

## VOLUNTARY ASSISTED DYING BILL 2021

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

**Mr ROY BUTLER (Barwon) (14:24):** Some bills that come before this place cause strong emotional and value-driven responses from people. As local members we should embrace the opportunity to deal with difficult issues because by doing so problems that have been pushed to the side for too long are resolved. It is courage and integrity from elected representatives that leads to better policy decisions. Kicking something down the road for another Parliament to deal with is not why we are here. To that end, I thank the member for Sydney for introducing the Voluntary Assisted Dying Bill. When I was given notice of the bill, I reiterated to communities in my electorate that my perspective is not important; it is understanding what most of the people in my electorate want me to do.

I spoke to people and used print media, social media and radio to ask them what they wanted me to do. Over 80 per cent of people who responded wanted me to support a bill that allowed people to have more choice at end of life, especially where pain and suffering could not be alleviated through medicine or palliation. I have listened to some contributions to this debate, and I can understand why members have spoken about palliative care. For me, palliative care and voluntary assisted dying are two different things, and need to be dealt with as separate issues. I welcome the Premier's comments regarding increased resources for palliative care, especially in regional New South Wales where options can be few and far between. We must never allow a lack of palliative care to be a factor in a person's decision to consider voluntary assisted dying. That commitment needs to be more than words from the New South Wales Government.

A significant investment is required in palliative care, especially in regional and remote New South Wales, to allow people to have a choice. We as a Parliament will have failed miserably if people go down the path of voluntary assisted dying because of a lack of palliative care. Health services in general are in deficit in regional and remote New South Wales because of staffing difficulties and services being centralised; therefore, those services are being removed from smaller communities. It requires a significant rethink and allocation of resources, especially now that the Federal Government is targeting regional New South Wales for new Australians post-COVID. The work-from-home revolution, coupled with housing affordability, has seen a major shift from metropolitan areas to the regions. Again, baseline health services need to be dealt with, as I have spoken about many times in this place and with the Minister.

But I believe that is a separate issue to voluntary assisted dying. As with palliation, a lack of medical services should not be a factor in a person's decision to access voluntary assisted dying. If that occurs this Government and this Parliament have totally failed the people of New South Wales. There would have been a couple of deal-breakers in the bill that, as a representative, I needed to see. A big one is choice, not just for the person seeking voluntary assisted dying but for doctors and health providers. That is in the bill. If a person, doctor or health facility, such as a faith-based hospital, want nothing to do with voluntary assisted dying, they do not have to. Another is two physicians concurring that voluntary assisted dying is an appropriate pathway for a terminally ill person, with informed consent and without coercion. It must be agreed that the person seeking voluntary assisted dying has six months or less to live because of physical illness, or 12 months or less to live because of a neurodegenerative illness.

That is good, but it would be preferable to involve the patient's treating physician and a treating specialist. If those physicians are not available to participate, for whatever reason, it should not deny or create barriers to accessing voluntary assisted dying for a terminally ill person. Given that doctors involved in voluntary assisted dying are not opposed to voluntary assisted dying, it could create a perception that no-one is championing the alternatives. Perhaps there should be an options advocate who would make sure that all options have been fully explored prior to a decision being made. We shall see what amendments are proposed. While some people will deny it, voluntary assisted dying happens every day; we just do not call it that. I remember in 2003 when my dad, also named Royal, was told, "Roy, I am just giving you some morphine for the pain," despite being deeply unconscious and taking a breath every 10 to 15 seconds, it was a clear choice that Dad had made in consultation with hospital staff and family.

As a 73-year-old Totally and Permanently Incapacitated Veteran of the Korean War suffering from multiple complex health issues, I respected his decision. How is it my place to say he should not have that choice? The nurses administering the medication were in an awkward position; the treating doctors were also somewhat compromised. What they did was humane, in line with the wishes of my Dad and it was the right thing to do. But they did it without the protection, structure or checks and balances that the bill seeks to provide. Many people have told me their own stories of voluntary assisted dying masquerading as pain management or, worse yet, of watching a loved one in agony, without sufficient relief, die a painful and protracted death—not one the terminally ill person wanted, nor one they wanted their family to see and remember.

One thing we do not speak about or see in the media much is terminally ill people who take their own life. That can rarely happen surrounded by the love and support of family. When I worked on the NSW Police Force, often in the daily sitrep there were heart-wrenching stories of a terminally ill person who slipped down the paddock with a rifle, knowingly took excess medications or found some other way to take their own life. That is traumatic for everyone. It is traumatic for the terminally ill person dying alone, the family that discover the body of their loved one and the emergency services personnel who have to attend yet another confronting and psychologically scarring scene. I contribute to the debate on the bill so that people in my electorate understand the process and rationale behind the way I will vote. I acknowledge that around 20 per cent of people—some who felt very strongly—do not want me to support the bill. I hope that the explanation I provided goes some way to addressing the concerns they outlined to me.

There are many choices in life that we get to make as individuals. We choose whether or not to get married, have children, travel, eat meat, and follow a religion, and whether to believe in modern medicine or a higher power. The richness of our society is born out of our individual ability to choose. However, there is no life without death. No matter how we live our lives and no matter the choices we make that shape our existence, that very existence will come to the same end for all of us. That is one of the two unifying elements of everyone's life; we are born and one day we will die. For those who wish to have the ability to choose how their end will come, I quote the author of the book *Being Mortal: Medicine and What Matters in the End*:

All we ask is to be allowed to remain the writers of our own story. That story is ever changing. Over the course of our lives, we may encounter unimaginable difficulties. Our concerns and desires may shift. But whatever happens, we want to retain the freedom to shape our lives in ways consistent with our character and loyalties.

The end of that quote is the part that matters. The bill does not impose on those who do not believe in voluntary assisted dying. Should they choose to never consider voluntary assisted dying, it will not be part of their life's journey. However, it does allow choice for people who wish to be in control and to choose right at the very end.