

VOLUNTARY ASSISTED DYING BILL 2021

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

Mr GUY ZANGARI (Fairfield) (09:40): I speak on the Voluntary Assisted Dying Bill 2021. This bill has been introduced by the member for Sydney, and I acknowledge his work on this issue. However, I must say that the bill was sent to me when my electorate was in the throes of battling the Delta strain of COVID-19 and in strict lockdown. My priorities at that time—and, indeed, those of all the people of New South Wales—was to do everything we could to stop the spread of the virus and save lives. During that time, I supported the State Government's public health orders, along with my parliamentary colleagues, and encouraged vaccination in a bid to stop people dying. Indeed, both the Federal and State governments spent a good deal of money to supply vaccinations for people of New South Wales to stop them from being hospitalised or dying. I, therefore, found the receiving of this bill at that time quite a contradiction.

Furthermore, it was impossible to meet with my constituents to discuss this bill properly with face-to-face meetings. And although I had formerly had discussions with various stakeholders regarding the issue, it would have been preferable to have more. A time when Parliament could not sit, effectively shutting down democracy, was not the best time to introduce a bill of this nature, and the simple fact that we do not have members of the public in the gallery is testament to that. Based on the correspondence I have received and discussions I have had with the majority of my constituents, and based on my own personal views on this topic, I cannot support the introduction of this bill. I also point out the many issues which may arise as a consequence of the legislation, which have been clearly overlooked in the drafting of the bill.

One of the issues most prevalent in any discussion I have had on the issue is the sanctity of human life, which I feel has been marginalised by the bill. I have spoken to people of all faiths and, indeed, those who do not practise any religion at all. The overwhelming majority all agreed that all human life is precious and that any law that seeks to enable voluntary assisted dying is abhorrent and must be opposed. It is true that the end of a person's life, particularly in cases involving long and protracted illnesses, is a heartbreaking experience. Nobody wants to see a loved one suffer the pain, the despair, the indignities that the end-of-life process can bring. I am sure many of us have experienced this with a loved one or a relative—it is heart-wrenching and extremely difficult. Yet, in consultation with members of my community, I have also heard of stories of great enlightenment and beautiful spiritual experiences amidst the pain and loss—stories of acceptance, peace and consolation with dying loved ones, supported by family and by their faith community as they pass from this life to the eternal.

The Fairfield community has been an integral part of any discussion on this issue, and they also oppose the bill. I have had meetings previously and some Zoom online meetings with stakeholders in the community, including religious groups, healthcare groups and community groups, with the majority opposing any legislation to introduce voluntary assisted dying. While some of my constituents have been in favour of the bill—and I respect their viewpoints—the overwhelming majority are not in favour of this bill. I must, therefore, also take the views and feelings of the various community groups in the Fairfield electorate whilst casting my vote. This bill is aimed at assisting the voluntary death of those who are terminally ill and those whose extreme suffering cannot be alleviated. It also proposes limiting access to people whose terminal disease will cause death within six months or 12 months for a neurodegenerative condition and who are experiencing suffering that cannot tolerably be relieved.

The bill also promises a regulated decision-making process with multiple assessments to ensure the patient is not acting under pressure or duress. Two doctors with mandatory training and experience will oversee the assessment, and no health practitioner will be forced to participate in voluntary assisted dying should they conscientiously object to it. While promising safeguards aplenty, the bill has failed to consider many issues which may arise. Firstly, after a patient has made three requests for voluntary assisted dying and been assessed by two doctors, a doctor must apply to the Voluntary Assisted Dying Board for authority. While this may seem like an added safeguard, it is in reality merely a delaying measure providing no further safeguard at all. It is also worth noting that the period between the first and the final request by a patient is only five days—a short period of time which fails to reasonably provide an adequate amount of time for the patient to change their mind.

There are, of course, also moral, ethical and social arguments against the introduction of voluntary assisted dying legislation. First, without comprehensive safeguards in place, there is a risk of a "slippery slope" situation where voluntary assisted dying could lead to involuntary assisted dying or assisted dying for non-terminal or other conditions which do, nonetheless, involve extreme suffering, such as depression or trauma. Second, while the bill intends to assist with the dignified death of a terminally ill person as a matter of choice, consideration must be given to the fact that the world is not always an honest place. Covert coercion by family members or other individuals must be taken into consideration as a possibility, particularly where life insurance policies, inheritance and financial gain is concerned. Third, if this legislation is enacted, it could place pressure on terminally ill people to end their own lives, even if they are not ready, to alleviate the worry and burden on family members who may be exhausted from caring for them over a long period of their illness.

Fourth, if voluntary assisted dying is legislated, there is the possibility of an impact on resources allocated to palliative care treatment. There is a real risk that palliative care may be undermined in favour of voluntary assisted dying, which could be seen as more cost-effective than palliative care, which is expensive. Fifth, resources for palliative care may also be affected moving into the future. There is a risk here that there may be a decreasing emphasis on improving palliative care in terms of pain relief or managing side effects. This would dramatically impact those who choose palliative care rather than voluntary assisted dying. It is important to note that not everyone will choose voluntary assisted dying and those people must be taken into consideration as a moral obligation. Sixth, the question of what constitutes "unacceptable suffering" will inevitably arise and will become less defined as time goes on. In the future, what will constitute "unacceptable suffering"? Will this include those who are comatose, depressed people, the elderly, the chronically ill and the mentally handicapped? Seventh, the impact on doctors must also be considered. The very essence of this profession is to preserve life, not to take it.

It is safe to say that this legislation will impact on the doctor-patient relationship, as well as polarising the profession into those doctors who will participate and those who will not. What the drafting of this bill fails to address are the alternatives to voluntary assisted dying. Voluntary assisted dying is not the only answer. There are various alternatives that may be considered. It is the responsibility of the State Government to increase funding in real terms for palliative care in New South Wales, which at the moment is woefully underfunded. *[Extension of time]*

In the Fairfield electorate, the Braeside Hospital Palliative Care Specialist Unit has become increasingly reliant on community groups to support terminally ill patients and their families. The Government needs to step in and provide quality, accessible palliative care for terminally ill patients in order to make them as comfortable as possible as they approach the end of their life. The Government must also increase education and awareness about existing end-of-life options such as advanced care planning, which must take place at the beginning of a terminal diagnosis. Sometimes terminally ill patients fear they will lose control over any decisions relating to their care at the end of their life and may therefore misguidedly consider voluntary assisted dying as the only means of retaining this control. The reassurance of having a dedicated advanced care plan for the end of their life will decrease the need for choosing to end their life prematurely, while still ensuring they die with dignity—which is the ultimate purpose of the bill.

The Government must make palliative care more financially accessible to people with terminal illnesses. The exorbitant cost of palliative care leaves many terminally ill patients feeling that they are a financial drain on society and on their families, and may lead them to strongly consider voluntary assisted dying as the best alternative. The Government needs to step in and provide funding to eliminate this possibility. Terminally ill patients should feel cared for and supported towards the end of their life, not be encouraged to consider death as the only solution to the financial drain on their families. In conclusion, the sanctity of human life is one of the driving forces behind my opposition to this bill. As members of the wider community, we are given a clear message from a variety of different sources that life is a precious gift. Much Government funding is allocated to organisations that seek to preserve life and prevent suicide such as Beyond Blue, Lifeline and Kids Helpline. This bill is a contradiction of that message because it is effectively seeking to legalise suicide, albeit for the terminally ill.

As patron of the Australian Man Cave Support Group, I am passionate about raising awareness and doing everything I can to reduce the rate of male suicide. It is my fear that enacting this bill will send the wrong

message to the wider community—the message that some forms of suicide are okay. There is a real risk that the vulnerable members of our society who have considered or attempted suicide at some point may, in the depths of their despair, justify their desire to die. This will happen because legislation sanctioning this will already exist for other vulnerable members of society—that is, the terminally ill. It is our responsibility as leaders of our communities and as members of Parliament to never allow this possibility. Based on this premise, I cannot support the bill.