

VOLUNTARY ASSISTED DYING BILL 2021

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

Mr TIM CRAKANTHORP (Newcastle) (12:11): One day when he was just 58, my dad—a very active and fit man—went out for a run. Just a few hundred metres from home, right out the front of the ambulance station, he had a heart attack and died. I was 23, off having a lot of fun being a 23-year-old, with parties, camping trips and a few protests of course. But when you receive that news, your whole world just stops. As part of the variety of emotions you experience when you are grieving, I was furious—not just furious that my 58-year-old father could suddenly drop dead but furious with myself that I was off having a great time when it happened. I was furious that I did not get the chance to say goodbye. At the time, I felt really hard done by. That was me being a selfish young person. I thought it was cruel that I could not tell my dad that I loved him just one more time. My view has changed.

For my mum, my brothers and me, that experience hurt—still does—but now I have a bit of age, a bit of wisdom, a bit more life experience. I now understand what cruelty actually is. Since that time, I have seen people dear to me die slowly and painfully. That is what has brought me to the Chamber. That is why I am co-sponsoring this bill to legalise voluntary assisted dying. This legislation will give terminally ill people the ability to end their lives before the pain and anguish becomes too great. The legislation will allow this to occur with both dignity and due diligence. It will allow people to face an inevitable outcome on their own terms. Informally, for the better part of 12 months, debate has waged in public and private about this bill. It has been flagged as controversial and as an ethical quandary, but it is not the first time the Fifty-Seventh Parliament has been down a road like this one.

In 2019 we stood in this horseshoe and voted for abortion law reform—a very overdue correction and an archaic and misogynistic part of the Crimes Act that had dubbed this form of reproductive health care a criminal act. At their core, the two issues are the same. They boil down to just one thing: choice. As it stands in New South Wales right now, within the bounds of the law a terminally ill person, despite knowing when the end is near, can do nothing to speed up that process. Even with the best that palliative care can offer, sometimes physical pain cannot be stopped. Sometimes all the medication in the world cannot stop someone vomiting blood or the loss of bladder control or the complete degradation of muscles. Even with the best that palliative care can offer, sometimes you cannot stop someone feeling upset about what their body has become. You cannot always stop someone feeling a lack of dignity at the end.

Sometimes palliative care is not enough. Sometimes it is. For people who can have their pain managed, who are at peace with the process and who are content until the time comes, palliative care is an option that remains—an option; a choice for those who wish to utilise it. Right now, legally, it is palliative care only. That is not a choice. There was not a choice available to my Uncle Chris when he was taken by bowel cancer in 2007. There was not a choice available to my Aunt Lorraine, who passed away from lung cancer in 1979. There was not a choice available to Paul O'Grady—a name that many members in both places would be familiar with and someone I considered a friend. Paul joined the New South Wales Legislative Council in 1988. In 1995 he was granted leave by the Labor Party to introduce what would have been this State's first bill related to assisted dying, which would have provided protection for medical practitioners who assisted terminally ill people to end their lives.

At the time, Paul was HIV-positive and he knew what was in his future. Before he had the chance to introduce the bill, however, his health saw him leave Parliament. Paul resigned in early 1996 and appeared on television to announce not only that he had AIDS but also that he wanted to end his life before the virus did. He called it "a question of basic human rights". "It is about the right of individuals to choose for themselves the quality of life they want and when they no longer have that quality of life," he said. As a parliamentarian, Paul was tenacious, and that did not cease after he left this building. At just 52 kilograms and extremely unwell, it looked to his family, friends and colleagues that the end was near. How wrong we all were. Between that time and when he died almost nine years to the day after leaving Parliament, I received lots of phone calls from him to say that he was back in hospital, more so after a cancer diagnosis in 2011. I would visit him, often wondering whether it would be the last time. This went on for years. Paul was a bit of a phoenix, rising from the ashes, but ultimately the end did come. By the end, Paul was nothing but skin and bone, and he spent the end of his life writhing in agony.

I visited him in his final days, but I was one of the few people who could. For some of his friends and family, it was too much. They could not bear to see his body that way or watch him experience that pain. There was no peace for anyone in that. Paul would be proud of every single member who is supporting this bill. I am too. I acknowledge the member for Sydney for leading this debate, as well as the 26 other members who have co-sponsored this bill with me from both places. These co-sponsors came from right across the political spectrum—Labor; Liberal; The Nationals; the Animal Justice Party; the Shooters, Fishers and Farmers Party; The Greens; and Independents. That is because this is not a political issue. That was made very clear in the 2019 data from Vote Compass, which found that more than three-quarters of almost 156,000 survey respondents agreed with the statement that "terminally ill patients should be able to end their own lives with medical assistance". Only 11 per cent disagreed, while the remaining stayed neutral or did not respond.

Now, if you break that down by political alignment, despite being the smallest cohort of supporters, 71 per cent of Coalition voters were in agreeance. In Newcastle these numbers rose higher: 82 per cent of the city's respondents agreed with the statement. The community support for this legislation cannot be clearer and as members of this place, we have been elected to represent our community's views. For every constituent who contacted me expressing views against voluntary assisted dying, another 14 contacted me to say they supported it. I have no doubt similar interactions were recorded right across the State. Yet, there are members of Parliament who will stand in this Chamber and say they need more time to consult. What have they been doing for the past 12 months? That is nothing more than an excuse to delay, to obfuscate and to let their personal view dictate their actions despite it being so clear what the people of New South Wales think of this. Led by Dying with Dignity NSW and Go Gentle, thousands of people have given their voices to this cause and over 100,000 have signed a petition. *[Extension of time]*

I thank all who have come forward to tell their story, who have remembered the horrible time their loved ones have faced or who have spoken with spectacular courage of what they will face when they die. A leader in that space is Abbey Egan, from Islington in Newcastle. In March 2017 Abbey's partner, Jayde Britton, was diagnosed with stage 4 cervical cancer. The cancer spread rapidly through her body and she died in October of the next year at just 32 years of age. Jayde died only three weeks after taking the suggestion from a doctor that it may be time to stop treatment and enjoy the time she had left. Except that time was anything but enjoyable. Abbey describes Jayde's last days as hell on Earth. One morning in that last week Jayde woke and said that she was ready to go. It took another six days, which included hallucinations as her body shut down. As Abbey describes it:

She was moaning and she was trying to crawl out of her bed and take her clothes off. She was confused and distressed about where she was and what was happening.

One of her vertebrae had cracked due to some tumours that had grown near her abdomen, so we actually had to get into the bed with her to roll her over so she didn't get bed sores, and it was hell on earth—she would scream blue murder.

She was in so much pain. She stopped eating and drinking—you go into starvation mode with that, your bowels can become impacted, and she got to the point where she was vomiting her own faeces.

I challenge anyone who opposes voluntary assisted dying to look Abbey Egan in the face and say that Jayde's life had to end in that way. When someone passes away, whether through illness or misadventure or simply age, we often say things like "at least it was quick" or "at least they died doing what they loved" or "at least everyone could say goodbye".

In my 52 years I have learned a lot about death. I have learned that when you lose someone that you love, those statements are cold comfort. I am now approaching the age my father was when he died and I would be lying if I said I had not spent time thinking about my own mortality. I think about what I want for the end of my life and what options I want for my friends and family. That is exactly what I, and the people of Newcastle, want: options. The availability of voluntary assisted dying would have done nothing for my dad, but my experience then, as a 23-year-old, taught me that a "good" death is relative. It means something different to everyone. Even though we did not get the chance to say goodbye, was it good because Dad went quickly? Even though Jayde Britton died in pain, was it good because her friends and family got to say goodbye? Dad's death was sudden; Jayde's was not. Even with the knowledge of what was coming, Jayde had all control taken away from her. Jayde did not have a choice.

In 2019, when I stood in this Chamber and spoke on choice, I asked the members of Parliament who were voting against abortion law reform if that was the legacy they wanted to leave and if they wanted to be on the wrong side of history. I ask those questions again. Very soon I am going to visit my uncle Ross. He has recently been diagnosed with pancreatic cancer. This could be the last time I see him. It is likely that voluntary assisted dying reform will come too late for him to have the option. I cannot speak for my aunty Lorraine or my uncle Chris as to whether they would have opted for an assisted death had it been available to them, but they never had the choice. That is the crux of this issue: the choice to hang on or the choice to let go; the choice of how you spend the end of your life; choice. Death may be inevitable, but suffering until your final breath should not be.