

## VOLUNTARY ASSISTED DYING BILL 2021

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

**Mr RAY WILLIAMS (Castle Hill) (12:43):** I make a contribution to debate on the Voluntary Assisted Dying Bill 2021 that is currently before the House. I thank everyone who has made the effort to contact my office regarding this bill and give the reasons why they either support or do not support it. I respect the opinion of each and every person in regard to this matter. I state from the outset that I cannot support the bill, as it goes against every fibre in my body, and every principle and value that I hold dearly in terms of the essence of life itself. I cannot support legislation that, if enabled, would permit a person to assist in killing another. I am quite simply a lover of life and will do everything in my power to savour every moment of my time on earth. On that basis, I do not think I am different from anyone else. We only have one life. I aim to enjoy every moment of mine and to do whatever I can to ensure my loved ones, my friends and my community have every opportunity they can to enjoy their lives to the fullest.

As a father I protect and nurture my family, my children and grandchildren, but as a representative of my community I stand proudly as a member of this New South Wales Government that has committed billions of dollars supporting the rebuilding of our health facilities right across New South Wales. These state-of-the-art hospitals, which are the best health facilities found anywhere in the world, are filled with highly qualified doctors, clinicians, nurses and paramedics who commit themselves each and every day to help save lives, and protect and preserve life. No greater example of that can be seen than in their commitment to help preserve life over the past two years, when dealing with one of the most contagious and deadly viruses ever experienced during the current COVID pandemic. Whilst dealing with an extremely deadly and highly contagious virus, these people turned up each and every day to help save and preserve lives despite the fact they too could fall victim to the pandemic. They are all to be highly commended.

As the former Minister for Disability Services in New South Wales, I transitioned the very first State in this country to a full NDIS. I stand proud of that achievement and the difference it has made to the lives of over 100,000 people with disability in New South Wales. The fundamental basis of the NDIS was to provide the funding and supports to people with disability so that they too could lead the best possible life. The NDIS has already made, and will continue to make, a profound difference to the lives of those people with disability, now and well into the future.

I will not be going into statistics or reading from literature from places around the world, nor quoting professionals with varied medical or religious backgrounds. Rather, I will draw on my own personal life experiences in having spent much time with many people who have been diagnosed and sadly passed away with terminal incurable diseases. They were people who I spent time with in the final moments of their life. I respect the many comments raised in this debate regarding the personal experiences of those people who have spent time with others suffering incurable diseases, as I have. I place on the record that no-one wants nor expects people to suffer in any way in their greatest hour of need. I firmly believe that should be the basis of any decision made in regard to support for people contemplating ending their life prematurely. To be fair, many still do, but perhaps not in a way many of us realise.

I applaud the Premier's comments regarding his commitment on behalf of our Government to invest in better quality palliative care, which I believe is fundamental to easing the stress, mental health and burden of the suffering people experience when diagnosed with a terminal disease. As we know, people suffer in various ways, but not all suffering is pain related. The fact is that the wonders of modern medical science and continued advancements in specific treatments ensure pain can be and is controlled. In most cases, pain is entirely eliminated in people experiencing severe incurable diseases, especially during the time closer to the end of their lives.

There is no doubt in my mind and in those of many others that there exists an immediate perception of pain-related suffering when a person is first diagnosed with an incurable disease, such as severe cancer, emphysema or motor neurone disease. It is a perfectly natural reaction that exists within us all. But the fact is that, in most cases, pain will not be experienced at the end of life in any of the diseases I have mentioned. I have personal experiences with several people in these instances, including members of my own family, that attest to this. No-one expects to contract these diseases or that they will be contracted by our loved ones, but the fact

is that these diseases do not discriminate. Every family will be touched by serious disease in some way. However, advancements in early diagnosis of serious disease offer the best pathway to positive treatment.

There is no doubt that when a diagnosis of serious incurable disease is made it is a devastating experience, and there is no question that people who receive such a diagnosis will immediately feel their world is collapsing around them. I can only imagine the depths of deep despair people will sink into, and the fact is some people will just not be able to come to terms with such a diagnosis on their own. It will be the case that, even with the love and support of those closest to them, people diagnosed with a serious incurable disease will require much more qualified support, and they deserve it and need it as soon as is practicable following diagnosis. For many, it will be gut-wrenching news and only people who receive that type of diagnosis can attest to those feelings. Sadly, the people around them can only sympathise and offer love and support, but the impacts on a person's mental health and the feeling of hopelessness are immeasurable and sometimes inconsolable.

This is where advancements and funding for desperately improved and necessary high-quality palliative care must be delivered. It must also be available to everyone, regardless of status. As we age, sadly people around us, including our families, will contract serious and incurable diseases—it is a fact of life. But in all the cases I have experienced not one person wanted to end their life prematurely—I emphasise that point. They all wanted to savour every minute of life they could, surrounded by loved ones, the very best of medical care and modern medicine that eliminated pain. Those whom I have had the honour of being beside at the end of life passed away peacefully, painlessly and with dignity.

My father was diagnosed with incurable liver cancer in 1998. He had been feeling under the weather for the best part of 12 months but continued to work hard, as he always did, training horses—his great love. Multiple tests at the time did not detect the disease. Once diagnosed, my father remained at home, enjoying the very best of my mother's home cooking for the next three to four months, receiving medication and regular visits from nurses until finally in the last few hours he was taken to hospital where he died peacefully, with me at his side. He did not experience pain and loved the fact that so many of his friends and family were able to visit him in the months leading up to his death.

My mother passed away with emphysema six years later. She was short of breath and on oxygen, receiving morphine in the very later stages, which calmed her and her breathing. She too stayed at home until the last few days, spending valued time with the love and attention of her children and grandchildren. She also did not want to leave us any sooner than she had to. My best friend at high school was Ian Smith. He was a great mate and we spent many years camping and canoeing on the Hawkesbury-Nepean River, among other exciting adventures. He was the bravest guy I ever met. [*Extension of time*]

He risked his own life at the age of 15. He dived into the water and saved one of our other mates—incredible bravery. He passed away in 2006 from a severe brain tumour. He accepted his fate like only a brave and courageous person would and never complained. He was never in pain and passed away peacefully. My wonderful office manager, Greta Hayes, whom I have spoken about previously in *Hansard*, contracted motor neurone disease. She was the loveliest person God ever put breath into and I loved her like a sister. She ensured that she saw her first grandchild, Jensen, born before she sadly passed away in 2019. Greta never, ever wanted to end her life early. She, like all the people I have spoken about, wanted to live as long as she could surrounded by her loving and adoring partner, Phillip, her children and family.

These are only a small number of the people I have had the honour to spend time with during their final moments of life. But there is a recurring theme amongst them all: They never asked nor even insinuated that they wanted to have their lives ended prematurely—quite the opposite. Every one of them savoured every moment, every second, of their life and wanted to live on. It is fair to say that these people did decline in their appearance, they were frail and lost weight, but their looks should not be the reason we automatically assume that they are suffering and should not remain living. I believe when people are faced with the most devastating news that they are terminally ill they receive the support they require through palliative care to ensure they do not suffer in any way, physically or mentally.

While I certainly do not believe that support may be easy, the simple fact is in every case I have spoken about the love, care and compassion, combined with appropriate medication and health advice, were fundamental in ensuring those people knew that their lives were valuable and valued by the people around them. They were safe in the knowledge that they did not impose a burden on their families and others, and that they were not depriving others by their choice of living their life completely to the end, as they should. Only through increased support for appropriate and improved palliative care will this enhanced care and support be

achievable. I extend my heartfelt sympathies and condolences to anyone now or in the future who may be diagnosed with a terminal or incurable disease, but those people must be safe in the knowledge that their life is precious and that it should be lived completely.