

VOLUNTARY ASSISTED DYING BILL 2021

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

Mr ANOULACK CHANTHIVONG (Macquarie Fields) (17:19): I make a contribution to the Voluntary Assisted Dying Bill 2021 debate. From the outset, I state that I am not here to encourage my colleagues to vote any particular way, nor will I be debating their points. I simply make my own personal comments for the record. I acknowledge and respect all of my colleagues' contributions and wish them well in their deliberations, on what is a very deeply personal issue. For me, the Voluntary Assisted Dying Bill 2021 is not a policy change, but a major paradigm shift in our societal norms and values, institutional behaviours, and how we define and value life for its most vulnerable. This is a significant shift, one that I find very uncomfortable and one that I believe is not something that powers of State should not be permitting. I do not discount for a minute the level of physical, emotional or psychological pain an individual has to endure. However, I would have thought then that it is our familial, communal and/or societal obligation to ease that pain with everything at our disposal—from new age modern medicine and/or to traditional personal care and contact. In the words of former US President and Nobel Peace Prize Laureate, Jimmy Carter:

We must adjust to changing times and still hold to unchanging principles.

Life is very precious; every moment is of value and every minute is of worth, not only for the individual diagnosed with a major medical condition, but to those around that person, who care deeply and wish to share every moment until the end. Our presence is not only for ourselves, but also for those around us. Life should not be valued according to the good times and of great health. When people are at their most vulnerable, as a society we should offer compassion and care to ease the pain and suffering. This does not need to involve the legalisation of assisting to end someone else's life. The existence and definition and value of life should not equate to the physical vitality of that life. There is much dignity in humanity, even towards the end of our life. I do not believe for a minute that such dignity is only valid up to a certain point conditional on your health status. This is a very utilitarian approach and a misguided way to measure the value of someone's life.

Age will inevitably get all of us. At some point our health deteriorates, individuals become less mobile and fewer words are exchanged, but human interaction is more than just a conversation. There is much intrinsic value in the warm sense of touch, to hear the sound of breath and to physically see the body of someone who has brought many joyful and happy times to our life. The creation of a legislative framework that allows assistance to end life as a way to end the pain to me seems to erase the entire historical value of that life. This seems to be a very uneven equation. The paradigm shift to permit the ending of life also has a flow-on effect on our future societal thinking and values. Once permission is granted to allow assisted dying, then I believe that over time, the debate will incrementally expand towards who else is entitled to make this decision; what type of other medical conditions should be included and inevitably the decision will become more normalised as part of the solution to end pain.

We should also not disregard the profound emotional and/or psychological impact this framework might have on those doing the assisting to end life. To diminish this point is to not see the wider impact of what this bill permits. As society, we should be seeking to answer the question on how we better manage pain, not how we end it sooner. I am not sure where the end line is for voluntary assisted dying and where this might lead us. The uncertainty and the unknown of structural societal changes emanating from this bill are of great concern to me. It also concerns me that there has been an assumption that the decision to seek assistance to die is totally voluntary in every instance. As an economist, I would say that we should be careful not to make any significant assumption that tends to fit into our perspective or our desired outcome. Our bias, whether that be conscious or unconscious, can colour our judgement. Whilst we can regulate and legislate as many safeguards as we like, what we cannot do is to apply this to a person's most inner thoughts, emotions and decision-making path based on the interactions they may have had or the information they may have come across.

Influence is not always overt—it can be very subtle—but it can be very significant in stimulating a person's feeling of guilt and/or being an ongoing burden to one's family, friends and the public at large. All MPs would have received numerous publications and information under the title of "Dying with Dignity". I have to admit, I

am a little troubled about the use of a three word slogan to summarise such a complex ethical debate. I would also say that this slogan to me implies that you cannot actually live with dignity even in your most vulnerable state. There is also a much deeper philosophical and ethical definition of what is dignity, who determines its boundaries, who is entitled to it and under what conditions. In living with dignity, we must remember that palliative care and advances in palliative medicine are not constants. There can and there should be continued ongoing investment to improve our public health palliative care system to better manage pain and suffering, not only for the individual, but for all those involved in caring for that person. On this front, I acknowledge and respect former Labor Deputy Premier John Watkins and the former Liberal Premier Mike Baird's public comments and thoughtful arguments about the need to improve our palliative care system and to increase the level of access, especially for those on the lower income scale.

I have read rolling public commentary on the central point about individual choice and the right to make this choice. We seem to have come to a point where individualism triumphs over collective value in every instance. As an economist, I cannot help but think that this triumphant individualism is also linked to decades of entrenched and repeated narrative on the supremacy of neo-liberalism individual economic choice, which has now spilled over into the ethical domain. Utilitarian health economics used to rationalise the decision to seek assistance to end one's life is not an intellectual discipline that sits well with me. If this bill represents progress, I am not sure I am filled with comfort that we are better off as a society, where ending your life is primarily an individual consideration with limited societal impact, rather than a collective obligation and responsibility for care.

The recent pandemic has shown and exacerbated the fault lines in our society based on geography, income, employment and social class. Too many of our citizens can be grouped or have fallen into the bottom two sections of Maslow's hierarchy of needs pyramid—that is physiological and safety and security needs. In my view, it is our objective to invert Maslow's hierarchy of needs pyramid so as many of our citizens can be grouped into the top tiers where people are comfortable and secure in their immediate physical needs for themselves and their families. The agenda setting of this bill, which has attracted so much parliamentary, public and media resources, indicates to me a level of disconnect between our public institutions and our public need. Further, it indicates to me the preoccupation for those with institutional access to focus on Maslow's top two tiers of need—esteem and self-actualisation. Having obtained a level of comfort in one's own physiological, security and safety needs, literally and figuratively, one is able to allocate resources to the topic of voluntary assisted dying rather than the more immediate physical and economic needs of the many who are camped at the base of Maslow's needs pyramid.

I am not here to question the good intentions of the people behind this bill, but it reinforces to me the different priorities between the different social and economic groups in our society. Pursuing and pouring significant resources into a voluntary assisted dying framework very much reflects a selective post-modernist, post-materialist socio-cultural aspect in agenda setting and rules determination. One could even argue that this is an extension of identity politics, where a niche aspect of a person's being is magnified for public focus and the advocacy being driven by a section of societal class. I suspect that should this bill be passed, there will be another niche moral issue to pursue before too long. Significant resources have already been invested, but I have always questioned the level of demand for voluntary assisted dying. A legalised framework for assisted dying and actually making that decision are two very different things. I suppose we will find out soon enough should the Parliament pass the bill.

In 1983, American sociologists Paul Di Maggio and Walter Powell published a paper entitled *The Iron Cage Revisited: Institutional Isomorphism and Collective Rationality in Organisational Fields*. It is one of the most cited papers in organisational research to this day. In the most simple of terms, the authors argue that three main types of institutional change exist: coercive, mimetic and normative. It has been proposed that the New South Wales Parliament should pass the bill because it would put us in line with other parliaments around Australia and in other parts of the world. We should therefore follow a mimetic process and copy other parliaments on voluntary assisted dying because we perceive their model on this issue to be more legitimate or successful. I ask for a short extension of time. [*Extension of time*]

I do not subscribe or agree to the hypothesis that a parliament that has passed assisted dying legislation is more legitimate or successful. Further, no empirical evidence supports that hypothesis. Therefore, the New

South Wales Parliament has no justification to undergo a mimetic process and imitate others in passing assisted dying legislation. The New South Wales Parliament, having an opposing stance on voluntary assisted dying, does not make us inferior to other parliaments. In fact, I claim it is to the contrary. Passing the bill because others have done it is, in the words of former US President John Fitzgerald Kennedy, to "enjoy the comfort of opinion without the discomfort of thought".

I cannot support the bill. It represents a paradigm shift that goes beyond my Overton window of acceptability not only as a member of Parliament but as a member of society. Society is made up of individuals but we are also very much interdependent on each other for company, comfort, care and compassion at every stage and in every state of our life. We should never assume that legislation, however well intended and however well written, captures all the safeguards required to prevent incorrect decision-making. Parliament is a powerful institution that makes laws that reflect our values and ethical standards. We must be careful where we tread and what we decide to normalise as an acceptable standard. I will finish with much wiser words from ancient Greek historian Thucydides, who said, "Of all the manifestations of power, restraint impresses men most." Just because we can, does not mean we should. I thank the House.