

VOLUNTARY ASSISTED DYING BILL 2021

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

Mr ANTHONY ROBERTS (Lane Cove—Minister for Counter Terrorism and Corrections) (14:56): I speak against the Voluntary Assisted Dying Bill 2021. Once again, I defend the basic dignity and value of human life, a principle about which there should be no debate. Yet we are here again. I think all members would agree that there is an inherent dignity to human life. We all rejoice in the birth of a child, the growth to adulthood and the wisdom that comes with old age. We are devastated at the loss of life too early, and we grieve with parents who lose children. We believe that by virtue of being human, people have dignity. For that reason, we criminalise the taking of life. We rightly and justly spend significant amounts of money, in both the public and private spheres, helping prevent the loss of life by suicide of those who have lost hope or a sense of worth. No right-minded person would argue that human beings—women, men and children—are not to be afforded the dignity that comes from being one of the worldwide human family. If humans have dignity, they have value.

We recognise the value of human life by ensuring that each person has what they need to flourish. That is why we strive to work with our First Nations sisters and brothers to find a way forward to a respectful and full union of all in the Australian community, because all are inherently valuable. We recognise the value of each person by contributing to international aid for those who are starving and for those who are fleeing oppression. We recognise that each life is valuable by providing the care and support that all people need at every stage of their lives. Yet we are presented with proposed laws that encourage us to believe in some cases human life has lost any value and that it is acceptable to encourage people to believe their lives have ceased to have meaning and value. That belief rejects the notion of human dignity because it suggests that human dignity is limited and that in some cases it is nullified. That belief, which is enshrined in the bill, also involves a devastating and irreversible paradox. We are proposing to allow the view that life has lost value and dignity in the case of terminally ill patients with limited life expectancy, yet we deny the right to other people to who believe life has lost value to end their lives because we disagree with them.

Recently I was contacted by one of my constituents who suffers from severe mental illness and frequently wishes to end his life. Does their suffering constitute a loss of human dignity? Do we believe that that life has become valueless? If that individual believes that their life has lost value, why are we privileging the few over the many? The reality is that this legislation, quite apart from violating accepted notions of the value of life and of human dignity, is fundamentally misconceived in its attempt to quantify the value of human life. As I have noted, the bill suggests that at a certain point life becomes valueless, but where does values analysis cease? What about the case of seriously mentally ill people who have capacity to make rational decisions but whose suffering is intolerable? Are their lives valueless? If so, why do we do so much to reduce the incidence of suicide?

What about vulnerable, disabled children and young adults? Are their lives lacking in value? What will protect those members of our community from developments to the legislation that allow for assisted dying? It is no doubt true that a significantly greater investment of funds and training could assist in a broader provision of palliative care, which could help to relieve the suffering of those who have reached the end of their lives, often in distressing circumstances. By providing that care, real opportunities are provided to the dying person to make peace with the reality of what is happening to them and to farewell loved ones without a legally-imposed time limit. But the premise of the bill is that the lives of the dying no longer have value. That is a very dangerous precedent to set because it opens the door to assigning categories of value to personal characteristics.

Throughout history no civil society has accepted or permitted any actions that could lead to the destruction of human life. The past 18 months have provided a pertinent example of that principle in action. The COVID-19 virus presented a very real threat to some of the most vulnerable members of society: our elderly and our immunocompromised. In response to those threats we took the appropriate actions to mitigate the risk: the implementation of public health orders that enforced social distancing, the closure of non-essential businesses and the halting of all forms of travel. Those orders were successful in limiting the spread of COVID-19 and they kept the death toll as low as possible. However, the orders came with additional complications. Mental health issues increased rapidly, the educational outcomes of our children were clearly impacted and our economy

was devastated. Nevertheless we accepted those complications because we all understood that it was our duty to protect the sanctity of human life above all else. That is why I am utterly baffled that we are having this debate.

We have spent the past 18 months asking the citizens of New South Wales for nothing but sacrifice—for young people to sacrifice their education, for workers and small business owners to sacrifice their income and for families to sacrifice their time with one another—all to save the lives of the vulnerable. Why are we now debating whether those lives were indeed worth saving? Why are we questioning whether the sanctity of life that we all fought so hard to protect is now worth defending? I stand here not only as someone who believes in the sanctity of human life, but also as a legislator who, over the past 18 years, has reviewed and voted on the hundreds of bills that have come before me in that time. After having read the bill, I reflected on those 18 years quite closely. I must admit, only a few bills would rival this one in terms of how dangerous it is in its intent.

I remind the House of the importance of intent—a word used often when debating legislation, but one that has been conveniently discarded in this debate in particular. Euthanasia and assisted suicide have only one intention, and that is to kill. This particular bill has only one intention, and that is to kill, to take life. There is no intention to ease suffering, there is no intention to prevent abuse and there is no intention to protect our most vulnerable. The bill has been designed to promote and provide only one option. I will elaborate on some of the many and potentially dangerous flaws the bill presents. One astonishing flaw in the bill is its complete disregard for the impact that mental illness has on the decision-making capacity of an individual. Treatable conditions such as depression, which is a known contributor to suicide, present no barrier for those trying to access lethal drugs.

Additionally, there is no requirement for patients to undergo an assessment by a psychiatrist or physiologist. A review of the legalisation on euthanasia in the Northern Territory, where the legislation required an assessment, found that, of the four patients who accessed the lethal drugs in 1997, three suffered from undetected mental health conditions. Detecting mental health conditions in terminally ill patients presents a challenge, but the solution is not to completely eliminate mental illness as a factor in the equation. An attempt to legalise euthanasia without mental health provisions is objectively reckless. A number of further flaws present themselves when we examine how the bill attempts to construct the process for accessing lethal drugs. The bill allows for doctors to suggest euthanasia and assisted suicide to patients as a treatment. The inclusion of that provision would be unprecedented.

Jurisdictions such as Victoria where euthanasia and assisted suicide have been legalised have at least recognised the power imbalance between a doctor and a patient and have prohibited doctors from suggesting euthanasia and assisted suicide as a treatment. The power imbalance presented by allowing the suggestion of euthanasia and assisted suicide as an end-of-life option is further compounded with the knowledge that the bill provides no requirements for the consulting practitioner to specialise in the terminal illness that a patient is suffering from. Further, under the bill there is no requirement for coordinating or consulting practitioners to physically examine their patients. All medical consultations may be conducted via videoconference, including the final request for euthanasia and assisted suicide. [*Extension of time*]

I need not expand on how dangerous it will be to allow for doctors who are not specialists in a patient's illness to effectively sign that person's death warrant over Zoom, all within a time frame as short as five days. Perhaps the most sickening and frightening proposals in the bill are the implementation of a statute of limitations of two years for those who are found to have breached the legislation, and the provision of protections for those who believe they were acting within the law. The sponsors of the bill have lost sight of the fact that carrying out euthanasia or assisted suicide in breach of the legislation is in fact homicide. They have drafted the bill to protect those who might abuse it, not those who seek to access it.

It is truly disappointing that I have to remind the House of the value of homicide legislation. People inside and outside this place who support legalising euthanasia and assisted suicide must see from a purely objective analysis of the bill that it lacks even the most basic safeguards for some of our most vulnerable. I am mystified as to why the sponsors of the bill have intentionally watered down the legislation in the full knowledge that in 2017 the Parliament wholly rejected a stronger version of the bill for its lack of necessary safeguards. I, along

with many other members of my community, stand firmly against the Voluntary Assisted Dying Bill and any attempt to violate the sanctity of human life or to quantify its value.