

## VOLUNTARY ASSISTED DYING BILL 2021

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

**Ms SOPHIE COTSIS (Canterbury) (17:49):** I contribute to the incredibly important and challenging debate on the Voluntary Assisted Dying Bill 2021. From the outset, I state that I oppose this bill. I acknowledge the diversity of opinions on this matter and acknowledge that many of these views are based on deeply personal and lived experiences. I have firsthand experience of being a cancer patient in a cancer ward, surrounded by many people who were about to die—terminally ill men and women, some very young. I learnt a lot about humanity. I learnt a lot about the human spirit. I had to experience my trial on this earth. It is something I do not wish on anyone.

I say up-front that I have been guided by my community on this bill. However, at the same time, as my community knows, I am guided by my conscience, my heart and the expert advice. I acknowledge those who have brought this bill forward and the many people who have been out there arguing their points of view. I am also brought here by my faith, which I take seriously, and my own experience. It is a fine balance to strike and a very difficult thing to do. I acknowledge all the residents of my electorate who put forward their views on voluntary assisted dying. I understand that everyone has an opinion inextricably connected to their personal beliefs, their faith, their culture, their medical expertise and their experiences. I recognise and respect the beliefs and experiences that these views are based on. I put on the record that some 80 per cent of people who have contacted me are opposed to this bill.

I have great sympathy and compassion for people suffering near the end of their life. That is why our State has an urgent, desperate need to provide better palliative care. We heard this during the rural and regional health inquiry, in my own community and in multicultural communities. We are in desperate need of palliative care. The real issue at hand is about how we care for the dying. This is linked not just to end-of-life care but also to how health care is delivered and shared. A healthy society is one that fights death and what brings it about, such as poverty, illness, fear, loneliness, depression, division. A healthy society focuses on equal access to services, early intervention and preventative health. Unfortunately, this is sorely lacking in my community.

It is vital that New South Wales is able to provide dedicated, well-resourced and high-quality palliative care. I believe this is the solution to alleviating suffering for terminally ill patients. Palliative care provides relief from pain and other distressing symptoms. It integrates the psychosocial spiritual elements of patient care; offers a support system to help patients live as actively as possible until death; applies early in the course of illness, in conjunction with other therapies; neither hastens nor postpones death; and offers a support system for helping the family and loved ones. It is an holistic approach to help patients who have an illness that cannot be cured. My family experienced this very good palliative care and I want all families in a similar situation to experience it also. This is why I am so passionate about this very important matter.

For the benefit of the House, I will read from diary notes I kept in January 2015. My mother-in-law, Maria, passed away at that time. We loved her very much. She gave us great joy and loved us unconditionally. She had two grandchildren—my son, George, and daughter, Cassandra—and those two kids were the pride and joy of her life. I have spoken a lot more about her in this Chamber. In my diary notes I wrote:

Today is January 13th 2015 and my beautiful mother-in-law is hanging on and not giving up as she is in much pain. I acknowledge the health professionals at Prince of Wales, which is where she was. I wrote:

The nurses, doctors, palliative care specialists, social workers, receptionists so professional, caring, compassionate experts and ensured they did everything they could, with dignity and respect.

These are some notes I took at the time. They continue:

Been off life support since Friday 9th. Arthur and I have been together, sleeping at the hospital on the floor on a tough mattress —

six days in and out. Mum's sleeping had been tough. Sounds were waking us; we were waking at every moment. On Saturday morning, she awoke. I wrote:

I spoke with my petherá— my mother-in-law—

my friend, my admirer, my big supporter, a wonderful woman who was always in my corner.

I told her se agapó— I love you—

she opened her eyes and we stared at each other like it was forever, smiled with that beautiful smile she always had, always happy despite her pains and discomfort despite her Ponous—

her pain. She went through a lot of pain. She would tell me for many months that she could not bear it any more. My diary continues:

...she would describe what it was like taking over a dozen pills a day, the despair to lose your appetite to not have the energy anymore. She described it wasn't a life—

but she still wanted to be there with her grandchildren. It continues:

Maria, beautiful Maria, fell ill around early November. I popped in one Friday afternoon ... She was comforting me when I should have been comforting her.

It took two months. She was diagnosed with bladder cancer and it just all went downhill. My diary continues:

That Saturday morning, I'll never, ever forget. I asked Arthur to continue speaking with her until I brought the kids, and when they arrived she felt the energy of the little people in the room, sparkly, laughing, calling out yiyia's name. She had with all her might, her energy, her reserves as she was dying with loved ones around her—

and with the excellent palliative care that we need to make sure everyone gets. She yelled out my son George's name. It is something I will never forget. According to Palliative Care Australia the option of palliative sedation is also available, which permits an individual full autonomy to ensure that painful suffering is eliminated. Medical advances have revolutionised end-of-life care, especially advances such as ketamine, methadone, coeliac and splanchnic blocks, and intrathecal drug therapy. People die in pain and without dignity only when palliative care services are not adequately funded and resourced. Currently in New South Wales we are confronted with a palliative care crisis. Our focus should be on improving palliative care services in New South Wales.

I was part of setting up the upper House inquiry into elder abuse a few years ago. It only scratched the surface of the silent epidemic of elder abuse that affects so many people. I saw what family members can do and it was just abhorrent. We have come some way, and I acknowledge the Parliament for instituting the Ageing and Disability Commissioner and giving independence to that role. Currently New South Wales has approximately one palliative medicine physician per 100,000 people.

To meet Palliative Care Australia's benchmark of two full-time specialist palliative medicine physicians, New South Wales needs to double its current number of palliative care doctors. This must be a priority of government. I acknowledge that in the Premier's contribution he told the truth that he failed to deliver effective palliative care services as Treasurer. He said he would do better, and I take his word for it. I will hold him

Friday, 19 November 2021 Legislative Assembly- PROOF Page 58 accountable, particularly when it comes to Canterbury Hospital. I have been side by side with my community,

calling for better palliative care services. [*Extension of time*]

Five years ago the Government took the palliative care unit and beds from Canterbury Hospital. They were replaced with a single clinical nurse consultant and a visiting service from a single doctor a couple of times a week, but our population is growing exponentially with the hospital's strategic plan estimating a population increase of 39 per cent by 2031. My constituents have spoken. They want improved palliative care, particularly at Canterbury Hospital. The only way that will happen by providing adequate funding for its redevelopment. Again I call on the Government to provide funding to redevelop Canterbury Hospital to include renal dialysis,

to ensure that there are cancer treatments, and more importantly, to provide the best palliative care to the most socio-economically disadvantaged community. We have some of the poorest communities with some of the poorest health outcomes. When it comes to end-of-life care needs, the reality is that my community does not have choice because it does not have access to equal health care.

My electorate is characterised by a diverse population and many from disadvantaged and poor backgrounds. Coupled with this is the massive development that has no social infrastructure to support it. Eighty per cent of the community is made up of people from different faiths and nationalities. We speak 150 languages. Twenty per cent of the community is aged 60 or older. We have close to 10 nursing homes. Many people are being cared for at home by the next generation in their families. We urgently need support in our community. If I was to consider this bill when we do not have equal access to palliative care I would be abrogating my responsibility to the community. I understand why the bill was introduced, but we do not have equal access to palliative care. With the aging population and massive population growth, we need a specialist palliative care unit at Canterbury Hospital. To give people in my community the option of an assisted death without the option of palliative care would be irresponsible.

During the recent lockdown Canterbury Hospital went through its most difficult period. Staff were pushed to their limits. Nurses, cleaners, doctors and specialists worked incredibly hard to control the spread of COVID-19. I acknowledge all of them. The intensive care unit overflowed with patients and eventually critical COVID-19 cases had to be transferred to other hospitals. The lockdown further reiterated the need for an urgent redevelopment. Our 60 senior doctors wrote to the Government, highlighting the deplorable conditions at the hospital. The letter has come as a shock to many, but not our community because we have endured those conditions. But we love the staff at the hospital. It is clear that the Government needs to focus on improving our health infrastructure and facilities, particularly palliative care in my electorate. We cannot go that extra mile unless we have access to palliative care. I appreciate that there will be numerous amendments to the bill and I will listen very intently to all of them. I appreciate that my party has allowed its members to make a conscience vote. I once again thank everybody who has contributed to this debate, my community and the experts on all sides.