

## VOLUNTARY ASSISTED DYING BILL 2021

*Legislative Assembly Second Reading Debate – copied from Hansard 19 November 2021*

**Mr JOHN BARILARO (Monaro) (15:23):** I contribute to debate on the significant Voluntary Assisted Dying Bill 2021, which has been spoken about and debated for a long time. I acknowledge and congratulate the member for Sydney. Alex Greenwich has done a wonderful job to lead the whole team of co-sponsors. Again, I acknowledge the respectful debate conducted in the House over the past couple of weeks. Everybody is entitled to a view and opinion and to stand at the lectern to debate it in a respectful way. It is a conscience vote that touches on everything society believes in and what society expects its members to debate in a respectful way.

Dying has dominated the national consciousness since the start of the COVID-19 pandemic. In a country where modern medicine continues to accelerate life expectancy and quality of life, COVID-19 upended, transfixed and instead centred the spotlight on the precariousness of life. Collectively, we were reminded of life's fragility. We also became aware of the intense emotional pain caused by family separation, the prospect of dying alone, the inability to say final goodbyes and the coldness of virtual funerals. Despite the incredible lengths our medical professionals went to, dying in the pandemic was drastically dehumanised. Hospital wards were almost entirely empty of persons visiting loved ones, staff were swathed in personal protective equipment and patients who passed away never touched their loved ones again. The new conditions of dying were far from the patient-centred model we extol. In short, we questioned what it means to have a good death.

Today in New South Wales assisted dying is prohibited by the Crimes Act. Anyone who assists a person to end their life is liable to prosecution and will face lengthy imprisonment. It is a law that causes thousands of dying people to attempt to take their own lives alone, to safeguard their relatives, or worse, it turns compassionate friends and family into criminals. It is often said that we have one life, but perhaps it is time to reflect that we have but one death. If a person is given a terminal diagnosis, the legal right to an assisted death will give them the comfort and reassurance to have control and choice in their suffering. The benefits of the bill for dying people and their families are immeasurable. What price can we put on people's suffering and henceforth their ability to end it?

For all the enormity of this moment, there is also a level of pragmatism. The bill will bring New South Wales into line with our neighbouring States. It is hard to imagine desperate people would not travel across borders to access medical treatment if they could not find it here. It is also a bill based on tried-and-tested laws from overseas. In my electorate of Monaro, more than 80 per cent of the population overwhelmingly supported assisted dying in a recent survey. Importantly, I have also received support from religious people and those of faith. I am not surprised by that because the sole aim of the bill is to increase compassion, reduce unbearable suffering and accept death as an extension to spiritual life. The bill is an attempt to drag our assisted dying legislation out of the last century and into the present day.

The main provisions of the bill allow someone who is 18 years and over to access voluntary assisted dying. The person must be assessed as having decision-making capacity, who is acting without duress. They must be terminally ill, with death expected within six months, or 12 months for those with a neurodegenerative disease. Their condition must cause intolerable suffering. The doctor will assess the person to make sure they fit the criteria and must refer them to other specialists, such as oncologists or psychologists. If they are eligible, the person must sign a written declaration in front of two witnesses, requesting voluntary assisted dying. A voluntary assisted dying board will consider applications for the prescribed substances, and can refuse to provide them if it suspects the criteria is not met. An independent witness must be present while a health practitioner administers the drugs, and must certify that it was voluntary. The patient can withdraw at any time.

How does the bill relate to palliative care? As some of my colleagues have raised, there is no question that palliative care should be the central component to our end-of-life stage. To that point, it is important to acknowledge and redress the current gap in palliative care infrastructure throughout all of our communities. It is worth repeating that all of us who support the bill are passionate about achieving the best possible palliative

care across the State. However, unlike some of my colleagues who oppose the bill, I do not believe voluntary assisted dying is mutually exclusive to palliative care. Simply, the comprehensive provision of high-quality palliative care and the introduction of assisted dying are compatible; they are not in competition with each other. In other words, they work well together when they exist together.

Palliative care is defined by a number of features, including the relief from pain and other physical symptoms; the ability to honour religious and cultural beliefs explicitly, for both the dying person and family caregivers; having a choice over the place and time of medical treatment, and ensuring that all available treatments are considered; and having a caring group of family members and friends around for emotional support. These are just some of the factors that are viewed as a hallmark of excellent end-of-life care. The right to an assisted death, where and when the patient chooses and surrounded by loved ones, is an essential and complementary part of this definition of high-quality palliative care. In places where legalisation for assisted dying has been accompanied by a significant investment in palliative care services, patient-centred choices have flourished. Something we all aspire to is a self-determined, dignified end of life.

Some members know that this is my last contribution to a debate on the floor of this House. As such, I reflect on the ways in which we all in this building try to improve the lives of our communities, particularly the lives of vulnerable people. With much purpose, we hammer in systems that will help and protect, but there is a gap in our legislation when vulnerable people and their medical professionals are left to face the realities of pain and suffering that cannot be controlled. It is not enough to bury our heads in the sand and pretend that our current palliative care options are sufficient for a select group of people. We know it is not. We also know that some of those people are taking their own life, and those around them are denied the safe and compassionate system to facilitate loved ones in their last weeks, days and moments. The current law is unsafe and results in untold suffering. The conditions of a good death and enabling every person to experience them anywhere in the State under any set of circumstances are the foundations of a deeply compassionate and dignified modern society. Today I proudly stand in support of the bill.