

VOLUNTARY ASSISTED DYING BILL 2021

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

Mr NICK LALICH (Cabramatta) (16:51): I make a contribution to debate on the Voluntary Assisted Dying Bill 2021. The bill aims to establish regulatory procedures that would enable individuals within New South Wales with a terminal illness to access the means to voluntarily end their lives and, if required, with the assistance of others. I quote from a submission to the Standing Committee on Law and Justice by the Australian Care Alliance:

This bill makes legal the act of prescribing a Schedule 4 or schedule 8 poison in sufficient dose to cause the death of a person with the intention that the person either has the lethal poison administered to him or her or self-administers it. Part 9 of the bill makes it clear beyond doubt that acts done in accordance with the bill are immune from any criminal liability, effectively providing exceptions to the criminal law on murder and on aiding, abetting, inciting or counselling another person to commit suicide or assisted suicide. How will the scheme established by the bill avoid wrongful death? How will such a scheme guarantee a humane, rapid and peaceful death? This cannot be guaranteed.

This legislation has been the focal point of much contention for some time. My office has received a large number of inquiries from concerned constituents regarding this bill and what it would mean if it is successfully passed through this Parliament. Make no mistake: I have heard both sides of the debate, as have the good residents of this State. However, I stand firmly with my community in my fervently opposing the inception of this legislation. As elected representatives of this House, we have a responsibility to discuss and debate matters of great importance and significance—often those matters are near and dear to the hearts of many people throughout the State. The legislation before us today is but one potential solution to an unfortunate problem so many must face as a means to end the suffering for those who see no viable alternative solution.

Throughout life we will all be faced with difficult decisions to make. However, what we are discussing here today is the value of human life and whether we should provide the appropriate regulation to allow us to choose who lives and who dies. We in this House have continued, and should continue, to place the protection of human life and its worth above all else. Our laws condemn the killing of any person, regardless of the circumstances, and introducing new laws that could circumvent that is not just a misstep, it is an outright wrong. A law that fails to protect people who are vulnerable will always be a bad law. I stand firmly with my community in the belief that we should not be using assisted dying as an alternative to the provision of first-class health care to the most vulnerable throughout our State. We should be doing far more to offer viable alternatives to those who are suffering the most. Assisted suicide should never be the go-to option.

As a civilised society we must never be tempted by a way out. We must meet these problems in a humane and civilised way. Euthanasia is not the answer. I am sure many people have seen the flow-on effects and ramifications since the inception of similar legislation in other jurisdictions. This is simply the beginning of what is yet to come. Other jurisdictions have seen euthanasia expanded to include new-born children, disabled individuals, elderly individuals with dementia, and so on. As soon as we choose to introduce and accept legislation that no longer values human life over death, it is a slippery slope towards where we could end up. My fear is that, if this legislation is passed, over time the community could become desensitised to the practice of euthanasia and compliance with the legislation would be less closely monitored. We see this happening right now in Canada, Belgium and the Netherlands where the parliaments are debating the easing of restrictions and expanding the access and the conditions of euthanasia.

To say that all the States of Australia have legislated in favour of euthanasia and that New South Wales should fall in line: If the other States want to jump off the cliff, should we do the same? I think not. When the Victorian legislation took effect in June 2019, Premier Andrews predicted 12 people would die under the new law in the first year, which he called a conservative model. This was followed by 100 to 150 annually in subsequent years. The number far exceeded his expectations. Between June 2019 and December 2020, 224 people died of euthanasia in Victoria, according to the Voluntary Assisted Dying Review Board. I now quote from Professor Theo Boer's article, *Assisted Dying: Don't Go There*.

In 2001 The Netherlands was the first country ... to legalize euthanasia and ... assisted suicides ... safeguards were put in place to show who should qualify and doctors acting in accordance with these safeguards would not be prosecuted ... For five years after the law

became effective, such physician-induced deaths remained level - and even fell in some years. In 2007 I wrote that 'there doesn't need to be a slippery slope when it comes to euthanasia. A good euthanasia law, in combination with the euthanasia review procedure, provides the warrants for a stable and relatively low number of euthanasia.' Most of my colleagues drew the same conclusion.

But we were wrong - terribly wrong, in fact. In hindsight, the stabilization in the numbers was just a temporary pause. Beginning in 2008, the numbers of these deaths show an increase of 15% annually, year after year. The annual report of the committees for 2012 recorded 4,188 cases in 2012 (compared with 1,882 in 2002). 2013 saw a continuation of this trend and I expect the 6,000 line to be crossed this year or the next. Euthanasia is on the way to become a 'default' mode of dying for cancer patients.

Health Canada's second annual report on *Medical Assistance in Dying* gives the total number of medically assisted deaths since the legislation came into effect in June 2016 as 21,589. In Belgium from 2002 to 2019, over 22,000 people have been officially euthanised. As a compassionate and caring society we have a moral and medical obligation to tend to and care for the terminally ill. We have a duty to the doctors, nurses and relatives who tend and care for the ill. In my opinion, euthanasia is not the way to address the issue. We can best meet that obligation through palliative care. Our wonderful doctors, nurses and medical practitioners give their all in their endeavour to reduce the pain and suffering of the terminally ill.

Over the years I have known a number of individuals who have unfortunately been through some rather harrowing ordeals, with medical complications and medical prognoses that painted a very grim picture of their future. If the bill had been enacted long ago, those individuals would have been offered suicide as an alternative to what the doctors foretold would come on the horizon. If they had taken up that offer, they would have missed out on many more productive years and experiences with their friends, family and loved ones because the prognoses from medical professionals did not quite pan out as projected. I seek an extension of time. [*Extension of time*]

Speaking of harrowing experiences, I will speak of my own harrowing experience 31/2 years ago. As most members in the House know, I was diagnosed with throat cancer. I underwent seven weeks of radiation and seven weeks of chemo. It was terrible. The first four weeks were great. I thought, "If it keeps up like this, Christmas is going to be nothing." But on the fourth or fifth week when the train hits you, you do not want to get out of bed or do anything. Your brain starts to think, "It is better to be dead than go through this." Honestly, you do think that way. But then you look at your family and grandchildren and you think, "No way. I am not going to let this thing beat me. I am going to keep going."

The problem was that the radiation to my throat caused fluid in my ears, which blocked my ears. For six months I could not hear a person talking to me if they were further than a metre away. When I went to the doctor, I had to take my partner because I could not hear what the nurses were saying or asking me. I was not sure that I was hearing correctly. My partner had to accompany me for 13 weeks. For six months I did not drive a car. I hardly ever went out because I thought if I went to the park for a walk, somebody could come up behind me and bash me on the head with a bat and I would not even hear them coming. The worst thing about the whole problem was that I went deaf.

I thought, "I will get through the cancer," but my doctor said, "Nick, you may not be going deaf from glue ear"—that is what they used to call what kids get. I asked her why and she said, "We've known people to go through radiation and it kills the nerves in their ears so they go deaf." I said, "What? Forever?" and she said, "Yes, for the rest of their lives." I said, "I would rather be dead than be deaf for the rest of my life and never hear what my grandkids, partner and friends say to me." You go through that and think you want to die, but all that goes away in time. I had grommets put in my ears that allowed the fluid to drain, which reduced my hearing problem. But 21/2 years later my hearing dropped again. I do not know why and my doctors do not know why. They think it took time for the nerves in my ears to die. I lost about 25 per cent of my hearing, and I wear hearing aids now. It is not great wearing hearing aids, as people who have them know. Things do not sound the same.

When people say they want to be euthanised, I can tell you that a couple of times throughout my experience I thought the same thing. At night you would wake up because you were thinking. Your mind always goes back to it, but you try to think positive. Your mind lapses into the thought that you would rather be dead than go through that. Phlegm was coming out of my throat and, no lie, I would go through two boxes of tissues a day. You think, "This is not a good thing to go through." But, in time, it went away. Even now, 31/2 to nearly 4 years

later, I still suffer from sore throats from the radiation. But that is a part of life. I am alive and that is the main thing.

If I had taken the option of asking for euthanasia, I probably would have gone and missed all the great people in this place. There are great people on both sides of the House. When I was in great pain, I got letters and phone calls saying, "Nick, stick in there." I even received a postcard from Gladys saying, "Nick, we need you back in the Parliament. We miss you, so come back." We are Liberal and Labor and we oppose one another, but it shows that when it comes down to the nitty-gritty of the human condition, we care for one another. We really do. It does not matter whether we are Liberal or Labor. I thank all the members of the House for the effort they put in to make me happier when I had a great problem. When you are in great pain it is easy to say, "Bugger this, I'm getting out of here." I would not take morphine because I thought it would not work and I would become accustomed to it. My partner's father took 40 milligrams of morphine when he had lung cancer. I was only offered one milligram and I would not take it. I suffered the pain.

I will move on. The name of the bill is a misnomer. The "Voluntary Assisted Dying Bill" is a sugar-coated name for State-sponsored suicide. Make no mistake, if you support the bill you are legalising a person to kill themselves or, if they wish, asking someone else to help them kill themselves. We, as a community, have always had an overarching will and drive to protect the most vulnerable and keep them safe from harm. The fact we are here today debating legislation that aims to provide people with the means to end life is something I cannot and will not support.