

VOLUNTARY ASSISTED DYING BILL 2021

Legislative Assembly Second Reading Debate – copied from Hansard 12 November 2021

Mr DOMINIC PERROTTET (Epping—Premier) (10:27): I oppose the Voluntary Assisted Dying Bill 2021. This time last week I was in the last place that many of us would want to be: in a hospital, next to a bed, visiting a patient with a terminal illness. That patient is my grandmother. She is over 90 years old and now she is dying of pancreatic cancer. As I sat next to her, holding her hand, I could tell that she was in great pain and that she wanted it to be over. I got a sense, as much as anyone can, of why those in such pain would want to end it quickly. I completely understand what motivates those who have to sit powerless and watch their loved ones suffer. In some ways, that can be the most unbearable pain of all.

This debate is not abstract for me. It is very real and very personal, just like it is for many of us in this place. People will come to this issue from their different experiences, their perspectives and their backgrounds. We will all tell our stories but we will all speak from the heart. But when it comes to suffering, it is to our hearts that we must turn because the answer to suffering is to not offer death, but care, comfort and compassion. A strong society protects and cherishes its most fragile members. This debate today is not about the details of the bill that is in front of us. It is not about the strengths or weaknesses of the safeguards, or the rights of medical practitioners, or the technicalities of who qualifies and who does not. It is so much bigger than all of that. This debate is fundamentally about how we treat that precious thing called human life. Our answer to that question defines what kind of society we will be. This bill at its heart enshrines a new principle—that we can intentionally help terminate the lives of certain people to end their suffering.

Make no mistake, this is a culture-changing decision. Once we accept the principle of this bill, we cross a line and nothing will be the same as we will have started to define the value of life. It turns on its head a bedrock of our ethics—that we help, not hurt; that we offer hope, not harm. That is why every single member of this place needs to think very carefully about the ramifications of this bill because no safeguard can stand in the way of the fundamental shift we are contemplating here. Paul Keating called this our threshold moment "an unacceptable departure in our approach to human existence".

If we cross this threshold, this Parliament should be under no illusions as to what we would have done. All we have to do is look at the places that have taken this journey before us. In Canada, assisted dying was first legalised in 2016. It was restricted to terminally ill patients, just like the bill we are debating today. But this year, Canada's Parliament passed an amendment. The Government of Canada's website on who is eligible for medical assistance in dying states:

You do not need to have a fatal or terminal condition to be eligible for medical assistance in dying.

Now, terminal illness is no longer a requirement for those seeking euthanasia. In Belgium, euthanasia has been legal for nearly 20 years. It too started with those who were terminally ill or had incurable diseases. But in recent years, many cases of euthanasia involved people whose deaths were not imminent. It is the same story in the Netherlands. Assisted dying laws were initially limited to those suffering incurable physical pain. Then people suffering psychiatric disorders and dementia were made eligible. Then certain disabled newborns could be given drugs to end their lives. Last year the Dutch Government approved plans to allow euthanasia for terminally ill children aged between one and 12. Professor Theo Boer, a member of one of the Netherlands' euthanasia review boards, told *The Guardian* in 2019:

The process of bringing in euthanasia legislation began with a desire to deal with the most heartbreaking cases ... But there have been important changes in the way the law is applied. We have put in motion something that we have now discovered has more consequences than we ever imagined.

We cannot say that we in New South Wales were not warned. The health Minister responsible for the Netherlands' 2001 law has said it came in far too early and that medical care for the terminally ill declined after that law came into effect. But recently, the idea of voluntary death has gone even further.

In 2016 the Dutch health and justice Ministers proposed a law to allow assisted suicide for healthy adults over 70 years of age who simply consider their life complete—no terminal illness, no incurable pain, no psychiatric conditions. It has not been allowed yet, but it is only a matter of time, with a similar bill put to the Dutch Parliament last year. This is also voluntary assisted dying—the same concept we are debating today—just with fewer restrictions attached. The point is, wherever assisted dying is allowed, the same assurances are always given, but the same path is also followed. The bill we are voting on today sets out pages and pages of limits, safeguards and restrictions, just like the ones in other countries did as well. But as history demonstrates, none of those elements are set in stone. If we pass

this bill, the legacy of this Parliament will be to open a door that no-one can close. That is not the future we should want for New South Wales. But that is the future we will get by voting for this bill.

This proposed law does not just impact those who may choose assisted death; its consequences are far more wide reaching. Supporters of the bill say it is necessary to relieve pain and suffering. But the evidence shows something quite different. In Oregon, in the United States, assisted dying has been legal since 1997. Every year patients are asked their reasons behind their decision. Last year, for more than two-thirds of those people, uncontrolled pain was not even mentioned. More than nine in 10 said they wanted to end their lives because they feared a loss of autonomy. We are failing as a society if we accept that loss of autonomy is a legitimate reason for a person to end their own life. But that is exactly what a law like this does. It accepts the premise that our dignity is determined by our autonomy, but that is not the case.

Perhaps this problem is unique to Western culture, with our focus on individualism, rather than Eastern cultures, which have a greater focus on family and community. This focus on autonomy has also concerned disability groups. The late advocate, comedian and journalist, Stella Young, once wrote:

As a disabled person, I'm accustomed to conversations about quality of life and dignity. Specifically, I'm accustomed to assuring people that my life is worth living. I'm short statured, a wheelchair user, and I frequently have bone fractures. ... I've lost count of the number of times I've been told, 'I just don't think I could live like you,' or 'I wouldn't have the courage in your situation'.

Assisted dying helps legitimise the idea that life is not worth living if you have to live like Stella Young. The reality is that our dignity is not diminished by disability or any suffering we endure. Our dignity is in our humanity. But it is not just the disabled who are worried; other vulnerable groups also have concerns. Speaking on behalf of First Nations people, Labor Senator Pat Dodson has said:

Where First Nations people are already over represented at every stage of our health system, it is irresponsible to vote in favour of another avenue to death. Paving the way for euthanasia and assisted suicide leaves First Nations people even more vulnerable, when our focus should be on working collectively to create laws that help prolong life and restore their right to enjoy a healthy life.

Then there are those who are sick, but already feel like a burden to those around them and the pressure—intentional or not—that may arise. As Joe Hildebrand once wrote:

More important than any individual's 'right to die' is the right of all of us to be free from any pressure to die ... If you legalise euthanasia, if you institutionalise the concept that people should be weighing up the pros and cons of their own existence, that pressure is inevitably going to follow.

People battling vicious diseases or just the onset of time may start to feel selfish for doing so, when in fact the will to live is the most fundamental and decent desire within all of us.

The bill also sends the wrong message to those among us who have lost hope, regardless of whether they are terminally ill or not. We all have family members, friends, colleagues—people we try desperately to rescue from despair. We create support networks, counselling and means of intervention. The RU OK? initiative compels us all to look around at the people in our lives and ask if they are okay. The whole point is that we expect some of them to answer, "No, no I'm not." Our response then is to help someone suffering to cope with what they are experiencing, to make sure the help and care they need is available to them, to reassure them and pull them back from the brink, to tell them to keep going. But the bill undermines that, because its central, but unspoken, message is that sometimes our suffering means it is not worth going on.

The answer to the problem of suffering does not lie in this bill, but it does lie with this Parliament. In his second reading speech, the member for Sydney praised the palliative care system in New South Wales. He said we have one of the best in the world. I am here to say we do not, and we are here today debating this bill because we do not. Yes, we have increased funding but not as much as we should have. That is clear from the tragic stories of end-of-life suffering that we have heard. In the community, many supporters of the bill are not yet dying or in pain themselves, but they are afraid of what their later years may hold. They do not have confidence that they will have adequate care and relief; they should have confidence, and the buck stops here. We owe it to every member of our community to put that care in place—adequate pain relief; better access, especially in regional New South Wales; care options that are close to home and family; and the right care options for everyone, especially First Nations communities and people from diverse cultural backgrounds.

We know what we have to do because our Government has done the research. We have consulted widely since 2017 and we even published the framework, but we have failed to deliver that care, and as the former Treasurer, I take

responsibility for that. Let me be clear: I failed in my former capacity as Treasurer to address this issue but as Premier I will fix it. We have made a start, but clearly there is more to do. We will have the best palliative care, not just in the nation but in the world. I want every person in New South Wales, whoever they are and wherever they are, to be afforded the care and support they need to have a dignified end of life. Everyone in our State must have the right not just to die with dignity but to live with dignity to the very end.

Let me end my contribution to this debate where I began. A strong society cherishes and protects its most fragile members. I stand against this bill because it will not help but harm. It will not bring hope but hopelessness. This debate is not about who we are today but about who we want to be tomorrow. A society is judged by how it treats its most vulnerable, the sick, the frail, the elderly, the disabled. It sees them as a blessing and not as a burden. It stands in solidarity with those who suffer and it accompanies the sick and dying on their journey, not offering death but care, comfort and compassion. We should not just look at what a handful of countries have done and simply follow. Instead, we should light a path to a better way and take the lead. Let this State be a place where we never say to anyone among us, "Your life is not worth living." Above all, let this State be a beacon of hope. A few weeks ago, we lost a great Australian—Eddie Jaku. We united in this Chamber to applaud his extraordinary life and mourn his passing. He knew pain and sorrow that none of us could imagine. In his book, Eddie wrote:

I have a belief that if you have good morale, if you can hang onto hope, your body can do miraculous things. Tomorrow will come. When you're dead, you're dead, but where there is life, there is hope. Why not give hope a chance?

Eddie was right, and I urge all members of this place, let us give hope a chance.