

## VOLUNTARY ASSISTED DYING BILL 2021

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

**Mr JOHN SIDOTI (Drummoyne) (11:42):** I thank the House for the opportunity to speak in debate on the Voluntary Assisted Dying Bill 2021. I recognise that there are strong views on both sides of the debate and I respect the right for all views to be heard and considered. I start by sincerely thanking the constituents of my electorate of Drummoyne who have contacted me and put forward their views in a very respectful way. Like many others in this Chamber I understand the emotional toll on individuals and their families that comes with illness, and that comes with suffering and death. For some people such experiences have compelled their stance. I recognise that having this topic brought up again in the public arena has sparked an emotional response for many people who have lived through the trauma and the certainty of the death of a loved one. I appreciate that this debate is not a simple "yes" or "no" to the bill. It is a complex topic, reflecting diverse experiences and perspectives.

I am not a supporter of the bill for three main reasons. First, I have legitimate concerns regarding the provisions and safeguards in the bill. Secondly, I have grave concerns that, as a society, we are disregarding well-resourced palliative care as a better and a more respectful way to comfort and care for people at the end of their lives. Finally, I hold concerns for the way in which the bill will impact society, and the values and protections that we hold for vulnerable people. I will discuss a number of provisions of concern first. I note that a previous bill in 2017 was not supported in the Legislative Council Chamber, and that version contained a number of safeguards that are no longer applicable in the bill currently before the House.

For example, in the 2017 version of the bill an individual had to be at least 25 years of age to access the assisted dying services. This has now been lowered to 18 years of age. This change seems at odds with the information and feedback that I have received that, by and large, deal with the older sections of our community. There has not been an adequate assessment of the ramifications of the bill on the younger cohort. How do we reconcile reducing the age limit in this bill for a group with the highest suicide rate in our community? What kind of mixed messaging is this? I cannot support this change.

The bill also contains a number of provisions for coordinating and consulting medical practitioners with reference to a patient. Most notably, coordinating and consulting medical practitioners do not have to be the treating doctors of the patient, nor do they need to be a specialist in the relevant area of illness. There is no obligation for the medical practitioners to have any special knowledge of the illness of that particular patient. This leads me to another question: How can a medical practitioner have an accurate understanding about the way in which a condition will affect the patient in six to 12 months' time if they have limited knowledge of the patient, the illness or its impacts? I cannot in good conscience support a bill that, in many ways, goes even further than its predecessor to erode safeguards for the patient.

In the previous 2017 bill it was proposed to make it mandatory for one of the two medical practitioners conducting an eligibility assessment to be a specialist in the illness suffered by that patient. This is no longer the case. The 2017 bill also mandated that an assessment of a patient's mental health would be needed in every case. However, the new 2021 version of the bill only allows for a mental health assessment if a medical practitioner believes it is appropriate. What does that mean? Surely a patient wanting to end their life is worthy of a mental health check. I am concerned that this watering down of a previous safeguard will bring about unintended consequences. This provision reduces the holistic physical, and psychological treatment and care that a patient needs at the very time it is needed the most.

Another provision of concern in the 2021 bill relates to online videoconferencing to review patients and to conduct eligibility assessments via platforms such as Zoom. I struggle to see how this provision is appropriate for such a serious matter. Given that this is a life-changing and, ultimately, a life-ending decision, these important appointments should be conducted face to face. Whilst telehealth and videoconferencing options are available and have been extremely useful for patients during the pandemic crisis, they should be treated as a very last resort for patients seeking to access assisted dying services. This bill has sought to make it easier for patients to access assisted dying services, but that process should not make convenience more important than safety. This is not an Uber Eats style of medical treatment that can be ordered over the web and home delivered at a moment's notice. The bill has removed some very important safeguards and I cannot support it. Ultimately, what

is being proposed in this House is to offer legislated justifications to remove life. This is not something that can be fixed later with amendments, nor is there a returns policy for a poor decision.

The second issue I wish to raise is the importance of palliative care. It is by all means the best and most respectful way to care for and comfort those at the end of their life's journey. Our Premier has spoken recently of how the Government will ensure that these services are the best they can possibly be, ensuring that those affected by life-ending illness and their loved ones are provided with a caring, pain-alleviating and respectful environment. During the pandemic crisis we placed our faith in our medical professionals and our leaders, and we are emerging from those dark days thanks to an effective vaccine. We must rely on that same faith in modern medicine now. Modern medicine can support, assist and take away pain and suffering in almost all cases. We can channel more resources into this medical area to develop better and more accessible pain relief that allows our terminally ill community members to live out their days comfortably surrounded by their loved ones. To live and love, that is their right: a right that needs protection. I seek an extension of time. [*Extension of time*]

Palliative care has, and will always have, an important role to play in end-of-life care. It has been instrumental in improving patient outcomes, and supporting patients and their families, not just physically through pain-relieving medication but also from an emotional perspective. Since becoming an MP I have spoken in this Chamber about a number of issues of conscience. I have always resolved that the values of our religious and our Christian community members are not to be dismissed as quaint or dogmatic. Our society is built on the Western Judeo-Christian values. While I personally adhere to my own Christian foundations, I appeal to this House from a perspective of reason. We must respect all human life and respect its intrinsic value, which means rejecting the message of hopelessness and negative judgment associated with this bill and avoiding the slippery slope that comes with this legislation.

The bill is asking us to determine what we value as a society. I do not believe that euthanasia or assisted dying is a binary question of choice versus suffering. I see the issue as resignation versus viable options, of hope versus despair and of respect for all versus respect for some. It is an uncomfortable truth that death is inevitable. I believe that all life is sacred. I could not support legislation that effectively values one life over another or reduces that value because the person is sick, infirm, disabled or requires a high level of care. The fragility and uncertainty of life for those with a terminal illness should bring into stark focus why we treasure every last second on this planet. Who are we to make a judgment that because a person has limited time left and they are in pain that their existence is not worth continuing? If the pain is addressed, and the respect and value is left untouched, is their existence not worth preserving?

Ultimately the bill brings about questions in relation to the core values we hold in our society. The term "voluntary assisted dying" has sterilised an enormous issue. We are in effect saying that with the bill in some sections of our population it is acceptable to help them die. Implied in that statement is their lives have some sort of less value. All governments across Australia have invested huge amounts of resources in managing mental health in our community. The main message is: Life is precious and worth living. This bill says the opposite and cannot be reconciled with an anti-suicide stance. Some people have advocated that it is their right to choose when to end their life. This is not a question of personal rights. There is no right to have someone help another person die; that flies in the face of our criminal law and our anti-suicide messaging.

When we are sick and in need of treatment, we surrender ourselves to the medical professionals in the hope that they can cure what ails us. Anyone, at any time, can refuse treatment. That right is untouchable. But it is a whole nother issue to try to extend that right to have or to not have treatment to include a right to have State-assisted suicide. While we would all prefer to be able to pick when and how we leave this mortal coil, we cannot. This bill erodes the values of the medical Hippocratic oath that we hold so dear. There is no dressing up or packaging that can make State-assisted suicide acceptable. I hold serious concerns about the ramifications of the bill, and how assisted dying could leave elderly and infirm constituents vulnerable.

In overseas jurisdictions with similar legislation the main reason given for accessing assisted dying services is not to relieve unbearable pain but to actually hasten death to relieve the emotional and financial burdens on families. That is unacceptable. Ultimately we must understand the context of a patient with a terminal illness and the roller-coaster of emotions that they will experience. I worry that some patients will not be in the right frame of mind or may worry about being a burden on their family. They are in a position to be coerced and pressured to end their life for the sake of others. This legislation should not be misused in that way. What kind of society will we be living in if we do not protect people from ending their lives because they feel as though their medical condition has compromised their value?

There are a number of foreseeable consequences for people who are considered vulnerable. I question whether the bill has enough protections for elderly and vulnerable people. No family is immune to conflicts and we know that elder abuse occurs, sometimes within institutions and sometimes within the family unit. How can this bill put in place adequate protections to ensure that a patient is not coerced or persuaded to pursue assisted dying because it is beneficial to family members or beneficiaries? Where are the protections and what are they? Any legislation of this kind can never be robust enough to protect vulnerable people from this type of scenario. Therefore, I cannot in good conscience support a bill that would leave a person vulnerable, to compel them to think that they have no option other than to end their life.

In my nearly 11 years as a member of Parliament, from time to time I have witnessed legislation that is first introduced and passed only to be watered down as time has gone on. If this legislation passes in its current form, it is a real possibility that societal attitudes towards assisted dying and euthanasia will keep expanding to include more categories of people eligible to access this State-sanctioned suicide. That means that unbearable pain would not be part of the eligibility criteria. This has already occurred in parts of Scandinavian Europe, where being disabled, sick or infirm, regardless of age, can allow for access to State-sanctioned suicide. Even children can be eligible for this option. The natural extension to this argument is involuntary euthanasia, where someone else makes the decision as to whether a person should keep living. Can you imagine what kind of world we are inviting that includes such judgmental foundations on human life? What will be the next change? Where will it end?

**TEMPORARY SPEAKER (Mr Greg Piper):** Everybody is in the same situation, I am afraid.

**Mr JOHN SIDOTI:** But not everyone has had 15 minutes; a lot of members have had five minutes and seven minutes. I am finishing, if that is okay.

**TEMPORARY SPEAKER (Mr Greg Piper):** The standing orders do not allow for it, but I will indulge you, if you are very quick, if you could do that.

**Mr JOHN SIDOTI:** Do we want to stand on a road that bears an uncomfortable resemblance with population cleansing that has occurred and been denounced throughout human history? No amount of progressive packaging can change what the bill purports to do, which is to make a judgement on whose life has value and whose does not. The bill already lacks important provisions and safeguards, so how can it be justified or passed? In conclusion, I thank everyone who engaged with me to share their views on the bill. All views are valid and should not be dismissed. Most of all, I appreciate that others have views in stark contrast to my own. I have already maintained that I am respectful of the one thing we all have in common, and that is life.

**TEMPORARY SPEAKER (Mr Greg Piper):** I acknowledge problems with timing because we do not have a clock. In his contribution the member for Drummoyne was given a three-minute warning and he sought an extension, which is suitable. However, from that point on he would not have known when he was close to 15 minutes. It is my intention to have the Clerk give a one-minute warning at nine minutes if someone has not sought an extension, or at 14 minutes if they have. That will assist everybody. There is a three-minute warning at seven minutes. If members choose not to take an extension of time, there is one-minute warning at nine minutes.