touch to share their views. My conscience on this matter is infused and informed by those views and by the matters which you have brought to my attention, as you have to the attention of other members in this place and in the Legislative Assembly.

At the outset I want to say that I am so sorry for the grief that has been caused to those who have contemplated dying alone and to the families of those left behind when people have taken their own lives, often in difficult, brutal, violent circumstances. I am so

sorry that they were denied dignity, that they were denied comfort. I am so sorry that amidst the walk into death they needed to take steps alone to avoid criminal sanctions and the repercussions associated with being surrounded by loved ones in that final step to cross the Rubicon.

What I want to focus on today are the philosophical and legal components of the bill and the way in which we must necessarily combine those, like oil and water, with the intersection into morality, into religious belief and into the social contract that all agree to, underpinned in large part by the concept of doing no harm, by the concept of doing unto others as we would have them do unto us and by the concepts of free will, of autonomy and of self-determination.

What we have here in this bill is a set of circumstances that for us here, unless we are ourselves dying, are at their highest hypothetical. We cannot know until such time as we embark upon our own journey toward death how it is that we will feel about prioritising free will and self-determination on the one hand or allowing the processes of physiological decay and decline to determine the time and place of our death on the other. In this sense the task that we have been charged with in examining this bill is one which is full of contradictions. It is full of the need to intersect intellect, philosophy, jurisprudence, law, ethics, medical practice, palliation, technology, community, grief and loss.

The love, however, that sits at the very heart of this debate is what has pulled people in all the directions that we have discussed in the course of this debate — love for our family members, love for our fellow community members, love for those we care about, love for those who will come after us — in needing to ensure that safeguards are adequate. Again, there is the love for those whose pain is intolerable, love for those who are suffering unbearably, love for those who are on a journey that we can but hopelessly and helplessly watch through and with.

I want to talk about the messiness of this conversation that we are having, the necessary messiness of what we are talking about. The beginning of life is not, as many public discourses would have us believe, a sanitised, perfect tale of a stork visiting a family. Birth is difficult. Anyone who has ever been in a labour suite, who has ever given birth themselves or who has ever accompanied someone as she gave birth knows that this process is about bodily fluids on floors and on hands. It is about screaming, it is about noise and it is about viscera. It is about opening our appreciation of life into something which is far more vast and far more

enormous than the everyday of our lives would usually allow us to consider.

Then we are presented with a tiny, fragile, initially limp, but then after poking and prodding and rubbing, bundle covered in vernix and mystery. The smells and the beeps and the glints of needles and vials surround us, and we know that a journey has begun. It is not often an easy journey — sometimes it is violent, sometimes it is fragile — but in that moment we can have a true sense and a true understanding of the miraculousness of it all.

We know about the expectations associated with beginning on that path through childhood, adolescence, adulthood into — hopefully, all going well — maturation, old age and death. It does not always work out that way — we know that; death comes cruelly and often and unpredictably — but in a range of circumstances associated with chronic disease or illness of the nature contemplated by this bill there can often be impossibly heavy and difficult pain. The pain associated with terminal decline is inevitable for many who suffer from specific conditions. What happens when we see people in terminal decline, however, is much the same as the siloing which occurs after the initial birth — after the viscera has been cleaned up, after the medical bills have been settled, after a bunny-rug has been presented and a tale of a stork and a Facebook announcement are given to family and friends: ‘Mum and bub doing well’.

What we see with death is the extension of sympathy, the extension of grief and of loss. It is easy and it is convenient for us to sanitise, to cleanse and to ignore the messiness of it all. It is comfortable for us to do that. It is an easy conversation to talk in euphemisms about life and about death, because for all of our faults we are charged in our core with an innate desire to live and to survive. Our physiology is geared this way.

What we have, however, is the need to make sure in this bill and in this debate and in this conversation that we talk about death — that we talk about death and give it the same degree of weight as we do to other parts of the life experience that we all too often sanitise, that we all too often compartmentalise and that we will all too often cloak in euphemism. We have a fear of dying. We have a fear of our own mortality. It is though even talking about it can conjure up the manifestation of an earlier demise than we might want. We are considered to have lived a successful life and to have enjoyed a good innings if we make it to 80 or to 90, to have had the richness of experience which we understand and expect to be part of contribution and of benefit and that social contract that I referred to earlier.

We enjoy health care for ailments and illnesses as they arise, but inevitably many will get to the point where terminal decline, palliation and palliative care and treatment are a necessary part of the continuation of that life journey.

Medicine is not a precise art. It relies upon the relationship between doctor and patient, between healthcare practitioner and client, and between family members and people associated with a patient to come together. The nature of reading the instinctual cues that are part and parcel of good medical practice, of good patient bed manner, is something that separates the best of our doctors from those who are still learning. What we do know is that medical technology and medical treatment are continuing to make advances every day. We do need to make sure, however, that we never forget that medicine does not always get it right, that our medical practitioners and the very best of care will not always be enough and that it is not always a precise science that will deliver a guaranteed outcome as a consequence of specific treatment.

In the course of this particular issue being debated and considered by the Parliament and by the expert medical panel, one of the things that I have touched on extensively in my discussions has been to better understand the coexistence of multiple diagnoses, including but not limited to mental illness. It is no surprise that people suffering from serious illness and disease will commonly have depression. It is no surprise to note, however, that in a situation where there are multiple presentations a doctor and a healthcare worker and a palliation specialist will in fact take care of the necessary treatments to make sure that the health and wellbeing of that patient are taken care of to the very best extent possible.

I am confident that the safeguards in that regard that are set out in this bill are adequate to cover the coexistence of mental illness in a way that sits alongside a serious illness or disease, and I am confident, because of the oath which is taken by our medical practitioners and the seriousness with which our healthcare practitioners take their role, that the care that is provided in palliative care and the care that is provided in general health care includes the health and the wellbeing of the mind of the patient and that, where necessary, treatment for any depression, anxiety or imbalance is part and parcel of that treatment plan.

Much has been said in the course of this debate about the comfort derived from being able to exercise an opportunity to end one’s life where a patient has received a terminal diagnosis under specific circumstances and for a limited range of reasons. I have

read very, very carefully a number of reviews and research papers that deal with the sheer comfort derived from the capacity to access a substance that will enable one to prematurely or to pre-emptively end their life, and in many cases — often up to 30 per cent of cases — that substance will not be used. I am satisfied based on the detail in the bill, based on the safeguards and based on what has been said in the Legislative Assembly in relation to this debate that the way in which this substance will be provided, will be accessible and must be contained is adequate and is appropriate in the circumstances.

I now get to the personal nature of my contribution. In this regard I have not spoken very often about my late brother, Patrick. Today seems as good an opportunity as any. My brother Patrick was 39 when he was diagnosed with prostate cancer. This time two years ago I combined the everyday of my job, of my work — of coming here to Parliament and participating in the legislative process — with going to his small flat in Parkville to provide care for him as he lay dying. His prostate cancer was a particularly aggressive version. He rewrote the medical books. He was a surprise to everyone.

He went so quickly from running marathons, from practising as a lawyer and from writing, in a sweet coincidence, a pre-doctoral essay for Oxford on free will and self-determination — he went from being one of the smartest, most assertive and most philosophical and ethical minds that you could ever meet, an active participant, a man whose road racing records still stand in the outer eastern suburbs — to someone whose body was ravaged. Prostate cancer loves bone — it loves bone in the way that fire loves kindling — and it eats it. My brother was eaten by this cancer. It came up his legs. It removed his ability to move. He became bedridden. It made its way up his spine, into his neck and around his skull.

I watched his decay and his decline, and every day and every night my family and I would return to his little flat in Parkville and we would provide him with the best care that we thought we could, along with the excellent assistance of palliative care teams and his specialist team of doctors. But we were helpless, and we were hopeless because there are certain pains that cannot be treated or alleviated with the very best of the medications, of the analgesics and of the sedatives that are available. Bone pain is one of those pains. Nerve pain is another. As my brother lay dying with his useless legs and his view out to Princes Park, we provided him with everything that we possibly could, knowing that that was not enough. The best pain medication that he had turned out not to be morphine,

because it did not provide him with the relief that he needed; the best pain medication that he had ultimately turned out to be Nurofen, a low-level anti-inflammatory.

He busied his time and his days with the slow movement from task to task. Time stopped being about the clock that we use in our busy everyday, and for him and for us it became about moving from health task to health task of bedpans, of changing sheets, of tubes, of cleaning, of rest and of making sure that he could fulfil his own wishes as they related to letters of farewell, as they related to making sure that his own desire for the thoughts and the work that he had put in to better understand free will and self-determination could go on.

He charged me, rather unfortunately for me, with the task of finishing off his pre-doctoral essay for Oxford on free will and self-determination, and I cannot hope to finish it. I cannot hope to finish it because, for me, the issue of free will and self-determination can only ever be written by the person who is at the heart of that particular issue. That essay is his, and it is half written and it will always be half written. There is no amount of footnotes that can in fact involve two authors in what it was that he was in the middle of creating when he died.

So we nursed him around the clock, and I would come here and I would be within the throes and the banality of everyday life, within time frames that are understood to be clean and sanitised and proper and good and all about the primacy of living, and then I would return to him, to the two top shelves of his refrigerator filled with more serious medication than anyone could ever wish to have contact with, and I would change him and I would talk to him and I would read to him, and this is the closest that I have ever been. Even then, it is still a hypothetical for me because that was his experience.

The banality of all of this, the ordinariness of all of this — of my experience of grief, of his experience of death — is also something which warrants consideration, because there are thousands and thousands of people around Victoria who have been through this journey themselves, who are in the process of going on this journey or who are yet to encounter it themselves but know that it is imminent.

Patrick wrote a care plan, and it was contained in four pages as a pro forma document. He wrote it in his spidery handwriting that became shakier as the days went on, and it was stuck on his door with small dabs of Blu-Tack. He wrote that, of the things he most valued in life, independence, control, comfort, purpose and relevance were his priorities. I have to say in this regard

that they are fine priorities, and as a hypothetical I would enjoy them myself. In answer to the question, ‘Things I would like known that may help with future medical decisions, including situations that I would find overly burdensome in relation to health care and/or specific treatments that I would not want’, Patrick wrote, ‘To live in pain, to live without purpose, to be a burden on friends and family, to live without being able to make a contribution, to be bored, to prolong life unnecessarily’.

There is no amount of academic discourse that can enable us to gain the sort of insight that can only be gained when we are on this journey ourselves. There is no amount of work that can ever make a system such as that being proposed in this bill absolutely foolproof, but to live in the shadow of fear and to be so intimidated and so hesitant about progress to ease suffering would in fact deny so many thousands the right to a good death, the right to not die alone, the right to die on one’s own terms.

I cannot think of how I would want to die in a situation akin to my brother’s. I cannot because I do not know the nature of the intolerable suffering that he had, and I cannot because the nature of intolerable suffering is so subjective. I used to hear him weeping at night in his room when he thought that I could not hear. In grief and in loss and in sadness, he watched his body decline and he felt the loss of words that usually came so easily and so beautifully to his tongue — he felt them disappear. And on 18 December 2015, on a blazing hot day, he died just after 10 o’clock in the morning. And then after the shock of us walking right to the edge of that end of life in the same way that so many do at the beginning of life in a birthing suite amidst that mess and that chaos, we sat in shock, wondering what to do next. I remember thinking that for a 42-year-old man he looked so much like the little baby that he had once been, and at last his face that I had gauged for pain signals for so long was unlined.

Then, once the initial shock had worn off, the normality crept back in and we needed to clean and we needed to make arrangements — ‘making arrangements’, the nature of euphemism again. To make arrangements while every sinew in your body is crying out with loss and with love and with anger and with rage. There has to be a better way; there has to be a better way to talk about death; there has to be a better way to minimise suffering. I appreciate that I am going over time but I will ask for a couple more minutes indulgence if I may.

Leave granted.

Ms SHING — We need our lives to count for something. When I came here I was resolute that the nature of my contribution here would be the best that I could possibly provide. I made a commitment to myself that I would do my best to be a signpost rather than a weathervane and to bring intestinal fortitude and authenticity to this role. This conscience vote has allowed me to do it. This conscience vote has allowed me to understand in fact that this is not about me, as so many other speakers have said. It is not about my brother. It is not about anything more than doing our best to come up with a hypothetical solution and a set of circumstances that can alleviate the pain of those who most deserve the choice, to prioritise free will and self-determination. In this regard all we can do as parliamentarians is our best. All we can do as human beings who are trying to combine the oil and water of legislation and law on the one hand with human emotion on the other is our best.

I want to commend this bill to the house. I want to commend everyone who has made such profound contributions to this debate. I want to commend those who have been brave in talking about death. I want to urge you to continue, because this is how we do our best as a society in all of the obligations that we carry, right through from that bundle of joy and mystery at the beginning of life to the end of it all in a hospital bed, with a small curled hand around yours. I commend the bill to the house.

Mr ATKINSON (Eastern Metropolitan) (15:02) — We have had some remarkable speeches in the course of this debate. We often ponder the meaning of life, the purpose of life, and here we are asked to contemplate the meaning of death, the purpose of death, and the right of an individual to a dignified passing with minimal suffering and anguish both for themselves and for those that they love. Speakers in this debate have understood and reflected upon the suffering of many — many people known personally to them, many people that they have loved — including of course Ms Shing just now. Many of us have seen intolerable suffering. Some of us have been forced by personal circumstances to confront our own views on what we would want.

Most people in this debate have acknowledged that palliative care does not work in all cases. Indeed an Australian Medical Association (AMA) survey, which does have integrity, indicated that 70 per cent of respondents agreed that palliative care could not treat all suffering. Incidentally the same survey found that 51 per cent agreed that euthanasia could form a legitimate part of medical care. That is in contradiction to some of the comments made in this debate. This debate is really about two perspectives of compassion,

caring and love. It is about the right of an individual to make their own decisions and choices. It is a very raw debate. It challenges our belief systems, our guilt, our motivation in insisting on keeping alive a loved one who wishes to end their suffering, our preparedness to let go, our desire to hold on.

This has been Parliament at its best. This has been our committee process at its best. This is indeed landmark legislation that has only been approached once before in Australia, and that was for a brief period in the Northern Territory before the federal government intervened and overrode legislation that had passed the Northern Territory Legislative Assembly.

I extend thanks to the Minister for Health, Jill Hennessy; to Brian Oowler, chair of the Ministerial Advisory Panel on Voluntary Assisted Dying; and to members of the committee, and particularly the staff of that committee, that undertook the inquiry that has led to this legislation. I extend my best wishes, my thanks and my gratitude to the electorate office staff of all members, who have dealt with such an extraordinary level of submissions from the community, some of it very confronting and some of it over the top, as Mr Ondarchie said. It was interesting to me that perhaps some of the most intemperate communications with my office came from people who professed to be Christians. The God that I grew up to know is a God of inclusion, of compassion and of tolerance, and perhaps some people might take away a little bit of reflection from this debate.

I thank the MPs who investigated the issue and the many organisations and individuals who have provided their views. Can I assure them that I have read all the emails. I have answered most of them, except for those in the last few days as this debate has approached. I met with organisations on both sides of the debate. I have declined to meet with all of the organisations simply because I did not have time to do so. I guess in some respects, I, a little like Mr Ramsay, perhaps faced a greater requirement to meet with organisations because I had indicated that I had not made up my mind.

As a liberal I believe in choice, the right of individuals to make their own decisions in life. I also accept the responsibility, though, to protect the defenceless and the disadvantaged, who also have a right in any debate. There has been a religious dimension to this debate, and it occurs to me that at the end of the day death is a matter between you and your Maker, if you are of a religious persuasion. There are no intermediaries, whether they be medical intermediaries or whether they be priests or other people who are involved in your

spiritual guidance. At the end of the day, it comes down to you and your Maker.

There are technical aspects to this bill that have concerned many members. But there has also been a recognition of the support that the community has for this bill. Whilst there are deep reservations by some opponents, the fact is that this bill does express a concern about circumstances that exist at this time. The integrity of the framework that is put in place by this bill is an issue for some members. But indeed there are significant safeguards included in this legislation, and at the moment there are people whose lives are being ended through euthanasia with no framework at all. The people who are dying and taking their lives now to alleviate suffering do not have the benefit of a legal framework and often are forced to end their lives in a way that causes greater grief to their family, that does not have a reconciliation with their family, which puts them in an invidious position.

There are doctors and medical staff who are assisting in many instances without any legal framework at all or protections as they work to alleviate suffering. It has been pointed out there are no prosecutions for those medical people. That is true because it seems that most of us are comfortable in turning a blind eye to what is actually happening, to retreat behind our brick veneers and say what a shame it is and that someone should have done something about it, to pretend that palliative care would have averted the death.

Palliative care is not just pain management. The organisations involved in palliative care in this state do a great deal of fantastic work, not just with the person dying but indeed with their families and their friends. It prepares those families and loved ones for the impending death. It provides strategies to deal with the grief. It reconciles families with patients in many instances, and it provides closure. Indeed, a range of programs are designed to actually help people in a very difficult period. I know that Eastern Palliative Care, for instance, has music groups and organises for people to prepare a life story that will be available to the generations to come.

As has been mentioned in this debate — and certainly I ascribe to this — palliative care is not an either/or issue. It is part of the process and it ought to be part of the process, and it deserves to be improved, as indeed many members are committed to in this place. But, as I indicated, 70 per cent of the doctors in the AMA survey said that it will not help everyone. That has been conceded in debate by many as well.

I just received a message from a friend of mine, and the point she made was: well, you know, you can provide drugs so that people lie there comfortably without pain — and I think to myself: to drug a person to the point that they are comatose is hardly compassionate. Who is it for? Why do we do it? What do we do it for? Is it for us, or is it for them? It is fine to provide that sort of administration of care to a person if that is what they want as well. But if they find that the pain is intolerable and they want to make a different choice, then is it fair for us to impose our choice on them?

There have been a lot of inflammatory terms used in this debate by people who have opposed this legislation — the concept of state-sanctioned suicide. Yet medical intervention in circumstances of interminable suffering and imminent death to alleviate suffering is hardly state-sanctioned suicide. Indeed, it does enjoy as a concept the support of many clinicians, of many people in the health industry.

There have been claims in this debate about the majorities of people who support or oppose. The fact is that nobody can claim a mandate, clearly, on this issue, because just as the Catholic Church might say, ‘Well, we’re opposed to it, and all of our parishioners are opposed to it’, the fact is that they are not. The fact is that there are many different views, and, as some members have pointed out, indeed when it comes to the detail of this legislation some of those views may shift. For many people this legislation does not go far enough, while for others it goes too far. It is not surprising that there are different views in the medical profession in particular and in religious communities, because it is — as I return to that initial statement — about compassion, caring and love and how you define the delivery of that support to somebody facing imminent death.

It is easy for some of us perhaps to take an individual position, even based on our own touch points in life — the people we know or perhaps our own direct experience. But we come here as representatives, and we come here as people who need to draw on the experience, knowledge and views of many others. That is one of the reasons why this debate is so difficult for all of us. It puts us in a position where we know the diversity of opinion. We know some of the challenges in terms of getting it right. There has been reference to the 68 safeguards and criticism of the 68 safeguards in the course of this debate. I cannot think of any other legislation that I have dealt with in 25 years that has had so many safeguards, where there has been such an effort to try to put in place a piece of legislation that will do its best to deliver on its purpose but to ensure that it is not abused.

It is a difficult debate. Doctors are not infallible. Their predictions of how long someone may or may not continue to live are always going to be at best educated guesses, as other members of this chamber have indicated in their contributions. But in that context, the person themselves is the one that is making the decision, and if they outlive the prediction of a doctor then they will be delighted, as will their families be delighted. Indeed my view of people is that they will strive to outlive those predictions. They will strive to continue to participate with their family and friends in all the good things that life has to offer, but at the end of the day some of them who cannot alleviate their pain and suffering through palliative care or any other means may well want to make a choice to alleviate their pain by passing with dignity.

As members of Parliament and as lawmakers we actually cross many Rubicons in politics and in public policy. The judgements we make on the prospect of any legislation very often contains many what ifs and perhaps unintended consequences, but that ought not stop us from challenging those frontiers, from looking at what we must do to meet the needs of our community, the aspirations of our community, and to honour the choices that people want to make in their lives.

There are explanations that I would like to see in the committee stage of this debate. I am particularly keen to understand the difference between some of the parliamentary committee’s recommendations and the proposed legislation. I am keen to understand that there is every safeguard against coercion. My concern about coercion is actually more in terms of the aged-care facilities that people might reside in where they feel particularly vulnerable, isolated and disconnected. I am more concerned about those settings and the mindset of people in those settings than I am about the role families might play in this situation.

I am keen to see a cause of death on their death certificate that accurately reflects the decision that has been made. I am keen to honour the conscientious objections of doctors and medical staff. I am keen to understand that the person who is making that choice has mental competence and is not suffering from depression. I am keen to understand the efficacy of the medicine and to ensure that there is full information, counselling and an understanding of all of the support that is available to people so that they make an informed choice if they do make a choice.

I am concerned about the definition of ‘Victorian resident’, because one of the real issues that I have in terms of some of this debate is that I believe it should

have been approached as a national debate rather than to have state-by-state involvement in whether or not we extend this option to people, because it seems ridiculous to me that a Victorian might have an opportunity if this legislation is passed, but in the neighbouring states of South Australia or New South Wales they would be denied that opportunity. But I certainly do not want to see a migration pattern that develops simply for people to avail themselves of this legislation. I do note that both New South Wales and Western Australia are currently also considering this type of legislation.

I am keen to understand that the insurance industry will respect the legislation and respond appropriately without withdrawing its support of people who have contributed to life insurance and have sought to provide comfort to their families when they are gone.

And I am certainly concerned about the retrieval or the return of an unused locked box, if that is to be the method of people accessing the opportunity provided by this legislation, if it passes. I am particularly concerned about the locked box in some ways myself, and I would probably prefer for medical assistance to be provided at this time under supervision than for somebody to go away and do it by themselves, although I understand what that is about. I just think that there are concerns with people perhaps not being able to do it themselves at home when they wish to. In that sense I am worried about the box, but at the same time it occurs to me that people in their medicine cabinets already have enough drugs in ordinary pharmaceutical-dispensed items to actually effect this decision if it is their choice. So I accept the proposition that is put.

Can I indicate that there has been some reference to the Hippocratic oath and to the position of medical staff. I have read it, and I have read the code of conduct and the code of ethics that the AMA has, as well as documentation that has been adopted by the medical profession in Geneva previously. There is an interesting statement — the one adopted in Geneva. That statement, which the medical profession abides by as a modern version of the Hippocratic oath, is:

If it is given me to save a life, all thanks. But it may also be within my power to take a life; this awesome responsibility must be faced with great humbleness and awareness of my own frailty. Above all, I must not play at God.

I intend to vote in favour of the second reading to give this bill a chance to proceed to the committee stage, to be tested, to be explained and to be understood, because apart from anything else, even if this bill does not pass this house on this occasion, I think that it is important

for future reference and for the community to actually understand this whole euthanasia debate: its complexity and the attempt that has been made by the government on this occasion, with the support of many members and the support of many people in the community, to try and address dignified death for people to choose how they should pass.

Mr JENNINGS (Special Minister of State) (15:28) — My colleague the magnificent Minister Hennessy in the other place when she was called to sum up the second-reading debate in the other chamber described this as her duty. This is my duty and my responsibility to do the summing up of the second-reading debate. As far as I am concerned, it is my duty to convince the chamber today to pass the second reading to give us an opportunity to go to the committee stage. A number of members have said that they see the great opportunity for us to tease out issues that have been raised in the second-reading debate, to actually test the rigour of this legislation, to actually see what its strengths and what its potential improvements may be and to put it in a form that we as legislators can have confidence in going forward with into the future.

So today our sharp focus is to get through the second reading to allow that opportunity for Victorians to test this piece of legislation. Let us just see what can be delivered in the name of empowering our citizens and giving them greater choices at the end of their life and comfort not only to themselves but to those who love them and to the ones who care for them, whether it be in a family or friendship connection or whether it be in a professional connection. At every stage a professional who is providing support to an individual at the end of their life needs comfort, support and structure in terms of a regulated environment backed by legislation, backed by resources and backed by good practice to be able to deliver the top quality care that people who live in this state have every right to and that we have an obligation to provide for them into the future.

The person that I want to quote in relation to my contribution is Mr Finn, who indicated that he was overwhelmed by the responsibility of rising to his feet. The first sentence that came out of Mr Finn's mouth was about how overwhelming he found this experience and his obligation as somebody representing his community and representing his value system. It is a similar concept to the one that Mr Purcell introduced when he talked about recognising the extraordinary gravity of the task, where it is incumbent upon us to take up our responsibilities to deal with these issues.

I join them in those feelings. I know that whether people called it out as being overwhelming or not it was

a permeating sense that ran through virtually everyone's contribution to this debate. I want to say wholeheartedly to Mrs Peulich: I understand there are a whole variety of reasons why you find this debate particularly disturbing and distressing for you and your value systems. I take absolutely no comfort in the fact that you and I may disagree on this subject, and we may spend a lot of time in committee, if we get there, teasing out not only our philosophical differences but in fact what should be the integrity of the best piece of legislation that we can pass.

The second comment from Mr Finn was that he called out something that many other members of this chamber called out — that is, that this debate provided us with a positive opportunity to discuss something that we do not talk about enough. We do not talk enough about death in this community. We do not talk about the way in which we can embrace, support and provide the best structures — by legislation, by program, by compassion — of intervention for citizens at every level in our community. To be able to discuss death and caring issues is something that we do not do enough. Any number of people who have contributed to this debate have identified that and have called it out.

Many people have then gone beyond that to talk about the life cycle, the cycle of birth to death, and in fact how we are genetically predisposed to want to live. Have no doubt about that: in every instance of our DNA, in every bit of our human development, people want to live. They want to live rich and fulfilling lives. They want to embrace the opportunities that life affords them. Many people in our global community are denied that opportunity each and every day, but in this society we are blessed — in this society we have the opportunity to maximise our correlation with the good life right until the very end of that life. The extraordinary contribution of my colleague Ms Pulford in relation to talking about the end-of-life experience for her beautiful girl, who embraced life right to the last second, was actually the embodiment of what a good life should be in this society.

We all have our way in which we got here. I will not go through my personal circumstances. If anyone is interested in the death of my mother, which I referred to in my contribution to the debate in 2008, it is on the public record; if you are interested in it, go and have a look. When Ms Hartland brought in her bill I voted for the second reading of that bill; I was happy to support the second reading for the reason that I am encouraging you to support the second reading of this bill — whether you are going to knock it off on the third reading or not, to support it at this stage — because in

fact we should tease out the way in which we can get the best piece of legislation up.

When my mother died it was clear to me — I have no doubt about it; I can still see her eyes that made contact with mine — that she not only wanted to die then but had wanted to die for years before that. But I am not necessarily driven exclusively by that powerful, enduring experience. I am fully aware that the bit of my father's life that gave him redemption in his life, the most redeeming part of my father's life, was when he cared for my mother in the last 10 years of his life. In fact that experience made his life worthwhile. So even in those tragic circumstances there are two parts to that story, and they are inextricably linked.

I am also aware that when my son's grandfather died in the last few years — a beautiful death at age 96; a death that was peaceful, calm and of his choosing — there were many, many instances of the fact that he received the care he wanted. It was not formalised. He was not backed up by legislation. He received the care that he wanted. He was allowed to go in this state, just as many, many other people in this state are allowed to go, regardless of how formal that may be. We are looking, through this piece of legislation, at formalising what happens in this state each and every day. Many people can actually turn a blind eye to that. They can conveniently describe the difference between what is on the statute book and what is not on the statute book, what is murder and what is not murder, but the reality is that each and every day people are allowed to go; passively, and sometimes a little bit more than passively, they are allowed to go.

So, yes, personal experience does drive views. Many, many moving contributions have been made by people in this debate in relation to their personal journey — how they have embraced the deaths of those around them that coloured their view about what is a good death. In fact my colleague Ms Mikakos talked about what a good death is in a literal interpretation derived from the Greek. It is very important for her to tap into her heritage, her value systems, in relation to what is a good death. In terms of the journey that Ms Pulford went on and the difference between her experience and how she voted in 2008 and my journey, our personal journeys do colour which way we may vote on this piece of legislation, but it is not exclusively what drives these decisions.

Indeed, I think one of the uniting things in every single contribution in this chamber has been our unswerving, clear determination to make sure that we support palliative care. There has been not one person in this debate, regardless of their vantage point, who has not

spoken in support of palliative care; they want to actually make sure that palliative care is available in this community and that in fact it satisfies the needs of all members of our community, who deserve top quality, accessible palliative care. In fact it is irresistible for me to actually remind us of what Ms Pulford said as recently as yesterday:

You will find no bigger fan of palliative care than me ...

... if I had to describe palliative care in a word, I would say it is empowering.

In fact may I rejoin to you and actually say every piece of what we are discussing today is about empowering. My colleague said:

I love palliative care. It is a ray of sunshine on the darkest, hardest days. For people who are dying, they and their loved ones are thrust into a strange world of doctors and nurses, social workers, drugs previously never heard of, scans and tests in machines referred to by their acronyms.

Should we do more for palliative care? Of course we should. All of us agree — 100 per cent we agree. In fact again I go back to Mr Finn's contribution. In Mr Finn's contribution he asked, in absence of his confidence about whether we are going to enhance palliative care and support palliative care in the future: is all we are offering suicide? He said if that is all we are offering then in fact we are not going to pass the test. Well, we are not going to pass the test, Mr Finn. You are quite right. That test is a valid test if in fact that is the perception that you or any other member of this chamber or any other member of the community is concerned about — that in fact your interpretation of what we are doing here in this legislation is suicide. Some have described that as provocative; I actually understand that may be how you feel about it. My response to you is: we have an obligation to do better in relation to palliative care and we have an obligation to make sure that members of our community feel supported.

In fact Mr O'Donohue identified in his contribution a number of people who are opponents of this bill. The federal president of the Australian Medical Association has actually acknowledged, even at the moment, where he and others invest significantly in relation to the way in which palliative care should do all of the work in relation to this issue. Mr O'Donohue reminds us that Michael Gannon in his submission to the end-of-life choices inquiry said:

... the AMA recognises that good quality end-of-life care can alleviate pain and other causes of suffering for most people, but there are some instances where it is difficult to achieve satisfactory relief of suffering.

Well, in fact that is an interesting concept. It is an interesting recognition that in fact, regardless, the people who are the prime advocates of palliative care as being the total solution acknowledge it is not the total solution. It is not the total solution. One of the reasons why it is not the total solution is that, as many people have indicated in their contributions to this debate, we can make judgements not on the basis of the quality of that medical intervention or of the quality of palliative care but on whether in fact our pain and suffering and, most importantly, our dignity and self-respect are actually being accounted for. That is the critical test.

It is the critical test that Ms Shing identified in her contribution in so lovingly telling the story of her brother Patrick. She indicated that all of us can enter into this through the prism of compassion, of intellect and of philosophy, but none of us will know where our personal journey will take us to — our personal response to our circumstances — because ultimately we are individuals of a unique experience that will determine our view on this subject, our individual view on what is the right thing for us. And nobody else can make assumptions about what your own individual personal circumstances and your journey will take you to or about what you think addresses your pain, your suffering, your self-respect and your sense of empowerment over your life. No-one can anticipate what that may be.

This has been a very difficult exercise, and a number of people, particularly those who talk about their Liberal Party philosophy and the Liberal Party traditions, have not been able to reconcile this point of view. A number of Liberals in this debate have actually called it out: 'We actually respect the right of individuals to determine their own fate — right up until the end'. Unfortunately some of the people who would passionately talk about the expression of the individual and the individual's rights right at the end blink, because in fact it is a painful, fearful thing to contemplate what the circumstances of that last final act of self-determination may be. I am sorry for people who actually find that terribly confronting, but that is obviously something that is particularly confronting.

And it is also particularly confronting — actually I called it out before — what actually happens in this state each and every day with people either passively or actively being assisted to go. There is a lot of denial about the state of medical practice and the state of the law in Victoria as it is, and indeed Mr Rich-Phillips in his contribution last night referred to a comment that the Premier had made in the other chamber. He indicated that he thought that the Premier was

disingenuous when in the Premier's contribution he said:

... this legislation will not introduce assisted dying in Victoria, because assisted dying is already happening in Victoria.

Not only would I agree with the Premier but I think Mr Rich-Phillips could actually make himself more aware of what practices actually may occur in our health services each and every day, and he could also be mindful in going back and listening to the contribution that Mr O'Donohue made on this subject. Mr O'Donohue actually posed a number of questions in his contribution that I thought were particularly relevant. He actually identified the following:

It is currently legal for a patient or guardian to approve the turning off of a life support system or a ventilator, with death the inevitable consequence. It is lawful to refuse treatment or nutrition, with death again the inevitable consequence. A patient can request not to be resuscitated, even though their death is again the direct result of that decision.

Mr O'Donohue said:

I am yet to hear those who say 'Choose life' express any ethical problem with these choices and options I have just described, even though they result in certain death. Do those who are opposed to this legislation suggest that double effect or palliative sedation devalue life, even though they shorten life? No, they do not, and I contend that neither will this legislation if passed.

I actually think Mr O'Donohue captured very, very nicely what the current practice is and what the current laws of this land say. And thank you, Mr Rich-Phillips, for coming back into the chamber, because I was calling out something that you indicated might have been disingenuous to indicate — that in fact there is a lot of practice and a lot of law in this state that actually proves the Premier's comment that assisted dying is already taking place, although not recognised by statute. That is what happens in the state of Victoria each and every day.

A number of people have referred to the inevitability and the slippery slope of what may occur. Many have described this legislation as the most conservative in the world in relation to the way in which it is constructed, which I am reluctant to do because I think that does not mean anything in its own right — 'the most conservative'. I think the real test is in what Mr Atkinson described as the 68 interlocking elements of safety net provisions, which relate to the approval process, the reliability of the approval process, the appropriate referrals, the clinical considerations right through to sanctions that may apply for breaches of the piece of legislation, whether they be through coercion or whether they be through a lack of medical or

professional standards, and even the idea of who initiates the conversation of how voluntary assisted dying might be pursued. There are sanctions in place, there are protocols in place, there are guidelines in place. So whilst it is conservative because it has a number of those elements, I do not think that that is the job done in its own right. I think we still need to tease this out and provide comfort in relation to how that will actually work in practice — hopefully through the committee stage — to make people feel more confident that that will be achieved.

I am sorry, Mr O'Donohue, I have actually gone to your contribution in a number of instances, but it draws attention to the quality of your contribution in relation to some of the arguments that were mounted. I think it is very important for a number of your colleagues to perhaps apprise themselves of what the evidence is in relation to the slippery slope question. You were able to identify, and in fact Ms Symes and Ms Patten were also able to identify, through the experiences of the Legal and Social Issues Committee, that in Oregon the situation was not as has been indicated in this debate by some members.

This is a jurisdiction where this type of legislation has applied for more than 20 years and has been afforded to the citizens of Oregon, and in fact at the moment only 0.4 per cent of deaths that occur in that very, very mature jurisdiction of people who die under an assisted dying framework — that is four deaths in 1000 — come as a consequence of an entry point into the assisted dying framework. For a 20-year experience, that does not seem to be as slippery a slope as a number of people have suggested.

In this debate a great number of reconciliations occurred for a number of people in their contributions to the debate about their faith and what it means when it intersects with this piece of legislation. Indeed a number of my colleagues have referred to their way of grappling with their understanding of their faith and their understanding of their value system and how it intersects with the compassion and the consideration of how this matter should be addressed. My colleague Mr Leane in his contribution called out that perhaps not enough people in this debate had actually tapped into the faith-based nature of their contribution and were running proxy debates in relation to the way in which the bill will or will not work as distinct from calling out what their contribution was basically about, which was a profound faith-based response that would prohibit them from being able to contemplate —

Mr Finn interjected.

Mr JENNINGS — Well, Mr Finn, in your contribution you identified that there were two sorts of people who would support this bill, I can assure you. You confidently asserted there were two sorts of people who were proponents of this bill, and I was not in either category. So I am just saying to you that I do not have any difficulty in recognising and respecting people's faith; I do not have any difficulty in respecting your faith or anybody else's faith in relation to this. It is quite a legitimate position to bring to bear. I do not know why a number of people ran away from it. That is all I am indicating, and that is what Mr Leane indicated.

Honourable members interjecting.

Mr JENNINGS — If you want to take up the opportunity to talk about faith-based matters when we go into committee, let us do it then. Let us do it. If you have an unmet desire to address those issues from my vantage point, you are welcome to pursue them and pursue them at length, and I will treat them with respect —

Mr Finn — You're not doing a very good job at the minute.

Mr JENNINGS — Well, let me see if I can pass the test in the committee stage. That is my challenge to get there and to be able to do that.

Mr Finn — If it's going to be like this, let's forget it!

The ACTING PRESIDENT (Mr Elasmr) — The minister to continue through the Chair, please.

Mr JENNINGS — A number of people talked about the extraordinary process by which we have got here. They talked about the significant amount of work that the parliamentary committee undertook — the thousands of hours, the community engagement, the research papers that were brought to bear. For anybody who wants to find out how extensive that consultation was — both at the level of the parliamentary committee and at the level of the consideration of the expert advisory panel — that is there for all to see.

This is not a debate that has just arrived on the horizon of the Victorian community or the Australian community. Indeed the Australian Parliament has considered this matter. They have every right to consider this matter, but I do not think they have the exclusive right. I do not quite share the view of the President that we have to wait for the commonwealth jurisdiction to get around to this, because if we were to do that, we may be denied an opportunity. Under the Australian constitution and the way in which our

federation works, we have every right to consider these matters and to regulate them in our state.

Does it mean that the legislation is in the form that it has to be in, that it should be in and that it cannot be improved? No, it does not. In fact a number of members in their contributions have indicated that they have concerns about the way in which it will be put into practice, whether the scope is wide enough or too narrow, or whether we should have more confidence that there will be alignment between the quality of care that is wrapped around those who want to exercise their choice and their decision-making, and we will tease those out in the committee if we are afforded the opportunity to. The government is prepared to consider them on their merits and work through them with this chamber.

The most important point that I want to conclude on is ultimately the reason why I have absolutely no qualms about reconciling my lifelong commitment to values of empowering people through every aspect of my political life to give them the dignity that they deserve for as long as can possibly be achieved and to maximise their opportunities for choice, self-respect and regard, and their empowerment. If that provides comfort to them, their families, their loved ones and those who care for them, that is what this piece of legislation is about. That is why I commend it to the house.

House divided on motion:

Ayes, 22

Atkinson, Mr	Patten, Ms (<i>Teller</i>)
Dalidakis, Mr	Pennicuik, Ms
Dunn, Ms	Pulford, Ms
Eideh, Mr	Purcell, Mr
Gepp, Mr	Ramsay, Mr
Hartland, Ms	Ratnam, Dr (<i>Teller</i>)
Jennings, Mr	Shing, Ms
Leane, Mr	Springle, Ms
Melhem, Mr	Symes, Ms
Mikakos, Ms	Tierney, Ms
O'Donohue, Mr	Wooldridge, Ms

Noes, 18

Bath, Ms	Lovell, Ms
Bourman, Mr (<i>Teller</i>)	Morris, Mr
Carling-Jenkins, Dr	Mulino, Mr
Crozier, Ms	Ondarchie, Mr
Dalla-Riva, Mr	O'Sullivan, Mr
Davis, Mr	Peulich, Mrs
Elasmr, Mr	Rich-Phillips, Mr
Finn, Mr	Somyurek, Mr (<i>Teller</i>)
Fitzherbert, Ms	Young, Mr

Motion agreed to.

Read second time.

Ordered to be committed next day.

ADJOURNMENT

Ms MIKAKOS (Minister for Families and Children) — I move:

That the house do now adjourn.

Shepparton rail services

Ms LOVELL (Northern Victoria) (16:00) — My adjournment matter is for the Minister for Public Transport, and it relates once again to the deplorable train service currently available to the Shepparton community to and from Melbourne. Minister, in comparison to the return train services to Melbourne available in other regional cities like Bendigo, Ballarat, Geelong and Traralgon, will you acknowledge that the amount of train services from Shepparton to Melbourne is a disgrace and commit to include funding for further upgrades including track, signalling and level crossings in the 2018–19 state budget to enable eight services to run to and from Shepparton each day?

My continued advocacy for more train services between Shepparton and Melbourne is well-known in this place. When it comes to passenger rail, Shepparton and the Goulburn Valley have continued to miss out when compared to other regional cities. Yes, I can pre-empt the minister's reply to this adjournment, talking up all her government has done for the Shepparton community in regard to trains to Melbourne. 'Oh, we've added a coach service here; we've adjusted a departure time there. It's a lot more than you did when you were in government', she will cry. What the minister will not mention is that compared to what this government has provided in train services to other regional centres whilst in government, Shepparton continues to miss out again and again.

Let us look at the number of train services for Shepparton passengers to Melbourne each day in comparison to other regional cities like Bendigo, Ballarat, Geelong and Traralgon. We will start with Geelong, a perennial favourite of this government. Geelong has 53 train services to Melbourne each weekday and 52 returning back to Geelong servicing the good people in the seats of Geelong, Bellarine, Lara, Tarneit, Kororoit, Werribee, St Albans and Footscray, plus another four direct services each way also available. What do these seats have in common, you ask? They are all held by members of the Labor Party, including four ministers. Coincidence? I think not.

Let us look at train services to and from Traralgon, which service constituents in the Labor-held seats of Dandenong, Narre Warren North, Richmond and

Oakleigh. Twenty weekday passenger train services run from Traralgon to Melbourne, with 20 returning back to Traralgon each day. Once again, Shepparton has four. Bendigo also has 20 rail services to Melbourne each weekday, and there are a whopping 25 running to Bendigo each day. I reiterate once again that Shepparton has four services each weekday. Finally the Ballarat line, which runs through six Labor-held seats, has 21 services to Melbourne each weekday and 24 services back to Ballarat.

Jacinta Allan can say what she likes, but the facts prove that the people of Shepparton and the Goulburn Valley are the poor cousins of regional Victoria when it comes to passenger rail services to Melbourne. Minister, in comparison to the return train services to Melbourne available in other regional cities like Bendigo, Ballarat, Geelong and Traralgon, will you acknowledge that the number of train services from Shepparton to Melbourne is a disgrace and commit to include funding for further upgrades including track, signalling and level crossings in the 2018–19 state budget to enable eight services to run to and from Shepparton each day?

Prisoner drug and alcohol testing

Mr O'DONOHUE (Eastern Victoria) (16:03) — I raise a matter for the Minister for Corrections, and it relates to my question without notice of 1 November regarding drug and alcohol testing at prisons in 2016 and 2017 and the minister's response that I received yesterday. The action I seek from the minister is that she reconcile the difference between the data in the document that I have in my hand and the answer she provided to me by way of response to the question without notice. In her response to the question without notice she says:

In relation to drug tests, the member is wrong in his claim that there has been a decrease in the number of drug and alcohol tests conducted in 2016–17.

But this document that I have, which I understand is the minister's own document, actually shows that there was a decrease in 2016–17, and I would, President, through you, move that this document be incorporated or tabled, because it actually goes to the essence of the question at hand.

The PRESIDENT — Well, it would need leave.

Mr O'DONOHUE — I seek leave for this document to be made available, President, because it actually goes to the heart of the issue that I have that I am seeking to have resolved — to reconcile this statement from the minister that there has been no decrease in alcohol and drug tests, whereas this

document clearly demonstrates there has been a decrease.

An honourable member — This is very unusual.

The PRESIDENT — It is unusual. Can I have a look at the document? In the meantime, I call Ms Bath.

Koo Wee Rup Secondary College

Ms BATH (Eastern Victoria) (16:05) — My adjournment matter this evening is for the Minister for Education, the Honourable James Merlino, in the other place. The action I seek from the minister is for him to visit Koo Wee Rup Secondary College and witness the eroded asbestos tile cladding, which is posing a danger to students, teachers and the school community, and to understand firsthand the need to implement stage 2 of the school's building program.

Drawing in students from around 20 different primary schools, Koo Wee Rup Secondary College is a years 7 to 12 co-ed school with present enrolments of 965 students on the one campus. It was established before 1960, and the college's enrolments have been growing steadily over the years. With growth attributed in part to the increased population in that belt area, with good housing estates in and around Koo Wee Rup, planning projections anticipate that enrolments will increase to 1100 and beyond in 2018.

In 2014 the college benefitted from stage 1 renovations, which comprised new buildings to accommodate years 7 and 8 and another fantastic new building to accommodate the senior years 10, 11 and 12. I have been there with the principal, Felix Patton, and had a good look through it, and it is certainly on the way to being a great school. By way of meeting the growth of student enrolments and enhancing learning outcomes, students need to be able to have this stage 2 building plan implemented.

Recently emergency works were carried out at the college to rectify some of the existing issues which, it should be noted, were reported to WorkSafe because of their dangerous nature. While there is a temporary survival plan for the college, the asbestos cladding continues to be a concern.

Making representations on behalf of the college I wrote to the minister in July seeking a government commitment to stage 2. The minister said on 18 August that I should be assured as follows:

... we will continue to use all available data, including Koo Wee Rup's stage 2 proposal, when guiding allocations in future budgets.

We have a school that is undergoing considerable growth in student enrolments, yet measures to ensure their buildings are fit for purpose are brushed aside with bandaids repairs. Minister, I ask you to contact the principal of Koo Wee Rup Secondary College and make arrangements to visit the school to gain an understanding of why the stage 2 master plan is so very much needed in that area.

South Yarra Primary School

Mr DAVIS (Southern Metropolitan) (16:08) — My matter on the adjournment tonight is for the attention of the Minister for Education. It concerns again South Yarra Primary School. I am in receipt of a letter written at 2.11 p.m. today from Emily Keon-Cohen, a significant activist on the school council and parents group at South Yarra Primary School. This is an ongoing issue, with the growth of the population in the area and the huge increase in the number of students at the primary school.

All I can say is that the letters she attaches from the Victorian School Building Authority are disappointing at a minimum. The correspondence from Chris Keating, the chief executive officer of the school building authority, basically slaps the school community down and says, 'Bad luck. You will get no more assistance'. I note that this is at a time when the government is throwing largesse at Northcote left, right and centre with new school buildings. It seems that areas like South Yarra are being left —

Honourable members interjecting.

Mr DAVIS — Forgotten, exactly. This is outrageous given the growth in population. The most recent figures that I have heard go from 302 students last year to 380 this year, and an additional 94 are enrolled in the 2018 school year. The school needs additional portable capacity, and it needs it now. They have been told effectively by the school building authority and the state government that they are to suck it up. They are to get rid of their library, to close their drama room and to turn them into an additional three classrooms. I say that that is not a good educational outcome and that it is the government's responsibility to plan for and support the school community. It is quite wrong for the government to arrogantly slap down a school community in this way. I know they are going to keep fighting, and I will certainly be fighting very, very hard with them. I know that Katie Allen, the Liberal candidate for the Assembly seat of Prahran, will also be fighting very hard to see that the school community gets the support it needs.

The action I am seeking today is that in light of the letter that I received from Emily Keon-Cohen and the school community the minister intervenes and reviews the situation. I have separately called for a proper master planning process to deal with the long-term planning for the school community — the long-term planning for facilities into the future. Separate to that I have also called for urgent action for the school year beginning in 2018, given the crisis that is currently in the offing in terms of capacity. The correspondence I have received today, as I say, reinforces that. I ask the minister to step back, to review the situation and to intervene on behalf of South Yarra Primary School and the students and families in that area.

Autism services

Mr BOURMAN (Eastern Victoria) (16:11) — My adjournment matter today is for the Minister for Families and Children. On Wednesday night I got home to find a young man walking around our place. He was shouting and carrying on and acting very strangely. I have had some experience with ruffians, as we know, and my initial thought was that I had some sort of drug-affected youth causing trouble. So I went out to speak to the young man, and after a little talk it became apparent that he was not drug-affected; he was in fact special, and he was lost.

To cut a long story short, I spent the next hour walking the streets trying to get him to lead me to his home. Eventually I got him to let me call the police and I got him home. As I was discussing the fact that Taylor was lost and that they should look after him a bit better, it became apparent that for an adult — he was 18 — there is very little in the way of help for autistic people. This young man could not exist on his own; absolutely not. He was probably too good for institutionalisation, but in no way could he live on his own. I found out that support for people in that position is very, very hard to get, particularly for people in a lower socio-economic climate.

My action for the minister is to investigate how we can help people in the situation where you have a single mother trying to look after a disabled child, who can just function enough to be able to look after themselves, but not enough to get into society.

Hunting economic impact survey

Ms PENNICUIK (Southern Metropolitan) (16:13) — My adjournment matter this evening is for the Minister for Agriculture, and it is in regard to the ongoing use of the flawed 2013 survey of hunter expenditure, which was commissioned by the former

Department of Environment and Primary Industries and conducted by consultants RMCG, EconSearch and DBM Consultants.

The report states at page 14 that it is not a cost-benefit analysis and so should not be relied upon to substantiate whether a particular activity — for example, recreational hunting — is to be preferred over other options. As alternative options for generating economic activity, the survey found at pages 61 and 62 that three outdoor activities — camping, fishing and bird and animal watching — were rated equal to or more important than hunting by a majority of respondents. Because this was not a cost-benefit study it did not have to consider the alternative economic benefit from tourism in a gun-free environment without shooting wildlife.

The data was obtained from self-reporting by hunters, who were asked to recall how many trips they had taken in the last 12 months and to detail their expenses, in 30 different categories, from one trip in the last year. They were not even shown the total of the 30 different expense claims to see if the total seemed reasonable. No crosschecking or auditing was performed to assess the reliability of hunter recall; few could retain such detailed financial information in their memories with any accuracy over 12 months. Simple analysis indicates the results are ludicrous — for example, that duck shooters spent \$230 for each duck bagged in 2013 and the average annual expenditure per hunter exceeded \$9000, despite the fact that over a third of hunters are inactive; they do not go hunting in any given year, and the majority of them only go one or two weekends a year.

Apart from firearms and ammunition, key expenditure items were food, alcohol, vehicles and boats. Most of this expenditure would have occurred somewhere else in Victoria whether people were hunting or not. In particular the respondents said that their vehicles and boats were used for other activities all year as well as for hunting, so it is likely that these or similar purchases would have been made anyway. As I found on my visit to the opening weekend in Kerang earlier this year, there were no hunters in the local takeaway shops or at the supermarkets on the Friday evening before the opening of the season — I went around and had a look at all of them.

The minister often refers to the \$431 million economic benefit of hunting coming from this survey that is now four years old and is flawed in its basic methodology. My request is that the minister cease using this old and flawed economic impact study as a basis for the

economic value of hunting in Victoria, because it is not factually correct.

South Melbourne public housing

Ms FITZHERBERT (Southern Metropolitan) (16:16) — My adjournment matter is for the Minister for Housing, Disability and Ageing in the other place. Recently *A Current Affair* revealed some pretty awful living conditions in a public housing estate at 217 Moray Street, South Melbourne. The conditions were shown on camera, and there were very frank comments from people who live in the estate and also from a representative of the Salvation Army.

We were told that a large room within the estate has been sealed for some eight months. Within that there is a large amount of rubbish. We are told that it is rat infested, and one resident said on camera that she is worried that it is a fire risk to her, her children and other residents. She also said she has had a sewage pipe leak into her home, flooding it, and is still waiting for compensation for damage to her furniture.

Brendan Nottle from the Salvation Army described this estate as crumbling and filthy. He said that forcing people to live in conditions like this says, 'You're just a piece of human refuse, so we're going to drop you into appalling conditions'. He also said that there had been repeated complaints about the conditions at the estate but that some residents were in fact frightened to complain. One boarded-up area had rubbish that was extending over a balcony area that appears to be in clear danger of falling off and hurting people.

There were piles of rubbish in the basement and it looked to me like a hoarder lived there, except it is not a residence but appears to be some form of communal space. Inside is a mass of rubbish and filth. Pictures on television showed multiple shopping trolleys, boxes and other rubbish. We also learned that residents do not use the laundry because it too is very dirty — littered with rubbish — and covered with graffiti. One resident said that it is used as a 'shooting gallery'; there were pictures of syringes lying around. The same resident who referred to it as a shooting gallery indicated that on occasion people have been living there, which concerned her, particularly when she walked in on a man getting dressed.

There was a statement from the minister, who referred to not tolerating antisocial behaviour on or around public housing estates because everyone has the right to safe, secure and affordable accommodation, and he referred to total investment in public housing. But it

would appear that these residents have not had the benefit of that.

It appears that after this matter aired on television some action has been taken. I am told that in fact there is some clean-up happening today. I do not understand at all why it has taken *A Current Affair* to trigger some action on these squalid conditions. The action I am seeking is an explanation from the minister about why it took so long to address repeated requests for action at this estate.

Ballarat railway station precinct

Mr MORRIS (Western Victoria) (16:19) — My adjournment matter this afternoon is for the attention of the Special Minister of State. It relates to an FOI request that has been in place for a period of time and is yet to be resolved. The action that I seek is that the minister intervene to resolve this long, protracted FOI request, reference number 17-4587, lodged with the department of Economic Development, Jobs, Transport and Resources (DEDJTR).

This FOI request is in relation to the Ballarat railway station precinct, a topic I have raised many times in this chamber. This request was placed on behalf of the Save Our Station group on 8 December 2016, which by my count makes it 270 days overdue. The application was lodged with VicTrack; however, the request was then transferred to DEDJTR, where it would be best placed for resolution. On 31 January 2017 a letter from DEDJTR advising that they now have the request was received; 5 February was the due date for a response by DEDJTR under the Freedom of Information Act 1982.

On 6 February a call was placed by the applicant to establish the status of the inquiry and a message was left requesting a call back. On 7 February a DEDJTR officer advised that a document search was being done and the applicant should call back in a week to check on progress. They also advised on the option of lodging a complaint with the FOI commissioner about time overrun, though there was agreement with the applicant's opinion that this was unlikely to result in a quicker response.

On 14 February a further call was made by the applicant to establish the status of the inquiry and a message was left. On 15 February, another call; 17 February, another call; 6 March, another call; 22 March, another phone call during which there was promised to be a return phone call the following day — there was no phone call the following day. On 24 March, another call by the applicant; 29 March, another call from the applicant; 4 May, another call by

the applicant. There were further calls on 7 July, 31 July, 14 August and 15 August and finally an email on 13 October this year.

So the action, as I have detailed, is I would hope the minister would follow this up and that the FOI request could be actioned very quickly.

Concord School, Bundoora

Mr ONDARCHIE (Northern Metropolitan) (16:22) — My adjournment matter this afternoon is for the Minister for Education, James Merlino, and it concerns Concord School in Bundoora, in my electorate of Northern Metropolitan Region, and the urgent need for more parking. Concord School is a state government specialist school for students with additional learning needs, and it is located off Grimshaw Street in Bundoora. The school has very little on-site car parking, and despite an expansion of student numbers and some capital investment at the school over recent years there has been very little investment in the provision of additional car parking by the school or the education department. This has pushed additional parking pressure onto local residents in streets such as Gleeson Drive.

I should note that state government schools are exempt from a requirement for planning approvals and therefore they often do not provide on-site car parking, despite the planning scheme requirements. As a result of that, local residents and councils are often required to deal with the overflow car parking issues of schools. It is estimated that the costs for the design and construction works associated with the sealing of the angled parking area on the west side of Gleeson Drive, Bundoora, is in the order of \$70 000. Concord School is a great school, assisting many, many children with additional learning needs and learning difficulties. There are some great kids at that school, and the teachers and the parents do a great job. The action I seek is for the minister to provide the \$70 000 required for the much-needed car parking.

Responses

Ms MIKAKOS (Minister for Families and Children) (16:24) — I have received a number of adjournment matters this evening: from Ms Lovell directed to the Minister for Public Transport, from Mr O'Donohue directed to the Minister for Corrections. I am not quite sure, President, if that matter was concluded. It was. I will keep moving on. I have matters from Ms Bath addressed to the Minister for Education; from Mr Davis addressed to the Minister for Education; from Ms Pennicuik addressed to the

Minister for Agriculture; from Ms Fitzherbert addressed to the Minister for Housing, Disability and Ageing; and from Mr Morris addressed to the Special Minister of State.

I do query that one. Mr Morris was seeking for the minister to intervene in an FOI request, which seems to run contrary to the opposition's claims all week. They have been claiming that ministers are purporting to in some way interfere in FOI processes, yet Mr Morris is now seeking for the Special Minister of State to intervene in this one, but I will refer that to the Special Minister of State and see if there is an appropriate response to that matter.

I have a matter from Mr Ondarchie addressed to the Minister for Education. I will refer all those matters for a response.

I also had a matter from Mr Bourman addressed to me that I do believe is more appropriately addressed to the Minister for Housing, Disability and Ageing because, from the very brief references he made to the factual circumstances, he was referring to a young man who is 18 years of age and to assistance required for him given his disability. I can certainly sympathise with the family involved. He did refer to a single mother struggling with a disabled child. He did refer to this young man being someone who is on the autism spectrum and being 18 years of age. I would be very happy to receive further details from Mr Bourman about this matter, but I do think it would probably be more appropriate that he refer that to the Minister for Housing, Disability and Ageing, as it would come within the disability part of his portfolio. I will certainly, given Mr Bourman is not here, follow that up with him directly if he wants to provide further information.

I have received written responses to two adjournment debate matters, and those responses will be circulated as well.

Can I remark in concluding, President, that no matter what happens next, I do think that this has been quite a historic day for the Legislative Council and one that hopefully we will all look back on fondly in years to come.

The PRESIDENT — Ms Mikakos, taking your guidance, I would direct that Mr Bourman's matter be sent to Minister Foley. On that basis, the house stands adjourned.

House adjourned 4.27 p.m. until Tuesday, 14 November.

