

VOLUNTARY ASSISTED DYING BILL 2021

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

Ms KATE WASHINGTON (Port Stephens) (14:02): I am a proud co-sponsor of the Voluntary Assisted Dying Bill 2021, and I am pleased to make a contribution to the important debate today. It is not my intention to address in detail the specific provisions of the bill. For that, I refer anyone interested to the comprehensive and thoroughly excellent second reading speech of the member for Sydney, Alex Greenwich. In the short time I have, I prefer to give voice to those for whom voluntary assisted dying will make a very real difference, and I will address some of the factors that have influenced my position on the bill.

I will start by sharing the thoughts of a courageous constituent, friend and beautiful human, whose experience is at the heart of today's debate. Gail Armstrong was diagnosed with breast cancer 19 years ago and was successfully treated. Seven years later, she was diagnosed with a different type of breast cancer that resulted in a bilateral mastectomy. She thought she had beaten it. Then seven years ago she received the worst diagnosis of all—metastatic breast cancer in her bones. In the face of advice that her diagnosis was untreatable and not survivable, she has been fighting to stay alive. She now has bone cancer throughout her body. This year she had surgery to relieve crippling back pain and, most recently, to remove a tumour on her brain. I thank Gail for authorising me to share her thoughts today. She has said:

I am very aware that I will suffer unbearable pain if my cancers run their normal course and they grow into my spinal cord. This type of pain can not necessarily be relieved with pain medication. I have resigned myself to the expectation that I may be forced to end my own life, earlier than would be necessary, while I am still competent enough to do so. I will have to do this alone without a loved one by my side and without assistance of any kind (especially no medical expertise). I think it is cruel that I will be forced to this, and unfair to my survivors that I will then be regarded as a suicide death.

Gail fears that palliative care may not be sufficient to free her from pain. She says:

This is not a battle between palliative care and voluntary assisted dying, both should be available to enable a qualified choice for someone who is facing a painful and inevitable death. I want my death to be civilized and at the time and location of my choice, and not isolated and alone.

I want to be relieved of this constant worry, on top of everything else I'm facing. I just want the comfort and security of knowing that I can be assisted to have a dignified end-of-life.

I cannot mention Gail without also mentioning her loving husband, Graham, who has been by her side every step of her painful journey. I am reminded of a comment by Cicely Saunders, the founder of the hospice movement, which led to the specialty of palliative care. Cicely said, "The way we die lives on in the memory of those who survive." The bill is for Gail and Graham, for people suffering from a terminal illness and their loved ones.

Throughout this process, many people have shared with me their stories of losing loved ones in harrowing and haunting situations. A common refrain has been that we do not treat animals this badly. Then I heard from Mark Dowden, a local Port Stephens vet, who spoke with some authority on this issue. As a veterinarian of 37 years' experience, Mark routinely and humanely administers euthanasia at the appropriate time of an animal's life. He had heard his clients say that the death of their animal was more humane than the way a loved one had passed, which he had rationalised as being due to heightened emotions, until he saw it for himself. Mark says:

My father experienced the worst death of any living creature that has ever been in my presence. For the first week as he gradually became weaker, he experienced dreadful pain from his back that was barely dulled by the drugs he was given. He experienced dreadful unrelenting nausea, partly from the renal failure but also from the pain relief drugs.

He experienced dreadful hallucinations, partly from the effects of the build-up of various toxins from the renal failure and partly due to the effects of some of the drugs he was given. This was interspersed with periods of lucidity where he would repeatedly ask if he was dead yet, or why wasn't he dead yet, and to beg me to give him a needle to end his life or to shoot him in the head.

These terrible episodes only stopped when he finally slipped into permanent unconsciousness in the last two days or so. My whole family was distressed and traumatised by the manner of my father's passing. As you could imagine, this scene would be very confronting for anyone to observe, but particularly so for me, who has spent a lifetime providing humane treatment for animals at the end of their life and yet could not do this for my own father.

I thank Mark for allowing me to share his family's story today.

For this bill, every member of Parliament is granted a conscience vote. It has caused me to reflect deeply on what that means. In my view, it does not mean voting only in accordance with our own personal views. We should be informed by the conscience of our communities and, importantly, evidence. So I have consulted widely. I have read a lot and I have been grateful for the advice from many experts. There has been a lot of misinformation promulgated both in this place and elsewhere about the bill, some of which I address now.

The facts are these: The legislation before us today is based on the same models that have already been introduced in Victoria, Western Australia, Tasmania and South Australia. The Victorian model has been in operation since 2019, and its reporting mechanisms provide evidence that voluntary assisted dying can be safely regulated and that the safeguards are indeed safe. The Victorian experience shows us that, in 2020-2021, 331 people accessed voluntary assisted dying. Importantly, of those 331 people, 80 per cent were receiving palliative care. For greater context, the 331 people who accessed voluntary assisted dying in Victoria were amongst 40,900 Victorians who died in that same period. That means that just 0.8 per cent of those who died in Victoria in that period accessed voluntary assisted dying. To point out the obvious, that also means that 99.2 per cent did not.

So what does all that mean? In the area of palliative care, it shows that it works alongside voluntary assisted dying; it is not one or the other. But we must ensure that there is an adequately resourced and integrated palliative care system to provide that support, particularly in regional New South Wales. In my community of Port Stephens, we have been beating the drum for years for better resourcing for palliative care. Our calls have largely been ignored. When the Premier spoke of the need to properly resource palliative care during his contribution to this debate, it was welcome, of course, but also frustrating that it was being used as an excuse to delay this significant reform. We can do both, and we must do both. I will hold the Premier to account for his commitment to properly fund palliative care to ensure that there is equity of access to those fundamental services in Port Stephens and right across regional New South Wales.

When it comes to the number of people facing the end of their life, the evidence shows that only a tiny proportion are accessing voluntary assisted dying where it is already legalised. Indeed, it shows more than 99 per cent of people who die do not access voluntary assisted dying. Dr Peter Saul, a senior intensive care specialist in Newcastle, quite rightly believes that the vast majority of people who face end-of-life decisions also deserve mention in the debate we are having today. Dr Saul does not want our focus on voluntary assisted dying to make us lose sight of the bigger picture. He wants the conversation to continue about how we ensure all people facing end-of-life decisions have increased control, care and compassion. Dr Saul holds the view that "Voluntary assisted dying laws will make a world of difference, and empower people to make choices they didn't have before." But he also asks the important question: "How do we extend choice and dignity to those that can't or won't access the legislation?"

According to Dr Saul, a well-resourced and integrated palliative care system is part of the solution, alongside other simpler policy changes around advanced care directives and guardianship. As Dr Saul says, "A good death doesn't happen by accident." It is important that the conversation about choice, control and dignity in death for the vast majority of people continues. As a regional MP, I also put on the record my concern about access to health care generally and the need for additional resourcing to support the implementation of voluntary assisted dying. [*Extension of time*]

Under the bill, a terminally ill person seeking voluntary assisted dying needs the advice of two independent authorised doctors. Getting in to see a GP in my area is already hard, sometimes impossible. If there is a need to refer to a specialist, it would put impossible barriers in place because we have so few. If voluntary assisted dying becomes law in New South Wales and it is to deliver on its promise of offering safe access to a dignified end, the Government must adequately resource training for health professionals and health care generally in

rural and regional New South Wales. When we come to vote on this bill, all members in this place will be voting with their values and beliefs. But we would not be in this position if it were not for our communities electing us to represent their views and fight for their interests.

For me, it was critically important to understand my community's views on this issue. I conducted a lengthy survey, which revealed 87 per cent of people in Port Stephens who responded to the poll supported the introduction of voluntary assisted dying laws in New South Wales. I read the numerous messages I received in support of the change, as well as those who opposed it. I genuinely thank every person who took the time to contact me and share their views respectfully with me. From that process, I am humbled to be able to confidently say that my support for the bill is in accordance with my conscience, in accordance with the evidence and in accordance with the views of my community. I will end where I started—back to the heart of today's debate and the voices of those who should matter. Gail Armstrong, my constituent and friend, says:

If the proposed legislation is put in place ... I would not have to use it, but the comfort I would get from the knowledge that I had the means would be immeasurable.

So that we can give people like Gail, who want to live, peace of mind until they no longer can, I support the introduction and legalisation of voluntary assisted dying laws in New South Wales and hope that the majority of my colleagues do too. I commend the bill to the House.