

VOLUNTARY ASSISTED DYING BILL 2021

Legislative Assembly Second Reading Debate – copied from Hansard 25 November 2021

Ms LYNDA VOLTZ (Auburn) (10:39): This is not a new debate for me. This is the third voluntary assisted dying bill I have dealt with in this Parliament—this one and two in the other place. On the last bill, I collaborated closely with the member for Heathcote and a former member in the other Chamber, Mehreen Faruqi, who is now in the Federal Parliament. For me, this bill has always been about care and compassion. It is about the ability to walk in someone else's shoes. The story that most stuck with me during the last debate, and it has stuck with me in this debate, is that of Gideon Cordover. It is the most poignant story that I can relate to people so they can understand why this legislation is important. His father, Robert Cordover, was suffering from motor neuron disease, a terminal illness, when he took his own life in 2009. This is Gideon's story:

I was 19 years old. Robert did not want a lingering death and figured he had to act early whilst he still had the mobility to die alone, before the impending total paralysis. Had assisted dying been legal my father could have survived for weeks or months longer. I would have done anything to have had just a bit more time with him. That is why I write to you now.

Robert was fully informed about his palliative alternatives (withdrawal of treatment, medical dehydration, induced coma). The average life expectancy for sufferers of this disease is less than three years. No-one in history has ever recovered.

A scientist, my dad knew the odds of him being the first. His mother had died from the same illness and he knew what to expect.

Robert was a man who had loved his life and was not prepared to suffer needlessly or waste away slowly without any of the quality he once enjoyed. He felt ready and I respect his decision. The law did not.

I am heartbroken that in order to protect his family from being implicated in his death and prosecuted, he took steps to die early.

I feel upset that no-one would listen or respect his rational request to die on his own terms. He should have had more options rather than being condemned to select from the Hobson's Choice of a lonely suicide or a drawn-out, undignified death.

Robert's physical pain was unbearable.

Fasciculation, involuntary muscle spasms like never ending pins and needles all over, kept him awake and since the valve between his oesophagus and windpipe was faulty he could not eat or drink without choking.

He was fluent in half a dozen languages but could no longer speak at all. He was once an intervarsity wrestler and had worked outdoors all over the world as a marine biologist but now he was weak and hungry and breathless.

He loved the reef and taught us all to snorkel from an early age so together as a family we went to the Great Barrier Reef for one last hurrah but he could not join us in the water. He had to sit on the boat.

He could barely use his arms anymore. Each day was getting worse, more difficult, more frustrating. The "natural" death he had to look forward to was suffocating on his own saliva after a prolonged period of being trapped inside a functionless body, his mind still racing. He described the ordeal as torture. Unrelenting torture.

There is absolutely no doubt, as any coroner will tell you, that around Australia hundreds of Australians who are terminally ill take their own lives every year, often alone; and often they are found by their family at a later stage. The reality with this piece of legislation is those people will have a choice. They will not take their life early. There is an option for them. This is about the sanctity of life because this bill will allow them to live longer. It will allow them to see if there is a treatment available to them. It will allow them to talk to doctors without the fear of, "This is my future. I have to take my own life now."

As I said, this is my third debate on voluntary assisted dying. It was very poignant for us in the other Chamber because at the time we were facing one former member and one current member of our House who were dying. One of them was Paul O'Grady. I went to see Paul O'Grady nearly every second day when he was in palliative care at St Vincent's. I also took my daughter Anastasia, who was so fond of Paul. Anastasia eventually stopped going because she would go there and Paul would be screaming in agony. She could not bear to listen

to his pain—and that is the probably best palliative care we have in New South Wales. We also had John Kaye, who was probably the greatest mind this Parliament has ever seen. He was such a brilliant man, and what happened to John was so unfair. For us in that Chamber, this legislation was the answer for John and for Paul. Unfortunately, it did not happen. I know John died a very painful death, and he was so upset. His one dying wish was for the legislation to get through our Chamber. We missed him greatly in the other House.

At the end of the day, we were so close in that Chamber. We could have been the first State to pass this legislation, but it did not happen. This legislation is not for people who have options. It is not for the person who has cancer and still has treatments available. It is not for the person with dementia. It is for the person who is terminally ill and will be dying in six months. It is essentially a bill for older people. We know that the people who will use this legislation are amongst an older cohort who know well what they are facing. It is for their last three or four weeks of their life because it is a very narrow bill with a huge number of protections. As I said, I have been through three debates. I have been to public forums across New South Wales. I have been to Kiama with the member for Kiama; we held a public forum. I have been to South Coast with the member for South Coast for a public forum. I have been up to the mid North Coast with the member for Myall Lakes. I have been to Newcastle and to Lake Macquarie. We have held public forums, we have listened to people, and we have heard every argument that has been put forward. At the end of the day, we want to give people the option. We do not want to see what happened to Robert Cordover and his family happen to other people.

When we last debated this bill in the other Chamber, we were very close—we were within one vote. Some members said to us, "We're really concerned about the lower age being in there. We could support this legislation if you just put 25 in there." The reason we included it—and my colleagues did not agree with me at the time—was because we were facing a dire situation. We wanted the bill for John Kaye at the time; there was something driving us. That gave us the one or two votes that got us across the line. We put that protection in the bill that people asked for. Unfortunately, the people who asked for that protection and said that was their only hesitation on the bill then voted against the bill. I get that people want to put protections up, but be straightforward and be honest because we are genuinely interested in ensuring that people are comfortable and that there is transparency in the bill. Some members have spoken to the member for Sydney and looked at making amendments—which will provide clarity and clearance for people—to achieve a better outcome in the bill. There will be amendments that I will support because they offer the medical profession a much clearer avenue through, and people in the medical profession have asked for clarity in this area.

At the end of the day, the only available option that the medical profession can offer to people who are dying is so much morphine that it kills them anyway. The reality is that people end up in a state where they die from the medication they are being given to deal with the pain. That is the choice that doctors are making. What this bill gives us is not a decision of the State. This is not the State sanctioning the taking of someone's life. What this bill offers is the State giving the individual a decision-making mechanism that allows them—if the pain gets too much, if there are no longer any treatments, if they were dying anyway—an option to consider what that would look like. What it will mean is the coroners around New South Wales will not be dealing with hundreds and hundreds of families who have come home to find that their father has got out a shot gun and shot himself. I will share with the House a traumatic story from one of the people who spoke to us. The lady is a member of the Salvation Army. Her father did exactly that, and her mother came home to find the scene.

I have been in autopsies, and I have been in the military police. I have seen people who have committed suicide. I can tell you someone who takes a gun and shoot themselves in the head is not a pretty outcome. Not only was that mother faced with finding that person down; she was then faced with the police in the first instance thinking that the mother had committed the crime. That was because the father had no other option. If he had an option such as what this bill could have provided for him, then he would not have taken that action. There would be an option for him at the end of the day. I know everyone will make their own decisions in this place. My views on this have not changed on any level, simply because it provides that certainty and that clarity for people who are facing what they believe will be a terminal illness that at some time in the future there will be an option for them. I support the bill.