Parliamentary Debates
(HANSARD)

FORTIETH PARLIAMENT
FIRST SESSION
2019

LEGISLATIVE COUNCIL

Tuesday, 15 October 2019

Legislative Council

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THE PRESIDENT (Hon Kate Doust) took the chair at 2.00 pm, read prayers and acknowledged country.

BILLS

Assent

Message from the Governor received and read notifying assent to the following bills —

1. Terrorism (Preventative Detention) Amendment Bill 2019.

2. Reserves (Marmion Marine Park) Bill 2019.

LEGISLATIVE COUNCIL — CHAMBER PHOTOGRAPHER ACCESS

Statement by President

THE PRESIDENT (Hon Kate Doust) [2.03 pm]: Members, I alert you to the fact that I have approved the presence of a photographer in the press gallery for the first 15 minutes of today's proceedings to enable the media to obtain up-to-date images of the Legislative Council.

FIREARMS — AIRSOFT

Petition

HON AARON STONEHOUSE (South Metropolitan) [2.04 pm]: I present a petition containing 2 358 signatures couched in the following terms —

> To the President and Members of the Legislative Council of the Parliament of Western Australia in Parliament assembled.
>
> We the undersigned residents of Western Australia **support the sport of Airsoft as a cheaper, safer and more convenient past time and competitive activity compared to other shooting sports or active recreations**.
>
> For all but approximately 7(seven) percent of all world countries, the sport of Airsoft is enjoyed by responsible persons, with no or minor regulatory restrictions or association with firearms legislation.
>
> Your petitioners therefore respectfully request the Legislative Council to **exempt the sport of Airsoft and the use of Airsoft replicas from the provisions of the Western Australian firearms legislation and allow for self-regulation under the governance of a dedicated sporting association**.
>
> And your petitioners as in duty bound, will ever pray.

[See paper 3258.]

"NATIONAL ENVIRONMENT PROTECTION COUNCIL ANNUAL REPORT 2017–18"

Statement by Minister for Environment

HON STEPHEN DAWSON (Mining and Pastoral — Minister for Environment) [2.05 pm]: I table the "National Environment Protection Council Annual Report 2017–18". The council is a statutory body formed under the commonwealth National Environment Protection Council Act 1994 and is referred to as the NEPC. It comprises environment ministers from each state jurisdiction and the commonwealth. The council's objective is to ensure that wherever people live, they are protected from air, water and soil pollution and noise. The council also seeks to ensure that decisions of the business community are not distorted by variations between jurisdictions in implementing environment protection measures.

The primary function of the council is the making, assessing and implementation of national environment protection measures. The measures provide a framework for protecting aspects of the environment. The annual report covers performance against seven measures: air toxics, ambient air quality, assessment of site contamination, diesel vehicle emissions, movement of controlled waste, national pollutant inventory and used packaging materials. Results for Western Australia show a high level of compliance with the measures and positive outcomes being achieved.

The National Environment Protection Council's annual report provides an overview of the many programs being delivered by the Department of Water and Environmental Regulation to protect the Western Australian community and environment. Members are encouraged to read the report. Further information about these programs is available on the Department of Water and Environmental Regulation's website.

[See paper 3259.]

PREGNANCY AND INFANT LOSS REMEMBRANCE DAY

Statement by Parliamentary Secretary

HON ALANNA CLOHESY (East Metropolitan — Parliamentary Secretary) [2.06 pm]: Pregnancy and Infant Loss Remembrance Day, which is today, is a day to remember babies lost through miscarriage or stillbirth or who have died shortly after birth. We not only remember those babies and infants, but also acknowledge the immense grief experienced by their parents and families. It is a grief that can last a lifetime. According to the Australian Institute of Health and Welfare, annually more than 2 000 babies are stillborn in Australia, which is six babies every day. Stillbirth is the biggest cause of infant death in our country today.

The Senate Select Committee on Stillbirth Research and Education released its report in December 2018. In response to the report, the federal government is investing $52.4 million in perinatal services and support. This will help prevent and reduce stillbirth and assist the more than 2 000 families affected by stillbirth each year. On 16 August 2019, the co-director of the Stillbirth Centre of Research Excellence, David Ellwood, announced at the Stillbirth Conference in Brisbane that Western Australia will be approached to take on the Safer Baby Bundle initiative, which is aimed at reducing stillbirth by 20 per cent in two years. This initiative aims to reduce the rate of stillbirth after 28 weeks gestation by at least 20 per cent, which will save more than 200 Australian babies each year, and support research to help transition maternity care into routine clinical practice.

The announcement of the proposed relocation of King Edward Memorial Hospital for Women has caused distress to some in the community who cherish the memorial rose garden as a sacred place. On 11 April this year, the Minister for Health provided confirmation that the memorial rose garden at King Eddy's will be protected through the hospital relocation process. It is a special and significant site dedicated to the memory of babies who have died, and our government will treat it with the respect and dignity it deserves.

The McGowan government has allocated $3.3 million to the crucial first steps in planning the co-location of King Eddy's at the Queen Elizabeth II Medical Centre site in Nedlands. As we enter the planning stage of the relocation of the hospital, measures to protect the garden and a number of other significant buildings will be appropriately considered through a thorough and transparent consultation process, with the garden remaining a significant site for the families of King Eddy's.

I acknowledge the presence of John and Kate De'Laney and their daughter Mary-Jane in the President's gallery. They have been the main supporters of the formal recognition of Pregnancy and Infant Loss Remembrance Day in Western Australia, and both John and his daughter Mary-Jane have been present every year the statements have been made. It is a difficult day for the De'Laneys and for many other Australians. My heart goes out to anyone who has experienced the devastating loss of a child. I wish to acknowledge also the work of my colleague Hon Donna Faragher, who has done much to ensure the recognition of Pregnancy and Infant Loss Remembrance Day in WA. It is an initiative that the Minister for Health continues with much respect for those who have experienced this loss. We ask honourable members to wear, today and throughout the week, the pink and blue ribbons supplied to them—thoughtfully donated by the De'Laney family—in remembrance of the babies and infants who have passed away, and in support of their families who continue to grieve for their loss.

The PRESIDENT: Members, I also would like to acknowledge John and Kate De'Laney and their daughter Mary-Jane. I thank John for the comments he made at an event held at King Edward Memorial Hospital for Women today, which Hon Donna Faragher and I attended. We certainly appreciated your words today, given it is such an emotional time for you and your family.

PAPERS TABLED

Papers were tabled and ordered to lie upon the table of the house.

STANDING COMMITTEE ON PUBLIC ADMINISTRATION

Twenty-ninth Report — "Consultation with Statutory Office Holders" — Tabling

HON ADELE FARINA (South West) [2.15 pm]: I am directed to present the twenty-ninth report of the Standing Committee on Public Administration titled "Consultation with Statutory Office Holders".

[See paper 3260.]

Hon ADELE FARINA: The report that I have just tabled advises the house of the committee's consultation with statutory officeholders under its term of reference 5.3(b). In May 2019, the committee held public hearings with the Ombudsman, the Public Sector Commissioner, the Information Commissioner and the Inspector of Custodial Services. Those hearings were part of the committee's regular consultation with those officeholders under its term of reference 5.3(b), and dealt with matters of interest arising from the officeholders' 2017–18 annual reports. A private hearing was also held with the Inspector of Custodial Services regarding a report into an unattended birth at Bandyup Women's Prison in March 2018. The committee's report briefly outlines the consultation that occurred with each statutory officeholder.

The committee extends its appreciation to the four statutory officeholders and their staff for their assistance and cooperation in providing detailed information in response to the committee's inquiries. These annual hearings facilitate the committee's comprehensive understanding of the current work of the statutory officeholders, and enables the committee to obtain more detailed information in areas of particular interest to it. I would also like to thank the deputy chair and other committee members for their efforts on this report. I commend the report to the house.

SELECT COMMITTEE INTO LOCAL GOVERNMENT

Interim Report — Tabling

HON SIMON O'BRIEN (South Metropolitan) [2.16 pm]: I am directed to present an interim report of the Select Committee into Local Government.

[See paper 3261.]

Hon SIMON O'BRIEN: The interim report that I have just tabled is to advise the house of the committee's progress in its inquiry into local government. On 4 July 2019, the committee called for written submissions by 23 August 2019. Following representations from the Western Australian Local Government Association and other stakeholders, the committee extended the deadline for submissions to 13 September 2019. The committee received a significant response to its call for submissions, with 276 submissions received that are being considered by the committee. The submissions provide a range of perspectives from both within and outside local government, and canvass a wide range of issues.

The committee has conducted preliminary private briefings with the Department of Local Government, Sport and Cultural Industries; the Western Australian Local Government Association; and the Office of the Auditor General. The committee intends to hold further hearings in both metropolitan and regional locations over the course of the inquiry. The committee will hold its first public hearing in Perth on 21 October 2019 with members of the Local Government Standards Panel. Further hearings will be announced in due course. I commend the report to the house.

VOLUNTARY ASSISTED DYING BILL 2019

Second Reading

Resumed from 26 September.

The PRESIDENT: Before I give the call to Hon Nick Goiran, I will remind members that we have in front of us a very complex, complicated and contentious bill. Obviously, members will be speaking about very personal matters and, at times, it will be emotional. It is a bill on which their respective parties have given all members a conscience vote. All I ask is that we treat each other with respect during this debate and note that there is a difference of opinion around the chamber.

HON NICK GOIRAN (South Metropolitan) [2.20 pm]: I rise as the lead speaker for the opposition on the Voluntary Assisted Dying Bill 2019. The Liberal Party's position on this bill is to grant each of its members a free vote. Of course, it is always the case that Liberal Party members are able to vote in accordance with their conscience on any legislation, but from time to time our party takes a particular position authorising its members to have a free vote and, therefore, not to have to advise the party room of their position on a piece of legislation. This is one such bill. As you have already foreshadowed, Madam President, I understand that the other parties have taken a similar position on this matter. At the outset, I urge members as we consider this legislation to block out the noise and collectively—all 36 of us—wrestle intellectually with the matters before us. If I do nothing else during this speech today, I appeal to members to collectively reason through this process. Conscience votes are very rare in this Parliament. This is not the first time a euthanasia bill has been before the Parliament. In fact, I recall us dealing with a bill in 2010, in my first term, that was brought forward by my parliamentary colleague Hon Robin Chapple. Members who were there at that time may recall that the second reading of that legislation was defeated 24 votes to 11. On that occasion, any members who wanted to speak were able to do so and a vote was taken. I see no reason that same process cannot take place with the bill before the house.

If this bill is to be defeated after an intellectual wrestle, after members have reasoned through the process, it will not be unusual. In fact, some 50 bills in our nation have failed on this particular topic. I note that as recently as 2017 in the United States of America some 43 bills were presented across 26 states, all of which failed. It is not particularly unusual after an intellectual wrestle and a reasoning process has occurred for a chamber of Parliament to say no to voluntary euthanasia and assisted suicide. As we consider this particular bill, the technical question before the house at the moment is: should this bill be read a second time? However, I put to members that a more important question needs to be considered by members before they decide how they are going to vote on this legislation. The question that I believe every member in this chamber has a duty to answer is: is it possible to design and implement a safe euthanasia regime? That is the threshold question for every single member in this place before they cast their vote.

As members consider that question, it is not acceptable, it is unsatisfactory, and it is not becoming of a member of this place, a lawmaker, a person who has the responsibility on behalf of Western Australians of having the final

say on legislation, to simply say, "Yes, I think it is possible", because anything is possible. That is not an acceptable answer to that question. If members believe that it is possible to design and implement a safe euthanasia regime, there is a duty to identify the jurisdiction that has done so. If it is the case that a member in considering this process and reasoning through the process is unable to identify a jurisdiction that has designed and implemented a safe euthanasia regime, that does not automatically mean that they are unable to answer that question in the affirmative, but they then have a responsibility to set out the parameters, the framework, for which they say it is possible to implement and design a safe euthanasia regime. For reasons that I will outline in a moment, it will surprise no-one, because I have said this previously in this place, that I am of the view that it is not possible—that it is impossible—to design and implement a safe euthanasia regime. Other members may be able to identify a way in which a safe euthanasia regime can be implemented and, if they can, I look forward with interest to hearing what they have to say. At that point, if after wrestling with this process and reasoning through the process they are able to identify a safe way to do this, they have a second question they must consider. They have a duty to answer this second question before they cast their vote in the affirmative: is it appropriate to introduce euthanasia and assisted suicide prior to addressing palliative care accessibility in Western Australia? I will speak more about that later in my contribution today.

It is reasonable to say that there has been a fair amount of discussion outside this house about the decision by my party to appoint me as the lead speaker on this bill. From our party's perspective, there is absolutely nothing peculiar about that. I am the member who has been entrusted with the responsibility of speaking on health portfolio matters and, of course, this government bill was introduced by the minister representing the Minister for Health. I might add that my background and experience on this issue include the following. This is my tenth year in the Western Australian Parliament—a great honour it is to serve in this place—but prior to that my profession was a litigation lawyer. During the course of that time I had to deal with a number of areas of law that are pertinent to the matters before us for consideration. One of those areas was medical negligence law, and I will speak about that more in due course. The other area pertinent to our consideration is contract law and, again, I will discuss that in due course.

In addition, as I outlined earlier, this is not the first time a bill of this sort has been before the house. When the last bill that was brought forward by Hon Robin Chapple was defeated I recall saying to some of my colleagues that there was something a little dissatisfying about defeating the proposal of a person who brought it to the house out of good intent and in good faith. I know that the views held by the honourable member are held in good faith. There is something a little dissatisfying about defeating a proposal that is otherwise intended for the good. I asked some colleagues what we could do collectively in a positive sense on a bipartisan or tripartisan basis. The answer to that was the formation of the Parliamentary Friends of Palliative Care. It is a position I have held effectively since shortly after the last debate and it is an honour for me to have been able to do that with my co-chair, the member for Girrawheen and learned friend Hon Margaret Quirk, MLA. During that time we have had the opportunity to organise briefings for members on a range of issues dealing with palliative care.

I will speak more about that in a moment but, in addition, I have served, on behalf of this chamber, on the Joint Select Committee on End of Life Choices, which the government has indicated is the foundation stone of the bill before the house. I note for the record that, of the eight people who served on that committee, I was the only member who attended every meeting and every hearing over the course of that 12-month inquiry, and the outcome of that was the 248-page minority report that members have available to them. In addition, during that time, I was also the co-chair of the Select Committee on Elder Abuse, and I will have more to say about the intersection between elder abuse and the bill that is before the house in due course. That is the background and experience that I bring to this matter, and I am honoured that my colleagues have entrusted me to be the lead speaker on this bill.

The other point that I make is that there has been what I would describe as an element almost of hysteria about the quantity of time that I might possibly take in debating this bill. For that reason, today I deliver my speech, as we would say, ex tempore, and not in a wholly prepared fashion, because I want to put to bed any suggestion that any tricks will be used by any members, least of all me, on this matter. Members of this chamber who are familiar with another debate, in which a different approach was taken, will know full well what the outcome of that particular legislation has been to date, and the reasons for it, and that this is an entirely different debate.

As I indicated, I was a member of the Joint Select Committee on End of Life Choices, an inquiry that lasted for 12 months. I recall some of my colleagues asking me at the time why I would bother to serve on that committee. I indicated that I was in favour of the establishment of the committee, because it was looking into end-of-life choices for Western Australians and, as co-chair of the Parliamentary Friends of Palliative Care, I knew then, and I am even more convinced now, that there is a great need to improve the accessibility of palliative care in Western Australia. If I could serve on a committee that would make findings and recommendations to that effect, it would be an honour to do so. Members may recall that, when that committee was formed, in August 2017, I moved for the terms of reference of the committee to be extended. The proposal had been put forward by members, in good faith, seeking the establishment of the committee, and I simply asked that the terms of reference of the committee be extended for this purpose. If the committee was going to look into this issue, I said it should look into the risks of establishing voluntary euthanasia and assisted suicide. I was simply seeking to add one extra term of reference for the inquiry. That proposal was defeated. It struck me at the time that a minister of the Crown urged members to

vote against my proposal that the committee that ultimately tabled this report would look into the risks of voluntary euthanasia and assisted suicide. I ask members to examine their consciences and ask themselves why a minister of the Crown would not want the committee to look into the risks of voluntary euthanasia and assisted suicide.

In the same debate, which is the genesis of the bill before us, another member who subsequently served on the committee with me made a very good point. That member said they did not think it was necessary to add this term of reference, because the existing terms of reference would already allow the committee to examine the risks of voluntary euthanasia and assisted suicide. What that member said was true in theory but proved to be false in practice. It is a point of enormous exasperation that the Parliament has entrusted a committee to examine end-of-life choices for 12 months, and that committee has not looked into the risks of establishing voluntary euthanasia and assisted suicide. If members want to disagree with me on that point, during their contributions they need to turn to the pages and paragraphs in the committee's report that examine the risks of voluntary euthanasia and assisted suicide. Members will take a very long time looking for it; it does not exist. That is precisely why there is a 248-page minority report—something that I understand is unprecedented.

I have no problem with people of good faith putting forward a proposal suggesting that Western Australia should join the very small number of jurisdictions that have allowed euthanasia and assisted suicide. However, if they are going to do that, as has already been indicated, it needs to be done in a respectful and honest fashion. I am honestly asking members why the foundation stone for this bill before the house would be an inquiry that did not look into the risks of establishing voluntary euthanasia and assisted suicide.

In addition to that, one of the terms of reference that was granted to the committee by the chamber was to look at the intersection with federal law. There was a specific term of reference that the Joint Select Committee on End of Life Choices should look into the intersection with federal law. Again, I ask members to examine their consciences and reason through this process and identify the page number in this report by the committee where that has been done.

There is so much more that I would like to say about the conduct of that inquiry, as the only member of the eight who attended every meeting and every hearing. There was not even a staff member who lasted the entire inquiry. I am the only person who started from the beginning and attended everything until the end. There is more that I would like to say about the inquiry but, as we know, a decision has been made not to release the minutes of that inquiry. It is a debate that we have had previously, and I have indicated that, for the reasons I have mentioned previously, that is unusual and unnecessary.

I turn to the first question that I have asked members to consider during this debate; that is, is it possible to design and implement a safe euthanasia regime? In order to answer that question, we first of all need to define what is safe. If we are going to ask the question whether it is possible to design and implement a safe euthanasia regime, we first need to agree, or at least discuss, what we mean by safe. I have heard in this place, and in the other place, and from people in the community, talk about the need for safeguards, so that seems to me to be an indicator that there is a broad consensus that if a regime is to be brought in, it needs to be safe. What is safe? In order to answer that question, members will need to be able to determine what is the acceptable casualty rate. I say, at the outset of debate that, for me, the answer is zero. That is not a particularly unusual position to take. I remind members, and I am sure they have seen it themselves, that there is an advertising campaign at present dealing with road safety. Members will recall the vision of the gentleman in the advertisement who is asked effectively what would be an acceptable casualty rate, or words to that effect. As I recall the ad, he talks about a figure in the region of 70, I think it is. However, when he sees his family coming around the corner and realises what 70 means in practice, he changes his mind and says that the acceptable casualty rate is zero. I hold that same view on this issue. I know from the research that I have conducted into this matter over the last 10 years that to design and implement a safe euthanasia regime is a legal impossibility. Again, that should not really surprise us as we examine our conscience and reason through this process. It is for exactly that same reason that Western Australia does not allow capital punishment. The community has determined that despite all the safeguards in the criminal justice system, we are unable to give effect to the aspiration that the acceptable casualty rate is zero. The community believes that the safeguards in our criminal justice system are inadequate to justify capital punishment. That is because we know that there will be a casualty rate.

I now want to take a moment to compare and contrast the safeguards in the criminal justice system with the safeguards in this bill. It has been suggested, in a very overt fashion, that the bill contains some 102 safeguards. That is false. There are not 102 safeguards in this process. I will give members an example. It has been suggested that a person will be able to access this regime only if they have been given a prognosis of six months to live. That is not a safeguard. That is a requirement. There is a difference between a requirement and a safeguard. The truth is that the only safeguard in this legislation is the two doctors who will determine the outcome. Neither of those doctors will be required to have any specialty or experience in the condition that the patient is said to have. Therefore, it could well be two general practitioners. That is the only safeguard in the bill before the house.

I compare and contrast that with the criminal justice system. I put to members that the criminal justice system contains a plethora of safeguards. The community has determined that those safeguards are inadequate to justify capital punishment. I ask members to consider those safeguards and whether they could be implemented into this proposed

regime. The criminal justice system begins with a complaint. The independent office of the Western Australia Police Force is charged with determining the extent of the investigation of the complaint. During the course of the investigation, WA police can call in and interview the suspect. The suspect is required to give only their name and address; other than that, they can stay silent. That is the extent to which they have to cooperate with the investigation. Western Australians are very concerned about the possibility of abuse in the criminal justice system. Therefore, we ensure that any person who is subject to an investigation by WA police is supported by a legal expert, who is taxpayer funded, through legal aid if necessary. If it is a particularly heinous crime and the police decide to lay charges, the police do not prosecute the case. We implement another safeguard by ensuring that the independent office of the Director of Public Prosecutions prosecutes the offence. The Director of Public Prosecutions is obliged to reveal all the evidence, including evidence that might assist the suspect. The suspect is provided with legal representation throughout that process. After that independent investigation and independent prosecution, the final decision is made by another group of independent people—namely, the jury. In Western Australia, the suspect does not need to have a reason to object to a proposed juror; the suspect can object just because they do not like the look of that person. That is another safeguard to ensure that the independent investigation is followed by an independent prosecution and is decided by an independent jury. A specialist in the law, namely a judge, acts as umpire to ensure that everybody follows the rules and nobody abuses the safeguards that are in place. The community of Western Australia has determined that even though all those safeguards are in place, if a guilty verdict is handed down, there may be the possibility of casualties; therefore, we will not allow for capital punishment. An additional safeguard is that people are allowed to appeal to the High Court, if necessary. Throughout this process, the prosecution is required to prove the case not on the basis of any old evidence, and not on the balance of probabilities, but beyond reasonable doubt.

I ask members to compare and contrast that plethora of safeguards with two general practitioners signing off on voluntary assisted dying. In due course, members may put to me that there is a distinction. Members may say that it is not right to talk about the safeguards in the criminal justice system, because that is the equivalent of involuntary euthanasia—of course the suspect did not volunteer to be investigated and prosecuted. I want to tease that out in two ways. First, I remind members that it is not outrageous to compare and contrast the two. It is possible, and has happened, that a suspect pleads guilty. If a person pleads guilty, despite all the safeguards that are in place, we would be pretty confident that the person was guilty. We need to remember that the person is entitled to be given taxpayer-funded independent legal advice, and to be independently investigated. I remind members that in this fortieth Parliament, the Joint Standing Committee on the Corruption and Crime Commission, of which Hon Alison Xamon and Hon Jim Chown are members, tabled a report dealing with the case of Mr Gibson and the unlawful death of Mr Warneke. In that case, the suspect pleaded guilty. We now know that that was wrong. Thank goodness that despite all the safeguards in the criminal justice system, we do not have capital punishment in Western Australia; otherwise that particular individual would have been executed. This person had pleaded guilty. Therefore, members, please do not say to me that this situation is different, because this is voluntary euthanasia. I do not know how many times during this debate emphasis has been put on the word "voluntary". Let us have a debate about what "voluntary" means. It is all very good for us to use the language, but what does it mean in practice?

For there to be a valid consent—this is a legal principle—three elements have to be present. Firstly, the person has to have capacity; secondly, they must have knowledge of the matter to which they are consenting and agreeing; and thirdly, there needs to be a voluntariness of their decision. These legal principles apply in every other situation, and they also apply in a voluntary assisted dying regime. These are fundamental principles of law.

What could possibly go wrong in this situation? I ask members to consider the lessons that can be learnt from medical negligence. Members will be aware that medical practitioners in Western Australia are obliged to hold medical indemnity insurance. Why is that? It is because doctors make mistakes. I would be reasonably confident that most members in this place, if not all members, would know of a doctor who made an error in diagnosis; in other words, they told the patient that they had a particular condition only for that later to be found not to be true.

Something fascinated me, and I have still never really understood why it happened. As I say, I am still somewhat constrained in what I can say about the conduct of the inquiry. A case has been hidden from members in the committee report, but it is found and referred to in my minority report. I cannot answer the question about why this case was hidden from members in the committee report, but it was the case of an individual who had been told that they had a terminal condition only for that not to be true. This individual was then sent on a course of palliative care treatments only for those later to have been found unnecessary. That is just one of dozens, if not hundreds or thousands, of examples of an error in diagnosis, as happens from time to time. It will require only one error in diagnosis under this legislation by those general practitioners, or whoever the two doctors involved are, for there to be a Western Australian casualty. We know that has happened in the other jurisdictions.

Medical negligence law is not simply limited to errors in diagnosis. There will also be errors in prognosis. The bill before the house contemplates a doctor coming to a decision, a consideration, that the person has six months or fewer to live, and in certain circumstances that is extended to 12 months. Could a doctor say a person has six months to live only for that not to be the case? Have members ever come across that situation in which a person has been told that they had six months to live, but in actual fact they had many more years to live? That is what we

call an error in prognosis. The medical profession accepts that practitioners routinely make errors in prognosis, yet it will require only one error in prognosis by the two safe-guardians under this legislation for there to be a Western Australian casualty.

Another matter I ask members to consider while we are thinking about the impact of medical negligence law in any voluntary euthanasia or assisted suicide regime is the existence of doctor bias. Some proponents will say to us that it is okay, because we can trust the two doctors who have to make this decision. Could the doctors who have been entrusted with this task and duty have a bias towards voluntary euthanasia and assisted suicide? We already know that in Western Australia we even have at least one doctor who, if you like, boasts about her treatment of some patients at end of life and how it has been inconsistent with the laws of Western Australia. She then says that is the reason that laws need to change. Are these the people whom we will trust to make these decisions? In a moment I will talk more about the Northern Territory experience, where there is a doctor with a very well known and overt bias for euthanasia and assisted suicide. Could those doctors who have a bias steer patients towards this outcome? That is all that needs to occur for there to be Western Australian casualties at the end of this process.

The other lesson I have learnt from my experience in practising medical negligence law is the ease by which doctor shopping occurs. The so-called safeguard in this legislation is that two doctors will have to agree. Members, in my previous profession, it was routinely the case that people could shop until they got the opinion they needed from a doctor to support their case. Doctor shopping occurs routinely already, and this will be the easiest and simplest way to pierce the veil of the safeguard. If the safeguard is two doctors, GPs or otherwise, a simple excursion of doctor shopping will pierce the veil of that safeguard.

I now turn to consider the lessons we can learn from contract law that teach us that it is impossible to design and implement a safe euthanasia regime. Two of the contract law principles that confirm that for us are duress and undue influence. I want to give a couple of examples. My learned friend Hon Pierre Yang, who is a former family lawyer, has more experience in this field than I do, but he, and perhaps others who have practised in family law, will be familiar with binding financial agreements. Binding financial agreements were previously referred to as prenuptial agreements. In law, if a person enters into a prenuptial agreement under duress or undue influence, after the event, the courts will set aside that agreement and say they will not allow the terms of that binding financial agreement to be adhered to because it is wrong that the person entered into it under duress or undue influence, or maybe some unconscionable conduct was involved. This happens, and we have had cases, including in the High Court of Australia, setting aside those types of agreements.

In this instance, there will be a contract between a doctor and a patient. Unlike a binding financial agreement, if that contract is entered into under duress or undue influence, it will be a legal impossibility for that person to claim redress after the event. This situation in contract law is not simply limited to these family law agreements. Indeed, I remind members that banks routinely require people to sign guarantees. If those guarantees have been entered into under duress or undue influence, courts will not hesitate to set those guarantees aside. It is all well and good when we are talking about binding financial agreements, bank guarantees or other forms of contract to be able to provide some redress and restitution to a person who has been wronged, but it is impossible to do that for a dead person. It is the case that if a Western Australian enters into a voluntary assisted dying regime under duress or undue influence, they will be a casualty as a result of the legislation before us. It is yet another example, just like those in medical negligence law, that tells us why this type of regime ought to always be prohibited, because it is an impossibility to design and implement a safe regime.

I pause for a moment to consider: what impact does the existence of elder abuse in Western Australia have as we contemplate the particular regime that is before us? As I indicated at the outset, during effectively the same 12 months that I served on the Joint Select Committee on End of Life Choices I also served on the Select Committee into Elder Abuse. One of the many things that inquiry into elder abuse found is that different forms of elder abuse take place. Psychological and emotional elder abuse is in competition for top ranking with financial elder abuse as the most prevalent form. That was the consistent evidence the committee received in that 12-month inquiry. I encourage members to look at the report to that effect.

Contemplate for a moment what that means. If psychological and emotional elder abuse is prevalent in Western Australia, how easy is it for a person to be steered towards a voluntary assisted dying decision in circumstances of psychological and emotional elder abuse? This is why I have said previously that this notion of steering is the elephant in the room. We need to intellectually wrestle with that realisation as we consider this bill and reason our way through that process. This is one of a number of reasons why I say to members that it is impossible to develop, design and implement a safe euthanasia regime when lessons in medical negligence law exist, when we know about the contract law principles and when we know that psychological and emotional elder abuse is prevalent in Western Australia.

Members who may be familiar with my minority report will know that it has three chapters. The first chapter looks at current end-of-life choices in Western Australia, including palliative care. The second chapter looks at the theory; that is, what are the risks in implementing a euthanasia or assisted suicide regime—that very thing that I asked the committee to be particularly mindful of? Incidentally, if someone later, during the course of the debate says, "We did look at what happened in other jurisdictions", what they really mean by that is that we looked at the legislation. It does not mean that we looked into any of the wrongful deaths in those jurisdictions; we simply did

not do that. That is evident from the content of the report. It is not the case that we took evidence from those in international jurisdictions with respect to wrongful deaths—no, not at all. I will give members an example. When the committee looked at the Swiss model, who did we call? We called Dignitas, which comprises individuals who execute this act in Switzerland. When the committee was looking at the Northern Territory experience, we spoke to Dr Philip Nitschke and to the then Chief Minister, who was a proponent of the legislation. That is the true extent to which we looked at the wrongful deaths in the other jurisdictions during a 12-month inquiry.

As I say, the second chapter of my minority report looked at the theory; that is, the different risks that could occur—the thing that the committee did not want to look at—but then I finished the minority report by looking at the lived experience in those other jurisdictions. I ask members to turn their mind to this: to what extent, before we pass this particular piece of legislation, do we have a duty to consider the lessons from those other jurisdictions? Members might say to me that it is all well and good to talk theory but we want to know about the real experience. What has actually happened in the few jurisdictions where this has occurred? That is what chapter 3 of my minority report was devoted to. It is the case that when one looks at the European experience, for example the Netherlands, my general practice is not to try to debate with members on matters that are necessarily in contention—I am quite happy to have a minimal facts approach to this—in other words, what matters are simply undeniable? There is often a discussion around the "slippery slope" and whether it exists and so on and so forth. I say that that is just a red herring; let us not even bother having that discussion.

Let us look at the facts in the Netherlands. It is a fact that there has been an incremental expansion in the practice of euthanasia in that jurisdiction. Whether members want to describe that as a slippery slope is a red herring; who really cares what the description of it is? As we intellectually wrestle through this particular debate and reason through the process, let us ask ourselves whether there has been an incremental extension in the practice in the Netherlands. It is intellectually dishonest to say otherwise. It is no wonder that that is the case because if a regime sets a particular bar and says, "Voluntary assisted dying—euthanasia or assisted suicide—is only going to be available for these particular people", as this bill does, certain Western Australians will be able to access this particular regime and others will not. It is inevitable that people will want to push up against that barrier. Indeed, I suspect that most members in this place, if not all 36 of us, will have already been lobbied or have had advocacy suggesting that this bill does not go far enough. It is certainly on the public record that proponents have said, "We need to get something through at this particular point." "It is a good start" is sometimes the language that is used. A start to what, members? Where are we going with this?

This is no mere theory. Firstly, these are the words articulated by proponents in Western Australia; and, secondly, we know from the lived experience in the Netherlands that there has been an incremental expansion in the practice. Because the European experience is often too uncomfortable for proponents to stick with that debate, my experience over the last 10 years has been that we quickly move away from the European experience. Why? Because they have allowed euthanasia for the mentally ill and for children, which makes us uncomfortable. I am thankful that that makes us uncomfortable in Western Australia. What happens as a result of that uncomfortableness is that we quickly shy away from that debate and start to look at other jurisdictions. That is fine. I am the first to accept that is not what the proposal before us is at this time. I simply raise it now because I am sure that it was not the proposal in the Netherlands some 20-plus years ago either. Let us not deny the actual lived experience in the Netherlands and Belgium. I might add that Belgium went one step further than the Netherlands with its legislature changing the law. The Netherlands has continued to incrementally expand the system by way of practice and judicial determination and interpretation. What normally happens then is that it suits proponents to shift the debate. It is very uncomfortable talking about the European experience, so they shift to the North American experience. We have already seen the same push for an incremental expansion in Canada, which has a fairly new system. An election is taking place at the moment and one need only look at the rhetoric in Canada to see that that is what is taking place. In fact, just recently there was a court decision to that same effect looking for an expansion. That does not surprise me because, as I said, if we set a particular bar and say that some Western Australians will able to access this, we can expect people to continue to push against that bar. Why is it that only some Western Australians will be able to access voluntary assisted dying and not others?

Because the Canadian experience has tended to morph towards that experience in Europe of an incremental expansion, I find that the debating ground that is most comfortable for proponents is the Oregon experience. Usually that is where we end up. Usually people say, "Let's not talk about the Netherlands anymore. We are too uncomfortable talking about euthanasia for the mentally ill. We're too uncomfortable talking about the experience in Belgium, which has seen children euthanased. We are not comfortable with what's going on in Canada because of the very overt expansion of the system. Let us talk about Oregon because it has had decades of experience." There is the suggestion that its regime is the safe one. Is it? Before members cast their vote in favour of the Voluntary Assisted Dying Bill 2019 on the assumption that the Oregonian experience is somehow safe, they should test it and check whether that is true. They should find out whether there have been any wrongful deaths in that experience. There is no point looking for it in the committee report because not one paragraph deals with the wrongful deaths in Oregon. They will find it in the minority report and I encourage them to look at it. If they do, they will see from the data—not my data, but data from the Oregon Health Authority—that there have been medical errors in

prognosis countless times. What does that mean? Under the Oregonian model, it is necessary that there is a prognosis of six months to live before someone can access euthanasia. Why is it then that people have taken the lethal substance sometimes years after the initial prognosis? It is because there has been an error in prognosis. The medical errors in prognosis are there to see in the Oregonian data. We are about to embark upon a similar regime that allows for a prognosis of six months to death. The only rational explanation that we can use to justify that is that Western Australian medical practitioners are magnificently superior to Oregonian doctors in diagnoses and prognoses.

In addition, we know now, as a result of a couple of decades of experience in Oregon, that doctor shopping is frequent—to the point of it now being what I would describe as a commercial exercise. If people do not like a decision, they can continue to shop until such time that they get the opinions they want and can access voluntary assisted dying. Oregon does not have voluntary euthanasia; it has assisted suicide.

The third point I make about the Oregon model and one that I ask members to consider is the complication rates. An interesting element of this debate is it seems that because a medical practitioner is involved and because we are talking about the use of a needle or swallowing a poison or substance that somehow we feel that that is a safe regime. There is an excellent line in a documentary entitled *Fatal Flaws: Legalizing Assisted Death* in which a US doctor says something to this effect: "I wonder if the debate would shift if instead of using the needle as a symbol, we used a gun? I anticipate that if we did that, transculturally around the world we would say that that is wrong." I think he is right on that point. The question that members need to ask themselves is whether it is reasonable to make that substitution. Are we now simply arguing about the method, implement or tool, or are we talking about the risks of what could go wrong? The Oregonian data confirms that there have been significant complications. Sometimes after a person has taken a substance, they have taken days to die, which was contrary to their expectation when they entered into that arrangement and contract with the doctor. That is not my data. Members should check the Oregon Health Authority's data. That is the complication rate. The complication rates for the use of lethal injections has resulted in some states in the United States of America saying that it is not humane to use that as a form of capital punishment and they have abandoned it. The same thing applies with this issue.

Usually during a debate about the various jurisdictions, I find that what happens is that people in Western Australia, indeed Australia, say, "Look, honourable member. It's all very good to talk about the Netherlands and the mentally ill and Belgium with the children, the complication rates, doctor shopping and medical errors in prognosis and diagnosis. It is all very well to talk about that but we wouldn't do that." That is usually the line that comes out—"We would not do that. We have confidence in the medical practitioners in Western Australia. We hear your concerns, but we don't think that that's going to happen in Western Australia." I ask members to consider the Northern Territory experience. If they do not want to consider the lived experience in those other jurisdictions because they do not think it is relevant—I put it to them that it is relevant—and are in that particular space, I ask them to consider the Northern Territory experience, which saw doctor shopping at its worst. There is nothing in the bill before us to prevent the same thing from happening here. Let me explain that. I will give members one example of what happened in the Northern Territory. A patient had mycosis fungoides, which is a cancer of the blood that affects the skin. In the Northern Territory scheme, a person needed two doctors to sign off on their illness. The first doctor was Dr Philip Nitschke. I leave it to members' conscience to consider that if Dr Nitschke was the first doctor, how much confidence they would have in the assessment of the first doctor—that everything that should and could have been done was done properly. To what extent will they examine their conscience and say that that particular doctor did not have a bias towards voluntary euthanasia and was not looking to achieve a particular outcome? I leave it to members to consider that. Be that as it may, a second doctor was to be involved. The law in the Northern Territory, unlike our bill before the house, said that the second doctor needed to have some kind of experience or qualification in the underlying condition. The problem for Dr Nitschke, or Mr Nitschke, as he is now, at that time was that the dermatologist and the oncologist would not agree to be the second doctor. Why not? Because the patient was not diagnosed as being terminally ill. The doctor shopping experience then took place and resulted in an orthopaedic surgeon being the second doctor to sign off on this particular patient's death. For those who are unfamiliar with this, an orthopaedic surgeon has neither the qualifications nor the experience in anything whatsoever to do with mycosis fungoides. This is how it was treated in the Northern Territory experience. We are not talking about the Netherlands, Belgium, Switzerland, Oregon or Canada; this occurred in our country. This is how voluntary euthanasia was delivered in the Northern Territory. Members, ask yourselves why it would be any different in Western Australia. Who is going to be Western Australia's Dr Nitschke? People with a bias towards a particular outcome will run around and continue to shop until they get the outcome that they want. Why? Because the bill before the house requires only two doctors to sign off on this.

I hope in some way that the explanation I have given over the last 60 minutes or so demonstrates to members why I so passionately say that it is impossible to design and implement a safe euthanasia regime. I say that because of the theory and because of the lived experience. Ultimately, after all that, if members still disagree with me, they still say that there is a safe way in which this can be done and that it is possible, and after intellectually wrestling with the issue and reasoning through it, they can articulate what that safe system looks like and why it is a safe system, and say, "Therefore, we would like to support this", I move to my second and final question, which is: is it appropriate to introduce euthanasia and assisted suicide prior to addressing palliative care accessibility?

Associate Professor Richard Chye is the director of palliative care at St Vincent's Hospital Sydney. I have never met this particular doctor but he said something that really went to the heart of this question. According to my notes, he said that no terminally ill Australian should ever find themselves in the position of being unable to experience quality palliative care but able to access assisted suicide. I ask members: Would that not be an interesting proposition for us to vote on? If we substitute the word "Australian" with "Western Australian" and say that no terminally ill Western Australian should ever find themselves in the position of being unable to experience quality palliative care but able to access assisted suicide, how would we vote? I put it to members that that is exactly the question that is before the house now. The question may be whether the bill should be read a second time, but as we examine our conscience on this matter, we need to ask ourselves: should any terminally ill Western Australian ever find themselves in the position of being unable to experience quality palliative care but able to access assisted suicide?

On what basis do I say that that is the question before the house at the moment? I draw to members' attention the findings in the report of the Joint Select Committee on End of Life Choices. Fear not, I am not referring to the minority report, which the government has not responded to. Not one finding or recommendation of that 248-page minority report has been responded to. I am referring to the committee report. I take members to findings 9, 10 and 11, which deal with this particular point. I emphasise that these are the findings of the committee, not the findings of the minority report. It states —

> Access to inpatient specialist palliative care in Perth is limited.
>
> …
>
> Apart from a small number of private beds at Glenngary Hospital, there is no inpatient specialist palliative care hospice in the northern suburbs …
>
> …
>
> Silver Chain is providing community palliative care to more patients than for which it is funded.

The committee recommends —

> WA Health should conduct an independent review, from a patient's perspective, of the three models of palliative care in Western Australia: inpatient, consultative and community. The review should examine the benefits and risks of each model and the accessibility of each across the state as well as the admission criteria for hospice care …

Where is the independent review, members? The government said that it agreed to the recommendations in this report. We are embarking on a regime that will give Western Australians ready access to lethal injections at end of life. The committee has made these findings and has recommended that WA Health conduct an independent review from a patient's perspective. Where is the report on the review? I note that the committee then goes on to say, in findings 12, 13 and 14 —

> Access to specialist palliative care in the early stages of a diagnosis might improve remaining quality of life, mood, resilience, symptom management and allow for death in the patient's preferred location. These benefits would be more readily available to patients if difficult discussions about death and dying took place earlier.
>
> …
>
> More can be done to promote understanding of palliative care in the community and with health professionals to ensure that more non-cancer patients who could benefit from palliative care are receiving it.
>
> …
>
> There is inconsistency in the data regarding the number of patients with conditions amenable to receiving palliative care. This is perhaps reflective of the uncertainty regarding which diseases or conditions are appropriate for palliative care.

As a result of those findings by the committee, not the minority report, it makes these two recommendations —

> WA Health should implement a process to determine the unmet demand for palliative care and establish an ongoing process to measure the delivery of palliative care services with the aim of making those services available to more Western Australians.

Has it been done? Recommendation 11 states —

> To improve understanding of palliative care in Western Australia, WA Health should:
>
> - establish a consistent definition of palliative care to be adopted by all health professionals;
> - provide comprehensive, accessible and practical information and education services about palliative care to health professionals and the community;
> - encourage knowledge sharing by palliative care specialists with their generalist colleagues; and
> - establish a palliative care information and community hotline.

What is the number of the hotline, members? They are not my recommendations; they are not my findings. They are the findings and recommendations of the Joint Select Committee on End of Life Choices. This is the foundation stone for this bill. This is what the government has said it has agreed to. Do we have answers to these questions before we lead the community to having ready access to lethal injections?

I return to my original question: should terminally ill Western Australians ever find themselves in the position of being unable to experience quality palliative care but able to access assisted suicide?

Finally, on this point, I note that findings 16 to 20 state —

> Access to hands-on specialist palliative care is limited for metropolitan and non-metropolitan patients.
>
> …
>
> Western Australia has the lowest number of publicly funded inpatient palliative care beds per head of population.
>
> …
>
> There is a gap in care for people who are seriously unwell but not close enough to death to be admitted for inpatient hospice care.
>
> …
>
> There is limited access to palliative care medical specialists in regional Western Australia.
>
> …
>
> There is limited medical oversight, coordination or governance of medical palliative care services across WA Country Health Services.

The committee makes three recommendations about palliative care. Recommendation 12 states —

> The Minister for Health should prioritise policy development and improved governance structures for the delivery of palliative care by WA Country Health Services.

Has that been done? What is the new governance structure? Recommendation 13 states —

> The Minister for Health should ensure regional palliative care be adequately funded to meet demand.

It concludes with recommendation 14, which states —

> Once a consistent definition of palliative care has been established by WA Health in accordance with Recommendation 11, the Minister for Heath should appoint an independent reviewer to audit:
>
> - The level of palliative care activity actually provided in Western Australia's hospitals and compare it against the level of recorded palliative care activity.
> - The actual spend by WA Health on palliative care on a year-by-year and like-for-like basis, across all aspects of palliative care provision, including community service providers, area health services (including WA Country Health Services) and delineating between inpatient, consultancy and community care.

Has that been done? What is the name of the independent reviewer?

If none of those things has been done because the government has instead decided that since that report was tabled in August last year, over the following 14 months the higher priority has been this legislation before us, that is wrong. As I suspect, when most members examine their conscience, they would feel very uncomfortable if any Western Australian should ever find themselves in the position of being unable to experience quality palliative care but able to access assisted suicide. It is in this context, not in respect of my findings and recommendations in the minority report, but in the committee's findings and recommendations on palliative care—findings and recommendations that the government has accepted—that I ask: how can it be appropriate for us to introduce voluntary assisted dying, whether we want to describe that as voluntary euthanasia or assisted suicide or otherwise? In many parts of Western Australia, this will mean no real choice at all.

I conclude with these five statements. Firstly, the desire of a significant proportion of confident people for ready access to lethal injections ought never override the rights of the quiet vulnerable to safety and protection. I feel sufficiently passionate about that to say it again: the desire of a significant proportion of confident people, confident Western Australians, for ready access to lethal injections ought never override the rights of the quiet vulnerable to safety and protection. Secondly, if we are intellectually honest and reason through the theory of a euthanasia regime, we should conclude that it is inherently unsafe. The insufficiency of the criminal justice safeguards informs us of this. The prevalence of medical negligence informs us of this. The ease of doctor shopping informs us of this. The existence of elder abuse informs us of this. The reality of doctor bias informs us of this. Thirdly, when we engage with the lived experience of the few jurisdictions that have legalised euthanasia or assisted suicide, we know that the theory of an inherently unsafe regime has resulted in casualties of wrongful deaths. In other words, the theory has translated into practice and wrongful deaths have ensued; there have been casualties.

Fourthly, there is another way; there is a better way. There is a safe approach to end-of-life choices; however, it will require all of us to persistently insist that quality palliative care is made available to every Western Australian and that until we, the 36 of us, have exhausted ourselves in fulfilling this duty, we should not contemplate a euthanasia regime, let alone this bill, which is more dangerous than the Victorian legislation and more dangerous than the now inoperative Northern Territory legislation. Finally, I oppose this bill because the risks in legalised assisted suicide are simply too great, not the least of which is because the consequences are final.

HON SUE ELLERY (South Metropolitan — Leader of the House) [3.35 pm]: I support the Voluntary Assisted Dying Bill 2019. The questions that each of us need to satisfy ourselves about are actually going to be different. The questions Hon Nick Goiran posed that he wants to be satisfied about or the questions that he suggests we need to satisfy ourselves on are different from the ones I need to satisfy myself about. For me, it is about this: do we agree that for those Western Australians already diagnosed with a terminal illness, who have between six and 12 months to live, we provide a medical and legal framework for them to determine the timing of their death? For me, this is about people who are already dying. Hon Nick Goiran also invited us to block out the noise as we proceed to get on with this. I urge members to listen to and manage that noise, because that noise is democracy and Western Australians want voluntary assisted dying.

The principles and precise safeguards that are set out in the bill before us provide the safety net that members of the community would rightly expect to be part of any legislation on this matter. They are found in part 1, division 2; in the interpretation provisions in part 1, division 3; in the operational provisions in parts 2, 3 and 4; in the review provision in part 5; and in the offences in part 6. A number of safeguards have already been canvassed in the public debate. For me, some of the most important ones are around access: that the request for access is voluntary and without coercion; that it is restricted to those who have reached 18 years of age; that it is restricted to those who meet specific residency requirements; that it is restricted to those who have decision-making capacity for voluntary assisted dying; and that it is restricted to those who are diagnosed with a disease, illness or medical condition that meets a specific and limited set of criteria.

With regard to the request process, the person must make three separate requests. Requests must be initiated by the person themselves, and requests must be clear and unambiguous. Requests cannot be made by a substitute decision-maker. Requests cannot be included in an advance health directive. The person must make a written declaration of the request with two witnesses present. The witnesses must not be beneficiaries, must not be family members, and must not be either the coordinating or consulting practitioner for the person. The person has no obligation to continue and can withdraw at any point in the process. Eligibility is assessed by medical practitioners. The person must have two assessments of eligibility undertaken by separate and independent medical practitioners and assessing medical practitioners are restricted to those who meet the specific registration and experience requirements. The coordinating medical practitioners must complete a final review that confirms that all eligibility criteria and process requirements have been met. The State Administrative Tribunal can review certain decisions. The Supreme Court's jurisdiction remains preserved and health practitioners may refuse to participate in voluntary assisted dying.

The majority of Western Australians have expressed the view that they want voluntary assisted dying legislation; they say yes. They have told us that, as their representatives, they want us to legislate to that effect. They are also telling their doctors, nurses and other health professionals. They are telling the media; they are telling their families, their children and grandchildren. They are telling palliative care providers. They are telling their neighbours and their friends. They are having conversations. They told me at a forum that I held, and I will talk about that in a minute. Complete strangers have come up to me at my local shopping centre and said that they want me to vote yes. In the conversations I have had, many people have expressed surprise, and, I guess, some frustration, at the public commentary that there may be enough members in this chamber who do not support the principle of voluntary assisted dying, or who do not support the detail of this bill, to mean that the majority of the chamber may vote against the bill, despite the clear will of the majority of Western Australians. I think Western Australians are fearful that the opportunity might be lost.

I want to touch a little on some of the measures of public opinion on this matter. Members will be well aware of the article in *The West Australian* of 26 August this year referring to a poll that the newspaper had conducted. It stated —

> Nine out of 10 West Australians support euthanasia and the State Government's bid to legalise voluntary assisted dying, a poll conducted exclusively for The West Australian reveals.
>
> …
>
> The survey of 656 people, conducted by Painted Dog Research's Social & Health Unit in co-operation with rewardingviews.com.au, found 88 per cent of them back voluntary assisted dying and the Government's Bill to legalise it.
>
> …
>
> Only 12 per cent of people said they did not support the voluntary assisted dying Bill.
>
> An overwhelming 93 per cent of people aged 50 to 59 said they would want to be allowed to end their own life with medical assistance if they were terminally ill with a condition causing intolerable suffering.

That particular age group is where I sit, and I think the number is so high in that group because of what I know about my generation. We are assertive consumers of all services, and we want to be in control of everything to do with how we live our lives and, indeed, how we end our lives. Over the years, many polls have been taken, and I will refer to some taken over the last 10 years. In 2016, in the ABC Vote Compass, on the question of whether terminally ill patients should be able to legally end their own lives with medical assistance, 75 per cent said yes. In 2015, an Ipsos MORI poll asked what people thought of doctor-assisted dying. They were asked whether it should be legal for a doctor to assist patients aged 18 or over to end their life, if that is the patient's wish, provided that the patient is terminally ill, when it is believed that they have six months or less to live, are of sound mind and express a clear desire to end their life. In response to that, 73 per cent said yes. I can go back further to Newspolls over the years. In 2012, the question was: thinking about voluntary euthanasia, if a hopelessly ill patient experiencing unrelievable suffering, with absolutely no chance of recovery, asks for a lethal dose, should a doctor be able to provide a lethal dose? Of those asked that question, 82.5 per cent said yes. I could go back to the Newspoll in 2007 on the same question. On that occasion, 80 per cent said yes.

The detail of the medical and legal framework will be examined in detail, and I urge all members who support the principle to work together to ensure that a bill is passed by December that gives real effect to that principle. To those who do not support the principle, I respect that, and it is their right, and indeed their obligation on behalf of those in the Western Australian community who share their opposition, to oppose the bill. If members believe that no matter what changes are made to this bill they will never support it, I ask them to make a judgement call about the point at which, and how, they demonstrate that they also respect the majority view of Western Australians. Please do not misinterpret this as me disrespecting every member's individual conscience vote on this bill, and every member's right to satisfy themselves on the detail of the bill—I do absolutely respect those rights. But I have been a member of this place for 18 years, and I have been the Leader of the Opposition. I have seen used, and have used myself, every procedural method to delay a bill that I want to oppose. I know how to slow down the committee stage to the point that no or limited progress is made. I know how to ask for information that is actually irrelevant and will not change the way that I vote. I know how to refer a matter to a committee when in fact nothing that the committee recommends will change how I vote on the second or third reading.

I just make the point that, unlike much of the legislation to which I have applied those tactics, the genesis of this bill has been an extended and extensive period of public consultation and debate. The genesis and development of this bill so publicly has meant that every stakeholder with a view has been able to get those views to each of us, whether by the hundreds and sometimes thousands of emails sent and received, other correspondence, face-to-face briefings or meetings, the range of seminars organised by various proponents, or other forms of representations and forums. Any of us wanting additional information have been able to find stakeholders of all persuasions to assist us. Ultimately, the 36 of us in this place with a vote will have to decide ourselves. We have to weigh up the advice that we sought ourselves, that we were provided with, or that we stumbled across. There are experts on both sides of the debate, good people who hold genuinely formed views, who can assist, hinder or confuse, but ultimately our democratic system says that it is down to us. Procrastinate or not, filibuster or not, we still have to make the decision ourselves, and our community is saying yes, and asking us not to delay.

My motivation for supporting this bill exists at several levels. Firstly, I guess, it is for myself. Not unlike many of my generation, I want to be in charge of my life and I want to be in charge of my death. I want to know that I have the choice. I have spoken before on legislation in this policy area, and I said then, and I will say again now, that if I find myself in a position in which this legislation applies, I do not know what I would do and I do not know what choice I would exercise. Knowing my personality, I may well fight, fight and fight to stay alive. But if I know death is inevitable, I may well want to know that I have the choice to exercise the timing of my death. I may well exercise it, and I may well not exercise it, but I want to know that I can.

I am also highly motivated by the experience of others, most recently that of my friend Deborah Walsh, who died on 20 October 2017. Some members may have known her father, the late Senator Peter Walsh, who was the federal Minister for Finance in the Hawke government. Some members may know her husband, Gary Gray, who was national secretary of the Australian Labor Party and a former member for the federal seat of Brand. I knew Deb for the person she was in her own right. Deb and I were foundation members of the highly uninfluential cross-factional redheads caucus. That was started in the early and mid-1980s when factions were formalised in the WA Labor Party. Deb, Ruth Webber, Deb's sister Anne, a few token blondes in Kate Ellis and Lois Anderson, and I used to meet in the Court Wine Bar after state executive meetings. We provided character analysis of those we liked and the many we did not like. We drank a lot, we resolved much, but none of it related to anything of significant political standing, and we did not influence a single preselection, but we enjoyed ourselves. We told great stories, and some of them were occasionally true. We took the proverbial out of the many terribly, terribly self-important blokes who were around us at the time.

Eventually, our lives took their inevitable different paths career and family-wise, and we all moved on, crossing paths every now and again. For example, I was at Deb's wedding to Gary. Two years ago this month, I saw some of those people at Deb's funeral. She was 54 when she died, following breast cancer. In August 2017, Gary rang me to tell me that Deb's time was limited. They had been told she might last until Easter 2018. They

were hoping she would last until Christmas 2017. Deb wanted the opportunity to make a submission to, or even appear before, the Joint Select Committee on End of Life Choices. I was keen to help Deb do that if I could. However, she did not get the opportunity to do that, because although her mind remained sharp to the end, she was physically frail. She was militantly in support of legislation to give effect to real choice for people with a terminal illness.

In preparing my speech for today, I asked Gary whether I could refer to Deb's views and circumstances. A few weeks ago, I caught up with him to take some notes. I want to thank Gary for sharing with me what was, and remains, obviously, a very significant tragedy in his life. This is what he told me. In early October 2017, Deb made the decision that no more investigations and invasive procedures would be conducted. She was strong in mind, but physically frail. She put Gary in charge of her dying, and she put her sisters, her mother and her friends in charge of her living. It was a constant open house and party. She picked the coffin. She picked the funeral proceedings. She wanted only the boys and Gary to speak. She was very, very strongly in favour of voluntary assisted dying. She wanted a system that would work. She had watched her sister deal with her father's death, and she had watched Gary deal with his father's death. She saw and was of the view that voluntary assisted dying laws would provide a map and a pathway for everyone. Her biggest fear was a painful death, and that it would be painful for her loved ones and might have a damaging impact on her boys. She was the mother of three sons. She could see how death could break some people, and she could see how death could make others stronger, but only if it was managed well. In the hospital, she had really good people look after her and her family. Those good people, including oncologists, were confident that she would live beyond the time that she lived. The night before she died, her oncologist said to her, "I'll see you in the morning." Deb said, "I don't think I'm going to be here past tonight", and she was not. She died at 7.50.

Deb wanted to give evidence to the committee, and I gave her, through Gary, a commitment that I would do whatever I could to help her do that. However, in the end, she could not do that. Therefore, I wanted to make these comments in my speech to honour my commitment to her, and to use her example to demonstrate to members why I so strongly believe that this is important legislation that needs to be passed.

When Deb died, her three sons were holding her. Her mum was holding her hand. Her sisters were around her. Gary was in the room, within her line of sight. Gary said that she wanted to express the view that the system as it is now is not an evil system. He said that she would have wanted me to express the view that there were thoughtful, courageous, caring, kind and highly professional staff who worked really hard to keep her alive. At the end, she had managed so well that she had the capacity to know when she wanted to let go, and she did. She knew how to be her own best advocate, but she also knew that plenty of others could not.

Deb's death was beautiful, gentle and easy, and support was provided for those around her. One of the most poignant things that Gary talked about was the level of her decision-making. She had asked one of her nieces to paint the coffin that she would be taken out in. Equally, a kind of maturity, I guess, was exercised by her sons, the youngest of whom, Toby, was only 14 or 15 at the time and in year 10. The boys made the decision to carry their mother's coffin into and out of the service, because they wanted to physically feel her weight in that coffin. Gary said that Deb did all the planning that needed to be done, with humour and good grace. She was bossing Gary to the end, and then she let go. She was gracefully in control, she was powerful and she was generous. But our culture does not do death well, generally. Deb wanted to know that everybody would be given the opportunity to exercise control and make decisions about how their last days, weeks and perhaps months, would be spent.

It is interesting that as part of the public debate, we have heard from health professionals on both sides of the argument. We have heard from two of the largest groups—nurses, through the Australian Nursing Federation, have publicly expressed their support for this legislation, and the Australian Medical Association, representing doctors, has taken an opposing view.

When I was deciding what I would rely upon in my comments, I read a lot of material. Some of that material came from the voluntary assisted dying debate in Victoria. I refer in particular to a document titled "Assisted Dying: Setting the Record Straight." It provided a summary of some of the issues raised in the Victorian parliamentary inquiry. I thought it summarised those issues quite well, as did our own parliamentary inquiry here. It crystallised for me that every year, and in fact somewhere in Western Australia right now, families are struggling with how to best manage the end-of-life choice of one of their loved ones. Every year, desperate terminally ill Australians are ending their own lives, often in horrific circumstances. Some of the circumstances that were provided to the Western Australian parliamentary committee inquiry demonstrated that families are being traumatised after witnessing the bad deaths of loved ones.

Some of the mythology, perhaps, that has been expressed during the course of the public debate is that predicting whether someone is expected to die within a specified time is not entirely accurate and therefore we should not rely on doing it at all. "Terminal" is already a legally recognised term in Australia. Insurance companies accept the prognosis of a certain period of time for the payout of a life insurance policy. It is a longstanding practice and has been considered uncontroversial.

Palliative care has also been raised in the course of the public debate. Palliative care in Australia is among the best in the world, but more can always be done. However, the argument I do not accept is that we can only move to consider voluntary assisted dying if we get palliative care to some unspecified point that meets someone's criteria—their version of palliative care as the best it can be. I have seen palliative care work fabulously for a friend of my husband's and mine, and for family members, but palliative care cannot deal with pain and suffering for everybody. No matter how much money we put into the operation of palliative care as it operates now or even into research for better palliative care, it cannot meet the requirements of everybody. I think it is possible to chew gum and walk at the same time. It is possible to improve palliative care and provide additional resources, while at the same time putting in place a legal and medical framework that gives effect to voluntary assisted dying. It is not the case that we must do the first before we can do the second. I do not accept that argument, and I do not accept that most Western Australians accept that argument either. Not all terminally ill people view palliative sedation, whether it relieves the pain or not, as a satisfactory alternative to being able to make decisions themselves in those circumstances about the timing of their death.

The point I made earlier about what I might choose to do was I think well illustrated by Andrew Denton. In 2016, he made a speech at the National Press Club. In his investigations, when he looked at policies that applied in other jurisdictions, he described discovering a golden rule that applies the world over; that is, most people do not want to die. They will do just about anything to stay alive, to be with family, to celebrate a grandchild's birthday or to wake up and marvel at the beauty of the sunrise, and I agree with that. I also think people want control and choice. The conclusion Andrew Denton reached was that if we do not give them that control and choice, desperate people will take desperate measures, and that people are dying awful, awful deaths when their deaths could be so much more dignified.

This debate has also been good because it has raised the issue of how we deal with death more generally. I refer to the section on end-of-life choices on the Australian Medical Association website. The AMA makes the point that end-of-life care is best managed around a conversation. The website states —

> People do want to live with certainty about the end of theirs or their loved one's life. It has not been hard to arrive at the conclusion that we are the problem, we the health industry, we the clinicians. We are the death denying industry, we are the death denying profession and until we —

Health professionals —

> stand up and lead the way on this subject, our society will continue to suffer.

I quote an article from *The West Australian* about Scott Blackwell, formerly of the AMA. It says —

> Scott Blackwell was a former president of the AMA and a leader in palliative care in Western Australia. He said that his own personal experience of the death of his wife, Naomi, strengthened his view that end-of-life care is about a person, not their tumour marker score.
>
> The best indicator to measure the success of that process is how well the family grieves after their relative has died.

Further in the article he says —

> "In my conversations with families of residents, I stress that hospitals are where you go to get fixed, not where you go to get care," he says.
>
> "If there is nothing that can be fixed, the best care you can get is in the residential care facility or at home."

The article continues —

> Doctors can be too busy trying to treat or cure, when sometimes the most humane approach is to step back and have a different conversation …

Dr Blackwell said —

> "It's about minimising suffering and maximising life … Alleviating suffering is the most important thing I can do, and I'm proud to say I work in a team that is really good at that."

I held a forum in my electorate. I held only one; I wish I could have held more. I held it in Rossmoyne. It was in a smaller facility than I wanted, but it was the only one I could get with the amount of time I had to organise the event. It had the capacity to hold about 100 people. I sent out letters around the area of the hall inviting people to the forum. Within 24 hours of that letter hitting letterboxes we had a full house and we had to start taking extra names of those who wanted to come but who we could not fit in at that point. Eventually, when the forum was held, we had about 120 people in the venue. To a person, they thanked me for holding the forum. Three people out of that 120 stood and spoke against voluntary assisted dying, but they did so respectfully and politely. They were vehemently opposed to it. My judgement of people in the room was that the vast majority were in favour and the

keywords they kept saying to me when I spoke to them over a cup of tea after the forum were "choice" and "control". I had some emails from people who could not attend, and I want to share them with the house. The first is from Ted McEvoy, which I got, I think, the day after we sent out invitations. Ted lives in Bull Creek. He said —

> Greetings Sue,
>
> Thank you for your invitation to attend forthcoming the VAD forum.
>
> I would have enjoyed attending the forum but I will be out of the country.
>
> I'll be in the process of ticking off one of items in my bucket list by travelling on the **TransMongolian Express**.
>
> I'm sure you would be aware of other similar situations but this is my personal circumstance. I have/had two daughters both born after my service in Viet Nam 1967/68.
>
> My elder daughter (Fiona) was born on 9th October 1969. Fiona's younger sister (Brianna) was born 31 January 1973.
>
> Around 20 years ago, Fiona was diagnosed with Crohn's disease—she was urgently transported by the fantastic RFDS to Fremantle Hospital for emergency surgery.
>
> As a consequence, she lost her bowel.
>
> Five years ago she contracted breast cancer and was treated by the excellent Prof Arlene Chan.
>
> Following a regime of aggressive chemotherapy, a double mastectomy and reconstruction, her cancer went into remission.
>
> However, late last year, Fiona noticed a large lump in her abdomen. The cancer had spread into her vital organs.
>
> She was admitted into Hollywood hospital in early January this year. The prognosis was terminal.
>
> Fiona's parents, her close and extended family, her many friends witnessed her struggles to remain alive whilst suffering absolute agony and pain.
>
> She passed away on January 2019—she was 49yo.
>
> After being directly involved with the death of Fiona, I am absolutely convinced as to the proposed VAD legislation.
>
> I've copied this email to my local MLA … to ensure he is aware of my strong opinion.
>
> This issue transcends petty politics—I would hope that all members of the WA Parliament will carefully examine their individual consciences and make a concerned decision.
>
> Sue … with this email, I give you the rights to use it as you see fit, although with my express approval to do so beforehand publication.

I confirmed to him that I would use it. I received two other emails. I will not name the people who wrote these two emails to me, because I do not have their specific permission, but I will read them. The first says —

> Good afternoon Sue
>
> I am a 67-year old resident of Murdoch, Western Australia.
>
> Over the years, I have witnessed family and friends become seriously ill, incapacitated and distressed about their frailty, medical issues and quality of life. For the last six weeks of my grandmother's life in hospital, she kept repeating "I want to die" to every visitor. She was mentally alert but she had no hope of leaving hospital. It was awful to watch her decline. She had no control over her future.
>
> If you are monitoring your electorate's support for the Euthanasia Bill, please add my name to that list. I believe the Bill is a humane option for seriously and terminally ill people with little quality of life and no options for improvement.

The last email I want to refer to states —

> My Dad died earlier this year. It was one of the most grateful times I've had in my life, I was able to give my dad the death he wished for. I nursed him at home and he had his final moments surrounded by us. This was made possible due to; being a nurse, having an understanding workplace and colleagues, a understanding and very supportive husband and supportive family and friends. All very specific things that aren't available to everyone.
>
> We had left the hospital the final time, after spending what had seemed like the last several years in and out of hospital, this was the final time. The nurses were crying, they all knew this was it and Dad was on his last journey. We had made a pact that we wouldn't be going back, we would deal with whatever came our way together and at home. For Dad a hospice was not an option. We were given a wonderful palliative care nurse who visited once a week, they were all amazing and this service is completely invaluable in our community.

> While this journey was incredibly powerful and special, there were many moments that were scary and uncontrollable. Our last Christmas Day dad spent in agony, the palliative team came and did all they could to control his pain. We all agreed the year before we'd call our final Christmas as that was the last year we were all able to enjoy. Unfortunately the end of his life was marred by uncontrollable pain. There were incredibly special moments but also incredibly scary moments. One of the scariest and painful things was the unknown. What would be next, when is the next? We had been given several scenarios of his potential death and none seemed peaceful and some were completely petrifying. We all lived with this unknown in his final days, hanging over us all, he was scared and vulnerable. He was a proud man his entire life and wanted to remain this way. In his final days he shrunk away, there wasn't a quality of life, he seemed to have already slipped away. He wanted to die with dignity and I fought extremely hard to maintain this for him, but as explained earlier this isn't always accessible for everyone. Not everyone has a child who is a nurse, who has the ability to take time off, who can move into their parents home. Not everyone wants to nurse/care a person in these final stages, it may be too confronting, too much even or have financial commitments.
>
> I don't know what may have happened for us had Voluntary Assisted Dying been legal at the time. But I do know that the options for people in the most vunerable process of their life should be made available to them. That humans have the right to choose their own death with dignity and peace.
>
> This story is incredibly personal and painful to me and my family. We don't often speak about it and I only share this story with you to encourage you all to support the Voluntary Assisted Dying Bill.

I want to end where I began. This bill is about the timing of the death of those who are already dying of a particular terminal illness. Western Australians want us to give effect to their voice. They want this legislation to pass. They expect us to examine it in detail but they want us to do it efficiently and in a timely way. I know we can do this and I hope we will.

HON PETER COLLIER (North Metropolitan — Leader of the Opposition) [4.13 pm]: All of us know that this is probably one of the most profoundly emotional issues that we will ever have to deal with. I have had to deal with it twice now in this chamber; once with a motion by Hon Robin Chapple back in 2010. Prior to that, it had been dealt with six times. This is the first time it has been by government-sponsored legislation. As I said, it is a highly emotional issue. Given that, the Liberal Party made the right decision to make it a conscience vote, the same as all parties in this chamber. Can I say hand on heart that I have not spoken to one member of the Liberal Party to access his or her views on this legislation. I have not tried to intimidate, cajole or influence any member of the Liberal Party with regard to this issue. We have not discussed this issue in our party room. I want to make that one thing perfectly clear. Every member of the Liberal Party who stands today will base their contributions and views upon their conscience.

As I have said, it is a very, very emotive issue. In anyone's language, two of the most profoundly emotional issues that any Parliament will have to deal with will be at the beginning of life and at the end of life. By design, in Australia over the last three months, we have dealt with the beginning of life—the conception; the abortion debate in New South Wales—and here in Western Australia we are dealing with the end of life, or euthanasia. The sanctity of life is paramount. Inevitably, those two issues are going to elicit an enormous amount of emotion. They deserve an enormous amount of scrutiny when we decide what is best for conception and what is best for death. We must scrutinise this legislation thoroughly and comprehensively. I make no apology for that. The sanctity of life is wonderful; it is paramount.

I will talk a little later about some personal influences with regard to where I stand on this legislation. I have pretty much been blessed with good health. Although I have seen a number of people around me not in such a situation and who in fact have suffered terminal illness and ultimately death, personally it has not impacted on me. I have come to a decision on where I will vote on this legislation based upon an enormous amount of research and an enormous amount of consultation and also how I feel personally about the sanctity of life.

Having said that, let us look very briefly at where we are at as a community in terms of dealing with the beginning of life and the end of life, and whether we give both elements due respect. Looking at the beginning of life in terms of the resources that we provide from conception to birth and then early childhood, the resources are legitimately phenomenal. Firstly, at the prenatal stage, public or private, there are state and federal contributions towards the pregnancy confirmation and check-up; the first trimester check; the ultrasound; monthly check-ups; prenatal and parenting classes; and full support at the hospital for high-risk pregnancies. In terms of maternity, public or private, state and federal contributions: full support is provided during the birthing process in hospitals of choice—public fully funded/private partially funded via the Medicare gap cover—there is postnatal support in hospital for two to 10 days; breastfeeding support; and postnatal mental health support specifically aimed at postnatal depression. Child health, local governments, zero to five years: compulsory check-ups at regular intervals with a baby nurse; measured developmental support; ongoing breastfeeding support and ongoing mental health support. Immunisations, local governments, state and federal contributions: the schedule of immunisation starts at birth and goes through to adulthood; it is now compulsory, with no jab, no play. Federal financial support is tied to the immunisation

schedule. Financial support, federal government, paid assistance: there is a raft of federal government assistance, including maternity allowance, paid parental leave, family tax benefits A and B, childcare assistance, parenting payments and so on. Support for parents includes family tax benefits, parental leave pay, dad and partner pay, additional childcare subsidy, parenting payments and so on.

The point I am making is that there is nothing more beautiful than the birth of a child and raising that child. We as a community give that child due respect. We provide all that we possibly can so that that child—he or she—can be the best that they can possibly be through nurturing. In some instances, of course, it does not work out that way because of community dynamics, but we as a community do all that we possibly can.

Of course, there are issues when it comes to the end of a person's life. The Royal Commission into Aged Care Quality and Safety has heard some extraordinarily disturbing revelations. The end of a person's life due to a terminal illness is very confronting for the individual and the friends and family of that individual. It must be extraordinarily confronting for a person to go into a doctor's surgery and be told that they have a terminal illness and limited time to live. We provide support mechanisms for that individual, but do we provide sufficient support mechanisms in all instances? Do we provide the same support services for an individual in Perth as we do in Melbourne, Sydney or Brisbane? Do we provide the same support services for an individual who lives in a remote Aboriginal community in the Kimberley? Do we provide equivalent support services for someone who lives in a mining town 200 miles east of Kalgoorlie—or in Meekatharra, Albany or Bunbury? We do not. Members do not have to take my word on this. The support services, in particular palliative care services, that we provide for individuals are sporadic at best in a lot of instances and non-existent at worst in a number of other instances. To suggest that an individual who has a terminal illness has the appropriate mindset to decide whether they will access the provisions of the voluntary assisted dying legislation and end their life is an issue we need to consider. We should not put the cart before the horse. At this stage, can we as a community put our hands on our heart and say, "Yes, we provide the support mechanisms for every individual who has a terminal illness"?

Members do not need to take my word for it. This Parliament has done an enormous amount in the area of palliative care. "My Life, My Choice: The Report of the Joint Select Committee on End of Life Choices" is comprehensive. One chapter specifically deals with palliative care. Hon Nick Goiran's minority report, "The Safe Approach to End of Life Choices: License to Care Not Licence to Kill", also provides a considerable amount of information about palliative care. I will take a bit of time—not too long—to go through the particular recommendations in both the report and the minority report and what they have to say about palliative care. Chapter 3 of "My Life, My Choice" is appropriately titled "Palliative Care" and it states, in part —

> It has long been held that palliative care should neither hasten nor postpone death—indeed, this premise can be found in the World Health Organisation's definition:
>
> > *Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. Palliative care:*
> >
> > - *provides relief from pain and other distressing symptoms;*
> > - *affirms life and regards dying as a normal process;*
> > - *intends neither to hasten or postpone death;*
> > - *integrates the psychological and spiritual aspects of patient care;*
> > - *offers a support system to help patients live as actively as possible until death;*
> > - *offers a support system to help the family cope during the patient's illness and in their own bereavement;*
> > - *uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated;*
> > - *will enhance quality of life, and may also positively influence the course of illness;*
> > - *is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.*
>
> Palliative care is intended to assist in relieving symptoms and would usually commence once a patient has accepted that curative treatments are no longer appropriate. According to the University of Western Australia, palliative care is:
>
> > *[…] an approach to care that involves acceptance that the underlying condition is not responsive to curative treatment (or a decision has been made not to treat with curative intent.)*

That is a fairly accepted and appropriate definition of "palliative care". The report is quite compelling about whether we provide palliative care across Western Australia. For example, on page 64 it refers to where people receive palliative care treatment, and states —

> Consistent with access to medical care across Western Australia generally, how patients access palliative care will vary depending upon their socio-economic status and whether they are located in the regions or in the Perth metropolitan area.

That in itself is a problem; people who live in regional Western Australia may be less significant than someone who lives in the metropolitan area. The report goes on to say —

> WA Health provided a list of the 28 services currently accredited to provide specialist palliative care:

It lists them, but I will not go through them all. It continues —

> The models of care available at each of these facilities differ and it would not be correct to suggest the level of palliative care provided is equal across them all. For example, four of the WA Country Health Service regions only have access to consultative specialist palliative care. Without access to inpatient or community specialist palliative care patients do not have the same level of choice as patients in the other parts of the state.

I emphasise that this is in the "My Life, My Choice" report. Finding 9 states —

> Access to inpatient specialist palliative care in Perth is limited.

Finding 10 states —

> Apart from a small number of private beds at Glenngary Hospital, there is no inpatient specialist palliative care hospice in the northern suburbs of Perth.

Recommendation 7 states —

> The Minister for Health should facilitate the establishment of an inpatient specialist palliative care hospice providing publicly funded beds in the northern suburbs of Perth.

I understand that in recent times the government has committed to that in the northern suburbs, which is good and wonderful, but we still have a way to go before that facility is established and before we know whether it will be adequate. Finding 11 states —

> Silver Chain is providing community palliative care to more patients than for which it is funded.

Recommendation 8 states —

> The Minister for Health should ensure that community palliative care providers, such as Silver Chain, are adequately funded to provide for growing demand.

The report then refers to palliative care in the regions, and it is quite compelling. I am sure that most members would have read the report and learnt about the deficiencies in palliative care facilities in the regions of Western Australia. All I am saying is that, at the very least, we have to get to a point at which palliative care facilities in the regions of Western Australia are remotely adequate before we ever go down the path of saying, "This is perhaps your other option." I hate to think that that will be the situation for some people who live in the regions, particularly those in the remote areas of the state. I will come back to that a little later.

I will briefly touch on the recommendations in Hon Nick Goiran's minority report, because they pretty much mirror those in the majority report about the lack of palliative care facilities, particularly in the regions. Recommendation 1 states —

> The Minister for Health should consult with the Palliative Care Outcomes Collaboration (PCOC) and service providers to determine a data collection methodology that would set the lowest figures for unmanaged pain symptoms as the aspirational standard for every service provider.

Recommendation 2 states —

> The Minister for Health should consult with palliative care service providers to ascertain the current deficit in capacity preventing equitable provision of specialist palliative care across Western Australia.

Recommendation 3 states —

> The Minister for Health should assess the recommendations made by Western Australia's peak body for palliative care and report to Parliament with a plan to:
>
> a) utilise co-design workshops;
>
> b) progress the Compassionate Communities model;
>
> c) introduce shared care models;

d) increase the capacity of the Silver Chain Hospice Care Service model of care;

e) build the capacity of existing outpatient clinics to facilitate Advance Care Planning; and

f) increase the availability and flexibility of Telehealth.

Recommendation 5 states —

> The Minister for Health should develop and roll out a community awareness program about specialist palliative care services.

This is another area that has been identified in the "WA End-of-Life and Palliative Care Strategy 2018–2028" and by the Ministerial Expert Panel on Voluntary Assisted Dying in its findings. There is a real lack of understanding about the palliative care facilities that are provided in Western Australia. Not only that, there is an enormous disparity in the palliative care facilities that are provided across the length and breadth of Western Australia.

I turn to the final report of the Ministerial Expert Panel on Voluntary Assisted Dying, which reinforces exactly what was stated in the report.

Debate interrupted, pursuant to standing orders.

[Continued on page 7560.]

HON RICK MAZZA — ABSENCE

Statement by President

THE PRESIDENT (Hon Kate Doust) [4.30 pm]: I neglected to mention earlier today that Hon Rick Mazza is recovering from emergency surgery, having had his appendix out on the weekend. I am sure that you would all want to wish him a swift and speedy recovery and a return to this place.

Members: Hear, hear!

QUESTIONS WITHOUT NOTICE

HOUSING — KEYSTART LOANS

1121. Hon PETER COLLIER to the minister representing the Minister for Housing:

I refer to Keystart.

(1) What is the number of active Keystart clients during each month of 2017, 2018 and 2019 to date?

(2) What is the total balance of active Keystart loans during each month of 2017, 2018 and 2019 to date?

(3) What was the number of new Keystart loans—clients—added in each month of 2017, 2018 and 2019 to date?

Hon STEPHEN DAWSON replied:

I thank the honourable member for some notice of the question.

(1)–(3) Due to the volume of data in this answer, I table the requested information.

[See paper 3262.]

MINERAL RESOURCES LTD — EX GRATIA PAYMENT

1122. Hon PETER COLLIER to the minister representing the Treasurer:

I refer to page 247 of the 2018–19 *Annual Report on State Finances*.

(1) On what date was a $33 million ex gratia payment to Mineral Resources Ltd approved?

(2) Why was the ex gratia payment made to Mineral Resources?

(3) Who approved the ex gratia payment to Mineral Resources?

Hon STEPHEN DAWSON replied:

I thank the Leader of the Opposition for some notice of the question.

(1) The ex gratia payment was approved on 20 November 2018 and disclosed in the 2018–19 *Government Mid-year Financial Projections Statement*.

(2) As outlined in the 2018–19 midyear statement, the ex gratia payment to Mineral Resources Ltd was made to assist with the purchase of the Cliffs Asia Pacific Iron Ore Pty Ltd Koolyanobbing mine in order to ensure continued operations and local jobs.

(3) Following consideration by the Expenditure Review Committee and endorsement by cabinet, the ex gratia payment was formally approved by the Governor in Executive Council.

STANDING COMMITTEE ON PROCEDURE AND PRIVILEGES — FIFTY-FIFTH REPORT — EMAIL ACCESS — STATE SOLICITOR'S OFFICE

1123. Hon MICHAEL MISCHIN to the Leader of the House representing the Attorney General:

I refer to the Attorney General's refusal to provide information in answer to my questions regarding the procedure followed by the State Solicitor's Office, on behalf of the government, to identify and remove from documents provided to it those that may be the subject of parliamentary privilege, and to identify the officers and staff who had access to those documents and made those decisions.

(1) Why has the Attorney General refused to provide, in answer to questions, at least the information that the SSO was able to provide to the Standing Committee on Procedure and Privileges and reflected in paragraphs 6.1 to 6.8 inclusive of the committee's fifty-sixth report?

(2) Why does the Attorney General need to take on notice questions as to whether he received legal advice on whether providing that information is protected by legal professional privilege, and the dates when he sought and received that advice and from whom?

Hon SUE ELLERY replied:

I thank the honourable member for some notice of the question.

I refer to the answer provided to Legislative Council question without notice 949 on 4 September 2019. In that answer, the Attorney General requested and still requests that the question be put on notice due to the short time frame and level of detail requested.

DEPARTMENT OF EDUCATION — SCHOOL CHAPLAINS

1124. Hon DONNA FARAGHER to the Minister for Education and Training:

I refer to the Department of Education's community services request panel arrangement for chaplaincy services.

(1) At the closing date, how many offers were lodged?

(2) Has the selection process been completed; and, if yes, will the minister list the successful service providers?

(3) If no to (2), when will the process be completed?

Hon SUE ELLERY replied:

I thank the honourable member for some notice of the question.

(1) Two offers were lodged.

(2) No. YouthCARE was awarded a contract for chaplaincy services through a separate community services request, ED 19223, as a preferred service provider under the delivering community services in partnership policy. Schools have the option to use YouthCARE or panel providers selected from ED 19095. This will maximise the opportunity for all schools to access a chaplain.

(3) The process will be completed by mid-November 2019.

PALLIATIVE CARE — FUNDING

1125. Hon NICK GOIRAN to the parliamentary secretary representing the Minister for Health:

Madam President —

The PRESIDENT: Honourable member, I was advised by somebody in the chamber that you have a very happy birthday today. Is that correct?

Hon NICK GOIRAN: Yes. Thank you, Madam President.

I refer to the minister's announcement on 10 October 2019 advising of an additional $17.8 million to enhance palliative care services.

(1) How was the figure of $17.8 million determined?

(2) On what date did the minister make the decision to endorse a recommendation of that amount?

(3) Will the minister table the document that was the basis for the decision to recommend or approve that amount?

(4) If no to (3) and given the government's revised legislative priorities for 2019, will the minister undertake to expedite a section 82 notice to the Auditor General?

Hon ALANNA CLOHESY replied:

I thank the honourable member for some notice of the question.

(1) The figure was determined having regard to the recommendations of the report of the Joint Select Committee on End of Life Choices—specifically, recommendations 7, 8 and 12.

(2)–(4) The recommendations of the Expenditure Review Committee were endorsed by cabinet on 7 October 2019. Documents are cabinet-in-confidence.

HOUSING — NEWMAN — PILBARA DISTRICT LEADERSHIP GROUP

1126. Hon JACQUI BOYDELL to the minister representing the Minister for Housing:

I refer to the minister's answer to question without notice 1016 on 18 September 2019 regarding the Pilbara District Leadership Group.

(1) Will the minister please list the dates and locations the PDLG has met since 18 November 2015?

(2) Will the minister please list the dates and names of, and reasons for, any group management changes since the 2017 state election?

(3) What key performance indicators or targets are in place to measure the PDLG's performance of its functions?

(4) How many times has the group directly engaged with the Newman community since July 2017?

Hon STEPHEN DAWSON replied:

I thank the honourable member for some notice of the question.

In order to provide a response to this question, the Department of Communities will need to undertake research. Therefore, an answer is unable to be provided in the required time frame. I ask the member to place this question on notice.

PALLIATIVE CARE — REGIONAL SERVICES

1127. Hon COLIN HOLT to the parliamentary secretary representing the Minister for Health:

I refer to the budget announcement to invest a further $30.2 million to expand regional palliative care services and the further announcement on 10 October 2019.

(1) What is the revised annual investment increase over the next four years from 2019–20 by year in regional WA?

(2) Will the minister please identify the total increased investment by the WA Country Health Service region by year?

(3) What proportion of the 61.5 FTEs will be increased by year until full rollout of the commitment?

(4) Did the state government prepare a business case for the expansion of regional palliative care services; and, if so, what was the optimal level of funding recommended?

Hon ALANNA CLOHESY replied:

I thank the honourable member for some notice of the question.

(1) Funding for community-based regional palliative care services will increase by 13 per cent from 2019–20 to 2020–21, by 13 per cent from 2020–21 to 2021–22 and by 18 per cent from 2021–22 to 2022–23.

(2) Models of care are being established and the detailed planning will inform final allocations by region by year as the expansion of palliative care services is rolled out. The Premier's media statement of 10 October 2019 provided indicative investment across regions.

(3) The anticipated proportion of FTE increase by year is provided in a tabular form. I seek leave to have that part incorporated into *Hansard*.

Leave granted.

The following material was incorporated —

REGION	**2019–2020**	**2020–2021**	**2021–2022**	**2022–2023**
Percentage Increase	40%	20%	15%	25%

(4) Detailed costings and models of care were developed for palliative care services within the 2019–20 budget submission. Budget submissions are cabinet-in-confidence.

INFRASTRUCTURE AUSTRALIA — 2019 AUSTRALIAN INFRASTRUCTURE AUDIT

1128. Hon CHARLES SMITH to the minister representing the Minister for Transport:

I refer to "An Assessment of Australia's Future Infrastructure Needs: The Australian Infrastructure Audit 2019", recently published by Infrastructure Australia, which shows that infrastructure in Perth is clearly failing to keep pace with rapid population growth, particularly on the urban fringe, and that a mounting maintenance backlog is putting unprecedented pressure on the infrastructure services on which our residents rely.

(1) Does the state government accept that infrastructure and service provision is failing to keep up with population growth and that this is negatively impacting residents' quality of life, as well as economic productivity and competitiveness?

(2) Does the state government accept that without a massive and sustained increase in infrastructure spending, the situation is only likely to worsen?

(3) Does the state government concede that any sizeable increase in infrastructure spending will inevitably put immense pressure on the state budget and lead to a blowout in state debt levels?

(4) Will the state government now consider adopting a sustainable population policy and call on the commonwealth to reduce immigration to more normal levels?

Hon STEPHEN DAWSON replied:

I thank the honourable member for some notice of the question.

(1) The Australian infrastructure audit 2019 results show that the cost of road congestion in Western Australia is growing at a slower rate than in the previous audit due to sustained investment in congestion-reducing projects. The 2015 audit predicted that by 2031, seven of Australia's top 10 most delay affected road corridors would be in Perth; the 2019 audit shows that WA now has just one road corridor in that list.

(2)–(3) The government's 2019–20 state budget includes $4.2 billion in road investment and a further $4.1 billion to deliver Metronet, while returning the budget to surplus.

(4) The government has been proactive in planning for future population growth by delivering on its vision of a strong integrated infrastructure and urban development program centred on Metronet. Further, through the release of "Our Priorities: Sharing Prosperity" and the Perth and Peel@3.5 million suite of documents, the government has established the strategic framework to accommodate anticipated growth.

MEDICAL CANNABIS — PRESCRIPTIONS

1129. Hon AARON STONEHOUSE to the parliamentary secretary representing the Minister for Health:

I refer the minister to recent changes to the regulations relating to the prescription of medicinal cannabis in New South Wales.

(1) Is it true that, as of these changes being implemented, a doctor in New South Wales need apply for authorisation from the New South Wales Department of Health only if he or she is proposing to prescribe medicinal cannabis to a patient who is either drug dependant or under the age of 16, while all other patient applications now go directly to the Therapeutic Goods Administration for special access scheme approval?

(2) Given that we currently require both departmental and TGA sign-off for all applications here in Western Australia, does the McGowan government have any plans to introduce similar regulatory changes; and, if not, why not?

Hon ALANNA CLOHESY replied:

I thank the honourable member for some notice of the question.

(1) Yes.

(2) Changes in New South Wales and the current processes for approval in other states and territories will be considered as part of the ongoing review by the Department of Health into the regulation of the prescribing of medicinal cannabis in Western Australia.

BUSSELTON MARGARET RIVER AIRPORT

1130. Hon COLIN TINCKNELL to the Minister for Regional Development:

(1) Now that the commercial airline Jetstar has taken the first step to introduce direct flights between Melbourne and Busselton, can the minister explain why the government has reneged on the pledge to upgrade the Busselton Margaret River Airport once the major carrier could be secured?

(2) Can the minister provide a breakdown of where the funding is coming from for the reported $6 million to $8 million subsidy to Jetstar over the three years, and —

(a) how much is being footed by the state government;

(b) how much is from the royalties for regions legacy; and

(c) how much is being left to be funded by the local council?

Hon ALANNAH MacTIERNAN replied:

(1)–(2) I thank the member for the question. I am sure the member shares our sense of celebration that after all this time we have finally been able to secure those air services. We have worked very closely with the City of Busselton to achieve that outcome. When we were able to negotiate those services, it was made very clear to our government by Jetstar—indeed, by the CEO and by the chairman of the Qantas group—that it did not require a new terminal because these services, which are on a trial basis for three years, are not of such a scale that a new terminal is required. I wonder why people would think that we would then spend $16 million of ratepayer and taxpayer funds to build a terminal when we can get the air services without that. If this trial works—I am pleased to say that the assisted tickets are going out the door

rapidly—we are optimistic that over time this service will be entrenched. However, obviously we need to have a business case to back the investment and use of taxpayer funds. We are making some enhancements to the airport to enable the trial to go ahead for the next three years. If it shows that there is a need for bigger aircraft and we need a bigger terminal, that is when we will build it. The government as a whole has already put in $43.25 million towards the airport and the site and also to airline attraction, and it will put in an extra $3.2 million to upgrade the terminal. However, as is usually the case, the overall package that has been presented to Jetstar is considered to be commercial-in-confidence.

RACING AND WAGERING WESTERN AUSTRALIA — GREYHOUNDS — PROHIBITED SUBSTANCES

1131. Hon ALISON XAMON to the minister representing the Minister for Racing and Gaming:

I refer to the testing of dogs for prohibited substances in the greyhound racing industry.

(1) Is the minister aware that a greyhound tested positive to amphetamines after winning its race earlier this year?

(2) If a dog tests positive for an illicit substance, are Racing and Wagering Western Australia's officers compelled to notify the police?

(3) If yes to (1), at what stage of the investigation are the results of the test disclosed to the police—when the substance is detected or after the stewards' inquiry has been completed?

(4) If no to (2), why are the police not notified?

(5) What percentage of greyhounds are tested for prohibited substances at a racing event?

Hon ALANNAH MacTIERNAN replied:

I thank the honourable member for some notice of this question. The following information has been provided to me by the Minister for Racing and Gaming.

(1) Yes.

(2) No.

(3) Not applicable.

(4) The detection of a prohibited substance in a racing animal is not considered a criminal offence and, therefore, no police resources are dedicated to racing matters. Jurisdiction is vested in the relevant rules of racing as per section 45 of the Racing and Wagering Western Australia Act 2003.

(5) It was 35 per cent of all winners, totalling 1 229 actual swabs last year, with 99.5 per cent of all samples being free of any prohibited substances.

MINING TENEMENTS — KARIJINI NATIONAL PARK

1132. Hon ROBIN CHAPPLE to the minister representing the Minister for Mines and Petroleum:

I refer to exploration licence 47/17 and exploration licence 47/15 held by Itochu Minerals and Energy of Australia Pty Ltd, Mitsui Iron Ore Corporation Pty Ltd and BHP Billiton Minerals Pty Ltd within the Karijini National Park, crown reserve 30082.

(1) Is it correct that those two tenements previously received a five-year extension and they are now due to expire on 3 October 2019?

(2) Given that those tenements were taken out on 4 October 1982 and are contained within the Karijini National Park, will the minister now cancel the tenements and not allow for a further extension application?

(3) If no to (2), why not?

(4) If yes to (2), will the minister ensure that no other applicant can seek to obtain a licence to explore in those areas?

Hon ALANNAH MacTIERNAN replied:

I thank the member for the question. The following information has been provided to me by the Minister for Mines and Petroleum.

(1) No. Those two tenements were granted with a five-year term on 4 October 1982. They have received a further one-year extension every year since 1987 and both are now due for expiry on 3 October 2019.

(2) No.

(3) The holder has a legislative right to apply for extensions of term and those applications, if they are lodged, will be assessed in accordance with the Mining Act 1978 and determined by due process.

(4) Not applicable.

MINISTER FOR LOCAL GOVERNMENT — VISITS TO LOCAL GOVERNMENTS

1133. Hon SIMON O'BRIEN to the Leader of the House representing the Minister for Local Government:

(1) Which local governments has the minister visited in the current term of government and on what dates?

(2) What plans are there for future visits to local governments?

Hon SUE ELLERY replied:

I thank the honourable member for some notice of the question.

(1) The minister has advised that, since his appointment as Minister for Local Government, he has engaged extensively with local governments and local government professionals. This has occurred through visits to local governments, attendance at regional council meetings, attendance at zone meetings, attendance at conferences, attendance at events and launches, meetings and telephone conversations. A list of visits and meetings with local governments in the current term of government is provided. I table the attached information.

[See paper 3263.]

(2) It is the minister's intention to continue his active engagement with local government.

WESTERN AUSTRALIAN OVERSEAS TRADE OFFICES

1134. Hon TJORN SIBMA to the Leader of the House representing the Premier:

I refer to the Premier's joint media statement with the Attorney General of 12 March 2019 in which he announced that KPMG would audit all eight overseas trade and investment offices in the wake of the Corruption and Crime Commission's report on the Tokyo office.

(1) How much has this audit cost?

(2) Has KPMG finished this audit; and, if so, when was it delivered to the government?

(3) Did the audit identify any other issues of concern among the network of overseas trade and investment offices?

(4) If yes to (3), what were these issues?

Hon SUE ELLERY replied:

I thank the honourable member for some notice of the question. The Department of Jobs, Tourism, Science and Innovation advises the following.

(1) To date, the audit of the eight overseas trade and investment offices has cost $228 895. The scope of the contract was extended in May 2019 to include an audit of the expenses incurred by Tourism WA officers and staff working in the overseas offices over the last six years, at an additional cost of $31 091.

(2) No. The department has not received the final report.

(3) The department will not comment until it has received the final report.

(4) Not applicable.

VOLUNTARY ASSISTED DYING — PROSECUTIONS

1135. Hon MARTIN ALDRIDGE to the parliamentary secretary representing the Minister for Health:

I refer to Legislative Council question without notice 940 asked on 3 September 2019, with an answer finally provided on 19 September 2019.

(1) From whom is the minister seeking advice prior to providing the correspondence that I seek?

(2) Has the minister now received advice on this matter; and, if so, on what date was advice received?

(3) Can the minister please table without further delay correspondence between the commonwealth Attorney-General's Department and the Department of Health on the Voluntary Assisted Dying Bill 2019 and the application of sections 474.29A and 474.29B of the commonwealth Criminal Code Act?

(4) If the minister continues to deny Parliament access to this essential information as it considers the Voluntary Assisted Dying Bill 2019, when will he comply with section 82 of the Financial Management Act 2006?

Hon ALANNA CLOHESY replied:

I thank the honourable member for some notice of the question.

(1) The minister is seeking advice from the State Solicitor's Office.

(2) No.

(3) The decision whether to table the correspondence will be made once the minister has received further advice.

(4) The minister will comply with the provisions of the Financial Management Act 2006 if required to do so.

WATER CORPORATION — SUBSIDIES

1136. Hon ROBIN SCOTT to the minister representing the Treasurer:

(1) What is the total amount in subsidies received by the Water Corporation from the WA government?

(2) Is it true that an amount previously allocated under the royalties for regions scheme—around $1.1 billion—has been repurposed as a subsidy to the Water Corporation?

(3) How much of a discount do members of the WA public receive on their water bills as a result of the Water Corporation's subsidies?

(4) If the subsidies to the Water Corporation were not in place, how much more would members of the public pay on their water bills?

Hon STEPHEN DAWSON replied:

I thank the honourable member for some notice of the question. The following information has been provided by the Treasurer.

(1) As published in the 2019–20 budget paper No 3, the Water Corporation will receive $452.7 million in operating subsidies from the WA government in 2019–20.

(2) Over the forward estimates period, a total of $1.147 billion is allocated to the country water pricing subsidy, of which the royalties for regions program funds $1.058 billion, as published in budget paper No 3.

(3) A total of $452.7 million in 2019–20, as referenced in part (1). However, individual discounts will vary based on concession eligibility, services consumed and customer location.

(4) A total of $452.7 million in 2019–20, as referenced in part (1). However, individual bill increases will be dependent on concession eligibility, services consumed and customer location.

CLIMATE EMERGENCY DECLARATION — FEDERAL LABOR POLICY

1137. Hon TIM CLIFFORD to the Leader of the House representing the Premier:

I refer to today's announcement that the federal Labor shadow minister for climate change and energy will move a motion in the Australian Parliament today to declare a climate emergency.

(1) Does the Premier stand by his comments last week that Australia and Western Australia are not in a climate emergency; and will the Premier please explain the reason behind these comments?

(2) Given that federal Labor agrees that there is a climate emergency, what correspondence has the Premier had with his federal Labor counterparts about Western Australia and Australia being in a climate emergency?

Hon SUE ELLERY replied:

I thank the honourable member for some notice of the question.

(1) The Premier stated last week that he was not prepared to declare a climate emergency, or commit Western Australia to a policy of net zero emissions by 2020. Such a policy would destroy Western Australia's economy and lead to mass unemployment. The Premier noted that Western Australia has a massively improved take-up of renewable energy and that worldwide we need to act more on conservation, climate change, marine protection and elimination of waste.

(2) The Premier has not had any correspondence with his federal colleagues on this issue.

BROOME PORT — PEDESTRIAN WALKWAY

1138. Hon KEN BASTON to the Minister for Ports:

I refer to the pedestrian walkway alongside the port of Broome, which has been partially closed for some time.

(1) Could the minister please advise whether a time frame is in place for reopening the pedestrian walkway?

(2) If yes to (1), what is the time frame?

(3) What work is required to prepare the walkway for reopening, and what is the estimated cost?

Hon ALANNAH MacTIERNAN replied:

(1)–(3) I thank the member for the question, and I recognise that the issue of access at the port is a real one. The first 180 metres of the walkway was reopened in September 2017, at a cost of $527 000. I understand that the costing of the remainder of the walkway is about $800 000. We have recently appointed a new CEO of the port authority. We are hoping that we will get a good engagement with the Shire of Broome. Coming with our recent announcement of the Kimberley marine supply base, we have to do a lot of thinking about what we are going to do for public access in the Broome port, and what alternatives there might be. We have had some very interesting dialogue with the Shire of Broome about this. We are very conscious of this issue. It is a work in progress, and it needs some new thinking.

DRONES — SURVEILLANCE DEVICES ACT REVIEW

1139. Hon COLIN de GRUSSA to the Minister for Agriculture and Food:

I refer to a motion that I put forward on 21 February about rural crime. In reply, the minister suggested that a review of the Surveillance Devices Act 1998 may be necessary to consider privacy concerns around drone usage, stating —

> Given the emerging prevalence of drones in the intervening 20 years, it is really quite important that we look at whether these laws are adequate for these purposes.

(1) Does the minister still support a review of the Surveillance Devices Act 1998?

(2) If yes to (1), when will the government be undertaking this review?

(3) Will the state government be taking any steps at all to manage surveillance and privacy concerns associated with drone usage in Western Australia?

Hon ALANNAH MacTIERNAN replied:

I thank the member for the question. As we advised his office, for some reason I got this question very late. I have not had time to deal with it, but I will undertake to have an answer by the end of the week.

NATIONAL AND STATE PARKS — ILLEGAL FIREWOOD

1140. Hon DIANE EVERS to the Minister for Environment:

(1) How many reports of illegal cutting or taking of timber for firewood or other use in national and state parks did the department receive in each of the years 2017–18, 2018–19, and 2019 to date?

(2) Which parks did these reports of illegal activity relate to?

(3) How many of these reports were followed up, and how many resulted in fines or other penalties?

(4) What is the time frame for following up on a complaint of illegal activity involving the cutting or taking of timber?

(5) Does the department report back on the outcome to the original complainant?

Hon STEPHEN DAWSON replied:

I thank the honourable member for some notice of the question.

(1)–(2) The Department of Biodiversity, Conservation and Attractions does not maintain a central database of public reports relating to illegal cutting or taking of firewood. DBCA has nine regions across the state that deal directly with members of the public with regard to local reports of illegal taking of firewood. DBCA regional and district offices maintain records, which in many cases are kept in hard copy. Obtaining a response to this question is not possible in the time frame and compilation of this information would require a review of hardcopy records, diverting considerable staff resources from other core business duties.

(3) The following offences are recorded under the Conservation and Land Management Act 1984, section 103, "Taking Forest Produce", for the respective periods: 2017–18, seven cautions, 23 infringements and two prosecutions; 2018–19, eight cautions and 13 infringements; and 2019–20, two cautions and two infringements.

(4) There is a 45-day limitation for the issuing of infringement notices pursuant to the Conservation and Land Management Act 1984 and regulations, and a two-year statute of limitations should prosecution action be initiated.

(5) There is no legislative requirement for this to occur; however, DBCA staff endeavour to respond to the complainant if the person who made the report requests it. On many occasions, reports of illegal activity that are reported to DBCA are anonymous.

WESTERN ROCK LOBSTER FISHERY — INDUSTRY LEVY FUNDS

1141. Hon JIM CHOWN to the minister representing the Minister for Fisheries:

Approximately $195 000 of rock lobster industry levy funds are outstanding for payment to the principal industry body, the Western Rock Lobster Council.

(1) When were the western rock lobster industry levy funds collected from licence holders?

(2) Has the Western Rock Lobster Council provided all the required documentation to warrant payment of the industry levy funds?

(3) Is the Minister for Fisheries required to authorise the release of funds to the Western Rock Lobster Council with regard to the industry fund levies collected?

(4) If yes to (3) —

(a) on what date did the department seek authorisation from the minister to release the funds to the Western Rock Lobster Council;

(b) has the minister given that authorisation; and

(c) if not, why not?

(5) If no to (3), who is responsible for authorising the release of the aforementioned funds?

(6) When will the outstanding industry levy funds be released to the Western Rock Lobster Council?

The PRESIDENT: That was not a terribly concise question.

Hon ALANNAH MacTIERNAN replied:

I thank the member for the question. The following information has been provided by the Minister for Fisheries.

(1) It was from November 2018 to March 2019.

(2) The Western Rock Lobster Council has provided audited financial statements for 2018–19. These statements are currently being reviewed and considered by the Department of Primary Industries and Regional Development.

(3) No.

(4) (a)–(c) Not applicable.

(5) The funds are administered by the department on behalf of the minister.

(6) The matter is currently being considered.

GST DISTRIBUTION — IRON ORE PRICE

1142. Hon Dr STEVE THOMAS to the minister representing the Treasurer:

I refer to the answer to my questions without notice 13, 80, 656, 938 and 961 this year about the 2019 mini-boom of iron ore royalties. I refer also to the *Annual Report on State Finances*. I apologise to the minister. The question originally said that that report was to be released tomorrow, but this question was put in a couple of weeks ago.

(1) What is the current spot price of iron ore in US dollars?

(2) During what periods in 2019 so far was the iron ore price over $US90 a tonne?

(3) What was the mean average iron ore price from 12 February 2019 to 13 October 2019?

(4) How much additional iron ore royalty revenue above budget estimates has the state received so far in the 2019 calendar year?

(5) How much of this additional revenue has been committed to specific expenditure, and what are those commitments?

Hon STEPHEN DAWSON replied:

I thank the honourable member for some notice of the question. This information has been provided to me by the Treasurer.

(1)–(3) Iron ore prices are widely reported in the media on a daily basis. As reported on page 52 of today's *The West Australian*, today's price is $92.86.

(4) I refer the member to the 2018–19 *Annual Report on State Finances*. The 2019–20 midyear review will be published by the end of 2019 and will contain an update to the 2019–20 budget revenue projections.

(5) I refer the honourable member to the response to part (5) of question without notice 938 and reiterate —

> There will always be a number of changes to revenue and expenditure expectations between the delivery of a state budget and the conclusion of a financial year. The government does not make expenditure decisions based on changes to a single revenue stream among thousands of items of revenue and expenditure.

Moreover, iron ore royalty revenue is highly volatile, and we will not know the full-year effect of iron ore price movements relative to forecasts until after the end of the year.

METRONET — FEDERAL FUNDING

1143. Hon PETER COLLIER to the minister representing the Minister for Transport:

(1) Has the McGowan Labor government made any formal or informal approaches to the federal government for additional funds for Metronet projects since 1 January 2019?

(2) If yes, what amount of additional funds has been requested, and for which projects?

Hon STEPHEN DAWSON replied:

I thank the Leader of the Opposition for some notice of the question. The following information has been provided by the Minister for Transport.

(1)–(2) The McGowan government continually engages with the federal government in seeking a fair share of funding for Western Australian infrastructure projects, including Metronet.

EQUAL OPPORTUNITY ACT — REVIEW

1144. Hon ALISON XAMON to the Leader of the House representing the Attorney General:

I refer to the terms of reference for the review of the Equal Opportunity Act 1984.

(1) Has the Law Reform Commission of Western Australia established whether there is a need for reform?

(2) If yes to (1) —

(a) please table the scope of the reform;

(b) will a discussion paper on the review be made available for public comment;

(c) if yes to (b), when will the paper be released; and

(d) if no to (b), why not?

(3) If no to (1), when is the Law Reform Commission scheduled to deliver its opinion on whether there is a need for reform?

Hon SUE ELLERY replied:

I thank the honourable member for some notice of the question.

(1)–(3) The Attorney General has requested that the Law Reform Commission of Western Australia review the Equal Opportunity Act 1984. The LRCWA will consult extensively on this reference and will release a discussion paper during 2020. Recommendations on whether there is a need for reform, and, if so, the nature of that reform, will be set out in the LRCWA's final report to the Attorney General, which will be tabled in Parliament. As part of this reference, the LRCWA will also consider the commonwealth Religious Discrimination Bill 2019 and the Australian Law Reform Commission's inquiry into the framework of religious exemptions in anti-discrimination legislation. The LRCWA final report is due on 30 June 2021.

FORRESTFIELD–AIRPORT LINK — SOIL CONTAMINATION

Question without Notice 1052 — Answer Advice

HON STEPHEN DAWSON (Mining and Pastoral — Minister for Environment) [5.06 pm]: I would like to provide an answer to question without notice 1052 asked by Hon Dr Steve Thomas on 19 September, which I seek leave to have incorporated into *Hansard*.

Leave granted.

The following material was incorporated —

Answer

(1)–(5) The Department of Water and Environmental Regulation's *Factsheet – Assessing whether material is waste* sets out matters relevant to determining whether material is waste under the *Environmental Protection Act 1986* and the *Waste Avoidance and Resource Recovery Act 2007* and their associated regulations.

The factsheet provides that the producer/source of the material is responsible for determining whether a material is waste. . The factsheet provides a number of relevant factors that should be considered in an assessment of whether material is waste. In relation to the concept of being 'unwanted', the factsheet states that "*material wanted by its producer/source for use in some other project or for sale to another person is not considered to be waste*".

A levy is imposed on landfill premises which receive waste (generated or disposed of in the Perth metropolitan region) for burial and in respect of which the occupier is required to hold a category 63, 64 or 65 licence under the *Environmental Protection Act 1986* and the *Environmental Protection Regulations 1987*.

This applies regardless of whether the waste received at the landfill premises was generated by a private or Government entity.

QUESTIONS ON NOTICE 2425, 2452 AND 2454

Papers Tabled

Papers relating to answers to questions on notice were tabled by **Hon Stephen Dawson (Minister for Environment)** and **Hon Alannah MacTiernan (Minister for Regional Development)**.

VOLUNTARY ASSISTED DYING BILL 2019

Second Reading

Resumed from an earlier stage of the sitting.

HON PETER COLLIER (North Metropolitan — Leader of the Opposition) [5.07 pm]: Before the debate was interrupted for question time, I was going through the "My Life, My Choice" report to identify issues that had been raised about the capacity of Western Australia as a community to provide appropriate palliative care. A number of recommendations in that report and the minority report collectively indicated that there are some serious deficiencies in that area.

I would also like to draw members' attention to the report of the Ministerial Expert Panel on Voluntary Assisted Dying, particularly the very pertinent dot point under the heading "Guiding Principles" —

- People approaching the end of life should be provided with high quality care, including access to specialist palliative care, to minimise their suffering and maximise their quality of life.

I do not think anyone would disagree with that. It is an identification that we, as a community, must get the order right. I suggest that we must get palliative care right in the first place, before we can contemplate legislation like that we are discussing at the moment.

I would also like to draw members' attention to the "WA End-of-Life and Palliative Care Strategy 2018–2028". That strategy was referred to in both the reports that I have mentioned. The vision of the strategy is to improve the lives of all Western Australians through quality end-of-life and palliative care. No-one can argue with that. Under the heading "Why the Strategy is needed", it states —

> End-of-life care is care that affects us all and is not a response to a particular illness or condition. Everyone will die; therefore, the Strategy is relevant and important to all of us. Death is unavoidable; however, we can change the way we talk about/manage end-of-life, death and bereavement and the way we plan, care and support those who are dying, including those who are close to them, such as their families/carer.

It goes on to say —

> Delivering equitable end-of-life and palliative care across WA is challenging. This contributes to the need for a strategic, integrated, coordinated and collaborative approach.
>
> Particular challenges include:
>
> - inequitable access to end-of-life and palliative care based on need, e.g. geographical isolation and population groups
> - increasing complexity, e.g. ageing and growing population
> - ad hoc integration of specialist palliative care into care for people with chronic conditions

I will briefly go through the overview of priorities —

> **1 Care is accessible to everyone, everywhere.**

That is the first priority. It continues —

> I have access to good quality end-of-life and palliative care, regardless of who and where I am, or how I live my life.
>
> **2 Care is person-centred.**
>
> I am seen as an individual, and I have the opportunity to be involved in honest discussions with those important to me about my care. My values, culture and spirituality are respected and taken into account when care is given.
>
> **3 Care is coordinated.**
>
> I receive the right care at the right time, in the right place, from the right people. My care occurs within a coordinated/collaborative approach, enabling care to be delivered seamlessly.
>
> **4 Families and carers are supported.**
>
> Those close to me and/or caring for me are supported and involved in my care. The contributions made by my family/carer are recognised and valued by those providing my care, including their need to be supported during and after my death.
>
> **5 All staff are prepared to care.**
>
> Wherever and whenever I am cared for, all staff involved in my care have expertise, empathy and compassion. All staff provide confident, sensitive and skilful care, before, during and after my death.

Again, no-one can argue or disagree with the vision contained in that strategy. Whether we have achieved that at this stage, considering the strategy is from 2018 to 2028, is very debatable. Obviously, we would not have achieved it in the first 12 months of the strategy. Again, I emphasise the point that palliative care is an essential precondition for the end of life of an individual, and if we cannot provide extensive, comprehensive palliative care for all Western Australians, we should not be considering this bill.

I turn to other views from members of the community. As I said, I accessed the views of a number of people. I went to a number of hospitals and palliative care units and spoke to the specialists and clinicians. Those I spoke to, to a man or a woman, spoke of inadequacies with the current provision of services. I will draw from an open letter from palliative care specialists that I received from Dr Doug Bridge. The letter was written by 21 highly qualified Western Australian palliative care specialists, 16 medical specialists, four nurse practitioner specialists and a specialist pharmacist. The open letter states, in part —

> The McGowan Government has invited public comment on its discussion paper Ministerial Expert Panel on Voluntary Assisted Dying.
>
> We write as WA palliative care specialists whose vocation is caring for those who are dying. Between us, we have been privileged to care for tens of thousands of patients and their families. We would like to explain our position regarding the Government's proposal to legalise euthanasia. In our conversations with our patients, their families, politicians, and even our medical colleagues, we are concerned about the confusion and misunderstanding regarding euthanasia and palliative care.
>
> The confusion starts with the language. The discussion paper uses the term "voluntary assisted dying". This term is ambiguous. It could be used to describe palliative care: we provide assistance to people who are dying. It would be less confusing if the discussion paper were entitled Ministerial Expert Panel on Euthanasia and Assisted Suicide. The older term "mercy killing" has fallen out of use, but is actually a more accurate description than "voluntary assisted dying".
>
> The proposal to legalise euthanasia and assisted suicide involves a massive change in the ethics of our society. "Do not kill" is a foundational ethical principle which has been observed by every civilisation for thousands of years.
>
> Euthanasia and assisted suicide are not medical treatments, and most emphatically not part of palliative care.
>
> …
>
> Most people want to die at home. In Perth we are blessed with an excellent range of palliative care services, whether the patient is in a hospital, a Palliative Care Unit or at home. Sadly, many Western Australians do not have access to these services.
>
> Unlike euthanasia, palliative care aims to provide total care (body, mind and spirit) for patients and support for their families.
>
> With modern medications and procedures, we can almost always control symptoms. In extreme cases, at the request of a dying patient and his or her family, we have occasionally used deep sedation to control symptoms that did not respond to the usual treatment.
>
> Rarely, a patient will say to us, "doctor, I just want to end it all". Contrary to popular opinion, the reason for such requests is not pain, but despair and loneliness also called "existential suffering". Euthanasia is not a treatment for despair and existential suffering. Provision of holistic care by a skilled interdisciplinary team of health professionals enables patients and families to acknowledge and attend to distress within themselves and their relationships. The time before death offers unique opportunities for psychospiritual growth and allows for healing even without a cure.
>
> We agree with the discussion paper that, ***"too many Western Australians are experiencing profound suffering as they die. This is, in part, due to inequitable access to palliative care".***
>
> According to the parliamentary records of 3rd April this year, Western Australia has the lowest proportion of specialist palliative care doctors of any state in Australia. We have 15 full-time equivalents for the state, less than one third the number required to meet national benchmarks.
>
> According to the Honourable Jim Chown, whose motion was supported unanimously, WA needs at least another $100 million per year spent on palliative care for staffing and education, in addition to funding for infrastructure such as palliative care wards and beds.
>
> We do not believe euthanasia or assisted suicide are solutions to suffering. We reaffirm our commitment to our patients: we will continue to care for you to the best of our ability, guided by your choices, but we will not kill you. Although we work in a variety of institutions, these opinions are our own and not necessarily those of our employers.

In addition to that, I have had several meetings with the AMA. It recently released a survey of in excess of 1 500 doctors. The results of that survey are quite compelling. I will not go into the details of the bill at this stage,

but suffice to say that should the bill pass the second reading stage, I will spend quite a considerable amount of time in the Committee of the Whole House dissecting particular clauses—that is on the assumption that it passes the second reading. Having said that, the AMA has raised a number of issues, both with palliative care and also the safeguards contained in the bill. I turn to the question about palliative care in the survey provided. The AMA asked —

> Do you think that all patients should be offered accessible palliative care prior to, or at the same time as VAD?

Ninety-one per cent said yes, six per cent said no and two per cent said not applicable. The survey said —

> *Bottom line*: Overwhelming majority—palliative care must be accessible, both financially and geographically, and delivery must be timely.

Another question was —

> Do you think that the State Government should provide special support to patients outside metropolitan areas to ensure there is equitable access both to healthcare and to VAD services as part of the VAD Bill?

Ninety per cent said yes, six per cent said no and five per cent said not applicable. Beyond those survey results, the document states —

> The AMA (WA) advocated for significant increases in spending on palliative care in WA, long before the debate on voluntary assisted dying (VAD) began. Our repeated calls along with those of others in the sector, have gone largely unfulfilled by governments of all political persuasions. However, on the eve of the State Budget 2019–20, the McGowan Government announced a $41 million increase for palliative care and end-of-life choices—spread over five years. With $5.8 million of that funding earmarked for end-of-life choices, this package brings the total investment by the State Government for palliative care services over the next four years to $206.2 million. This is around a third to a half of what we are told we should have.
>
> For example the University of Notre Dame's Chair of Palliative Medicine Research Professor David Kissane AC says WA needs an additional $100 million a year spent on palliative care over and above the circa $50 million allocated per annum.
>
> It has been reported that Western Australia has:
>
> - the lowest number, per capita, of inpatient palliative care beds in Australia;
> - just 15 full-time equivalent palliative care specialists, when we are in need of 50 or more to match Victoria per capita; and
> - just one in three Western Australians needing palliative care get timely access to these services in the format of their choice.
>
> It is therefore disingenuous to talk of removing suffering, unless we also fix palliative care. We know that most patients will never access VAD. However, most will need palliation, including those who do want VAD.
>
> While GPs form the backbone of palliative care services, they are often reluctant to become involved without the eco-system of back-up that palliative care specialists and community nurses provide. As a result, the regions are especially impacted by the lack of adequate palliative care services.
>
> The WA Palliative Medicines Specialist Group outlines specialist support in the regions:
>
> - Pilbara: one visit a year;
> - Kimberley: six one-week visits per year;
> - Geraldton: 10 single-day visits per year; St John of God Hospital Geraldton offers in-patient care at an eight-bed hospice for both public and private patients.
> - The Wheatbelt: 12 single-day visits per year;
> - Kalgoorlie: one day per month;
> - Esperance: once every three months;
> - Bunbury: two specialists run a 10-bed hospice and an outpatient clinic;
> - Albany: one palliative care physician funded for six hours a week, with only three hours a week to run an outpatient clinic. Albany Community Hospice is an eight-bed in-patient palliative care service open to both public and private patients.
>
> One of the key concerns is ensuring that long into the future, decision-makers do not view VAD, even subliminally, as more cost-effective, practicable or indeed more compassionate than the adequate provision of palliative and other care services. Properly funded palliative care will continue to serve most patients with terminal conditions very well, and VAD should never be discussed with a patient without the availability of palliative care and other management options being assured first. Patients may not want palliative care, but they certainly need to have that option accessible and it needs to be the government's priority.

That is quite compelling, particularly those figures that show in some instances in the rural and remote areas of the state people have access, if they are lucky, to one palliative care specialist a year.

There are a number of other examples of the lack of palliative care facilities. In summary, the points made in the reports, the palliative care strategy and the work done by government indicate that palliative care facilities throughout Western Australia are lacking. In a nutshell, the issues are such that access is even further limited in rural areas and almost non-existent in remote areas. For example, in its submission, the WA Country Health Service told the Joint Select Committee on End of Life Choices that there is limited oversight, coordination and governance of medical palliative care services across its services. This, together with the barriers to access across the state generally, must be addressed by the state government. I acknowledge the $46 million that has been put towards palliative care and the $17 million that has been added recently. Quite frankly, there is still a parlous lack of palliative care resources across the state; that is in both the metropolitan area of Western Australia and in the regions.

According to WA Health, public hospices usually accept patients with only very short life expectancies. The average length of stay for a patient is only 10 days. Patients, regardless of their condition, expected to live for many weeks or longer may not be accepted because they will block access to the beds. The number of hospice beds required requires a high level of patient turnover.

Palliative Care WA, call logs and other evidence suggests there are a number of people for whom existing services cannot meet their needs. They are not yet close enough to death to qualify for hospice care, but challenging health or family situations mean they are unable or unwilling to receive palliative care in the home or other community settings. They will likely be accommodated in hospital wards or aged-care facilities. There is no obvious or agreed solution to this problem. Options include the development of intermediary stages or longer term hospice facilities; increasing the capacity in existing hospices to ensure there are enough beds; and developing new hospices in geographically dispersed areas outside current localities with a high concentration of hospice beds.

The appropriate ratio for palliative care specialists in Western Australia should be two specialists for every 100 000 people. WA currently has 0.57 specialists for every 100 000. It is expected that over the next four years $600 million will be needed, and medical specialists in the field need to increase from 15 to 50.

I feel that the evidence presented and tabled in this chamber is compelling in that palliative care facilities are simply inadequate in Western Australia. I do not want it to be seen as an option between euthanasia and appropriate palliative care. I would like to think we can have both so that if someone is at the point of their terminal illness where they cannot think of an option, at least we know that we provided that individual with the care, support and mechanisms to ensure that they had the appropriate mindset to make that decision, and not before. Can we really say at the moment that we are in that position? As I said earlier, can we say to terminally ill people in the Pilbara, the Kimberley, the midwest, the goldfields, in the south west in particular, and in the northern suburbs of the metropolitan area that we are doing all we possibly can to ensure they are surrounded by people who love them and that they are surrounded by clinicians in medical facilities who are appropriate to ensure their decision is based on that premise, and not that there is no alternative?

As a member of the Legislative Council for the North Metropolitan Region, a number of people have spoken to me about this. A number of people have also written, which I will speak about in a moment. A number of members in the other place spoke of personal experiences. When people speak or write to me, they will frequently—I can understand it; I am not offended—base their comments on the assumption that I do not understand and that I have no idea what it is like. Personally, I do not; I simply do not. I do not understand what it must be like to have a terminal illness. But I have experienced it. I do know what it is like to surround someone you love, and no matter what you say and do and no matter how much you love them, you cannot do anything. In both instances, those two very important people in my life never, on any occasion, expressed a desire to end their life. They were fortunate because they were surrounded by the extraordinary love and affection of family and friends but also extraordinary medical facilities.

My father passed away on 11 September 2014. He had chronic obstruction of the airways. That meant that ever so gradually, his capacity to breathe diminished. He used to get chest infections, and pretty much for the last two years of his life he spent his time in hospital. We knew the end was coming. It was not regarded as a terminal illness, but we knew that his tenure on this earth was limited. He was the most wonderful man. We loved him so much. On the night before Father's Day that year, they called us into the hospital. He had another infection. They told us he was going to go within the next couple of hours. It was really, really difficult because I did not want to watch my father die. We had surrounded him. The next day, Father's Day, he had resurrected. When he woke up the next morning, we had the best day with that man that one could ever imagine. He was the most extraordinary individual. He joked and laughed; he was everyone's friend. He communicated with us and then, at the end of that day, he slipped out again. For three days it was very difficult because he was unconscious. The staff at Sir Charles Gairdner Hospital were phenomenal. We were asked whether we would like to go to the Lotus Room. I do not know whether anyone else has been to the Lotus Room, but it is so special. It is a palliative care facility. He went there because he was at the end of his life. As soon as they say "palliative care", it immediately indicates that he is about to go. That started it off again. We had three wonderful days with him. We were all ready and he was ready to

pass away, but the manner in which my father drew his last breath was as dignified as anyone can imagine. It really was dignified. I love him so much and I miss him so much. I hate the fact that he died, but that he died in the way that he did gave us some comfort.

I am not quite sure whether I will get through telling members about the second person but it is important that I talk about her. I lost my soulmate on a cold June morning in 2009 after she had been diagnosed with multiple myeloma four years prior. If members know anything about multiple myeloma, they know that it is one of the most hideous forms of cancer one can imagine. She underwent full blood transfusions and by the end, she was having them every few months, which in themselves were extraordinarily painful. I had just become a minister and I had mixed emotions; it was a terrible time. I would leave here to visit her. More often than not in her last 12 months she was in either St John of God or Hollywood Private Hospital. A lot of the time she was unconscious, but I would lay there with her. She never once indicated any desire to go early. She was surrounded by a wonderful loving family and magnificent health facilities in the palliative care unit. She was the most beautiful woman in the whole wide world. Towards the end, she came good. Three weeks before she passed away, we were sitting there and it was the first time she showed any emotion. She said, "This isn't fair. But I wouldn't change a thing for quids." The last few weeks were traumatic because we knew she was going. We had been told that she was going and that it would be only a matter of weeks. As I said, she slipped away on a cold June morning and the world lost the most beautiful woman in the whole wide world. She had magnificent care during that time. I personally saw the staff afterwards and both the family and I sent them flowers. In a very unfortunate situation, she was one of the fortunate ones because she had the care and support that a lot of people do not have access to. It really pains me that we as a society are not talking about an alternative to death to support someone through the process as much as we possibly can. I am not saying for a second that anyone in this chamber does not want to do that, but we simply do not. The evidence I have provided over the last half an hour and that members have read is stark evidence that we have to do so much more to ensure that what my Cherry and my father were provided with is provided to every Western Australian. Until we reach that position as a community, I do not see how we can go down the path we are considering today.

I will talk about one of the most vulnerable groups in our community—I have talked about it indirectly—which is Aboriginal people. As I have said on numerous occasions, I am a proud Kalgoorlie boy. I grew up with the Wongi people and I have deep personal regard for Aboriginal people. It pains me that one of the groups that is very vulnerable and susceptible to a lack of palliative care facilities is Aboriginal people. The former government put in place regional services reform and the current government has continued it. I would like to think that the quality of life of Aboriginal people in remote communities will ultimately benefit significantly, particularly in the area of health, but we are nowhere near that at the moment. I draw on the comments of an Aboriginal man, Senator Pat Dodson, who stated —

> First Nations people do not enjoy the same quality of life in this country at every stage of their existence, as shown in the national figures. In the womb, a First Nations child is at higher risk of contracting life-threatening bloodborne diseases. Last year, six First Nations babies died of syphilis. Our children are more likely to be diagnosed with chronic health conditions such as type 2 diabetes. They are at greater risk of contracting meningococcal and rheumatic heart disease.
>
> …
>
> In the Kimberley region, where I come from, the suicide rate is the highest in the world.
>
> By what most Australians call middle age, many First Nations people are already living with kidney failure, without sufficient access to dialysis. The burden of disease and disability in First Nations communities is far higher than it is in the general population. First Nations people are more likely to live with a severe or profound disability. They also die younger. On a national basis, First Nations men can expect to live to an average age of 69, while non–First Nations men can expect to live to 80. First Nations women can expect to live to an average age of 73, while non–First Nations women can expect to live to 83 …
>
> With so many of our people suffering complex health conditions at an early age, there is a desperate need for culturally appropriate palliative care services in regional and remote areas. A review recently commissioned by the Australian government confirmed that more needs to be done to ensure that First Nations people are receiving palliative care within their communities.
>
> Where First Nations people are already overrepresented at every stage of our health system, it is irresponsible to vote in favour of another avenue to death. Paving the way for euthanasia and assisted suicide leaves First Nations people even more vulnerable, when our focus should be on working collectively to create laws that help prolong life and restore their right to enjoy a healthy life.

He concludes —

> In the broad sense, we are part of a common humanity. If we give one person the right to make that decision—that is, to assist in committing suicide—we as a whole are affected. If we give one family that right, we as a whole are affected. If we give one state or territory that right, we as a country are affected. If we give one nation the right to determine life, our common humanity is affected.

I could not have said it better myself. In addition to Senator Dodson's comments, I draw from one dot point from the 2016 review of palliative care, which was done for the Department of Health. It states —

> There remain significant barriers to access to palliative care services for a number of people within the population, particularly for Aboriginal and Torres Strait Islander peoples. While some progress has been made in raising awareness of palliative care services in culturally appropriate ways, the cultural security of palliative care services varies significantly. The Strategy does not focus on groups which have traditionally not accessed palliative care services; developing culturally-specific activities to address the needs of Aboriginal and Torres Strait Islander peoples may help to improve access to services for those who need it.

Having said that, I do not want to continually repeat myself. I will conclude with some figures but, suffice to say, I am conscious of the fact that the government has provided additional funds for palliative care. I am concerned, first, that the amount is insufficient and, based on the comments that I have articulated today, it is seriously deficient; and, second, it is sporadic at best and non-existent at worst. We cannot go down the path of looking at the alternative before we provide that option. Comprehensive palliative care is an absolutely essential prerequisite before any consideration is given to voluntary assisted dying or euthanasia.

To conclude, I have listened to the views of the community. I am very conscious of the views of the community as per published opinion polls. An opinion poll of 656 people was printed in *The West Australian* of 26 August and it revealed that nine out of 10 of those polled want euthanasia. I would be interested to know what question was asked on that particular occasion. Was it do you support euthanasia or was it do you support euthanasia before appropriate palliative care is provided? I would be very interested to know what that question was. Suffice to say, that view has pretty much been seen across the board with published opinion polls. I have received in excess of 1 100 emails, most of which were received in the last few days after our phone numbers were published. Around three-quarters of the writers said no. It has gone down to about two-thirds saying no now, with people being prompted into action. Of those 678 people who wrote to me, 525 were against and 53 were for the legislation. That is completely filtered. It is unambiguously truthful. That is where it is at. That is what I have been provided with. That is a consideration of course. I also acknowledge the fact that publicly presented polls consistently show that the majority of people are supportive of the legislation. I am conscious—I will repeat this—of whether the questioning in that area necessarily provides the option of palliative care. I feel very strongly about this. I am very conscious that a significant number of people with a terminal illness desperately want this legislation, along with a lot of families and older people. I am also conscious that a lot of people who are in that frame of mind do not have the adequate palliative care that they so richly deserve. Until we as a society and until this house can say that every single Western Australian has appropriate, comprehensive palliative care opportunities, I cannot support this legislation, so I will not be supporting the second reading.

HON ALANNAH MacTIERNAN (North Metropolitan — Minister for Regional Development) [5.41 pm]: I have to say how pleased and in a sense surprised and almost a bit unbelieving I am to be here today and have the historic opportunity to legislate to give Western Australians control over how they die—to provide for our citizens the right to choose to have medical assistance to end unbearable pain and suffering at the end of their life. I have always supported this cause. I have always very firmly had the conviction that people should have this choice. It is essential for human dignity that each individual has the right to make that choice.

I have been involved with Dying with Dignity Western Australia and its predecessor, the WA Voluntary Euthanasia Society. I want to take this opportunity to really pay tribute to that group, which has been battling away at this for 40 years. I acknowledge people such as Murray Hindle, who led the group for so long, and Dinny Laurence, who have really kept this cause alive.

I regret to say—it is to my shame—that until five years ago, I never made this cause a priority. I remember Hon Robin Chapple contacting me in about 2009 when he first started rounding up the numbers. I said that I would support a bill. I did not do anything to progress the cause, even though I felt very strongly about it. When I was travelling to Canberra one Sunday afternoon in 2014, I was reading an article in *The Monthly*. It was asking why this right for medical assistance to die was not legislated anywhere in Australia even though the cause had the overwhelming support of the public for many decades. It asked what that said about our politicians and questioned how disconnected they were from the wishes and aspirations and space where the community was at. I felt deeply ashamed because I was one of those people who supported it, but it was a complex and messy issue. We knew that the people who opposed it opposed it with such passion that it always became a complicated issue. I had not really pulled my weight in this regard during the many years I had been in public life. When I arrived in Canberra, I rang around and found that Richard Di Natale from the Greens and Sharman Stone from the Liberal Party were strong supporters of this cause, and together we became the joint conveners of the parliamentary friends of Dying with Dignity in the federal Parliament. We tried to explore what we could do in a federal sense to promote this cause. We did quite a lot of work highlighting the need for these issues and supporting the territories to have the right to determine legislation in that regard.

When I finished up in federal Parliament, I remember the then Leader of the Opposition, Mark McGowan, approached me and asked if I would be interested in coming back into state Parliament. I told him that he needed

to know before he made the offer that I was very committed to this cause and I would want to pursue it if I got back into Parliament. He obviously had no problem with that. We saw a build-up of community interest in and pressure for action on this issue. In the lead-up to the highly contested 2017 state election, for the first time we saw many politicians getting off the super six and honestly answering how they intended to vote on legislation of this type. There was a big campaign by the Dying with Dignity group and also doctors for choice. Many people from both sides of Parliament, and often in very marginal seats, were prepared to stake out their position. I do not think any person was disadvantaged by supporting this cause during that election. It has been observed by many members that this was really the first election in which this issue was at play in Western Australia.

Having moved this legislation forward, our government has done the right thing. It has given the Parliament not only the right, but also the obligation to make a determination on this issue for the people of Western Australia. I understand and respect the wide diversity of views in this place. It is absolutely important that we vote on this legislation and bring this issue to a conclusion. That is what the community expects of us; it wants us to make a decision. We understand that with legislation such as this, there will be a great deal of scrutiny. We are all expecting that, and we think that is right and proper. At the end of the day, it is important that before the end of this year, we as a Parliament stand up and be counted, make a decision and vote on this issue. I hope with great passion that we make the decision that the vast majority of the community wants us to make.

We have gone about this process with great thoroughness and rigour. I was very impressed with the work of the Joint Select Committee on End of Life Choices—it was extremely thorough—and then the work of the ministerial advisory group and the decision to have a government bill to ensure that all the complex matters could be properly dealt with. As I said, it is now up to us as members of Parliament, as people representing our community, to make the decision.

Like the Leader of the Opposition, I believe in the sanctity of life. I think that is absolutely essential and is at the very essence of our civilisation. However, I truly believe that having a good death, to be able to face dying without fear, is integral to a good life. This whole legislative package is life-affirming. It is about giving people the opportunity to have the comfort that in those final days, they are not going to have a horrible exit from this world. To me, that is honouring life.

Quite rightly, we talk a great deal about palliative care services as part of the suite of end-of-life choices that must be available to people. The government acknowledges that the services are not perfect and that they are not always even across the state, but we rank well by world standards. There has been investment in this area. We also know that jurisdictions that have end-of-life choices legislation generally invest more in palliative care. We have acknowledged that all this examination of palliative care has highlighted some shortcomings in WA. We have invested an additional $60 million to address some of those shortcomings. The critical issue in this state is that clear evidence exists that there are hundreds of cases each year of people who are beyond the reach of palliative care, not in a geographic sense, but because the nature of their condition is such that it cannot reasonably be alleviated by palliative care. Those stories abound. They abound in the reports that have been presented and they abound every time we have a forum. I have personally participated in 10 forums in the four or five months leading up to this legislation being introduced. Many cases that simply cannot be alleviated are listed in the report—for example, bone cancer, neurodegenerative disorders and many of the lung disorders. I note the Leader of the Opposition's very moving account of his father's condition. It is estimated that around 500 Western Australians are currently suffering in these ways. This is not just a theoretical problem; it is a real, present problem. No matter what we do in developing and expanding palliative care services, and as important as that is, there are probably 500 people, maybe more, in Western Australia at the moment who are suffering from conditions the pain and suffering of which cannot be alleviated by palliative care.

We know the terrible reality is that around 10 per cent of suicides in Western Australia, and indeed in many advanced countries, have been attributed to a person taking action to alleviate a terminal illness. We know from many of the stories from our constituents and matters on the public record that many people end their life early by suicide because they want to take action while they are still physically capable of doing that. Hon Robin Chapple will know well the case of Clive Deverall, who was head of palliative care in WA, and such a leader with the Dying with Dignity campaign early on. I remember Clive telling us how angry he was that action was not being taken, knowing that there were hundreds of people suffering in pain; we could relieve it, but we were not doing it. We then heard on election day that Clive, who had been diagnosed with a terminal illness, went to a polling booth at a school and then took his life. He shot himself. He shot himself because he wanted to do two things. He wanted to have control while he was still physically able, but he wanted to make the point that this was something that had to be dealt with. I hope that Clive, from beyond, and his lovely wife, Noreen, will take some comfort from the fact that his inspiration, his work and his advocacy have been part of a great movement that has led to the historic legislation that is here today.

After the dinner break I will talk a little about some of my personal experiences and some of the experiences of my constituents and people around the state. There has been some contention about a couple of aspects of the bill that I think are really important. One is the obligation of a doctor to set out all the options for a patient who has a terminal illness. The Victorian legislation contains a provision that prevents a doctor from raising this issue with

their patients. I find it an extraordinary proposition that we would not want people to know what their options are. I think this is really underestimating the sense and desire of our community to be in control. To me, the idea that there should be an option there, but people are not allowed to talk about that option unless they have the knowledge, or indeed it might be the case that they raise it with a doctor, is a very unfortunate provision in the Victorian legislation. I urge members to think about this, to think about the importance of a person being given all options. I think it is thoroughly misleading to have a situation in which they have a doctor advising them about their options, but there is one that they are not allowed to tell them about. It is almost as if this is a studied misinformation campaign because presumably a person will take the view that they have been presented with all the options, but in fact one is missing. I know there is a bit of debate going on around that particular aspect, but I urge members to respect the right of people in the community to know what options will truly be available to them should we manage to proceed with this legislation.

One of the constant themes at the forums on voluntary assisted dying is that this legislation does not go far enough and that many people want to be able to make an advance health directive in the event that they are suffering dementia and are not capable of going through the process that we have laid out, which is underpinned by an active request. It will absolutely not be possible to do that. At the very heart of this legislation is that question of conscious choice. It is us saying that it is the person at the heart of this who must be the person who has the right to choose. It is not the doctor. It is the patient; it is the person whose life it is. Any advance directive would require intervention by a third person who interprets that advance directive and says that this is the point now.

Sitting suspended from 6.00 to 7.30 pm

Hon ALANNAH MacTIERNAN: I want to now go on and talk a little about some of the personal experiences I have had that I think illustrate some of the dichotomies and issues that we need to deal with. I will then move to the stories from people in my electorate and around the state who have contacted me.

When my mother died some 11 years ago on my birthday, it was the best present I could ever get, because I had felt so immensely guilty about her suffering. She had asked me many times whether I could kill her, because she was at the point at which there was no enjoyment of life whatsoever. Both physically and mentally, her life was incredibly challenging. There is no doubt that the pain, and the suffering in particular, that she was going through meant that this was a life of virtually no quality. On the other hand, my father-in-law came to live with us in his 90s during the last weeks of his life, to be at home surrounded by family. Even though his death was quite challenging—he had massively fantastic care by Silver Chain—I never got any sense that he would want that life to be finished early. People are different. It is very important for us to understand that this is about choice. If this legislation is passed, that choice will still be available to people.

In the last 20 months, I have watched two deaths very closely. One was of a very, very close friend of mine, Jennifer Harrison, who had been my very, very good friend for over 40 years. When Jennifer got her diagnosis of metastasised cancer some two years before, she made sure that every possible moment was as full and as rich as possible. She was someone who absolutely wanted to seize every opportunity that life still had to offer—to be surrounded by friends and family and to go off and have new adventures. But when the time came, when her pain was so great and her mobility had been so compromised, she had the benefit, again through massively excellent palliative care and negotiation with the palliative care service, of terminal sedation. I was with her for eight of the last 12 hours of her life, during that time when she was receiving palliative sedation. I am confident that those 12 hours were not a cause of distress for her and that she passed from life looking as fabulous and gorgeous as she always had. It was peaceful; it was a good death.

Some six months later, I was dealing with an elderly relative, and the story is the exact opposite. This was someone who wanted to die. She was in her mid-80s. She had stopped eating for quite some weeks—she was really just skin and bone—and she was kept on a regime of very light sedation in a nursing home for around 14 days. I watched her go through enormous distress. Every day I visited the nursing home I would ask them to provide more relief, but it was done in such a way that it just strung out her death for weeks. Her death was eventually caused by massive organ failure. This was not a good choice for her. This was no choice for her.

Some people say that we already have terminal sedation or palliative sedation, but that depends very much on what the doctor is prepared to do. What we are asking for here is that the patient, the person whose life it is, be the one who makes the choice—that they have the sort of choice that my wonderful friend Jennifer had to have a decent and not too protracted end to this experience, so that they are not kept for weeks in a state of semiconsciousness and with no real relief from that suffering. I know that many people have had a variety of experiences, but if we drill down, what they are telling us is that we need choice to reside not with the doctor, but with the person. That is the essence of this legislation. It does not mean that we are denying those people who believe that they want to fight on to the end and that there is dignity in that suffering; we want them to have that choice. We want everyone to be able to make those decisions for themselves.

I will spend most of the rest of my time going through some of the submissions and letters I have received in the last couple of weeks. As I said, we have run 10 seminars around Western Australia. Overwhelmingly, people have been

telling us stories that reinforce this message that palliative care is not the solution for everyone—that there are many cases that are beyond the reach of palliative care. I will go through a very small sample, believe me, of stories from Western Australians, who are telling us why we have to get this right. Professor Ian Hammond from Subiaco said —

> I retired from clinical practice as a Gynaecological Oncologist in 2012, and since then have been involved with the Federal Dept. of Health, Chairing national committees that have led to the renewed National Cervical Screening Program …
>
> In my 30 years as a Gynaecological Oncologist, there were several occasions when women who had end stage gynaecological cancer, and who had accessed Palliative Care, but were unable to get relief from intolerable symptoms, usually bone or nerve root pain, and asked me if there was anything that I could do to 'end their suffering'. This request came from the women, not their relatives, and sadly I was unable to offer them anything apart from 'terminal sedation' which for many was just temporally inappropriate.
>
> I fully recognise that Palliative Care services will provide relief for the vast majority of the WA community, but there are occasions, probably about 3–5% of cases, where Palliative Care cannot provide complete relief, and this is generally accepted by the specialist Palliative Care community.
>
> …
>
> There is a much better solution and I believe our society must be humane and treat 'ourselves' as well as we would treat animals who are suffering. We can, and must, do better. Currently we do not, but the VAD legislation once enacted will lead to a significant improvement in end of life …

Wendy Hewitt has written to me. She said —

> I watched my mother dying of pancreatic cancer and pleading with my father to end her life. You can just imagine what an impact that had on all of us especially my Dad. I realise that not everyone agrees with my stance, however as an active member of the Wembley Downs Church of Christ my experience is that many members of the congregation have already signed a petition to be presented to support the legislation. We believe this in line with the compassion of Jesus.

Trevor Bordas from Girrawheen has said —

> My input to this debate comes from six years working in the aged care industry as a Carer. It was the most rewarding work experience of fifty years. In the six years, I was able to share with Residents and their families their end of life experience. Palliative care figures high in the debate. It has it's place but is not an experience that defines a better exit to life. If we are all honest, voluntary assisted dying already exists in society, in a form I have witnessed. I have witnessed the end of life experience of perhaps one hundred people and in most instances it has been distressful to the individual and not deserved. In my own instance, I live with three types of cancer within my body, one of which is Stage Four and probably will be the cause of my eventual demise. I appreciate my life but do not want to experience end of life torment and fear that I have observed.

Helen Swale from Mosman Park says —

> Many of us who support this end of life Choice have a story to tell as to why we do so, having experienced first-hand what it is like to see a loved one die a painful death despite the best that palliative care could offer. Here are mine.
>
> My father, having been diagnosed with Motor Neurone, indicated to us in the family that at some point he would take his own life—at the time of his choosing. My mother did the right thing—got rid of the shotguns he hunted with and any drugs around the house as she tried to keep an eye on him generally. He had been a strong man physically and mentally and found the wasting of muscle, difficulty swallowing and lessening ability to perform basic tasks devastating as it robbed him of any quality of life.
>
> He had asked a Canadian friend to bring a large bottle of aspirin when next visiting … This childhood friend wishing to kind and helpful to his childhood mate innocently fulfilled that request. A few weeks later, my mother heard my father vomiting in the bathroom and discovered that he had mixed a large number of the pills in a glass with water which he stirred with a toothbrush and swallowed. He was rushed to hospital where he told medics that next time he would "do the job properly". Well, he didn't need to try as he'd done enough damage to end his life when re-admitted two days later and died two days after that. I wasn't there but according to my mother, it was pretty awful.

Helen goes on to talk about her mother's very painful death. She says —

> I'm not afraid of dying but I'm very afraid of how I die. I don't wish to go through what my parents went through and more importantly, I don't wish for my children to have to see or experience anything similar, particularly when there is the possibility of doing things a better way. I wish to have Choice. And Choice is what we who support VAD are asking for.

Jeff Rose from Scarborough writes —

> My viewpoint has been strengthened by the suffering of my 70 year old … twin Andrew during the last years of his fight against cancer.
>
> His medical treatment failed him as it was too late due to him being wrongly diagnosed with a primary lung cancer when he was actually in the grip of stomach cancer … The outcome of this negligence was that treatment including removal of the lobe, chemo and radiation, found him free of lung cancer but a negligent delayed scan of his body found the source which was stomach cancer and by this stage he was too weak, depressed and disillusioned … that he decided to hasten his own death at home.
>
> He called in his wife son and daughter and told them of his decision to deny more rounds of chemo and radiation, then contacted Silver Chain who transported a bed equipped with a morphine pump to the lounge room of the family home where his wife had shifted her bed to and denied food and sucked ice blocks until he died an emaciated skeleton quite a few months later.
>
> Andrew, his wife, children and grandchildren and myself suffered indescribable anguish at the spectacle of him fading away more each day over an extended period.
>
> By the time Andrew had decided to take his own life he was too weak to do anything but his mind was still active to the end and he was acutely aware of not only his own suffering but the suffering of his loved ones.
>
> Andrew's family, my family and many friends as a result of suffering with Andrew support the VAD Bill and I ask that you also support this overdue humane legislation …

Vivienne Overton of Carine wrote —

> I watched my mother die slowly and painfully, although she asked many times why someone couldn't help her end her suffering. I now have Stage 4 lung cancer which has metastasised into my bones and now my brain. So far the treatments I've been having for the last two years … have helped enormously and no-one is prepared to put a time limit on my life span, but there IS no cure and it's just a matter of time before I become severely incapacitated …
>
> Why shouldn't I be able to decide for myself when I've had enough? PLEASE support the VAD Bill before the Upper House so that I, and those in my position, have this choice.

Yvonne Bowey from Kulin wrote —

> I have taken to writing this email as I feel so strongly about the urgent need for the VAD legislation … I am currently living and breathing the palliative care system, with my Dad in a regional hospital in the palliative care room. This is on top of watching my Grandmother in Law, battle and lose the same fight recently.
>
> The care that is being given to my Dad is fantastic, but it cannot keep up with his pain levels. We are constantly being told that he should not be in pain and the aim is to make him comfortable, but the medication is not keeping up. There is a constant demand for increased medication, which comes as a reaction to pain, not as a preventative. Dad is of very sound mind and it breaks my heart that he is begging to die, his last wish, and we cannot accommodate this. For someone who has worked and volunteered all his adult life, he deserves the right to choose to end his suffering.
>
> And this is really what this is about—choice. When (and I hope sincerely this is a when), the legislation exists, people still have choice, whether to use VAD or not. Currently this choice is not available and so many of our loved ones are suffering needlessly. I am tired of legislation being enacted for the minority and not the majority.

Hillary Whyte of Scarborough wrote —

> I am a nurse with seventeen years of experience in the field of oncology, Haematology and terminal care in a private hospital. I have witnessed so much grief around the manner in which many of my patients have died. I am sixty years old. I have nightmares about dying in a hospital where someone else controls my death. I beg of you, please pass the voluntary assisted dying laws.

Fiona Harris from Dalkeith wrote —

> I was diagnosed with Stage 4 Bowel Cancer 4 1/4 years ago. Since then it has returned 4 times—most recently I was told this by my oncologist today. I am still hoping to beat this dreadful disease, but I watched my mother-in-law die from it some 7 3/4 years ago.
>
> If and when my time comes, I want to be able to decide when enough is enough. Let me assure you it will not be a decision that I will take lightly, but having had the number of surgeries and chemotherapies that I have had, I believe it should be my right to be able to say when I do not want my life unnecessarily prolonged.
>
> So I support the VAD legislation … It has been well thought through by some of our finest minds, and already incorporates appropriate safeguards.
>
> To be clear, this law is not about life and death—it just gives those who are already dying, and suffering more than they want, the right to choose a peaceful death.

Maureen Duckett from Greenwood wrote —

> I have worked in a hospital. I have had family who have died an awful death—in hospital and in nursing homes. I would like to be able to decide how and when to die—I'm not asking anyone else to die—just me. I can't understand why someone I don't know would like me to suffer. So many people, a great majority, want this law to pass so I don't understand why some elected members put their reasons ahead of mine—they will be remembered for not taking any notice of their constituents.
>
> Please vote for this law.

Trevor Hay from Nannup wrote —

> I am a 66 year old, conservative voting atheist. I also have multiple myeloma … an incurable blood cancer. 18 months ago I experienced a level of pain I never thought possible as a result of my cancer (which had 'eaten' my bones). I wouldn't want to live with that. A palliative care doctor prescribed a drug regime that had me in 'la-la' land. I wouldn't want to live like that. I don't think that anybody has the right to force me to do either if I choose to take an alternative route. That choice should be mine alone.

Brenda Cuthbertson of Trigg wrote —

> After watching my father —

Die —

> by starvation, as there was no other way for him to stop living. He had no quality of life, no dignity, was in constant pain and was going to get progressively worse. I would ask you to support this bill.

Jane Bell of Middleton Beach wrote —

> Please support the assisted dying proposal. I am 58 years old and have progressive advanced breast cancer for which I have been undergoing treatment since 2012.
>
> I have been fortunate to be under the care of Professor Arlene Chan whose expertise has enabled me to live confidently and comfortably with the disease as it progresses. I still live an active healthy life cycling, walking, swimming, sailing and valuing every minute of my life.
>
> My greatest fear is prolonged suffering with deterioration. It would be of great comfort to know that when the suffering from the disease cannot be contained, that palliative care will allow me to choose to cease ineffective treatment and choose a course of action that gives me control over the situation.
>
> Please vote to introduce laws that will provide people with an incurable illness the right to choose assisted dying medication to avoid prolonged suffering which will ultimately result in death.

Honourable members, I could have gone on for hours with these stories; this is just a small sample of the stories that have come in. They clearly demonstrate the reality. This is not theory; this is the reality—that there are many hundreds of people out there each year who are beyond the reach of palliative care, no matter how much we invest in it and no matter how good our professionals are. More than 80 per cent of the people in our community are asking for choice—choice about their lives, not choice about anyone else's life. I urge members to listen to this painful reality and dignify our community and give each and every one of our citizens the right to make that fundamental choice at the end of their life. Thank you.

HON SAMANTHA ROWE (East Metropolitan — Parliamentary Secretary) [7.55 pm]: I rise to make my remarks on the Voluntary Assisted Dying Bill 2019. I would like to commence my contribution to this debate by very clearly stating that I am in full support of the current bill that is before this place. I intend to vote for this bill when the time occurs, hopefully within the coming weeks.

It is my belief that a secular society should seek to alleviate suffering wherever it may exist. I also believe that no-one should suffer for somebody else's beliefs. I think the debate in the other place was an example of parliamentary democracy at its best with, by and large, considered contributions, very insightful questions during the committee stage, and expert responses from both the Minister for Health and his advisers. It should also be noted that, for many of us who are fortunate enough to be elected representatives in this place right now, at this point in time, this will possibly be the most important piece of legislation that we will consider.

The bill provides a safe and compassionate approach to voluntary assisted dying and a workable legal framework that will address an issue that a majority in the community is asking for and has consistently expressed support for over many years. I will note the key elements of the eligibility requirements; I think it is important that we note and remember them. Firstly, at all stages, this is a voluntary process for people and health practitioners. The person must be 18 years of age or older and an Australian citizen or permanent resident who has ordinarily resided in WA for the past 12 months. The person must be diagnosed with a disease, illness or medical condition that is advanced, progressive and will cause death. The condition will, on the balance of probabilities, cause death within six months, or 12 months in the case of neurodegenerative illnesses. The person must be experiencing suffering that cannot be

relieved in a manner that they consider to be tolerable. Eligibility will be assessed independently by two doctors, who must have completed mandatory training to understand the legislation, assess decision-making capacity, detect coercion, communicate with patients at end of life, and understand the patient's palliative care options.

Under this bill, it will be a crime to induce or coerce another person to participate in voluntary assisted dying. The bill provides robust and rigorous safeguards to ensure that access to voluntary assisted dying will be for only those assessed to be eligible. The government will also provide an implementation phase for the law, which will take approximately 18 months to complete. It will enable the development of policies and protocols, and the establishment of a Voluntary Assisted Dying Board to ensure compliance with the law.

There are 102 safeguards in the bill. However, perhaps most importantly, voluntary assisted dying will allow for a person to make a choice and to have autonomy over their own deeply personal end-of-life decision. This can be discussed and disclosed with others, but, like all medical treatment for consenting adults in our jurisdiction, ultimately the only view that should be carried out is that of the patient. As the member for Morley in the other place stated, the days of "doctor knows best" are probably long gone. Beyond the ancient Hippocratic oath and its mantra of first do no harm, modern medicine and patient care has developed contemporary ethical frameworks that are more reflective of our longer lives, advanced medical practices and our prolonged decline in later years. Importantly, these frameworks and the practical clinical efforts that are made in someone's final days are more often aligned to a principle of dignity and protection from undue suffering.

It is also important to note that sometimes no amount of palliative care will eliminate the potential for someone to suffer horrendously when a terminal illness has taken hold. However, most importantly, palliative care is not always a choice that patients wish to make when considering their own end-of-life choices. I would like to refer to a story by a palliative care nurse on the Go Gentle Australia website. It states —

> As a palliative care nurse, I am asked to end a patient's life about twice a year—about 40 people so far. I consider it a privilege that these people felt safe and comfortable enough to ask me this difficult question. I have never done so as I do not think it is my place, I do not have the right medications and it is not legal.
>
> I have cried with people that it was not part of the holistic care I could provide. Sometimes I remember the faces and situations of those requesting assistance. You never quite forget the yearning in their eyes. They in turn have often comforted me that I could not do any better for them. I do believe people should have end-of-life choices, such as Voluntary Assisted Death. We can and must advance our response to this issue, through discussion, open debate and compassionate laws.
>
> I have spent 16 of my 36 year nursing career in palliative care. This includes international, interstate, regional, metropolitan, community and inpatient settings. I have been privileged to work in gold-standard palliative care teams, so the requests to end patients' lives were not related to gaps in service. Such gaps and lack of access do occur but that is not the issue at hand.
>
> > *The truth is that even with the very best palliative care service in the world, there will be a certain percentage of patients who do not achieve a peaceful death.*
>
> I think 90 per cent of the time palliative care teams do a really good job of easing someone's physical pain. But it is very hard to relieve somebody of emotional or spiritual pain. Their level of suffering depends partly on their tolerance for their quality of life. A growing number of people are seeking alternatives, which I believe should be legal and regulated. I have also nursed the failed suicide victims seeking some autonomy with a terminal illness. Many first responders have witnessed both successful and non-successful suicides.
>
> In my career I have seen a lot of community education about pain control and palliative care, but there has been little debate about voluntary assisted death. Palliative care teams shy away from talking about it, but it is time for a transparent discussion. Many other countries have achieved good, well-regulated legislation.
>
> I have seen doctors increasing pain medication to ease the end of life. I have seen terminal sedation, and I have seen people withdrawing from food and fluids. There have been hundreds of peaceful meaningful deaths. But there are still a number deaths that have stayed with me because they were not peaceful. For these people, the ability to make a choice about when to die, and to do it on their own terms, would have made a huge difference.
>
> The best end of life care I ever saw was the vet who compassionately put down my beloved dog, with dignity and compassion. Just as we plan for birth, there should be options for death, with well-regulated legal avenues that protect the vulnerable.

It is really important to note that there are times when the very best of palliative care is still not enough for some patients. That is what this bill is about. Clinical interventions and innovations have provided an almost unbelievable level of care and an ability to care, treat, sustain and, in many cases, prolong life. However, in doing so, we are acutely aware of many members of our community who are now kept alive only through substantial and sometimes

very invasive clinical interventions. Often these instances are in contravention of prior desires or requests for how a person's death is to be approached. Let me clearly state that voluntary assisted dying is not a substitute for palliative care, nor is it an extension of palliative care. The bill before this house notes that voluntary assisted dying is proposed to be available to those with a terminal illness. That illness needs to be advanced and progressive and will ultimately cause death. Let us be very clear that this is for those in our community who will die imminently due to a terminal illness and no amount of medical treatment or intervention will reverse that prognosis. For some, it may well include palliative care, while for others it may not be a viable option due either to their own condition and circumstances or a very personal choice. Whether it is palliative care or voluntary assisted dying, we must retain the primacy of personal choice.

I do not think anyone during this debate has, or it is highly unlikely that they will, declined to acknowledge the very important role of palliative care as part of a modern health system. It is crucial. I think it is really satisfying to see that our government has invested in this area. It is critical. I note that apart from the $224 million that has been provided for palliative care services, additional funding has been made available. In the 2019–20 budget, $17.8 million is being invested to enhance palliative care services. There has been an additional 10 inpatient palliative care beds provided, a 15 per cent increase in metropolitan inpatient palliative care beds, $6.3 million allocated to improving metropolitan and regional community-based services, and the provision of an extra 61 full-time employees in regional areas to support palliative care.

However, I think we as a society have to improve how we discuss death, because no-one wants to suffer needlessly or in a prolonged fashion. For an event that is probably more certain than taxation, often a psychological barrier appears when we consider the ways in which we may want to face death. I think this bill has created a really important community discussion, and it is inclusive of our parliamentary debate about the way we talk about death in our community. In conjunction with our current world-class health system—a system that promotes wellbeing—the effective and appropriate provision of palliative care and voluntarily assisted dying can provide for the two central desires that we all retain, I think, in our subconscious, which is to have a good life and a dignified death.

The work undertaken by the Joint Select Committee on End of Life Choices was exceptionally thorough. The many safeguards that have been recommended and put in place in this bill probably make it one of the most contemporary of its kind. Taken on the whole, Western Australians have expressed an expectation that the WA Parliament deals with this bill expeditiously.

In conclusion, I want to express my thanks to the joint select committee and to the Premier and the Minister for Health for their unwavering leadership on this issue, and for the progression of a key election commitment. I would also like to thank the many members of the community—representing patients, families, carers, clinicians and policymakers—who have contributed as a collective and a community voice in the process of developing this bill. The joint select committee heard from a huge number of people in our community, and, I think, in doing so, have formed the evidence base for a really modern, safe and sensible piece of legislation.

This bill provides dignity. This is a bill that is designed to reduce unimaginable suffering and give people a choice. This is a bill that allows us to make a choice, I believe, that is fundamentally human. I commend the bill to the house.

HON ROBIN CHAPPLE (Mining and Pastoral) [8.12 pm]: I rise tonight in support of the Voluntary Assisted Dying Bill 2019. I do so as the nominated lead speaker for the Greens WA, which is a position I find somewhat bemusing, considering we all have a conscience vote. As this is a conscience vote, I will leave it to my colleagues in the Greens WA to individually give their evaluation and commentary on the legislation before us. I support the voluntary assisted dying legislation on four fundamental grounds. Before I go into that, I wish to acknowledge former Australian Democrats member Hon Norm Kelly, who started this journey on 16 October 1997 when he introduced his first bill in this chamber, the Voluntary Euthanasia Bill 1997. Here we are today, some 22 years later, dealing with the Voluntary Assisted Dying Bill 2019. I thank Hon Norm Kelly for commencing the journey as we work toward its conclusion.

I will not labour long on the many reasons for supporting this legislation. I have participated in two second reading debates on this matter, and I am sure that if people want to hear my extensive views, they can go back to *Hansard* and read what I have said previously.

In December 2016, prior to the last election, a dying with dignity working group, with Liberal MP Tony Simpson, MLA, Hon Alannah MacTiernan and me, gave a commitment to jointly introduce dying with dignity legislation should we all be re-elected. The quote we came up with stated —

> We really want to present a bipartisan view—a Liberal, Labor and a Green moving forward in something the public genuinely wants and is long overdue.

Unfortunately, as we know, Hon Tony Simpson did not get re-elected. An interesting point is that as there was no provision in the WA Parliament to jointly sponsor a bill, we decided that once we had to come up with a bill that we all agreed on, we would all attempt to introduce it on the same day at the same time and work out who was going to be the winner after that, so to speak. But it was a genuine attempt at bipartisanship.

Firstly, I believe this to be valid legislation insomuch as it will give peace of mind and succour to some of those people who will face unbearable suffering at the end of their lives. I am led to this belief as a result of having watched my mother suffer a very terrible end-of-life journey, and I will talk more on that shortly.

Secondly, it will fulfil a goal of mine that I expressed in my maiden speech on Thursday, 4 June 2009, when I stated —

> I intend to continue my support for the introduction of voluntary euthanasia legislation in Western Australia.

Thirdly, the Greens WA have an endorsed policy of supporting voluntary assisted dying, which is referred to as the Greens WA dying with dignity policy. Again, I will deal with this later in my contribution.

Fourthly, this legislation focuses on the desires and the will of the people we are put here to represent. This is again reflected in one of the views we as the Greens WA hold dear, and that is the notion of participatory democracy.

Starting with the fourth reason for supporting this legislation, I turn to two consistent polls that reflect the views of the constituents of the Mining and Pastoral Region in particular. The most recent one was done by West Australian Opinion Polls. In it, the Mining and Pastoral Region polled the highest support of anywhere in WA—84.1 per cent. It is a very small electorate in numbers, but when we consider that this is a country electorate that I represent, I feel duty-bound to represent the wishes of my community. It had the highest level of support and also, significantly, the lowest level of opposition at 10 per cent, with 5.8 per cent undecided. This polling result was a reflection of a very significant poll by Newspoll in 2009, which must be one of the largest polls that I have ever seen and which polled various states' positions of support for what was then classified as voluntary euthanasia, and what we now refer to as end-of-life choices, or, in this case, the Voluntary Assisted Dying Bill.

I refer to how we fared as a state. In Western Australia, 86.3 per cent of capital city voters, or 1 072 respondents, and 92.1 per cent of non-capital voters—the country voters—were in support of euthanasia. That is my electorate, and that is one of the major reasons I am supporting this legislation. When the WA votes were compared with the votes in the states of Victoria, New South Wales and South Australia, only one state in a non-capital environment outpolled WA in support of the legislation. Of all the states, WA has always been a most significant state in support of voluntary assisted dying. I think it is important to say that, and the reason I do so is that I received a couple of emails from people who lobbied me saying that the polling is all fake and all the rest of it. However, in my view, with two polls over many years expressing exactly the same numbers, and, in fact, if anything, with the slight diminution of the vote in WA in support of voluntary insisted dying, I think their views are a complete and utter furphy.

I will come to some of the statistics from the current poll. Support for voluntary assisted dying was above 80 per cent in every upper house region, with the highest level of support at 84.1 per cent in the Mining and Pastoral Region and the lowest at 80.1 per cent in the East Metropolitan Region; more than 80 per cent of those surveyed believe that people should have the option of a doctor assisting them at the end of their life; more than 70 per cent believe that, in isolation of all other safeguards, having two doctors assess a person is a sufficient safeguard, even without the other 101 safeguards contained in this legislation; 76.5 per cent expect their member of Parliament to vote in accordance with their electorate's majority support for voluntary assisted dying, while 17.1 per cent expect them to vote only in accordance with their own personal conscience; 94.8 per cent of the people who strongly support or support the Voluntary Assisted Dying Bill feel very strongly or strongly about the voluntary assisted dying issue; and slightly more than one in two people, or 52.4 per cent, said that they would be less likely to vote for their local WA member of Parliament at the next election if they vote against the Voluntary Assisted Dying Bill, regardless of which political party they are aligned with. Awareness of the Voluntary Assisted Dying Bill 2019 is extremely high at 90.3 per cent.

I have received a number of emails, as have all members. Since the introduction of the legislation, I have received 89 emails in opposition to the legislation, 18 of which came from Dr John Buchanan, the secretary of the Australian Care Alliance, and 44 in support of VAD legislation. I find it quite interesting that the emails we are receiving are not reflective of the polling in any way, shape or form. It is important to note that a significantly large number of emails that I have received were against the legislation.

The Greens WA adopted its Dying with Dignity policy in 2017. Basically, it sets the premise that the Greens WA seek to save and preserve life, but we do not believe in forcing people to prolong their life under conditions of suffering at the end point of life. When people have a terminal illness and are suffering to such an extent that they no longer wish to have their life prolonged, they should be able to seek a peaceful death under medical supervision with their family in attendance, or ask consenting medical practitioners to help them end their life. Clearly, as members will know, policies set out broad, overarching visions, and turning policies into legislation is quite often a complex and difficult process. In this regard, I think the government has done pretty well.

I was indeed honoured to be chosen as one of the members from the Legislative Assembly and the Legislative Council for the Joint Select Committee on End of Life Choices established by motion on 10 August 2017 by the Legislative Assembly. At this point, I would like to thank my colleagues who served on the committee and, like me, learnt so much from that process. Believe it or not, I went into that committee thinking that I was all-knowing, but I certainly was not. The committee members were Ms Amber-Jade Sanderson, MLA, chair; Hon Colin Holt, MLC,

deputy chair; Hon Nick Goiran, MLC; Mr Simon Millman, MLA; Hon Dr Sally Talbot, MLC; Mr Reece Whitby, MLA; and Mr John McGrath, MLA. Although we might have had a number of differences, over that year-long process, we had a very collegiate relationship. I even remember giving Hon Nick Goiran a hug outside a pub in Albany, and I can assure members that there is a photograph of it as well! Anyway, it was a good committee. We were exposed to lots of things. We were offered counselling. Some of the things that we experienced did indeed touch me very deeply, and I know they touched other members of the committee. Certainly, a young lady who is in the public gallery today gave a very detailed presentation about the demise of her mother that took us all to a very emotional point, and I would like to thank that young lady.

We met a number of people who were on that end-of-life journey. We went out with Silver Chain staff and met people. I am reminded of Tex; I think I have mentioned Tex before. Tex was a grumpy old bugger from the Pilbara. Excuse me, but I think I can use that word in this context. Tex was very interesting. He did not want anybody fussing around him, but he had a major problem. He had incredible gout. His legs were in a terrible state and he had compression bandages around both legs. Silver Chain sent us out with people to guide us. The lady who went out with us was not Tex's normal person. Tex said, "Who's this woman?" and got all grumpy. She proceeded to remove his compression cast and worked on his leg, but then she could not figure out how to put the cast back on. Luckily, I have some engineering experience, so I stepped in and tightened up the straps and we got him fixed up. He grumbled about her and said, "Bloody politicians—even helping me." Beside him on his little table was a block of iron. I said, "Tex, that's a hot iron briquette from Port Hedland" and he said, "How do you know?" and I said that I used to work up there. Suddenly, Tex became quite effusive and we chatted about his experiences up there. At the end of the visit, he said, "I don't like bloody politicians at all. Don't like Labor, don't like Liberal and those"—I will not use the expletive—"Greens I have no time for at all" and I said, "Hi, Tex; I'm a Green." We kept in communication and when Tex passed away, which is what he was going to do, his friend who had been looking after him said that I should feel very proud that I had made an impression on him, not as a Green, but as somebody who showed some compassion, and that he felt quite good towards politicians in general after that.

I am also mindful of some of the horrors that we experienced. One woman who was in palliative care in Sir Charles Gairdner Hospital was a prisoner. Hon Colin Holt and I remember that to this day. As far as she was concerned, she was not going to die; she wanted out of there. She had just had both hips replaced and was not going anywhere. But at the same time, they had shackled her to the bloody bed—excuse my language. This woman, who could not move and was in the process of dying, was handcuffed to both the base and the side of the bed. We both went to some great length to rectify that situation. It was an appalling situation. Those are some of the things that we faced. I am standing here feeling quite emotional about that. It was not a good experience.

Hon Colin Holt: She has since passed as well.

Hon ROBIN CHAPPLE: Yes. The interesting thing in that case was that everybody knew that she was terminally ill, except her. She would not accept it. So these are the really interesting dynamics that occur.

Then we went to Albany, and we saw what was one of the best palliative care situations I think we have ever seen. The wards and the systems there were stunning. People could open the doors. There was no rail, so they could wheel the bed out onto the verandah, and people had a little garden around them. It was stunning. Then there was that movie theatre.

Hon Nick Goiran: I wouldn't describe it as a movie theatre, but it was a room to lessen the impact for the patients.

Hon ROBIN CHAPPLE: That is right. They had beautiful scenes of forests and thing like that displayed on this giant wall screen. It was very passive; it was very good.

That was part of the experience on that committee. I think we learnt in all our different ways so much from that committee. Although there might have been different views on the outcomes of the committee, I believe that the committee worked exceptionally well, receiving some 700 submissions and holding 81 public hearings. I do not think there has ever been a committee that has done that many public hearings. Its final report, "My Life, My Choice" was laid on the table of the Legislative Assembly and the Legislative Council on 23 August 2018. The committee's majority finding went on to form the basis of the government's decision to draft the legislation we are dealing with here and now. This process was further enhanced by the establishment of the Ministerial Expert Panel on Voluntary Assisted Dying. This committee had a wide representation of people from all legal, medical and social backgrounds, including Malcolm McCusker, QC; Dr Penny Flett, AO; Dr Scott Blackwell; Dr Roger Hunt; Associate Professor Kirsten Auret; Dr Elissa Campbell; Dr Simon Towler; Kate George, an old friend of mine from the Pilbara; Fiona Seaward; Noreen Fynn; and my dear friend Samantha Jenkinson. Its report was finally tabled in Parliament on 27 June 2019.

I would like to mention two particular aspects of the bill before us. Key provisions of the Victorian legislation have already proven to be unworkable. Members are well aware that the Victorian Voluntary Assisted Dying Act 2017 commenced operation only a few months ago. It seems likely that there will be an attempt to amend the bill before this house by incorporating several provisions that appear in the Victorian act, but not in this bill as tabled. Some of these Victorian provisions are highly contentious. In particular, one such provision requires, or at least is being

interpreted to require, that one of the two doctors assessing the patient must be a specialist in the condition or illness afflicting the patient. Another prohibits doctors from informing patients of the option of voluntary assisted dying. Victoria is the only jurisdiction in the world to enact such a prohibition.

I would like to bring to the attention of the house that the effects of these provisions have recently been subject to a report by Dr Rodney Syme on behalf of Dying With Dignity Victoria. Members may know that Dr Syme is a medical specialist with unparalleled expertise in this field. He has had 27 years' experience in counselling people about end-of-life issues and has assisted several hundred. This year, he was made a Member of the Order of Australia in recognition of his work. In the opinion of Dr Syme, the immediate effect of the requirement for one of the assessing doctors to be a specialist is to seriously diminish the number of available doctors, especially when combined with the appropriate right to conscientious objection. He states categorically that this is having a disastrous effect on the implementation of the act. He explains that available specialists are hard to locate, especially in regional areas. That is why I come back to the electorate that I represent, the Mining and Pastoral Region, where we have virtually no specialists. He explains that available specialists are hard to locate, and that this creates significant delay in a process when time is critical in reducing suffering. The result is that people are dying before their assessments are completed.

It should be noted that these observations are based on careful documentation on the experience of patients since the commencement of the Victorian act. It is obvious that if these are the results of provisions in Victoria, they would be magnified many times over if adopted in Western Australia. Already, we have rightly had considerable public discussion over the need for more palliative care services in the regions, and in that regard, the limited availability of medical specialists in remote and regional areas has been highlighted. This is especially the case in the Kimberley, the Pilbara and the goldfields. I am personally aware of the shortfalls. It takes no imagination to see that if a dying person is required to see a specialist in the regions and of course is unable to travel, they will simply be shut out of the right to choose voluntary assisted dying, in stark contrast to those in Perth. This would be unconscionable and an outrageous situation. As far as the prohibition on raising the existence of VAD is concerned, Dr Syme states that this is clearly in conflict with medical ethics, which require the provision of full information regarding lawful treatment options, which is a serious inhibition of the informed discussion and consent. I add that it appears to be an extraordinary intrusion into the doctor–patient relationship and the performance by doctors of their professional work. It is very disappointing that the Australian Medical Association is not loudly opposing the provision in Victoria.

The second point I wish to briefly make, and has been talked about here briefly, is the particular importance of my constituents—the Aboriginal constituents. Some have suggested that the mere existence of such a law will have a negative effect on Aboriginal people accessing health services. That is demonstrated by the experience in the Northern Territory. This claim is not borne out by hard evidence; in fact, it is contradicted by it. The 1996 report to the Senate Legal and Constitutional Affairs Committee into the bill that was passed and became known as the Andrews act, considered the evidence about the operation over the Northern Territory Rights of the Terminally Ill Act. The report noted the following in paragraph in 5.65 on page 52 —

> The Northern Territory Government denied that there had been any decrease in the use of medical facilities by Aborigines, and provided the Committee with statistics in support of this assertion. This information related to hospital separations, emergency evacuations to hospital from remote communities and non-emergency travel to hospital under the Patient Accommodation Travel Scheme. No clear decrease was shown in relation to any of these categories since 1995.

I seek leave to table "Consideration of the Legislation Referred to the Committee: Euthanasia Laws Bill 1996".

Leave granted. [See paper 3267.]

Hon ROBIN CHAPPLE: Secondly, and finally, I now wish to talk about my parents' death. My father died an average death—six hours. That is the average. He died on 11 November 1980 of myocardial ischemia—a heart attack. It took him six hours to die. I was 32 and he was 74. My mother, Dorothy Margaret Chapple, was born in the subdistrict of Stoke Newington in London in January 1914 and died on 27 July 1988 in Sir Charles Gairdner Hospital from a number of contributing factors. Death was not easy; it was over an extensive period. It was not just one illness that caused her death; it was multiple conditions. I was lucky enough because my employer at the time, BHP, gave me leave to come to Perth and I was able to stay with her as much as I could. Eventually, I had to return to the Pilbara and she passed away while I was not with her.

One of the things that my mother died of was aspiration pneumonia. Aspiration pneumonia is a complication of pulmonary aspiration. Pulmonary aspiration is when food, stomach acid or saliva is inhaled into the lungs. Food that travels back up from the stomach to the oesophagus can also be aspirated. The other point is general debility, a state of general weakness or feebleness, which may result in the outcome of one or more medical conditions that produce symptoms such as pain; fatigue; I can never say this word—cachexia—wasting of the body due to severe chronic illness; and physical disability.

She also had an unusual condition, which meant that whenever I met my mother, I had to wear a facemask. She had pulmonary tuberculosis. Pulmonary tuberculosis is defined as an active infection of the lungs. Pulmo is Latin

for lung. It is the most important TB infection because an infection of the lungs is highly contagious due to the mode of droplet transmission. Her pulmonary TB led to her coughing up phlegm and blood, and led to her having constant fever, night sweats, chest pains and weight loss.

The other interesting point that led to her demise was that she had to have nasogastric feeding, which is being fed by a tube that carries food and medicine into the stomach. That in itself is identified as one of the causes of her death. Another contributing cause was a bilateral obstructive uropathy, a sudden blockage of the flow of urine from both kidneys. The kidneys continue to produce urine in the normal manner, but because the urine does not drain, the kidneys start to swell. My mother also had a number of unknown complications, possibly renal tuberculosis. She was 74 years old; I was 41.

I started this journey back in 2001, when I was first elected. It will give me great succour if we reach the third reading and I can stand in this place and say, "Mum, I did it." Thank you.

HON DARREN WEST (Agricultural — Parliamentary Secretary) [8.42 pm]: Members, I have long been a supporter of the right to choose the time to end our life. I am unsure whether that is from growing up in a progressive family and a progressive household or from growing up on a farm where, as very practical people, we see farm animals put out of their suffering on a regular basis and I wondered why that courtesy could not be extended to people as well. In my inaugural speech in 2013, I made reference to things I would like to see achieved in my term in Parliament. One of those was something like the Voluntary Assisted Dying Bill before us today. This is a historic day on which members of both houses of Parliament will look back on their time in Parliament and remember when they debated this important bill. It will be a big change in Western Australia should it be passed.

I am a strong supporter of this legislation for three reasons. Obviously, firstly, from my personal view that I have formed over my life. Secondly, because of the very high level of public support that has been indicated by previous speakers. I suggest that across my area of the Agricultural Region, it would be in the order of four in support to one against. The main reason I think for me is for those people who are affected by a terminal illness, those who have had enough, those who want to choose to end their life because they no longer wish to suffer. This bill is about that choice. This bill is about compassion, kindness and love. It is about families and people suffering, staring down the barrel of a terminal illness, being able to have that conversation about when is the time to go, whether it is at a time of the patient's choosing to end suffering or the time determined by the illness—that is the patient's choice, in my view. It should be their choice.

I want to thank all the people in the Agricultural Region who have contacted my office. There have been hundreds if not thousands of people from my electorate and across the state who have engaged in this debate and chosen to email, write, call or drop into the office to share their view. I have not come across anything in my parliamentary career that has engaged the public as much as the Voluntary Assisted Dying Bill has. I note that there have been great levels of respect. The debate in the Assembly was dignified, as it has been in the public, and it has been respectful. It is very emotive and I cannot underestimate the importance of acknowledging everyone's views, even if we might disagree with them.

We recently held a forum in Geraldton. I thank Hon Alannah MacTiernan and the member for Morley, Amber-Jade Sanderson, Chair of the Joint Select Committee on End of Life Choices, for attending that forum. The view of our community was overwhelmingly in favour to the point at which it was suggested that we could have taken the legislation further. We had some very heart-wrenching stories, particularly from a gentleman who was staring down the barrel of the end of his life and desperately wanted to have a say in the timing of his death. We heard stories from families who are watching and have watched loved ones suffer.

I will not go into detail about all the anecdotes we heard. They are all beautiful stories of love and kindness that people wanted to be able to share with their family members. I respect that not everyone holds the view that this legislation should be passed. I respect also that there will be those who will find fault with the legislation and disagree with the notion that people who are suffering should have the choice to end their life at a time of their choosing. I say to those people, "I respect your opinion as much as I do not agree with it." I would say to those who are terminally ill and hold that view, "Don't access voluntary assisted dying; that is your choice. That is the choice we propose. You can either access voluntary assisted dying or choose not to." For me, that is the most important part of this legislation before us—it is about choice.

Members, I do not see a link between choosing to end your life at a timing of your choice and provision of palliative care. However, I have found that this debate has shone a very bright light onto palliative care provision. It has also turned up areas in my electorate and other parts of the state where we perhaps struggle to provide the level of care that we do in parts of the metropolitan area of the state and in the country generally.

I note that whenever voluntary assisted dying legislation has been debated around the world, there has been an increase in palliative care provision. We see that happening here in Western Australia. Once a light has been shone on that service, we have seen subsequent increases in funding of palliative care across the state. I certainly welcome that because it is a separate matter from voluntary assisted dying, but, naturally, palliation is required for people who are staring down terminal illness and facing the end of their life.

This legislation has been developed over the past two or so years. I acknowledge the extensive work that has been put into it, from the health minister right through to the Joint Select Committee on End of Life Choices. I acknowledge the tremendous amount of work that was done by that committee and also by the Ministerial Expert Panel on Voluntary Assisted Dying. Due to the fine work put in by those dedicated people, I am satisfied with the provisions of this bill and I will be supporting it without amendment through the house. The Agricultural Region and its voters want this bill passed, as does the broader community. I think the broader community is satisfied with the bill as presented.

People facing terminal illness often resort to other means of ending their life. I have talked extensively in this place about terrible examples of the lengths that people have gone to because they do not have access to voluntary assisted dying. The passage of this legislation will provide that opportunity, rather than some of the very sad and tragic ends that those facing terminal illness have availed themselves of. I acknowledge the work of Belinda Teh, who is in the gallery today, for raising awareness of the need for people to have the choice to end their life at the time of their choosing. Belinda walked from Melbourne to Perth to raise awareness of voluntary assisted dying. I also acknowledge organisations such as Go Gentle Australia and Dying with Dignity Western Australia, which have helped inform the community and make people aware of what is proposed in this legislation. I also acknowledge the work of Andrew Denton, who used his profile to show his strong support for the legislation.

There are many more reasons that I could give for why I would like to see the legislation passed, but I think I have given the basic idea of why I support the bill and why I support it in this form. I do think it will be a historic day when the vote is held. I sincerely hope members can see fit to pass the legislation, because if we do not pass it at this opportunity, with the bill having gone through the Legislative Assembly and come to us, there may not be another opportunity for many, many years. I think the community is ready. I think the debate has been mature, respectful and dignified. There is no doubt in my mind that it is time we gave members of our community the choice to end their lives at the time of their choosing. As members of the community, we face all kinds of choices every day. We make all kinds of choices about all kinds of things every day. It strikes me as odd that perhaps the biggest one of all is denied us, for reasons that I do not really understand. I do not understand why we cannot make that choice ourselves.

This is a once-in-a-lifetime opportunity. As I said in my introductory remarks, I think we will all remember the time that we were in the Parliament of Western Australia when the Voluntary Assisted Dying Bill was debated. I hope we will all remember the time that it was passed. In my view, this is an excellent, well-crafted piece of legislation that covers many of the concerns about the notion of voluntary assisted dying that have been raised through the committee and ministerial expert panel stages and by members of the public and members of Parliament. I think it strikes the very necessary balance between what is acceptable to the public and the Parliament, and covers off on the views of members of the Legislative Council. I commend the bill to the house. I certainly look forward to its passage. Thank you.

HON MARTIN PRITCHARD (North Metropolitan) [8.54 pm]: As we get older, we come to face death more often. Our parents die. I just want to talk very briefly about the passing of my parents. I was listening to Hon Robin Chapple and there were some similarities. In 2016, my stepmother passed away. Kit, or Catherine as I called her, because she was a real lady, was 92. When she was 23, she actually went into hospital with tuberculosis. Through the rest of her life, she worked very hard. She smoked a lot and she drank a lot, but she always faced life straight in the eye. Kit, or Catherine, went into St John of God Midland Public Hospital at the age of 92. Basically, her body was giving out. But because of her early experiences in hospital, the biggest fear for Catherine was actually being in hospital. She had some delirium, so when we used to visit her we would often try to convince her that it was a hotel so that she would not become so aggressive in her more lucid moments, which had shocked the family because of the fact that, as I said, she was a lady. This lady passed away in hospital with fear and anxiety. She would never have thought of taking advantage of voluntary assisted dying and would just try and eke out every bit of life that she could. Even in her darkest hours, she was still hoping to go home and resume her life.

Six weeks after she passed away, my father went into hospital. He had actually been in hospital eight years earlier—around 2008. He went into Royal Perth Hospital. He had treated his body quite harshly during his life. He was a bricklayer, very blond and very pale. He used to spend his days in the sun laying bricks, with a pair of shorts and a pair of thongs on—I think I have mentioned that before—and ended up with multiple melanomas. In 2008, he went into Royal Perth Hospital. It was the first time that a doctor had approached me to talk about palliative care. The reaction of the family was one of horror, because we thought they had given up on my father and that he would pass away. Indeed, he came very, very close. Again, his main aim was to try to continue living, which he did. He came out of hospital with about 20 per cent of his eyesight left, about 20 per cent of his hearing left and using a walker. He spent the next eight years—again, I have spoken about this before—with a quality of life that I would not have thought was tremendous. He used to look forward to one morning a week when I would take him to the casino. He and Kit used to enjoy a half day at the casino. I do not know whether I would have thought it would be a good quality of life, but in 2016, six weeks after my stepmother passed away, he went into St John of God in Midland with aspiration pneumonia. He was 87—he was younger than my stepmother. Again, all he wanted to do was to get out of there, come home and live life as much as he could, irrespective of my view on the quality of his life. Of course, he did not. I think they basically just continued to up his morphine and he passed away. He would not have taken advantage of voluntary assisted dying either.

My father-in-law passed away in 2012. He had an inoperable brain tumour. I was lucky enough to be able to take about six months off work at the time and I spent time taking him to Subiaco to have his chemotherapy and radiation treatment to try to shrink the tumour. They were reasonably good times, funnily enough. There was a lot of pressure, but they were reasonably good times. My father-in-law was sitting at home with us one afternoon when he got up and fell back down again with a heart attack, probably because of the strain of the chemotherapy and the radiation. I look back on that and say, "Well, we had a reasonably good time leading into his death, and his death was quick." I remember thinking at the time, although I did not say it to my mother-in-law, that that was a good death. I suppose most of us hope that we are not going to die a painful or a dragged-out death, but a quick, painless death, or to fade away while we are asleep. The fact is that sometimes death is good; most of the time death is bad; and sometimes death is horrendous. That is for multiple reasons, pain being one, but there are others. During this debate, many people have talked about being in the arms of loved ones, whether it be through the opportunity to do that with VAD, or whether that be through high levels of palliative care. The fact of the matter is that not everybody has a happy family. Some people dislike their families. Some people do not have families. Whether someone dies alone with a doctor under VAD or alone suffering, it is still going to be a bad death.

If a person is in great pain, the only thing that VAD will do is alleviate their suffering. I understand that, and I accept it. I think that this legislation has the potential to help some people—not that many, I do not think, but some people—who have the will to face death on their own terms as an alternative to a horrendous death, and I accept that. However, as I said, there is still going to be a lot of unfairness in the world. People are going to die when they should not die; people are going to die in pain. This bill is not the answer to everything, but I accept that it has the potential to help some people.

When this campaign started—that is really what has been happening over the last number of months; there have been campaigns—I was quite taken aback by the fact that the campaigns commenced prior to any bill being before the house. Prior to anybody actually seeing the bill, people were saying, "This is fantastic. I want voluntary assisted dying. It doesn't matter what the bill says; I want voluntary assisted dying." Others were saying, "It doesn't matter what the bill says; we can't have voluntary assisted dying. It'll be the end of society as we know it." I was quite taken aback by the fact that the campaigns started so early. I think that most people in the community are debating the theme rather than the bill. I ask members to understand that we have the responsibility to try to make sure that the bill will achieve the aims that it has been drafted to achieve. My concern is that people have entrenched themselves into a position without actually reading the bill. That has happened with the public as well. Even before this bill was before the house, people were saying that 88 per cent of the public want voluntary assisted dying. I do not know whether that is correct or not. It probably is, but it still does not alleviate us from the responsibility of improving the bill if we can, or if it needs it. I have drafted some amendments. I would not say that I am an expert in this area at all, and I will not be unhappy if the amendments get defeated, if that is the will of the house. But the fact is that we are actually debating this bill and should try to improve it, even if at the end of the day we do not accept those amendments because they do not make the bill better.

Before this bill was before the house, we started receiving emails. Hon Robin Chapple, who is out of the house on urgent parliamentary business, talked about receiving 80-odd emails. I think I have probably received 7 000 or 8 000 emails. When I first took on this role, I made the mistake of answering my own emails. I have seen the emails on both sides. I am not suggesting that the pro forma emails that I have received are not valid—they are. However, I must say that I have answered only the emails that I know have been written and that actually tell a story and ask me to respond. Those are the emails that I have responded to. I have met quite a number of people who have sent those emails. I apologise to my constituency: I have not responded to the pro forma emails on either side, mainly because they did not ask me for a response, which was a very happy coincidence.

With the polling, again, this has been a campaign. Normally, if one engages a pollster, they will say, "Tell me what answer you want, and then we'll draft the question." Now, again, I would imagine that these polls have some value. I concede that the majority of our constituents fear death and, if faced with a horrendous death, would like to have the choice under this legislation. But it does not alleviate our responsibility to try to improve the bill as best as we can.

Following on from that campaign concept—because it has been tackled as a campaign on both sides—there has been tremendous overreach in people's claims. Someone will say, "Nevada, everybody dies and they shouldn't", and somebody else will say, "No, everybody should have that right." There is tremendous overreach. It would have been nice if within the campaigns there had been a little bit more discussion to try to get to the position that I think we all want, and that is the best outcome for our community.

I do not see myself as a warrior on either side of this debate. I see my role as someone who is in the middle, with probably the vast majority of people who do not want to see people die horrendous deaths, but also do not want to devalue life. If we do our job here, I believe we can achieve both through this bill.

For me, the biggest problem with this bill is the drafting. In a past life, I did a lot of drafting of industrial instruments. We always wanted to take the opportunity to do the drafting ourselves. The drafter has tremendous power in any negotiations, because they set the theme. The theme of this bill has been set by the people who have drafted it, and

it should not be beyond us to improve it. As I said, I have proposed a number of amendments, and, again, if they do not get accepted, as long as it is the will of the house, I do not have a problem with that. I have endeavoured to address the areas of concern I have in the amendments I have proposed.

One thing that the Premier said that struck a chord with me was that he believed that this was really a bill to facilitate death or death rather than life or death. If that is the case and we are talking about an elderly person who is going to die anyway but might have the choice of dying a couple of months earlier rather than having two extra months of life that would be fairly horrendous, I do not have a particular concern with that. I know there are moral issues, but I do not have a particular concern with that, if that is the person's choice.

Hon Nick Goiran: Honourable member, will you take an interjection?

Hon MARTIN PRITCHARD: Certainly.

Hon Nick Goiran: I hear what you're saying but the concern I have is what happens if the diagnosis is wrong.

Hon MARTIN PRITCHARD: That is exactly where I was going. One of the concerns I have is that to make it an argument of—for want of better wording—death and death as best we can, we have to try to get the prognosis right. That is not going to be 100 per cent. There will be mistakes; I understand that. But we want to try to get the best prognosis we can. I understand the difficulties in the regions, but I cannot believe that it could be appropriate for a person to say, "I'm going to die in six months; I should take advantage of voluntary assisted dying", based on the advice of a general practitioner. With all the respect in the world for general practitioners, there are some who specialise, but the vast majority are the doctors down the corner that people go to for some cough medicine. The vast majority are generalists. It worries me that, because of the issues and problems we have in the regions, we are going to say, "Okay, it's a long way away so let's just allow general practitioners to determine that a metastasised cancer is going to cause death within six months." I do not think I would be prepared to accept that as a prognosis.

One of my proposed amendments addresses one of Hon Robin Chapple's fears and proposes that one of the doctors should hold some specialisation in the area that is the subject of the application. I actually have no concerns whatsoever about the coordinating doctor being a general practitioner. Indeed, one would hope that it would be a general practitioner who has some relationship with their patient, would be able to observe any family coercion and would be best placed to determine capacity. However, I am not sure that a general practitioner in the back lots of the regions would have the ability to provide the most accurate prognosis possible when it comes to things outside their area of speciality. If members in this place determine that that amendment is not appropriate, that is fine; that will be the will of the house, and I am happy to accept the will of the house.

On a personal note, I went to a general practitioner—I will not name him—because, as members may notice, I am getting a little thin on top and I noticed a tingling feeling up there. I thought, "My dad had a lot of melanomas; maybe I should get it checked out." I went to my general practitioner, who I have been seeing for years. He said that there was nothing there, that there was no problem and that he could not see anything—fine. I went to a skin specialist the next day, because I did not accept that, and there was crystallisation; it was a pre-cancerous sunspot. It was probably nothing to worry about, but a general practitioner does not deal with dermatology often, and he completely overlooked it, even when I was pointing in exactly the right spot. That concerns me. Unfortunately, we had another bad experience with the same doctor nearly 20 years ago when he did not pick up on my wife's heart attack. He kept diagnosing her with indigestion and sending her home with Mylanta and so on. Eventually she was throwing up in the middle of the night; we took her to the emergency department and it was too late to repair her heart. Maybe we do not have great general practitioners in the northern suburbs! I do not mean any offence by that, but as I said, I do not think I would accept a general practitioner's prognosis that I have four or five months to live due to cancer. That is one area I have looked at.

The bill deals with coercion, but it is something on which we need to focus because, in my view, there can be many different types of coercion, including external, from the family, and internal—"I don't want to be a burden." There are many concerns in that area. I am also concerned about capacity. When I first read the bill, I thought, "Oh, 'capacity' means a patient has the capacity to make a decision." It is not really that. All that is required in the bill is that the person understands what is being said to them. If the doctor says to the patient, "You know that if you take this poison, you'll die", and the person says yes, that is capacity. That concerns me. I do not know a lot about mental illness; I have tried to get a little bit of information on it over the past couple of months, but I would have thought that if someone has just been given a prognosis of six months to live, there would be a good chance that they might be demoralised or depressed. It would seem to me that the doctor—I do not mind if it is the coordinating doctor—should have some responsibility, not just to ask, "Do you understand?", but to make sure that there is nothing treatable affecting the patient's decision. That is something else I looked at.

I have in the past been involved in a lot of negotiations, and most negotiations are basically just discussions between people. Hon Robin Chapple will be disappointed with me again, because I have proposed an amendment to provide that the doctor cannot raise the issue of voluntary assisted dying. A lot of people still rely on a doctor's lead when it comes to their treatment. Again, if the chamber determines that that amendment is not appropriate, I will bend to the will of the chamber.

The Department of Health has people on staff who can go out to the regions to discuss all the options, but not be part of the decision-making process. For example, a senior nurse practitioner with broad knowledge in this area could go out to the regions and talk to the patient so that they know what options are out there. Something along those lines would certainly give me confidence that the patient is informed. I truly do not want to deny people who are suffering the right to ask for an early death. I do not believe this bill is an assisted suicide bill; it is still talking about death and death. I would not lose any sleep if someone determined that they did not want to live those last few months if it meant living in agony. Personally, I have fears about my own death. I do not think about it too often, but one of the fears is being unable to breathe, and there are a number of diseases that lead to that end. I might, rather than live with the fear, anxiety and pain, if there is pain, choose to access voluntary assisted dying. I am not opposed to the concept, but I am concerned that we made our decision before we got the bill and that the Legislative Assembly had no opportunity to debate in any earnest way any amendments. The only opportunity that members will have to look at amendments that may improve the bill will be in this place. If I am wrong and the bill does not need any improvement and I am very much in the minority, as I said, I will accept that that is the will of the chamber. However, I do not want people to just blind themselves. I do not think that my amendments are fantastic—other people probably have more expertise in dealing with amendments than I do—but I want people to look at any amendment that comes forward and make a determination about those amendments on their merit. I think at least one or two amendments will go through, so the other place will have to consider them anyway. Whether it considers two, five or whatever number of amendments, I do not want to destroy the bill, but I think there is an opportunity to improve it.

In my past life, I often did the numbers. I always thought that in this place it was easier to get 18 for a yes vote than it was for a no vote. A number of people are still undecided, but I think that the opportunity is diminishing. Although some members support the bill, I suggest that should not blind them to considering a good amendment, and I am not necessarily saying that mine are good. So, please, if you can keep your eyes and minds open to that, I would be appreciative. That is the end of my contribution.

HON PIERRE YANG (South Metropolitan) [9.21 pm]: Like I did in my first speech, I wish to begin my contribution on the Voluntary Assisted Dying Bill with the Lord's Prayer —

> Our Father, who art in heaven,
> Hallowed be thy Name.
> Thy Kingdom come.
> Thy will be done on earth,
> As it is in heaven.
> Give us this day our daily bread.
> And forgive us our trespasses,
> As we forgive those who trespass against us.
> And lead us not into temptation,
> But deliver us from evil.
> Amen.

People may know that I am a Catholic. I believe in Catholicism and the Catholic teachings. My children go to a Catholic school. In essence, Catholic values ask people to be good people and to look after one another. With the house's indulgence, I am going to talk about my understanding of Catholic values and how they have shaped and influenced my position on this very important subject. I am not trying to preach Catholicism to anyone; I am merely detailing how I arrived at my position.

In my understanding, our Lord is almighty, all powerful, benevolent and infallible, because God is perfect; yet humans are not any of these and we are very fallible. In my view, God's teachings for us are the truth and perfect. His teachings were learnt and understood and translated by humans for humans so that the good news could be spread around the world in a form that humans could understand. At the same time, because we are fallible and our father's teachings have been translated by prophets who did their very best but who were constrained by the time in which they lived their lives, and by their social values and societal practices when they did their holy work, their translated teachings about our Lord must be viewed through the prism of the central teaching of our Lord—that is, to love one another and to take care of one another. Otherwise, we would be dogmatically following all the teachings in the Bible. We would still be condoning slavery because there are instructions for slave masters in the New Testament on how to treat their slaves. We would still be treating wives as property in accordance with the Ten Commandments or having no divorce as part of normal Australian family law because anyone who divorces his wife and marries another woman or the man who marries a divorced woman commits adultery. There is severe punishment for adultery in the traditional teaching of Christianity.

I know that our Lord loves us and our Lord has mercy on us. All his teachings, however, must be viewed through the prism of the central teaching. I believe that our Lord loves us, that everyone of us is his son and daughter and he wants the best for us. Imagine this scenario? You are lying in your sick bed, suffering from a terminal illness and unbearable pain that cannot be managed by modern medical intervention. The question that springs to my

mind is: would our Lord want us to suffer or would our Lord have mercy on us and want to help take away the pain and suffering? I believe that our Lord would prefer the latter. Our Lord is a force of good. Our Lord is a force of mercy. I am certain that our Lord wants us to have dignity, liberty and self-determination at any stage of our life.

Based on these strong beliefs, as a Catholic, it has been on the public record that I support in principle voluntary euthanasia for terminally ill patients whose pain and suffering cannot be medically managed. My position is understood through media reports, newsletters and things like that. However, this position does not equate with my accepting any view that is presented in front of me. As a legislator, I feel I have a duty to look at any bill that is presented to me, especially a bill like the one we are looking at now—a very significant piece of legislation.

I would like to take this opportunity to thank the hundreds of people who wrote to me, rang me and met with me to express their views both for and against voluntary assisted dying. In particular, I would like to mention Reverend Peter Abetz, Mr Carl Brown and Ms Belinda Teh for their time and for sharing their views. I think the debate has been conducted in a fashion that all of us as Western Australians can be proud of. We may not agree with each other on policy issues, but we are a mature democracy and we can have a robust but respectful contest of ideas. I am proud to be a Western Australian.

When I started to look at the Voluntary Assisted Dying Bill, which had been passed by the other place, I told myself to keep an open eye and an open mind, and to be very mindful of the issues raised by Parliament, the Legislative Assembly and people in the community. I watched all the members' speeches in the second reading debate in the other place. I watched the recording of probably half the consideration in detail stage in the other place. Of the many concerns raised with me, I have identified a few that drew my attention in particular. I wish to take this opportunity to go through them, and they are about coercion, psychiatric assessment and doctors raising the subject.

In terms of the concerns about coercion, from the outside, I was concerned that vulnerable people might be subject to coercion and choose voluntary assisted dying, as has been raised with me by people who met with me and wrote to me. However, after further research and study, I am satisfied that the safeguards contained in the bill are, on balance, strong and sufficient. The focus of the Voluntary Assisted Dying Bill is on it being voluntary. If there is any doubt of the voluntary nature of the request to access voluntary assisted dying, the bill requires the coordinating practitioner and the consulting practitioner to refer the patient to a health practitioner with relevant expertise for further assessment. If, after further assessment, there is still uncertainty about whether the request is voluntary and valid, the request will stop there; however, an application can be made to the State Administrative Tribunal for further assessment.

I have heard time and again about the hypothetical example of family members giving subtle messages to the elderly or the terminally ill that they are a burden and that it would be good for everyone if that person were to choose voluntary assisted dying. I understand the concept; I recognise that. At the same time, I also recognise that we do not live in a theoretical world. We live in the real world, which is full of uncertainties and full of risks. I do not say that in a flippant way. The reality is that we cannot ensure that there are zero fatalities on the roads, but we still use the roads for vehicle traffic. This is a fact of life, and I say that in the most sincere and genuine fashion. On balance, I am satisfied that my concerns about coercion are resolved by the safeguards contained in the Voluntary Assisted Dying Bill.

I wish to move on to the next subject, which is the psychiatric assessment. This is another concern, as the bill contains no requirement for a patient to obtain a psychiatric assessment to ensure that they are not suffering from depression, which would cloud their judgement to make an informed decision. From the surface, it looked to me to be a reasonable concern and a reasonable point. Nonetheless, I did further research and I am now satisfied that my concerns on this point are also resolved. According to the Voluntary Assisted Dying Bill, to be eligible for, or have access to, voluntary assisted dying, one must be assessed by a coordinating practitioner and a consulting practitioner as having decision-making capacity. I have strong faith in our medical profession. I have faith that it will do the right thing by Western Australians. As it stands now, in Western Australia, it is not illegal for people who suffer from a terminal illness and unmanageable pain to refuse treatment, food or water. In fact, as we have heard from the stories and testimonies, many patients choose that way to end their suffering. In many cases, it takes days, if not weeks, for their suffering to end. As I was listening to his speech in the second reading debate, Mr Simon Millman, of the other place, noted that there is no requirement for any psychiatric assessment for people who choose to end their suffering by refusing treatment, food or water. If we can afford people dignity and respect by providing voluntary assisted dying as an option for them to exercise so they do not have to go down the path of refusing food or water, which would cause them to suffer for days, if not weeks, as a society we should seriously look at that option and enact that. Based on this, I am having difficulty supporting the requirement for a psychiatric assessment.

I wish to move on to the last concern that caught my eye, which is doctors raising the subject of voluntary assisted dying. The Victorian model prohibits a doctor from discussing and bringing up the subject of voluntary assisted dying with their patient. Initially I was inclined to support or at least look at that as an option. If Victoria chose a certain path, we should probably look at it and seriously consider whether we should adopt it. Again, with further research, I found that Victoria is the only jurisdiction in the world that prohibits the doctor from raising the subject of voluntary assisted dying. Furthermore, as submissions to the Ministerial Expert Panel on Voluntary Assisted

Dying pointed out, if the legislation is passed through Parliament, voluntary assisted dying will be a legal medical option and it should form part of a medical practitioner's general discussion with their patients about end-of-life care. I agree with this rationale, and I am satisfied that I can support the position that doctors should be able to raise the subject of voluntary assisted dying with their patients. This is not to say that doctors who have a conscientious objection to voluntary assisted dying have to raise this issue; they do not have to according to the current bill. A doctor who has a conscientious objection to voluntary assisted dying can refuse a request from a patient to access voluntary assisted dying. On this subject, I do not think that only doctors who object to the notion of voluntary assisted dying can be regarded as conscientious—that is, conscientious objectors. I agree with Canadian doctor Dr Sandy Buchman, who is of the view that those medical doctors, including him, who assist their patients to access voluntary assisted dying should be regarded as conscientious providers. I think he has a point.

I support palliative care and I support voluntary assisted dying, and I do not think they are mutually exclusive. As a matter of fact, I think they can work hand in hand to provide the best service that can be provided to other Western Australians. If someone chooses to exercise their right to access voluntary assisted dying, palliative care should continue. It is entirely possible for someone who has requested access to voluntary assisted dying to have their pain and suffering from their condition managed through palliative care in the meantime. That person may withdraw their request for access to voluntary assisted dying. It is entirely possible. We understand that the bill provides that a person who requests access to voluntary assisted dying can stop at any stage. It is entirely voluntary. At the same time, I am very glad that the McGowan Labor government is investing a record amount in palliative care.

After consideration and deliberation over the past several months, and very intensively over the past two weeks, I hereby declare my support for the Voluntary Assisted Dying Bill 2019 in its entirety. Let us not forget that there are severe penalties in the bill for people who do the wrong thing, with the maximum proposed penalty of life imprisonment. Opponents of the Voluntary Assisted Dying Bill argue that it is a dangerous step for us to take as a society. Some proponents contend that the bill does not go far enough to enable more people to access voluntary assisted dying. My view is that this is a conservative bill, and rightly so, because we are dealing with a very significant piece of legislation. We are dealing with a very important issue—people's end-of-life choices and their dignity and respect. I believe the bill has struck the right balance.

I would like to thank Premier Mark McGowan; the McGowan Labor government; the member for Morley, Amber-Jade Sanderson; and the members of the Joint Select Committee on End of Life Choices for their leadership and effort on this issue. I also acknowledge my learned friend Hon Nick Goiran for his work. I may not agree with the honourable member on this issue, but I absolutely respect him for his work, his work ethic and his dedication to something that I know he genuinely believes in.

The Australian community wants to give people who wish to access voluntary assisted dying the dignity and respect that they deserve. Support for voluntary assisted dying for terminally ill people was above 70 per cent in the 1980s and 1990s. A May 1996 Morgan poll revealed support for voluntary assisted dying was 74 per cent. The more recent polls, as we know, show us that support for voluntary assisted dying is well over 80 per cent and at times close to 90 per cent. I absolutely respect people's choice at the end of their life. It is an option not everyone will choose, and if they do not agree with it, they do not have to exercise it.

Debate adjourned, pursuant to standing orders.

PREGNANCY AND INFANT LOSS REMEMBRANCE DAY

Statement

HON DONNA FARAGHER (East Metropolitan) [9.45 pm]: Tonight, I rise to say a few words on Pregnancy and Infant Loss Remembrance Day. Today we commenced a critically important and sometimes emotional debate on a bill dealing with the end of life. I end the day speaking about little lives that sadly never had the opportunity to reach their full potential in this world of ours. Earlier today I had the privilege of joining you, Madam President, the Minister for Health, John and Kate De'Laney and their gorgeous daughter Mary-Jane and many others at a special service at King Edward Memorial Hospital for Women in acknowledgement of Pregnancy and Infant Loss Remembrance Day, and the thirtieth anniversary of the hospital's memorial rose garden. For those who have not seen it, this garden is filled with beautiful rosebushes, but it is also the final resting place for more than 38 000 babies born too early or stillborn. For this reason the garden has so much significance for so many Western Australian bereaved parents and families, and it must be protected. I acknowledge that the minister indicated formally at the service that the government will ensure the protection of the garden in the ultimate move of King Edward Memorial Hospital. I wholeheartedly support that and I thank him for making sure that that was made very clear today.

Tonight, I acknowledge those parents and families impacted so very deeply by the loss of a baby, whether it be from miscarriage or stillbirth, or who has died shortly after birth. I acknowledge, as I do every year on 15 October, John and Kate De'Laney, for their unwavering commitment to ensuring that this day is recognised in this state. It was first recognised in 2014 and every year thereafter. I acknowledge their continued commitment to ensuring that awareness around this day continues to increase, not only here in this state but nationally and beyond. John said

today at the service that their desire to see the day recognised arose from the fact that they did not want anyone to feel as alone as they did when they lost their first child. Kate and John endured a series of miscarriages before their lovely daughter, whom I call my friend, Mary-Jane was born. It is important that people feel supported and, importantly, are supported when they lose a baby, whether that is through services that are provided, through family and, most importantly, by the community at large. It is important that they do not feel alone. It is important to recognise that their grief can last a lifetime.

I ask members when they leave tonight, if they see the house lit up in blue and pink, to remember the many little lives that did not quite make it and remember their parents and their families.

Statement

HON DARREN WEST (Agricultural — Parliamentary Secretary) [9.49 pm]: I also wish to make a short statement on national Pregnancy and Infant Loss Remembrance Day. As members would know, our family has been touched with the loss of a child. Today marks an occasion on which we can all stop and consider those who have suffered this terrible loss. This loss lives with people for the rest of their lives and affects them forever. I thank Hon Donna Faragher for her advocacy and great work in this area and for her words just now.

I want to touch on some statistics and facts about this event that happens to people all too regularly. One in four families suffer a miscarriage, and one in six families suffer a stillbirth. Our family was one of those six. Stillbirth, or the birth of a baby without signs of life after 20 weeks' gestation, is a tragedy for parents and families and a major unaddressed public health problem. Stillbirth has an enormous psychosocial impact on parents and care providers, and a wideranging economic impact on health systems and society at large. *The Lancet* "Stillbirths 2016: ending preventable stillbirths" series emphasises that the poor global response to stillbirth has been a persistent injustice to families and communities. Not all global health issues are truly global, but the neglected epidemic of stillbirths is one such urgent concern.

In Australia, a stillbirth is defined as the birth of a baby without signs of life after 20 weeks' gestation. The rate of stillbirth in Australia is 7.4 per 1 000 births. That equals approximately 2 200 families each year. One in every 137 women who reach 20 weeks' gestation will have a stillborn child. This risk is often doubled for Indigenous women and women from other disadvantaged groups. Parents who have had a stillborn baby face an increased risk of anxiety, depression, post-traumatic stress and suicidal ideation. Stigma around stillbirth intensifies parents' distress and often makes them feel more isolated in their grief. Research has shown that up to 50 per cent of bereaved parents in Australia and New Zealand feel unable to talk about their stillborn baby because it makes people feel uncomfortable. Many parents feel that the death of their baby is not recognised as the same as the death of an older child.

There has been little improvement in overall stillbirth rates for over 20 years. Some declines have been seen in stillbirth rates after 28 weeks' gestation. However, Australia continues to lag behind other developed countries. Australia's stillbirth rate after 28 weeks' gestation is 30 per cent higher than that of the best performing countries, such as Finland, Denmark and the Netherlands.

The major causes of stillbirth in Australia are infection, maternal conditions, haemorrhage, spontaneous preterm birth, and congenital abnormality. Around 25 per cent of stillbirths remain unexplained, and up to half of stillbirths occur near full term, as happened in my family's case. The lack of diagnosis adds to parents' distress, as they struggle to understand what went wrong and wonder whether it will happen again in a subsequent pregnancy. Many stillbirths are not adequately investigated, resulting in possible misdiagnoses. In 20 per cent to 30 per cent of stillbirths, the quality of care provided is a contributing factor to the death. National perinatal mortality audit programs can reduce the number of deaths. However, without such a program in Australia, opportunities for prevention are often lost.

The risk factors for stillbirth include maternal perception of decreased foetal movements, such as strength or frequency; foetal growth restriction; smoking; hypertension; diabetes; being overweight or obese; pregnancy beyond 41 weeks' gestation; primiparity; maternal age over 35 years; and previous stillbirth. Indigenous and other disadvantaged groups often have constellations of risk factors and suboptimal antenatal care. South Asian women also have high rates of stillbirth, and the reasons for this remain unclear. Women who sleep in the supine position—that is, on their back—have an increased risk of stillbirth in late pregnancy.

I have a lot more information that I can provide. I really appreciate the awareness that has been given to this important area of research. However, we are not gaining the ground in this area that we are gaining in other areas of research. I think it is important that everybody helps in any way that they can and talks about this issue, especially with those who have suffered loss. Pregnancy and Infant Loss Remembrance Day is acknowledged and remembered right around the world. It is important that this awareness continues to spread.

This Sunday, 20 October, Sands Australia is holding a Walk to Remember from 1.45 to 4.45 pm at the Kent Street Weir Park. Walks to Remember are special events around Australia that bring bereaved parents together with families and friends to commemorate their babies who have died, to share their experiences openly and to support each other. The Perth Walk to Remember is co-hosted by Sands and Red Nose Grief and Loss. This is a day to

come together to remember our babies and find connection with other bereaved parents. The event will include a memorial service during which people will be invited to come forward and say their baby's name or babies' names. The service will be followed by a ceremonial walk to take the steps their babies could not, generally a short 10 to 15-minute walk. I will be attending this year with other families who remember their loss and try to work together to heal the consequences of that loss. I hope that any members who are available come along and share the day. It is open to everyone and it would be nice to see some members of Parliament attend.

GST DISTRIBUTION — IRON ORE PRICE

Statement

HON DR STEVE THOMAS (South West) [9.55 pm]: On 12 February this year, I asked the Minister for Environment representing the Treasurer what would happen if the iron ore price stayed above $US90 a tonne for a time. His answer was —

> A scenario where the average price of iron ore remains at $90 a tonne has not been modelled, as this assumption is highly unrealistic.

Over the year, I have asked a series of questions on that, and I re-presented my question today. That first question was question without notice 13. I added in questions without notice 80, 656, 938 and 961 all through the year when the price of iron ore was over $US90 a tonne. When I made a couple of members' statements in September, I pointed out the magnificent bonus that the McGowan government had received on iron ore prices. That was on 5 September and 24 September. In those statements, I did some basic mathematics, and on 5 September I said —

> At almost $US35 a tonne differential, based on the numbers of the Treasurer himself, over a six-month period that is an additional royalty income of $1.4 billion to the state government.

That is $1.4 billion that is unaccounted for, not in the budget, and therefore can be handed out as largesse to purchase the next election. I keep asking these questions and today I received another non-answer from the Treasurer. Basically, apart from quoting *The West Australian* on the price of iron ore at $US92.86 a tonne, he referred me to the *Annual Report on State Finances* and mentioned that at some point at the end of the year, the midyear review will be out, and that might provide me with a bit more information.

I think it behoves us to have a quick look at the *Annual Report on State Finances*, just to see whether we are somewhere near the point when I made a prediction of a $1.4 billion slush fund for the Labor Party moving into the next election. I take this great opportunity with the *Annual Report on State Finances* to refer to what I think is an important section, and that is appendix 4, which begins on page 185. It is the comparison of final outcomes to the original budget for the year ending 30 June 2019. The *Annual Report on State Finances* tells us the difference. I think this is great good fun. On page 187, it shows royalty income. The improvement in royalty income in the financial year 2018–19 was $1.656 billion. That is based mostly on an increase in iron ore price from February, but only takes us through to 30 June, of course, because that is the end of the financial year. Before everybody jumps up and down and says, "Steve got it wrong; it wasn't $1.4 billion, it was $1.66 billion", I just add this bit. Page 189 states —

> (d) Royalty income was $1,656 million —

That is $1.656 billion —

> … higher relative to the 2018–19 Budget forecast. This was primarily due to higher projected iron ore royalties, —

Man, where have we heard that before that before—"higher projected iron ore royalties"? It continues —

> which were $1,722 million … higher than budget …

This is reflected in an iron ore price averaging $US80 a tonne throughout the year. Bear in mind that in the first half of the financial year it was quite low; in the second half it was well over $90. The report continues —

- a lower than expected … exchange rate …
- a one-off $250 million royalty backpayment from BHP, settled in June 2019.

That is important. When that $1.656 billion increase is taken into account, bearing in mind there was $1.722 billion extra in iron ore royalties, if we take off the $250 million additional settlement from BHP—I obviously did not know about that and until June 2019 the government did not know about that, so it cannot have been budgeted for because it happened in the last month of the financial year—it leaves us with a total of $1.742 billion additional money in that financial year of iron ore royalties. I want to take just a little bit of credit for that. I admit that I got the final $70 million wrong, but that was done on the a piece of scrap paper based on a diverse set of budget papers and a bit of common nous. It is now an absolutely proven fact that for the first six months of this calendar year, the second six months of the 2018–19 financial year, this government received $1.7 billion in additional iron ore royalties, and things obviously dropped a little bit in other royalties, to give it an additional bonus of $1.656 billion to put into its slush fund. Why is it a slush fund? Because it is not in the budget. Where can we find it? We are

going to find it in next year's budget in 2020–21—in 2020 for the 2021 election. That is where we are going to find that $1.4 billion, up to $1.6 billion with the extra bit from BHP. But bear in mind that that only goes up until the end of the financial year. Guess what the price is today? That was in a part of today's question. What is the iron ore price today? The Treasurer said that according to *The West Australian* it is $US92.86 a tonne, so this is still building. By the end of this year, this $1.6 billion slush fund is going to be a slush fund worth well over $2 billion.

I listened to the Treasurer of Western Australia answer a dorothy dixer in the other place, the chamber that shall not be named, this afternoon and he took credit for this great financial management. He did give a bit of credit to the federal government for an increase in the GST, because the increase in GST over a similar period was about $600 million. Of course, he tried to give credit to the Premier of the day, rather than Scott Morrison, the Prime Minister—the Treasurer who fixed the problem and the Prime Minister who got the solution—but even with that small addition, that extra GST, for which we thank the federal government, he made no mention of an extra $1.6 billion in iron ore royalties. Let us run through a few basic numbers. Actual total revenue was up $2.434 billion, basically made up of an increase in iron ore royalties of $1.722 billion, some loss in other royalties making it $1.656 billion, and $658 million in additional commonwealth grants. The total royalty and grants increase was $2.314 billion out of total revenue of $4 billion. Basically, the increase in revenue of this state government, without those royalties and grants, was $120 million. The increase in expenditure was $211 million. In fact, without the additional largesse of the commonwealth government, but in particular without this mini iron ore boom of 2019, this state government would have ended up with a deficit—it would have had less than its budget projections. The Premier of the state has described this government in the media as the best financial managers in the history of Western Australia, but that is not the case. Receiving an unexpected boon in iron ore prices, thanks to a couple of dam collapses in Brazil, is not financial management. It might surprise members to know that that is not financial planning. Financial planning is making sure that one manages their budget within the revenues they expect.

Hon Sue Ellery interjected.

Hon Dr STEVE THOMAS: This is important, because the $1.6 billion slush fund, which is heading for $2.5 billion—that is, revenue received—is starting to be apportioned out by this government. I do not mind that because that is the benefit it has received, but the government should not claim this as good financial management. It should not say that it got here because it cut expenditure or planned this in advance. The government did not plan this in advance. It was because of BHP and there being a bit more money, but mostly it was a dam burst that caused iron ore royalties to exceed expectations by far. This was not good financial management. This was luck. This was winning the fiscal lottery for an extra couple of billion bucks. We need to make sure that we know that this government is spending that for the benefit of the state of Western Australia, not the re-election chances of the McGowan government.

BIODIVERSITY

Statement

HON DIANE EVERS (South West) [10.05 pm]: I rise tonight because a few weeks ago when I was speaking about the importance to the state of Landcare groups and the excellent work they do, I accepted an interjection that suggested to me that the member might not understand the value of biodiversity or the significance of extinctions, so I thought I would take this time to explain this a little bit further. When I talk about the extinction of a species, I am not referring just to larger mammals. I note that the megafauna of Australia was lost after the earliest humans came here. We still do not know the effect of losing that megafauna. However, the Department of Biodiversity, Conservation and Attractions, our own department, has said that 11 mammal species have become extinct since Europeans arrived here. Humans are very good at killing things. When we do not do it directly, we are able to do it indirectly. In addition to extinctions, we are losing genetic diversity. In the case of domesticated plants and animals such as those we depend on in agriculture, we are losing biodiversity in genes, leaving us with less protection against diseases and fewer options for breeding plants and animals that will be better adapted to our changing climate. The same is true in medicine. As we lose this biodiversity within our genetic diversity, we reduce options for developing new medicines. A lot of issues will happen due to extinctions.

The biodiverse systems we are talking about are unlike an electrical system in which everything is quite simple in comparison. We can learn how to use an electrical system. We know that if we affect it with one action, another action will happen. It is all very linear and in some ways very simple to understand, but our biodiversity systems are not like this—they are infinitely variable and completely interdependent. These systems have been developed over millions of years. Evolution and mutations over time can affect biodiverse systems in ways that we cannot imagine. For instance, in naturally occurring evolution, if a mutation in a lion made lions gradually get faster, the fast gazelles would live and the others would die until there were not enough gazelles, and then lions would die out, so that their number stayed balanced and managed. As humans have come into the picture, our technology has allowed us to become killing machines so that we can determine what we kill, and sometimes we overdo it.

There is an example of this and we have to look at the whole system. A German researcher in the last 30 years has been counting flying insects across about 63 parks and reserves in Germany. They have found that the number of insects collected has dropped by up to between 60 and 80 per cent. Where do we go with that? If we are losing

these insects, maybe we should find out why this is happening. It so happens that these parks and reserves are next to farms. On the farms, new pesticides, neonicotinoids, are being used. In the 1960s, Rachel Carson wrote a book called *Silent Spring*. This clearly demonstrated to people that we were killing off the insects, so the insect-eating birds were not able to survive either. This related back to DDT. The majority of the world decided that DDT was no longer going to be used because it was a problem. Other chemicals were then brought in but were found, eventually, to be doing the same thing. Now we are back at that place at which we are losing our insect populations. As we lose these insect populations, we also lose a number of insect-eating birds. This leaves us in a terrible situation because we need those insects to pollinate a lot of our plants.

Here is another example closer to home. From 2010 to 2013, there was a massive marine heat event off the coast of Geraldton. About 100 kilometres of kelp forest was lost. Members might not be too concerned about this kelp forest, but of course the kelp forest also provided habitat for a lot of our fisheries, including our lobster industry. This kelp forest has not regenerated. In losing it all at once, we now have turf-like kelp or seagrasses growing in that area. Parrot fish and other fish come in to graze on this seagrass. There is no chance for that kelp forest to come back. It happens around the world. We get back to systems. When kelp is killed off by the heat, we lose lobster. When the insects are killed off by pesticides, we lose birds. How many species are we prepared to lose before we respond? Do we wait until all the pollinating insects are gone and we start hand-pollinating to grow fruits and grains? That does not make a lot of sense. We could simply change our diet and eat only wind-pollinated food. These things are happening more and more quickly. I understand that an area in China has lost insects and they are hand-pollinating trees because the insect that once did it is no longer there. It is not a situation we should be going towards.

The CSIRO explained that there are many causes for the loss of biodiversity, including habitat loss and fragmentation from our own clearing for developments and other purposes, and introduced species. I think that was what the member was referring to when I was talking about the natural resource management organisations. Other causes include stock grazing and poor fire management. Prescribed burning that is too frequent or too extensive can lead to habitat and biodiversity loss. Even irrigation can cause the decline of biodiversity by either changing the flow of the flood patterns or inundating areas that were once quite biodiverse. As I mentioned earlier, it can also occur when pesticides are used excessively and inappropriately.

Human activity is causing extinctions and the loss of biodiversity. As that is the case, human activity can change. We will find that individual species cannot mutate or evolve fast enough to deal with the threats of human ingenuity. It is up to us to decide what we want. Do we want a healthy and functioning planet to hand on to the next generation of humans or do we want to watch ourselves destroy so much of our planet?

EDUCATION — INTERNATIONAL STUDENTS

Statement

HON ALISON XAMON (North Metropolitan) [10.12 pm]: I rise because I want to make some comments in the chamber tonight about what I think are some very disturbing developments that have occurred at my alma mater, Murdoch University. It was subject to some publicity last week but is an ongoing concern. To refresh members' memories, they may recall that on 6 May this year three academics employed by Murdoch University and many others appeared on the ABC's *Four Corners* program. The program was titled "Cash Cows" and revealed some rather unsavoury practices relating to the recruitment of international students at universities right across Australia, including, unfortunately, Murdoch University. I got up in this place two days later and made very clear my concerns about what had happened. I specifically said this at the time —

> In the meantime, I certainly hope that the Murdoch University senate looks at this issue very seriously and takes a very close look at what may be happening, and certainly does not attempt to sweep it under the carpet. It is also absolutely critical that those people who have spoken up and have effectively taken on the role of whistleblowers are not persecuted and pursued and that their jobs are not put in jeopardy for legitimately putting forward concerns about the university that they cherish and that I care about too.

It is deeply disturbing to have discovered that since that time, it unfortunately appears that Murdoch University has done exactly that against one of those whistleblowers—I am talking about persecuting and pursuing this particular whistleblower. As has been made public now, one of the things that is happening is that Murdoch University has decided that rather than focusing on addressing the key issues raised by the whistleblowers, it is instead going to individually sue one of the academics for millions of dollars for loss of revenue. The university has claimed that as a result of the publicity, its international student intake is 14.8 per cent less than the forecast figure for semester 2 this year, and it estimates that it is likely to lose millions of dollars of revenue. The university is blaming the academics for this occurring. It is an absolutely chilling development that a whistleblower, who has also made a public interest disclosure, is now going to be subject to this legal threat.

The university might be angry that the whistleblowers shed light on their concerns with the university, but independent of that, the commonwealth Department of Home Affairs undertook its own assessment and has actually increased the risk rating for Murdoch University from 2 to 3. The federal government has made an independent assessment

and has determined that there is a problem there. That is the issue that will impact on the capacity of international students to easily attend Murdoch University. I am not making the assertion that the federal government has done the wrong thing here; that has been subject to an independent assessment. I have no evidence to indicate that the rationale for doing that is not correct. I want to be very clear that that is not my concern. The issue here is that it is that decision that has led to the potential loss of revenue, not the actions of one whistleblower.

It is a serious development and seriously concerning if we are now going to see whistleblowers who do the right thing being pursued personally and held liable for millions of dollars. I have to say that the sort of claim that the university is putting up against this academic is ludicrous as well. We are talking about more money than this academic would literally be able to earn in their entire lifetime. We are talking about a senior academic who is facing the threat of having everything that they have ever had stripped from them, because the university is unhappy that they spoke out after months of trying to have their concerns addressed internally within the university and being ignored. As a result of light being shed on the concerns, the federal government independently determined that there is something in this and decided that it needed to take action. I think everyone here should be very concerned about this. We know that whistleblowers play a critical role within the functioning of a healthy democracy. This is precisely why we have whistleblower protections. What we have seen here shows that we clearly do not have enough protections.

I am again going to make this clear to Murdoch University. I said this in May but I will repeat it: I am someone who has two degrees from Murdoch University. I am a former guild president of Murdoch University and was on the senate of Murdoch University. I met my husband at Murdoch University. Murdoch University is very important to me. I am a very proud Murdochian. I have been nominated for various alumni awards in the past. I expect that I will not be nominated for any more in the future because I am speaking out about this. I am really disappointed that by continuing to pursue the academics by taking such public action, the university is dragging its own reputation through the mud and, in doing that, it is denigrating the value of my degrees. I am resentful and angry about that. Any Murdoch University graduate would be right to feel that way. I am really concerned as a Murdoch graduate, but I am also absolutely chilled to the bone because of the broader implications for whistleblowers.

I commend the National Tertiary Education Union, which is now trying to draw attention to what has happened to the academic, Gerd Schröder-Turk. It is encouraging people to stand with Gerd, and I ask members to do that as well. We need to speak out and make it quite clear that it is absolutely unacceptable for any whistleblower to be treated this way. As I said, there is clearly something in the claims that were made, which is why the federal government independently made the assessment that it did about the risk rating. I ask Murdoch again to stop it. Stop this action. Stop harming the reputation of my university. To all members here, we need to really take note of what is happening to this whistleblower.

CIVIL PROCEDURE (REPRESENTATIVE PROCEEDINGS) BILL 2019

Receipt and First Reading

Bill received from the Assembly; and, on motion by **Hon Sue Ellery (Leader of the House)**, read a first time.

Second Reading

HON SUE ELLERY (South Metropolitan — Leader of the House) [10.21 pm]: I move —

That the bill be now read a second time.

The Civil Procedure (Representative Proceedings) Bill 2019 will introduce a legislative representative proceedings regime in the Supreme Court of Western Australia. This legislation meets a McGowan Labor government election commitment, and, in so doing, enhances access to justice in Western Australia.

The Law Reform Commission of Western Australia's "Representative Proceedings: Project 103—Final Report" was tabled in Parliament on 21 October 2015. In general terms, the Law Reform Commission recommended the introduction of a model similar to that contained in part IVA of the Federal Court of Australia Act 1976.

There are many in our community with meritorious claims for compensation, but they are unable to access the courts because they cannot afford to bring an action. In particular, there are situations in which a legal wrong has been committed that affects many people, but each person's individual loss is not such as to make it economically viable to bring an individual action. A strong and sustainable mechanism for bringing representative proceedings enhances access to justice.

When first introduced, the regime in part IVA of the Federal Court of Australia Act 1976 was met with some concern. Some critics feared that such regimes would throw open the floodgates for litigation. However, 27 years on, it is clear that this eventuality has not occurred. Rather, the regime in part IVA of the Federal Court of Australia Act 1976 has allowed those who have been wronged to gain access to justice and be awarded compensation for the wrongs they have suffered.

In a 2017 speech, Justice Bernard Murphy of the Federal Court of Australia observed that the regime in part IVA of the Federal Court of Australia Act 1976 "has proved flexible and adaptable". His Honour concluded that the regime "provides real, practical and broad based access to justice and it is a regime of which we should be proud".

The bill seeks to implement a representative proceedings scheme modelled on the successful federal scheme. This regime was substantially adopted in Victoria in 2000, New South Wales in 2011, and Queensland in 2017, and has stood the test of time.

The bill provides for a range of matters relevant to representative proceedings. The first is a requirement that, in order for representative proceedings to be commenced, seven or more people must have a claim against the same person or corporation, and that those claims are in respect of, or arising out of, the same, similar or related circumstances. Those claims must also give rise to a substantial common issue of law or fact. The second is the right of a group member to representative proceedings to "opt out" and formally discontinue as a member of those representative proceedings. The third is provisions relating to the settlement of individual claims, the discontinuance of proceedings in certain circumstances, and the distribution of payments to group members.

The bill, although modelled on the regime contained in part IVA of the Federal Court of Australia Act 1976, does not simply mirror the text of that regime. This bill differs from part IVA of the Federal Court of Australia Act 1976 in the following respects. First, the bill incorporates contemporary plain English drafting principles to enhance its readability. Second, the bill includes a provision that is based on section 33T of part IVA of the Federal Court of Australia Act 1976—a provision that allows the court to remove and substitute a representative party in particular circumstances—but expands it so that the court may remove and substitute a representative party "where it is in the interests of justice to do so". This provision provides the court with additional flexibility. Third, the bill's definition of "representative party" is not limited to a person who commences a representative proceeding—as in part IVA of the Federal Court of Australia Act 1976—but also includes a person who is substituted as a representative party. It is considered that the bill's definition is more comprehensive and reduces the risk of possible challenges to the legitimacy of a substituted representative party. Fourth, the bill contains an express provision allowing a representative action to be commenced against multiple defendants, regardless of whether each person to the representative action has a claim against every defendant. This is to address the issue created by the decision in Philip Morris (Australia) Ltd v Nixon (2000) 170 ALR 487, in which the Full Court of the Federal Court concluded that all represented plaintiffs must have a claim against each of the named defendants in the proceeding. Fifth, the bill contains a review clause to ensure that the operation and effectiveness of the new legislative regime is monitored.

The current mechanism for bringing representative proceedings in Western Australia is found in order 18, rule 12 of the WA Rules of the Supreme Court 1971. However, order 18, rule 12, has been found to contain little detail. The bill will implement a clear set of processes to govern the commencement and conduct of representative proceedings in Western Australia, to ensure that these actions are undertaken in the fairest and most efficient manner possible. Procedural matters relating to the conduct of representative proceedings will be discussed with the Supreme Court during the course of the development of their supporting practice directions and rules. Owing to the need to develop these instruments, the bill will not be able to commence immediately should it pass Parliament.

Representative proceedings serve an important role in providing access to justice—they fill a gap by allowing people who have suffered damage due to a mass civil wrong to seek compensation. Absent such regimes, many people within the community would go uncompensated.

Pursuant to standing order 126(1), I advise that this is not a uniform legislation bill. It does not ratify or give effect to an intergovernmental or multilateral agreement to which the government of the state is a party; nor does this bill, by reason of its subject matter, introduce a uniform scheme or uniform laws throughout the commonwealth.

I commend the bill to the house and I table the explanatory memorandum.

[See paper 3268.]

Debate adjourned, pursuant to standing orders.

CONSUMER PROTECTION LEGISLATION AMENDMENT BILL 2018

Assembly's Message

Message from the Assembly received and read notifying that it had agreed to the amendments made by the Council.

FAIR TRADING AMENDMENT BILL 2018

Returned

Bill returned from the Assembly without amendment.

House adjourned at 10.29 pm

QUESTIONS ON NOTICE

Questions and answers are as supplied to Hansard.

ENVIRONMENT — CLEARING PERMITS

2422. Hon Diane Evers to the Minister for Environment:

(1) How many Clearing Permit applications to construct, widen or clear roadsides were granted in 2016–2018?

(2) How many Clearing Permit applications to construct, widen or clear roadsides were not granted in 2016–2018?

(3) How many detailed enquiries or discussions about Clearing Permit applications to construct, widen or clear roadsides did not result in a Clearing Permit application being received in 2016–2018?

(4) How many complaints or reports of alleged unlawful clearing of roadsides were received in 2016–2018, and how many investigations of these complaints or reports were undertaken?

(5) From what local government areas were there complaints or reports of alleged unlawful clearing of roadsides received in 2016–2018, and from which local government areas were the most complaints or reports received?

(6) How many instances of alleged unlawful clearing of roadsides received in 2016–2018 were found to indeed be unlawful, and from which local government areas were these?

(7) For what reasons were instances of alleged unlawful clearing of roadsides received in 2016–2018 not found to be unlawful?

(8) Of those instances of alleged unlawful clearing of roadsides received in 2016–2018 that were found to be unlawful, how many of the parties who undertook the clearing were prosecuted or fined or made to restore the cleared vegetation?

(9) For those instances of alleged unlawful clearing of roadsides received in 2016–2018 that were found to be unlawful where the parties were not prosecuted or fined or made to restore the cleared vegetation, why were they not prosecuted or fined or made to restore the cleared vegetation?

(10) For those instances of alleged unlawful clearing of roadsides received in 2016–2018 that were found to be unlawful where the parties were not prosecuted or fined or made to restore the cleared vegetation, what actions were taken?

(11) What actions are being taken to reduce instances of unlawful clearing of roadsides?

(12) How are local governments being made aware of their obligations with respect to the clearing regulations and clearing of roadsides?

(13) What actions are being taken to encourage local governments to take better care of, retain and look after, the native vegetation in their roadsides.?

Hon Stephen Dawson replied:

(1) 231

(2) 3

(3) The Department of Water and Environmental Regulation (DWER) does not maintain the information requested.

(4) 106. DWER has commenced investigations for all complaints and reports received.

(5) From 2016 to 2018 DWER has received complaints or reports of unlawful clearing of roadside within the following local government areas:

Local Government Areas	**Number of Reports received**
Albany	3
Augusta–Margaret River	2
Bassendean	1
Beverley	2
Boddington	1
Boyup Brook	1
Bridgetown–Greenbushes	1
Broome	2

Carnamah	2
Chittering	2
Collie	2
Coorow	4
Cranbrook	2
Cuballing	2
Dandaragan	2
Derby–West Kimberley	2
Dowerin	1
Dumbleyung	2
East Pilbara	2
Esperance	7
Gingin	4
Gnowangerup	1
Gosnells	1
Greater Geraldton	2
Harvey	1
Irwin	1
Jerramungup	4
Kalamunda	1
Kojonup	1
Kondinin	1
Kulin	2
Lake Grace	1
Laverton	1
Manjimup	3
Meekathara	1
Menzies	2
Merredin	1
Moora	4
Mundaring	1
Narrogin	3
Northam	3
Northampton	1
Nungarin	1
Pingelly	3
Plantagenet	1
Rockingham	1
Shark Bay	1
Southern Cross	1
Swan	4
Victoria Plains	3
Wagin	1
Woodanilling	3

Yilgarn	1
York	3

Although the number of complaints within each local government area did not vary to a large degree, Esperance had the highest number of alleged clearing reports received by DWER.

(6) From 2016 to 2018 DWER has determined that unlawful clearing of roadside has occurred on a total of 67 occasions within the following local government areas:

Local Government Areas	**Number of Confirmed Reports**
Albany	1
Beverley	1
Boddington	1
Boyup Brook	1
Broome	2
Carnamah	1
Chittering	2
Collie	2
Coorow	1
Cranbrook	2
Cuballing	1
Dandaragan	1
Derby–West Kimberley	2
Dowerin	1
Dumbleyung	1
East Pilbara	2
Esperance	5
Gingin	2
Gnowangerup	1
Gosnells	1
Greater Geraldton	1
Irwin	1
Jerramungup	4
Kalamunda	1
Kojonup	1
Kulin	2
Lake Grace	1
Manjimup	1
Meekathara	1
Menzies	2
Merredin	1
Moora	1
Narrogin	3
Northam	2
Northampton	1
Nungarin	1
Pingelly	2

Plantagenet	1
Shark Bay	1
Southern Cross	1
Victoria Plains	3
Wagin	1
Woodanilling	2
York	1

(7) DWER's investigations have determined that the alleged clearing was not unlawful for the following reasons:

Seven reports of alleged clearing were authorised by a clearing permit issued under the *Environmental Protection Act 1986* (EP Act);

Sixteen reports of alleged clearing were authorised by an exemption under the EP Act;

Three reports of alleged clearing determined that no offence had occurred;

Two reports of alleged clearing determined that the vegetation was not defined as 'native'; and

One report of alleged clearing was determined to have a occurred as a result of a traffic accident.

DWER is continuing to investigate the remaining ten reports of unlawful clearing of roadsides for 2016–2018 period.

(8) None.

(9) DWER determines enforcement action in accordance with its Compliance and Enforcement Policy. None of the investigations for 2016–2018 period resulted in a prosecution which is the only means of fines being imposed under the EP Act.

(10) DWER issued non-statutory warning/caution letters or educational advice for 42 of the reports. Three of the reports were referred to an external agency and there was insufficient evidence to identify an offender for one report. The remaining 21 reports resulted in no action being taken by the Department due to the low level of environmental impact.

(11)–(13) DWER undertakes educational strategies directly with local governments and the public, directly and in conjunction with the Roadside Conservation Committee. This includes face-to-face meetings and organised seminars. The Department also provides educational materials in the form of Guidelines and Fact Sheets that are published on its website.

In August 2019, DWER convened the first meeting of the newly formed Local Government Roadside Clearing Regulation Working Group (LGRCR Working Group). The purpose of the LGRCR Working Group is to provide technical advice and leadership about the regulation of roadside native vegetation specifically for local governments. The LGRCR Working Group has representatives from DWER, Department of Biodiversity, Conservation and Attractions, Western Australian Local Government Association and a number of local government authorities.

DEPARTMENT OF BIODIVERSITY, CONSERVATION AND ATTRACTIONS — STAFF — AUGUSTA

2424. Hon Dr Steve Thomas to the Minister for Environment:

I refer to the stationing of a Department Biodiversity, Conservation and Attractions (nee Parks and Wildlife) (DBCA/DPAW) officer in the town of Augusta, and I ask:

(a) is that officer being removed from Augusta;

(b) if yes to (a), why;

(c) if yes to (a), how will DBCA/DPAW services be delivered to Augusta in the future; and

(d) can the Minister ensure there will not be a reduction in services to Augusta and the surrounding areas?

Hon Stephen Dawson replied:

(a)–(d) The Department of Biodiversity, Conservation and Attractions (DBCA) does not have an office or work centre at Augusta. An officer resides in Augusta and has had a change in working arrangements, by mutual agreement, whereby the officer will commence work from DBCA's Margaret River work centre, consistent with the officer's formal job description form and the working arrangements of other Blackwood District national park rangers. DBCA's current service delivery in the Augusta area will be maintained by a range of District staff, including national and marine park rangers, from the Margaret River work centre.

HOUSING — COMPLAINTS — GOLDFIELDS

2425. Hon Jacqui Boydell to the minister representing the Minister for Housing:

(1) I refer to the towns of Kalgoorlie Boulder, Coolgardie, Norseman, Menzies, Laverton and Leonora, and I ask:

(a) will the Minister provide the number of houses in each town owned and/or leased by the Department of Housing annually for the last five years;

(b) on how many occasions in the last five years have each of the houses in (a) had noise complaints/disorderly conduct and/or damage complaints lodged against them; and

(c) will the minister outline what, if any, response came from the Department of Housing on each of the occasions in (b)?

(2) Will the Minister table the investment plan for social housing in the Goldfields, Kimberley and Pilbara Regions?

Hon Stephen Dawson replied:

(1) (a) Number of houses in each town:

Public Housing	**2014–15**	**2015–16**	**2016–17**	**2017–18**	**2018–19**
Boulder	261	259	260	260	258
Coolgardie	23	23	23	23	20
Kalgoorlie	385	383	383	372	371
Laverton	31	27	27	27	26
Leonora	52	52	52	52	50
Menzies	0	0	0	0	0
Norseman	10	9	9	8	8
Total	**762**	**753**	**754**	**742**	**733**

Community Housing	**2014–15**	**2015–16**	**2016–17**	**2017–18**	**2018–19**
Boulder	1	1	1	5	5
Coolgardie	0	0	0	0	0
Kalgoorlie	54	54	55	69	69
Laverton	0	0	0	0	0
Leonora	0	0	0	0	0
Menzies	0	0	0	0	0
Norseman	0	0	0	0	0
Total	**55**	**55**	**56**	**74**	**74**

GROH	**2014–15**		**2015–16**		**2016–17**		**2017–18**		**2018–19**	
	Owned	**Leased**	**Owned**	**Leased**	**Owned**	**Leased**	**Owned**	**Leased**	**Owned**	**Leased**
Boulder	15	5	14	4	12	3	12	4	11	6
Coolgardie	7	0	7	0	7	0	7	0	6	1
Kalgoorlie	135	369	145	334	141	330	138	352	134	355
Laverton	23	0	29	0	29	0	27	0	24	0
Leonora	23	1	22	0	22	0	22	0	22	1
Menzies	4	2	4	2	1	2	0	2	0	2
Norseman	24	2	23	1	18	0	16	0	15	0
Sub Total:	**231**	**379**	**244**	**341**	**230**	**335**	**222**	**358**	**212**	**365**
Total:	**610**		**585**		**565**		**580**		**577**	

All Property Types	2014–15	2015–16	2016–17	2017–18	2018–19
Total:	1427	1393	1375	1396	1384

Please note: Figures are based on data as at end of each financial year (i.e. 2018–19 FY – refers to date as at 30 June 2019). Data sourced from Habitat (Tenancy Management System).

(b) The Department of Communities (Communities) reports on disruptive behaviour by financial year by region. The towns of Kalgoorlie Boulder, Coolgardie, Norseman, Menzies, Laverton and Leonora fall within the Goldfields region. Complaints are not broken down by category as complaints may encompass multiple behaviour types including, but not limited to; excessive noise, abusive language, physical violence, trespass and property damage.

Financial Year	Number of Complaints
2014–15	438
2015–16	471
2016–17	426
2017–18	513
2018–19	480

Please note: Complaints Received includes multiple complaints for the one incident and complaints not verified. Complaints Received includes disruptive behaviour & illegal use of premises.

(c) When disruptive behaviour complaints are received, Communities investigates in accordance with its obligations under the *Residential Tenancies Act 1987* and its Disruptive Behaviour Management Strategy.

As a landlord, Communities must prove an incident has occurred as reported before taking action against a tenant. As part of its investigation, Communities will seek to corroborate complaints with independent witnesses and the WA Police where appropriate. It will also make all efforts to discuss complaints with the tenant and provide the tenant with an opportunity to respond via natural justice.

Should complaints be corroborated, Communities will issue a formal strike against the tenancy, which remains active for a 12-month period. Tenants who receive strikes are linked with supports to assist in sustaining their tenancy, such as the new Thrive program and, where appropriate, Aboriginal Customer Services Officers.

The Disruptive Behaviour Management Strategy is working to curb disruptive behaviour and sustain tenancies. Once a first strike is issued, there is a significant reduction in tenancies receiving further strikes. This is represented in the data below.

Public Housing Disruptive Behaviour Strikes – Goldfields Region						
Region	Strikes	2014–15	2015–16	2016–17	2017–18	2018–19
Goldfields	First Strikes	66	74	41	47	39
	Second Strikes	22	28	13	9	9
	Third Strikes	9	6	2	1	1

Please note: Data is subject to revision – backdating may occur as a result of report capture and timing delays.

(2) [See tabled paper no 3264.]

HOUSING — COMPLAINTS — KIMBERLEY

2426. Hon Jacqui Boydell to the minister representing the Minister for Housing:

I refer to the towns of Broome, Derby, Wyndham, Kununurra, Halls Creek and Fitzroy Crossing, and I ask:

(a) will the Minister provide the number of houses in each town owned and/or leased by the Department of Housing annually for the last five years;

(b) on how many occasions in the last 5 years have each of the houses in (a) had noise complaints/disorderly conduct and/or damage complaints lodged against them; and

(c) will the Minister outline what, if any, response came from the Department of Housing on each of the occasions in (b)?

Hon Stephen Dawson replied:

(a) Number of houses in each town:

Public Housing	**2014–15**	**2015–16**	**2016–17**	**2017–18**	**2018–19**
Broome	834	879	888	870	883
Derby	301	322	325	324	324
Fitzroy Crossing	53	52	54	54	54
Halls Creek	195	195	212	216	216
Kununurra	297	291	327	326	321
Wyndham	86	86	89	86	82
Total:	**1766**	**1825**	**1895**	**1876**	**1880**

Community Housing	**2014–15**	**2015–16**	**2016–17**	**2017–18**	**2018–19**
Broome	94	94	100	100	100
Derby	3	3	3	4	3
Fitzroy Crossing	1	1	1	1	1
Halls Creek	9	16	16	16	16
Kununurra	38	38	43	44	53
Wyndham	1	1	1	2	2
Total:	**146**	**153**	**164**	**167**	**175**

GROH	**2014–15**		**2015–16**		**2016–17**		**2017–18**		**2018–19**	
	Owned	**Leased**	**Owned**	**Leased**	**Owned**	**Leased**	**Owned**	**Leased**	**Owned**	**Leased**
Broome	110	405	97	409	86	398	84	392	80	378
Derby	153	117	141	115	141	117	131	124	130	122
Fitzroy Crossing	78	3	78	3	78	3	80	2	81	3
Halls Creek	108	1	107	1	104	0	104	1	104	0
Kununurra	114	146	108	150	92	152	85	158	85	166
Wyndham	40	5	40	4	37	5	36	4	37	4
Sub Total:	**603**	**677**	**571**	**682**	**538**	**675**	**520**	**681**	**517**	**673**
Total:	**1280**		**1253**		**1213**		**1201**		**1190**	

All Property Types	**2014–15**	**2015–16**	**2016–17**	**2017–18**	**2018–19**
Total:	3192	3231	3272	3244	3245

Please note: Figures are based on data as at end of each financial year (i.e. 2018–19 FY – refers to date as at 30 June 2019).

(b) The Department of Communities (Communities) reports on disruptive behaviour by financial year by region. The towns of Broome, Derby, Wyndham, Kununurra, Halls Creek and Fitzroy Crossing fall within the East Kimberley and West Kimberley regions. Complaints are not broken down by category as complaints may encompass multiple behaviour types including, but not limited to; excessive noise, abusive language, physical violence, trespass and property damage.

Financial Year	**Number of Complaints**	
	East Kimberley	**West Kimberley**
2014–15	181	429
2015–16	136	316
2016–17	224	320
2017–18	236	322
2018–19	218	340

Please note: Complaints Received includes multiple complaints for the one incident and complaints not verified. Complaints Received includes disruptive behaviour & illegal use of premises.

(c) When disruptive behaviour complaints are received, Communities investigates in accordance with its obligations under the *Residential Tenancies Act 1987* and its Disruptive Behaviour Management Strategy.

As a landlord, Communities must prove an incident has occurred as reported before taking action against a tenant. As part of its investigation, Communities will seek to corroborate complaints with independent witnesses and the WA Police where appropriate. It will also make all efforts to discuss complaints with the tenant and provide the tenant with an opportunity to respond via natural justice.

Should complaints be corroborated, Communities will issue a formal strike against the tenancy, which remains active for a 12-month period. Tenants who receive strikes are linked with supports to assist them in sustaining their tenancy, such as the new Thrive program and, where appropriate, Aboriginal Customer Services Officers.

The Disruptive Behaviour Management Strategy is working to curb disruptive behaviour and sustain tenancies. Once a first strike is issued, there is a significant reduction in tenancies receiving further strikes. This is represented in the data below.

Public Housing Disruptive Behaviour Strikes – Kimberley Regions						
Region	**Strikes**	**2014–15**	**2015–16**	**2016–17**	**2017–18**	**2018–19**
East Kimberley	First Strikes	37	31	28	35	39
	Second Strikes	22	11	11	8	13
	Third Strikes	8	3	5	2	2
West Kimberley	First Strikes	78	48	50	47	46
	Second Strikes	33	18	13	17	18
	Third Strikes	8	8	2	1	6

Please note: Data is subject to revision – backdating may occur as a result of report capture and timing delays.

SCHOOLS — EXCLUSIONS AND SUSPENSIONS

2427. Hon Alison Xamon to the Minister for Education and Training:

I refer to exclusions and suspensions in public schools, and I ask:

(a) how many students were recommended for exclusion, but not excluded in:

(i) Term 1, 2019;

(ii) Term 2, 2019; and

(iii) Term 3 2019, to date;

(b) how many students were excluded in:

(i) Term 1, 2019;

(ii) Term 2, 2019; and

(iii) Term 3 2019, to date;

(c) how many students who have been excluded this year have been diagnosed or assessed as having:

(i) disability;

(ii) a learning difficulty; and

(iii) a mental health issue;

(d) for each student who has been excluded this year, please advise whether they are now accessing education through:

(i) another mainstream school;

(ii) an engagement centre;

(iii) the School of Isolated and Distance Education;

(iv) an Alternative Learning Setting program;

(v) a CARE school; and

(vi) another setting (please advise which setting);

(e) are any compulsory fees associated with accessing education through any of the options from (d)(i)–(vi);

(f) if yes to (e), how much are the fees;

(g) how many students have been suspended from Western Australian public schools in 2019 to date; and

(h) how many of the students from (g) have received a diagnosis of autism?

Hon Sue Ellery replied:

(a) Number of students recommended but not excluded:

Term 1, 2019	Term 2, 2019	Term 3, 2019 as at 11 September
4	3	3

(b) Number of students recommended who were excluded:

Term 1, 2019	Term 2, 2019	Term 3, 2019 as at 11 September
22	15	12

In recommending a student for exclusion, the principal is required to consider whether a student's actions are a symptom or manifestation of a disability. To assist in their determination, principals usually seek advice from suitably qualified persons including the school psychologist, lead school psychologist and/or the relevant School of Special Educational Needs.

(c) The capacity to exclude a child with disability is not new.

In recommending a student for exclusion, the principal is required to consider whether a student's actions are a symptom or manifestation of a disability.

The *School Education Act 1999* (the Act) outlines the process required when a principal makes a recommendation for exclusion.

Of the 49 students excluded as at 11 September 2019:

(i) five students were at some time during their schooling assessed as having met the Department's criteria for disability resourcing through an Individual Disability Allocation (IDA). One of these students is currently eligible for the school to receive an IDA.

(ii) 13 students were identified at the school level, through the Nationally Consistent Collection of Data (NCCD) on school students with disability, as having a cognitive disability requiring teaching and learning adjustments. This includes two students from c(i).

(iii) 10 students were identified at the school level, through the NCCD, as having a social/emotional disability requiring teaching and learning adjustments. This includes two students from c(i).

(d) The number of students excluded during 2019 currently accessing an educational setting (by type):

Education Setting	**Number of Students**
Another mainstream school	5
Engagement Centre	9
School of Isolated and Distance Education	1
Alternative Learning Setting	6
CARE School	4*
Another setting: (a) Community Based Program (b) Police and Community Youth Centres (c) Trade Skills Centre (d) Flexible Learning Centre	 (a) 1 (b) 2* (c) 3 (d) 2

*One student attends PCYC and a Care School

Three students who were temporarily excluded have returned to their original school.

(e) Yes.

(f) Compulsory Fees by educational setting:

Education Setting	**Compulsory Fees**	**Timeframe**
Another mainstream school	Nil	
Engagement Centre	Nil	
School of Isolated and Distance Education	Nil	
Alternative Learning Setting	Nil	
CARE School	Up to $2 600.00	per annum
Another setting:		
(a) Community Based Program	$3 000.00	per course
(b) PCYC	$221.97	per course
(c) Trade Skills Centre	Up to $420.00	per course
(d) Flexible Learning Centre	Nil	

Note: The above costings are general and may vary according to the course(s) selected.

(g) as at 9 September 2019, 12 626.

(h) as at 9 September 2019, 608 students have received or are awaiting formal diagnosis of autism spectrum disorder.

DOMESTIC GAS RESERVATION POLICY

2428. Hon Martin Aldridge to the minister representing the Minister for State Development, Jobs and Trade:

(1) I refer to the Domestic Gas Reservation Policy, and I ask:

(a) what is the volume of gas each LNG producer is expected to supply into the domestic market as per their obligations under the policy;

(b) what is the total volume of gas, reserved for the domestic market under the policy, which is yet to come onshore and into the domestic market; and

(c) what is the difference between each LNG producer's expected domestic gas contribution (by volume of gas) compared to the actual volume of domestic gas bought onshore and into the market to date?

(2) Gas users are facing increasing gas transportation costs due to the reduced volume of gas going through the pipeline as a result of unmet domestic gas supply obligations, can the Minister quantify the financial cost of transportation to gas users due to these unmet commitments from gas producers?

Hon Alannah MacTiernan replied:

The Department of Jobs, Tourism, Science and Innovation (JTSI) advises:

(1) (a) Expected domestic gas commitment over LNG project life:

North West Shelf: 660 PJ (petajoules)

Gorgon: 2,000 PJ

Pluto: 450 PJ

Wheatstone: 1,600 PJ

(b) As at end 2017: 4,628 PJ

(c) As at end 2017:

North West Shelf: 636 PJ

Gorgon: 1,942 PJ

Pluto: 450 PJ

Wheatstone: 1,600 PJ

Further information on *WA Domestic Gas Policy* commitments, including when and how much gas is available, is available on JTSI's website.

(2) No. JTSI does not monitor gas transportation prices. However, it notes there has been pressure on distribution charges for small gas consumers. These consumers comprise 7 per cent of total gas demand.

NAGLE CATHOLIC COLLEGE — BOARDING CAPACITY

2429. Hon Martin Aldridge to the Minister for Education and Training:

I refer to the front page of *The Geraldton Guardian* on 13 August 2019 in an article entitled "Bed Fees Demand", and I ask:

(a) will the Minister please table the agreement related to the $3.6 million investment by Nagle Catholic College in Geraldton Residential College;

(b) does the announcement made by the Minister to standardise private and public school student fees at residential colleges in any way deviate from the agreement mentioned in (a);

(c) for what term has Nagle Catholic College secured 45 beds at Geraldton Residential College and what arrangements are in place for the public school students to access those beds if required in the future; and

(d) what other schools in Western Australia have entered into agreements with the State Government to secure boarding capacity and how are these agreements affected by this announcement?

Hon Sue Ellery replied:

(a) Agreement was achieved through an exchange of letters between the then Minister for Education, Hon Peter Collier MLC, and the then Executive Director of Catholic Education, Dr Tim McDonald, in late 2014. The arrangements included the following:

> a capital contribution of $80 000 per bed paid by instalments over five years to secure 45 beds at Geraldton Residential College for Nagle Catholic College students; and
>
> an annual building maintenance levy per bed of 10% of the cost of boarding per student.

In August 2018 the arrangement was amended to apply the annual maintenance fee to occupied beds only, rather than all 45 beds.

(b) Yes. The announcement removes the requirement to pay the annual maintenance levy.

(c) Nagle Catholic College has secured the beds in perpetuity. Should any of the 45 beds be unoccupied by Nagle Catholic College students, the residential college can seek agreement from Nagle Catholic College for them to be available to other students.

(d) St Joseph's College, Albany, St Mary's College, Broome and St Joseph's School, Northam, have entered into agreements to enable their students to access residential college accommodation. Similar to Nagle Catholic College, the only change is the removal of the annual maintenance levy.

REGIONAL DEVELOPMENT TRUST

2430. Hon Martin Aldridge to the Minister for Regional Development:

I refer to the Regional Development Trust, and I ask:

(a) who are the members of the Trust;

(b) with respect to each member, when was each member appointed and when does their term expire;

(c) with respect to each member, how many meetings of the Trust were they eligible to attend and how many meetings were attended;

(d) what is the annual cost of operating and supporting the Trust;

(e) for the 2017–18 and 2018–19 financial years, on how many occasions did the Trust meet and on what dates; and

(f) will the Minister please table the minutes of each meeting of the Trust identified in (e)?

Hon Alannah MacTiernan replied:

(a)	**(b)**		**(c)**	
Name of Trust Member	**Date First Appointed**	**Date Term Expires**	**Eligible Meetings**	**Meetings Attended**
Brendan Hammond	01.11.2017	30.06.2020	15	15
Karlie Mucjanko	30.11.2015	31.12.2020	29	27
Gail Reynolds-Adamson	01.08.2019	30.06.2020	1	1
Ross Love	01.08.2019	31.12.2021	1	1
Tom Stephens	01.08.2019	30.06.2021	1	1

(d) The operating budget for the Trust in 2018–19 was $285,717. Support is provided to the Trust by the Department of Primary Industries and Regional Development. Depending on the nature of the support required, this can and does come from any area of the Department and can not be quantified.

(e)

2017–18 Meeting Dates	Type of Meeting	2018–19 Meeting Dates	Type of Meeting
10 August 2017	General Meeting	16 August 2018	General Meeting
19 October 2017	General Meeting	22 October 2018	General Meeting
14 November 2017	Meeting with Minister	28 November 2018	Meeting with Minister
7 December 2017	General Meeting	13 December 2018	General Meeting
15 February 2018	General Meeting	26 February 2019	General Meeting
12 April 2018	General Meeting	11 April 2019	General Meeting
7 May 2018	Meeting with Minister	6 June 2019	Meeting with Minister
14 June 2018	General Meeting	27 June 2019	General Meeting

(f) Given the minutes may contain commercially sensitive information or reveal the deliberative processes of the Minister or Cabinet, it is not appropriate to provide this information. I would be happy to consider a more specific request if the Member has a particular area of concern that he would like to raise.

REGIONAL DEVELOPMENT COUNCIL

2431. Hon Martin Aldridge to the Minister for Regional Development:

I refer to the Regional Development Council, and I ask:

(a) who are the members of the Council;

(b) with respect to each member, when was each member appointed and when does their term expire;

(c) with respect to each member, how many meetings of the Council were they eligible to attend and how many meetings were attended;

(d) what is the annual cost of operating and supporting the Council;

(e) for the 2017–18 and 2018–19 financial years, on how many occasions did the Council meet and on what dates; and

(f) will the Minister please table the minutes of each meeting of the Council identified in (e)?

Hon Alannah MacTiernan replied:

(a)	(b)		(c)	
Name of Council Member	**First Appointment Date**	**Date Term Expires**	**Eligible Meetings**	**Meetings Attended**
Rebecca Tomkinson	14.08.2017	30.06.2021	10	9
Andy Munro	23.07.2018	30.06.2021	6	4
Gail Reynolds-Adamson	16.07.2018	30.06.2020	6	2
Brad Williamson	22.07.2019	31.12.2021	1	1
James Brown	01.07.2019	31.12.2020	1	1
Todd West	26.06.2017	30.06.2020	10	10
Paddi Creevey	26.09.2017	30.06.2020	9	9
Brendan Hammond	01.09.2017	31.08.2020	10	7
Nick Belyea	31.07.2017	30.06.2020	10	8
Ralph Addis	05.09.2016	30.06.2021	15	14

(d) The annual operating budget for the Council in 2018–19 was $110,280. Support is provided to the Council by the Department of Primary Industries and Regional Development. Depending on the nature of the support required this can and does come from any area of the Department and can not be quantified.

(e)

2017–18 Meeting Dates	Type of Meeting	2018–19 Meeting Dates	Type of Meeting
12.09.2017	Council Briefing	06.12.2018	Council Briefing
30.11.2017	General Meeting	18.02.2019	General Meeting
28.02.2018	General Meeting	29.04.2019	Planning Meeting
21.06.2018	General Meeting	09.05.2019	General Meeting
		28.05.2019	Council Briefing

(f) Given the minutes may contain commercially sensitive information or reveal the deliberative processes of the Minister or Cabinet, it is not appropriate to provide this information. I would be happy to consider a more specific request if the Member has a particular area of concern that he would like to raise.

PREMIER — PORTFOLIOS — FLIGHT EXPENSES

2432. Hon Martin Aldridge to the Leader of the House representing the Premier; Minister for Public Sector Management; Federal–State Relations:

For each agency, department or government trading entity under the Minister's control and for each of the 2017–18 and 2018–19 financial years, I ask:

(a) in each financial year mentioned above, please identify the amount of money expended on regular passenger transport flights:

(i) intrastate;

(ii) interstate; and

(iii) international; and

(b) in each financial year mentioned above, please identify the amount of money expended on charter flights:

(i) intrastate;

(ii) interstate; and

(iii) international?

Hon Sue Ellery replied:

Lotterywest:

(a) (i) 2017–18 $46,799.64 2018–19 $48,595.77

(ii) 2017–18 $18,607.91 2018–19 $15,519.14

(iii) Please refer to the quarterly travel reports tabled in Parliament.

(b) (i) 2017–18 Nil 2018–19 Nil

(ii) 2017–18 Nil 2018–19 Nil

(iii) Please refer to the quarterly travel reports tabled in Parliament.

Department of Premier and Cabinet:

(a) (i) 2017–18 $94,754.57 2018–19 $66,252.15

(ii) 2017–18 $117,759.19 2018–19 $139,480.44

(iii) Please refer to the quarterly tabled travel reports tabled in Parliament.

(b) (i) 2017–18 Nil 2018–19 Nil

(ii) 2017–18 $904.44 2018–19 Nil

(iii) Please refer to the quarterly travel reports tabled in Parliament.

Public Sector Commission:

(a) (i) Please refer to LA Question on Notice 5374.

(ii) Please refer to LA Question on Notice 5374.

(iii) Please refer to the quarterly travel reports tabled in Parliament.

(b) (i) Nil.

(ii) Nil.

(iii) Please refer to the quarterly travel reports tabled in Parliament.

Salaries and Allowances Tribunal:

(a) (i) 2017–18 and 2018–19 – Nil

(ii) 2017–18 $633.9 2018–19 Nil

(iii) Please refer to the quarterly travel reports tabled in Parliament.

(b) (i) 2017–18 and 2018–19 – Nil

(ii) 2017–18 and 2018–19 – Nil

(iii) Please refer to quarterly travel reports tabled in Parliament.

Goldcorp:

(a) (i) 2017–18 $3,495.82 2018–19 $4,094.01

(ii) 2017–18 $50.893.54 2018–19 $50,233.38

(iii) Please refer to the quarterly travel reports tabled in Parliament.

(b) (i) 2017–18 Nil 2018–19 Nil

(ii) 2017–18 Nil 2018–19 Nil

(iii) Please refer to the quarterly travel reports tabled in Parliament.

MINISTER FOR STATE DEVELOPMENT, JOBS AND TRADE — PORTFOLIOS — FLIGHT EXPENSES

2433. Hon Martin Aldridge to the minister representing the Minister for State Development, Jobs and Trade:

For each agency, department or government trading entity under the Minister's control and for each of the 2017–18 and 2018–19 financial years, I ask:

(a) in each financial year mentioned above, please identify the amount of money expended on regular passenger transport flights:

(i) intrastate;

(ii) interstate; and

(iii) international; and

(b) in each financial year mentioned above, please identify the amount of money expended on charter flights:

(i) intrastate;

(ii) interstate; and

(iii) international?

Hon Alannah MacTiernan replied:

The Department of Jobs, Tourism, Science and Innovation advises:

(a) (i) 2017–2018 $176,240.55

2018–2019 $205,324.80

(ii) 2017–2018 $193,445.22

2018–2019 $281,130.09

(iii) 2017–2018 Please refer to the quarterly travel report tabled in Parliament.

2018–2019 Please refer to the quarterly travel report tabled in Parliament.

(b) (i) 2017–2018 $2,362.87

2018–2019 Nil.

(ii) 2017–2018 Nil.

2018–2019 Nil.

(iii) 2017–2018 Please refer to the quarterly travel report tabled in Parliament.

2018–2019 Please refer to the quarterly travel report tabled in Parliament.

MINISTER FOR EDUCATION AND TRAINING — PORTFOLIOS — FLIGHT EXPENSES

2435. Hon Martin Aldridge to the Minister for Education and Training:

For each agency, department or government trading entity under the Minister's control and for each of the 2017–18 and 2018–19 financial years, I ask:

(a) in each financial year mentioned above, please identify the amount of money expended on regular passenger transport flights:

(i) intrastate;

(ii) interstate; and

(iii) international; and

(b) in each financial year mentioned above, please identify the amount of money expended on charter flights:

(i) intrastate;

(ii) interstate; and

(iii) international?

Hon Sue Ellery replied:

Department of Education

(a) (i) 2017–18 $1 298 000

2018–19 $1 738 000

(ii) 2017–18 $224 000

2018–19 $244 000

(iii) This information is contained in the quarterly Report of Overseas Travel undertaken by Ministers, Parliamentary Secretaries and Government Officers on Official Business tabled in Parliament.

(b) (i) 2017–18 $206 000

2018–19 $297 000

(ii) 2017–18 Nil

2018–19 Nil

(iii) This information is contained in the quarterly Report of Overseas Travel undertaken by Ministers, Parliamentary Secretaries and Government Officers on Official Business tabled in Parliament.

The Department's response includes teaching and non-teaching staff relocations and excludes school-funded travel as this information is not held centrally and significant manual effort and time would be required to collect and consolidate the data from each school.

School Curriculum and Standards Authority

(a) (i) 2017–18 $934

2018–19 $992

(ii) 2017–18 $2 535

2018–19 Nil

(iii) This information is contained in the quarterly Report of Overseas Travel undertaken by Ministers, Parliamentary Secretaries and Government Officers on Official Business tabled in Parliament.

(b) (i)–(ii) Nil.

(iii) This information is contained in the quarterly Report of Overseas Travel undertaken by Ministers, Parliamentary Secretaries and Government Officers on Official Business tabled in Parliament.

Department of Training and Workforce Development

(a) (i) 2017–18 $97 855

2018–19 $78 405

(ii) 2017–18 $28 143

2018–19 $17 262

(iii) This information is contained in the quarterly Report of Overseas Travel undertaken by Ministers, Parliamentary Secretaries and Government Officers on Official Business tabled in Parliament.

(b) (i)–(ii) Nil.

(iii) This information is contained in the quarterly Report of Overseas Travel undertaken by Ministers, Parliamentary Secretaries and Government Officers on Official Business tabled in Parliament.

North Metropolitan TAFE

(a) (i) 2017–18 $6 877
2018–19 $20 124
(ii) 2017–18 $6 726
2018–19 $10 104
(iii) This information is contained in the quarterly Report of Overseas Travel undertaken by Ministers, Parliamentary Secretaries and Government Officers on Official Business tabled in Parliament.

(b) (i)–(ii) Nil.
(iii) This information is contained in the quarterly Report of Overseas Travel undertaken by Ministers, Parliamentary Secretaries and Government Officers on Official Business tabled in Parliament.

South Metropolitan TAFE

(a) (i) 2017–18 $3 585
2018–19 $11 363
(ii) 2017–18 $18 138
2018–19 $13 858
(iii) This information is contained in the quarterly Report of Overseas Travel undertaken by Ministers, Parliamentary Secretaries and Government Officers on Official Business tabled in Parliament.

(b) (i)–(ii) Nil.
(iii) This information is contained in the quarterly Report of Overseas Travel undertaken by Ministers, Parliamentary Secretaries and Government Officers on Official Business tabled in Parliament.

North Regional TAFE

(a) (i) 2017–18 $259 589
2018–19 $266 461
(ii) 2017–18 $6 263
2018–19 $1 397
(iii) This information is contained in the quarterly Report of Overseas Travel undertaken by Ministers, Parliamentary Secretaries and Government Officers on Official Business tabled in Parliament.

(b) (i)–(ii) Nil.
(iii) This information is contained in the quarterly Report of Overseas Travel undertaken by Ministers, Parliamentary Secretaries and Government Officers on Official Business tabled in Parliament.

Central Regional TAFE

(a) (i) 2017–18 $86 114
2018–19 $98 112
(ii) 2017–18 $2 603
2018–19 $7 973
(iii) This information is contained in the quarterly Report of Overseas Travel undertaken by Ministers, Parliamentary Secretaries and Government Officers on Official Business tabled in Parliament

(b) (i) 2017–18 $1 247
2018–19 $1 334
(ii) Nil.
(iii) This information is contained in the quarterly Report of Overseas Travel undertaken by Ministers, Parliamentary Secretaries and Government Officers on Official Business tabled in Parliament.

South Regional TAFE

(a) (i) 2017–18 $28 993
2018–19 $15 309
(ii) 2017–18 $6 085
2018–19 $11 716
(iii) This information is contained in the quarterly Report of Overseas Travel undertaken by Ministers, Parliamentary Secretaries and Government Officers on Official Business tabled in Parliament.

(b) (i)–(ii) Nil

(iii) This information is contained in the quarterly Report of Overseas Travel undertaken by Ministers, Parliamentary Secretaries and Government Officers on Official Business tabled in Parliament.

Building Construction Industry Training Fund

(a) (i) 2017–18 $505

2018–19 $2 466

(ii) 2017–18 $7 841

2018–19 $9 495

(iii) This information is contained in the quarterly Report of Overseas Travel undertaken by Ministers, Parliamentary Secretaries and Government Officers on Official Business tabled in Parliament.

(b) (i)–(ii) Nil

(iii) This information is contained in the quarterly Report of Overseas Travel undertaken by Ministers, Parliamentary Secretaries and Government Officers on Official Business tabled in Parliament.

MINISTER FOR ENVIRONMENT — PORTFOLIOS — FLIGHT EXPENSES

2436. Hon Martin Aldridge to the Minister for Environment; Disability Services; Electoral Affairs:

For each agency, department or government trading entity under the Minister's control and for each of the 2017–18 and 2018–19 financial years, I ask:

(a) in each financial year mentioned above, please identify the amount of money expended on regular passenger transport flights:

(i) intrastate;

(ii) interstate; and

(iii) international; and

(b) in each financial year mentioned above, please identify the amount of money expended on charter flights:

(i) intrastate;

(ii) interstate; and

(iii) international?

Hon Stephen Dawson replied:

For the Department of Biodiversity, Conservation and Attraction

(a) (i) 2017–18 – $316,202.75 GST inclusive 2018–19 – $425,025.21 GST inclusive

(ii) 2017–18 – $62,616.33 GST inclusive 2018–19 – $95,468.66 GST inclusive

(iii) In accordance with Premier's Circular 2014/02, please see the quarterly travel return summaries for overseas travel by Ministers, Parliamentary Secretaries and Government officers on official business for international air travel costs.

(b) (i) The Department of Biodiversity, Conservations and Attractions hires helicopters or light aircraft to carry out its daily business operations in remote locations, such as for fire suppression, prescribed burning and feral animal control. The following figures for charter flights are inclusive of these operational flights.

2017–18 – $3,921,692.54 GST inclusive 2018–19 – $5,588,040.77 GST inclusive

(ii) Nil.

(iii) In accordance with Premier's Circular 2014/02, please see the quarterly travel return summaries for overseas travel by Ministers, Parliamentary Secretaries and Government officers on official business for international air travel costs.

For the Western Australian Electoral Commission:

(a) (i) 2017–18 – $24 397.30 2018–19 – Nil

(ii) 2017–18 – $12 242.37 2018–19 – $37 666.31

(iii) In accordance with Premier's Circular 2014/02, please see the quarterly travel return summaries for overseas travel by Ministers, Parliamentary Secretaries and Government officers on official business for international air travel costs.

(b) (i)–(iii) Nil.

MINISTER FOR POLICE — PORTFOLIOS — FLIGHT EXPENSES

2437. Hon Martin Aldridge to the minister representing the Minister for Police; Road Safety:

For each agency, department or government trading entity under the Minister's control and for each of the 2017–18 and 2018–19 financial years, I ask:

(a) in each financial year mentioned above, please identify the amount of money expended on regular passenger transport flights:

(i) intrastate;

(ii) interstate; and

(iii) international; and

(b) in each financial year mentioned above, please identify the amount of money expended on charter flights:

(i) intrastate;

(ii) interstate; and

(iii) international?

Hon Stephen Dawson replied:

The Western Australian Police Force advise:

2017–18

(a) (i) $1 061 203.55

(ii) $595 538.04

(iii) $67 729.32

(b) (i) $59 885.43

(ii) Nil.

(iii) Nil.

2018–19

(a) (i) $1 343 501.21

(ii) $575 714.30

(iii) $79 865.76

(b) (i) $81 684.06

(ii) Nil.

(iii) Nil.

Note: The aforementioned figures are actuals whereas the figures provided in the agency's quarterly travel reports may differentiate as they provide information known at the time of submission, such as actual airfares and estimated accommodation costs and expenses. This is explained in each travel report submitted to parliament.

MINISTER FOR REGIONAL DEVELOPMENT — PORTFOLIOS — FLIGHT EXPENSES

2438. Hon Martin Aldridge to the Minister for Regional Development; Agriculture and Food; Ports; Minister Assisting the Minister for State Development, Jobs and Trade:

For each agency, department or government trading entity under the Minister's control and for each of the 2017–18 and 2018–19 financial years, I ask:

(a) in each financial year mentioned above, please identify the amount of money expended on regular passenger transport flights:

(i) intrastate;

(ii) interstate; and

(iii) international; and

(b) in each financial year mentioned above, please identify the amount of money expended on charter flights:

(i) intrastate;

(ii) interstate; and

(iii) international?

Hon Alannah MacTiernan replied:

(a) (i)

Intrastate travel	**2017–18**	**2018–19**
Department Primary Industries and Regional Development	806,394	965,890
Gascoyne Development Commission	12,546	19,398
Goldfields Esperance Development Commission	11,770	20,933
Great Southern Development Commission	5,496	4,614
Kimberley Development Commission	48,857	43,573
Mid-West Development Commission	14,984	13,516
Peel Development Commission	-	733
Pilbara Development Commission	47,608	51,588
South West Development Commission	-	-
Wheatbelt Development Commission	-	-
Pilbara Ports Authority	561,677	668,351
Mid West Ports Authority	69,009	105,035
Southern Ports Authority	212,341	183,955
Fremantle Ports Authority	2,143	4,409
Kimberley Ports Authority	36,463	47,570

(ii)

Interstate travel	**2017–18**	**2018–19**
Department Primary Industries and Regional Development	313,923	390,123
Gascoyne Development Commission	4,214	3,664
Goldfields Esperance Development Commission	516	1,221
Great Southern Development Commission	1,859	1,225
Kimberley Development Commission	-	3,053
Mid-West Development Commission	-	-
Peel Development Commission	-	1,846
Pilbara Development Commission	127	-
South West Development Commission	501	691
Wheatbelt Development Commission	-	-
Pilbara Ports Authority	124,962	80,045
Mid West Ports Authority	31,179	44,556
Southern Ports Authority	14,921	27,455
Fremantle Ports Authority	36,313	35,673
Kimberley Ports Authority	6,257	15,890

(iii) Refer to Quarterly Overseas Travel Returns tabled in Parliament.

(b) (i)

Charter flights intrastate	**2017–18**	**2018–19**
Department Primary Industries and Regional Development	17,101	29,051
Gascoyne Development Commission	1,177	527
Goldfields Esperance Development Commission	Nil	Nil
Great Southern Development Commission	Nil	Nil

Kimberley Development Commission	7,455	6,377
Mid-West Development Commission	1,463	1,542
Peel Development Commission	Nil	Nil
Pilbara Development Commission	Nil	Nil
South West Development Commission	Nil	Nil
Wheatbelt Development Commission	Nil	Nil
Pilbara Ports Authority	Nil	Nil
Mid West Ports Authority	Nil	Nil
Southern Ports Authority	Nil	Nil
Fremantle Ports Authority	Nil	Nil
Kimberley Ports Authority	Nil	Nil

(ii) Nil.

(iii) Nil.

MINISTER FOR LOCAL GOVERNMENT — PORTFOLIOS — FLIGHT EXPENSES

2440. Hon Martin Aldridge to the Leader of the House representing the Minister for Local Government; Heritage; Culture and the Arts:

For each agency, department or government trading entity under the Minister's control and for each of the 2017–18 and 2018–19 financial years, I ask:

(a) in each financial year mentioned above, please identify the amount of money expended on regular passenger transport flights:

(i) intrastate;

(ii) interstate; and

(iii) international; and

(b) in each financial year mentioned above, please identify the amount of money expended on charter flights:

(i) intrastate;

(ii) interstate; and

(iii) international?

Hon Sue Ellery replied:

(a)

(i)	**2017–18**	**2018–19**
Department of Local Government, Sport and Cultural Industries	$122,328	$102,647
Art Gallery of Western Australia	$7,226	$12,812
State Library of Western Australia	$13,237	$11,023
State Records Office	Nil	Nil
Western Australian Museum	$57,810	$86,131
Perth Theatre Trust	$6,873	$1,545
Metropolitan Cemeteries Board	$1,582	Nil
National Trust of Western Australia	$13,210	$16,347
Heritage Council of Western Australia	$12,388	$8,936
(ii)	**2017–18**	**2018–19**
Department of Local Government, Sport and Cultural Industries	$61,258	$64,935
Art Gallery of Western Australia	$16,485	$19,789
State Library of Western Australia	$12,554	$11,098
State Records Office	$3,294	$4,331

Western Australian Museum	$54,820	$74,039
Perth Theatre Trust	$12,662	$5,421
Metropolitan Cemeteries Board	$6,723	$11,385
National Trust of Western Australia	$4,312	$5,984
Heritage Council of Western Australia	$1,256	Nil

(iii) Please refer to the quarterly reports of overseas travel tabled in Parliament.

(b)

(i)	**2017–18**	**2018–19**
Department of Local Government, Sport and Cultural Industries	Nil	Nil
Art Gallery of Western Australia	Nil	Nil
State Library of Western Australia	Nil	Nil
State Records Office	Nil	Nil
Western Australian Museum	Nil	$364
Perth Theatre Trust	Nil	Nil
Metropolitan Cemeteries Board	Nil	Nil
National Trust of Western Australia	Nil	Nil
Heritage Council of Western Australia	Nil	Nil
(ii)	**2017–18**	**2018–19**
Department of Local Government, Sport and Cultural Industries	Nil	Nil
Art Gallery of Western Australia	Nil	Nil
State Library of Western Australia	Nil	Nil
State Records Office	Nil	Nil
Western Australian Museum	Nil	Nil
Perth Theatre Trust	Nil	Nil
Metropolitan Cemeteries Board	Nil	Nil
National Trust of Western Australia	Nil	Nil
Heritage Council of Western Australia	Nil	Nil

(iii) Please refer to the quarterly reports of overseas travel tabled in Parliament.

Department of Planning, Lands and Heritage

Please refer to Legislative Council question on notice 2448.

TREASURER — PORTFOLIOS — FLIGHT EXPENSES

2444. Hon Martin Aldridge to the minister representing the Treasurer; Minister for Finance; Aboriginal Affairs; Lands:

For each agency, department or government trading entity under the Minister's control and for each of the 2017–18 and 2018–19 financial years, I ask:

(a) in each financial year mentioned above, please identify the amount of money expended on regular passenger transport flights:

(i) intrastate;

(ii) interstate; and

(iii) international; and

(b) in each financial year mentioned above, please identify the amount of money expended on charter flights:

(i) intrastate;

(ii) interstate; and

(iii) international?

Hon Stephen Dawson replied:

Department of Treasury

(a) (i) $1,294 in 2017–18; and $11,949 in 2018–19.

(ii) $59,749 in 2017–18; and $87,013 in 2018–19.

(iii) Please refer to quarterly travel returns tabled in Parliament.

(b) (i) Nil.

(ii) Nil.

(iii) Please refer to quarterly travel returns tabled in Parliament.

Western Australia Treasury Corporation

(a) (i) 2017–18, $1,185
2018–19, $5,635

(ii) 2017–18, $40,816
2018–19, $55,777

(iii) Please refer to quarterly travel reports tabled in Parliament.

(b) (i) Nil.

(ii) Nil.

(iii) Please refer to quarterly travel returns tabled in Parliament.

Economic Regulation Authority

(a) (i) 2017–18 – Nil
2018–19 – Nil

(ii) 2017–18 – $18,360.09
2018–19 – $23,826.14

(iii) Please refer to quarterly travel reports tabled in Parliament.

(b) (i) Nil.

(ii) Nil.

(iii) Please refer to quarterly travel returns tabled in Parliament.

Fire and Emergency Services Superannuation Fund

(a) (i) 2017–2018 = $1,066.93
2018–2019 = Nil

(ii) 2017–2018 = $8,760.67
2018–2019 = $10,063.77

(iii) Please refer to quarterly travel returns tabled in Parliament.

(b) (i) Nil.

(ii) Nil.

(iii) Please refer to quarterly travel returns tabled in Parliament.

Insurance Commission of Western Australia

(a) (i) 2017–18: $1,459.11; 2018–19: $4,050.05

(ii) 2017–18: $78,718.84; 2018–19: $70,863.49

(iii) Please refer to the quarterly travel reports tabled in Parliament.

(b) (i) Nil.

(ii) Nil.

(iii) Please refer to quarterly travel returns tabled in Parliament.

Office of the Auditor General

(a) (i) 2017–18 $33,281.93
2018–19 $32,233.59

(ii) 2017–18 $32,591.65
2018–19 $35,946.54

(iii) Please refer to quarterly travel report tabled in Parliament.

(b) (i) Nil.

(ii) Nil.

(iii) Please refer to quarterly travel returns tabled in Parliament.

Government Employees Superannuation Board

(a) (i) 2017–18 – $539

2018–19 – $3,162

(ii) 2017–18 – $28,447

2018–19 – $26,524

(iii) Please refer to quarterly travel report tabled in Parliament.

(b) (i) Nil.

(ii) Nil.

(iii) Please refer to quarterly travel returns tabled in Parliament.

Department of Finance

(a) (i) 2017–18 – $134,603

2018–19 – $101,642

(ii) 2017–18 – $31,198

2018–19 – $42,610

(iii) Please refer to quarterly travel report tabled in Parliament.

(b) (i) 2017–18 – $3,115

2018–19 – Nil

(ii) Nil.

(iii) Please refer to quarterly travel returns tabled in Parliament.

Department of Planning, Lands and Heritage

Please refer to Legislative Council question on notice 2448.

Aboriginal Policy and Coordination Unit

Please refer to Legislative Council question on notice 2432.

Department of Local Government, Sport and Cultural Industries

Please refer to Legislative Council question on notice 2440.

Landcorp and MRA

(a) (i) 2017–18 – $89,344.98

2018–19 – $96,232.75

(ii) 2017–18 – $41,180.97

2018–19 – $35,618.73

(iii) Refer to quarterly travel reports tabled in Parliament.

(b) (i) Nil.

(ii) Nil.

(iii) Please refer to quarterly travel returns tabled in Parliament.

Landgate

(a) (i) 2017–18 – $19,977.40

2018–19 – $7,691.58

(ii) 2017–18 – $59,381.02

2018–19 – $54,120.24

(iii) Please refer to quarterly travel returns tabled in Parliament.

(b) (i) Nil.

(ii) Nil.

(iii) Please refer to quarterly travel returns tabled in Parliament.

MINISTER FOR TOURISM — PORTFOLIOS — FLIGHT EXPENSES

2445. Hon Martin Aldridge to the minister representing the Minister for Tourism; Racing and Gaming; Small Business; Defence Issues; Citizenship and Multicultural Interests:

For each agency, department or government trading entity under the Minister's control and for each of the 2017–18 and 2018–19 financial years, I ask:

(a) in each financial year mentioned above, please identify the amount of money expended on regular passenger transport flights:

(i) intrastate;

(ii) interstate; and

(iii) international; and

(b) in each financial year mentioned above, please identify the amount of money expended on charter flights:

(i) intrastate;

(ii) interstate; and

(iii) international?

Hon Alannah MacTiernan replied:

Tourism Portfolio

Tourism Western Australia

Please refer to Legislative Council Question on Notice 2433.

Rottnest Island Authority

Please refer to Legislative Council Question on Notice 2436.

Racing and Gaming Portfolio

For the Racing, Gaming and Liquor Division of the Department of Local Government, Sport and Cultural Industries please refer to Legislative Council Question on Notice 2440.

Small Business Portfolio

Small Business Development Corporation

(a)		2017–18 ($)	2018–19 ($)
	(i) intrastate	10 670.85	10 414.74
	(ii) interstate	24 161.71	24 860.23
	(iii) international	Please refer to quarterly travel reports tabled in Parliament.	

(b) (i)–(ii) Nil.

(iii) Please refer to quarterly travel reports tabled in Parliament.

Defence Issues Portfolio

Please refer to Legislative Council Question on Notice 2433.

Citizenship and Multicultural Interests Portfolio

Please refer to Legislative Council Question on Notice 2440.

MINISTER FOR MINES AND PETROLEUM — PORTFOLIOS — FLIGHT EXPENSES

2446. Hon Martin Aldridge to the minister representing the Minister for Mines and Petroleum; Industrial Relations:

For each agency, department or government trading entity under the Minister's control and for each of the 2017–18 and 2018–19 financial years, I ask:

(a) in each financial year mentioned above, please identify the amount of money expended on regular passenger transport flights:

(i) intrastate;

(ii) interstate; and

(iii) international; and

(b) in each financial year mentioned above, please identify the amount of money expended on charter flights:

(i) intrastate;

(ii) interstate; and

(iii) international?

Hon Alannah MacTiernan replied:

Department of Mines, Industry Regulation and Safety (DMIRS)

(a) (i) 2017–18 $573 433
2018–19 $682 560
(ii) 2017–18 $103 930
2018–19 $116 433
(iii) Please refer to DMIRS's quarterly travel reports tabled in Parliament.

(b) (i) 2017–18 Nil.
2018–19 $1 855
(ii) 2017–18 Nil.
2018–19 Nil.
(iii) Please refer to DMIRS's quarterly travel reports tabled in Parliament.

Mineral Research Institute of Western Australia (MRIWA)

(a) (i) 2017–18 Nil.
2018–19 Nil.
(ii) 2017–18 $11204.57
2018–19 $15736.17
(iii) Please refer to MRIWA's quarterly travel reports tabled in Parliament.

(b) (i) 2017–18 Nil.
2018–19 Nil.
(ii) 2017–18 Nil.
2018–19 Nil.
(iii) Please refer to MRIWA's quarterly travel reports tabled in Parliament.

Western Australian Industrial Relations Commission (WAIRC)

(a) (i) 2017–18 Nil.
2018–19 Nil.
(ii) 2017–18 Nil.
2018–19 $12,700.27
(iii) Please refer to WAIRC's quarterly travel reports tabled in Parliament.

(b) (i) 2017–18 Nil.
2018–19 Nil.
(ii) 2017–18 Nil.
2018–19 Nil.
(iii) Please refer to WAIRC's quarterly travel reports tabled in Parliament.

WorkCover WA

(a) (i) 2017–18 $10 724
($2 168 recouped from Commonwealth under the Indian Ocean Territories Service Delivery Arrangement)
2018–19 $7 763
($1 585 recouped from Commonwealth under the Indian Ocean Territories Service Delivery Arrangement)
(ii) 2017–18 $9323
2018–19 $9505
(iii) Please refer to WorkCover WA's quarterly travel reports tabled in Parliament.

(b) (i) 2017–18 Nil.
2018–19 Nil.

(ii) 2017–18 Nil.
2018–19 Nil.

(iii) Please refer to WorkCover WA's quarterly travel reports tabled in Parliament.

Construction Industry Long Service Leave Payments Board (MyLeave)

(a) (i) 2017–18 $1572
2018–19 $2869

(ii) 2017–18 $10 555
2018–19 $9742

(iii) Please refer to MyLeave's quarterly travel reports tabled in Parliament.

(b) (i) 2017–18 Nil.
2018–19 Nil.

(ii) 2017–18 Nil.
2018–19 Nil.

(iii) Please refer to MyLeave's quarterly travel reports tabled in Parliament.

MINISTER FOR ENERGY — PORTFOLIOS — FLIGHT EXPENSES

2447. Hon Martin Aldridge to the minister representing the Minister for Energy:

For each agency, department or government trading entity under the Minister's control and for each of the 2017–18 and 2018–19 financial years, I ask:

(a) in each financial year mentioned above, please identify the amount of money expended on regular passenger transport flights:

(i) intrastate;

(ii) interstate; and

(iii) international; and

(b) in each financial year mentioned above, please identify the amount of money expended on charter flights:

(i) intrastate;

(ii) interstate; and

(iii) international?

Hon Stephen Dawson replied:

Energy Policy WA

(a) (i) 2018–19 $2 544

(ii) 2017–18 $13 650
2018–19 $12 202

(iii) Please refer to the quarterly travel reports tabled in Parliament.

(b) (i)–(ii) Nil.

(iii) Please refer to the quarterly travel reports tabled in Parliament.

Synergy

(a) (i) 2017–18 $124,762.90
2018–19 $98,992.68

(ii) 2017–18 $78,661.20
2018–19 $146,552.82

(iii) Please refer to Synergy's quarterly travel reports tabled in Parliament.

(b) (i) 2017–18 Nil.
2018–19 Nil.

(ii) 2017–18 Nil.
2018–19 Nil.

(iii) Please refer to Synergy's quarterly travel reports tabled in Parliament.

Horizon Power

(a) (i) 2017–18 $1,206,066
2018–19 $1,133,905
(ii) 2017–18 $281,681
2018–19 $161,437
(iii) Please refer to Horizon Power's quarterly travel reports tabled in Parliament.

(b) (i) 2017–18 $175,311
2018–19 $96,615
(ii) 2017–18 $873
2018–19 Nil.
(iii) Please refer to Horizon Power's quarterly travel reports tabled in Parliament.

Western Power

(a) (i) 2017–18 $133,424
2018–19 $258,646
(ii) 2017–18 $91,293
2018–19 $146,291
(iii) Please refer to Western Power's quarterly travel reports tabled in Parliament.

(b) (i) 2017–18 Nil.
2018–19 $8,762
(ii) 2017–18 Nil.
2018–19 Nil.
(iii) Please refer to Western Power's quarterly travel reports tabled in Parliament.

MINISTER FOR TRANSPORT — PORTFOLIOS — FLIGHT EXPENSES

2448. Hon Martin Aldridge to the minister representing the Minister for Transport; Planning:

For each agency, department or government trading entity under the Minister's control and for each of the 2017–18 and 2018–19 financial years, I ask:

(a) in each financial year mentioned above, please identify the amount of money expended on regular passenger transport flights:
(i) intrastate;
(ii) interstate; and
(iii) international; and

(b) in each financial year mentioned above, please identify the amount of money expended on charter flights:
(i) intrastate;
(ii) interstate; and
(iii) international?

Hon Stephen Dawson replied:

Department of Planning, Lands and Heritage

(a) (i) 2017–18: $252,189; 2018–19: $331,713
(ii) 2017–18: $13,038; 2018–19: $26,372
(iii) Refer to the quarterly reports of overseas travel tabled in parliament.

(b) (i) 2017–18: $30,384; 2018–19: $28,115
(ii) 2017–18: Nil; 2018–19: Nil
(iii) Refer to the quarterly reports of overseas travel tabled in parliament.

Western Australian Planning Commission

(a) (i) 2017–18: $2,546; 2018–19: $29,807
(ii) 2017–18: Nil; 2018–19: $2,811
(iii) Refer to the quarterly reports of overseas travel tabled in parliament.

(b) (i) 2017–18: Nil; 2018–19: Nil

(ii) 2017–18: Nil; 2018–19: Nil

(iii) Refer to the quarterly reports of overseas travel tabled in parliament.

Department of Transport

(a) (i) 2017–18: $210,359; 2018–19: $285,829

(ii) 2017–18: $63,426; 2018–19: $94,919

(iii) Refer to the quarterly reports of overseas travel tabled in parliament.

(b) (i) 2017–18: Nil; 2018–19: $Nil

(ii) 2017–18: Nil; 2018–19: Nil

(iii) Refer to the quarterly reports of overseas travel tabled in parliament.

Main Roads Western Australia

(a) (i) 2017–18: $473,857; 2018–19: $674,593

(ii) 2017–18: $86,064; 2018–19: $141,248

(iii) Refer to the quarterly reports of overseas travel tabled in parliament.

(b) (i) 2017–18: $8,000; 2018–19: Nil

(ii) 2017–18: Nil; 2018–19: Nil

(iii) Refer to the quarterly reports of overseas travel tabled in parliament.

Public Transport Authority

(a) (i) 2017–18: $63,806; 2018–19: $62,541

(ii) 2017–18: $64,064; 2018–19: $86,639

(iii) Refer to the quarterly reports of overseas travel tabled in parliament.

(b) (i) 2017–18: Nil; 2018–19: Nil

(ii) 2017–18: Nil; 2018–19: Nil

(iii) Refer to the quarterly reports of overseas travel tabled in parliament.

MINISTER FOR HOUSING — PORTFOLIOS — FLIGHT EXPENSES

2449. Hon Martin Aldridge to the minister representing the Minister for Housing; Veterans Issues; Youth; Asian Engagement:

For each agency, department or government trading entity under the Minister's control and for each of the 2017–18 and 2018–19 financial years, I ask:

(a) in each financial year mentioned above, please identify the amount of money expended on regular passenger transport flights:

(i) intrastate;

(ii) interstate; and

(iii) international; and

(b) in each financial year mentioned above, please identify the amount of money expended on charter flights:

(i) intrastate;

(ii) interstate; and

(iii) international?

Hon Stephen Dawson replied:

The Department of Communities

Please refer to Legislative Council Question on Notice 2450.

The Department of Jobs, Tourism, Science and Innovation

Please refer to Legislative Council Question on Notice 2433.

MINISTER FOR CHILD PROTECTION — PORTFOLIOS — FLIGHT EXPENSES

2450. Hon Martin Aldridge to the Leader of the House representing the Minister for Child Protection; Women's Interests; Prevention of Family and Domestic Violence; Community Services:

For each agency, department or government trading entity under the Minister's control and for each of the 2017–18 and 2018–19 financial years, I ask:

(a) in each financial year mentioned above, please identify the amount of money expended on regular passenger transport flights:

(i) intrastate;

(ii) interstate; and

(iii) international; and

(b) in each financial year mentioned above, please identify the amount of money expended on charter flights:

(i) intrastate;

(ii) interstate; and

(iii) international?

Hon Sue Ellery replied:

This answer covers multiple Ministers' portfolios including Disability Services, Seniors and Ageing, Volunteering, Housing, Veterans Issues, Youth, as well as Child Protection, Women's Interests, Prevention of Family and Domestic Violence and Community Services portfolios.

This answer also encompasses the Department of Communities and its legacy agencies including Disability Services Commission, Department of Housing and Department for Child Protection and Family Support, whose functions were amalgamated into the Department of Communities from 1 July 2017.

(a) (i) 2017–18: $1,803,856

2018–19: $3,005,728

(ii) 2017–18: $301,695

2018–19: $551,674

(iii) In accordance with Premier's Circular 2014/02 (Guidelines for official air travel by Ministers, Parliamentary Secretaries and Government Officers), a summary of all overseas official air travel by each Minister, Parliamentary Secretary and Government officer is tabled in Parliament on a quarterly basis. This information is available on the Parliament of Western Australia website.

(b) (i) 2017–18: $57,533

2018–19: $89,055

(ii) 2017–18: Nil.

2018–19: Nil.

(iii) In accordance with Premier's Circular 2014/02 (Guidelines for official air travel by Ministers, Parliamentary Secretaries and Government Officers), a summary of all overseas official air travel by each Minister, Parliamentary Secretary and Government officer is tabled in Parliament on a quarterly basis. This information is available on the Parliament of Western Australia website.

POLICE — SWORN OFFICERS

2452. Hon Martin Aldridge to the minister representing the Minister for Police:

(1) In relation to the authorised sworn strength of the Western Australia Police Force of 6,350 officers, I ask at the following dates what was the number of sworn officers employed by the Western Australia Police Force by headcount and FTE:

(a) 1 January 2018;

(b) 1 July 2018;

(c) 1 January 2019;

(d) 1 July 2019; and

(e) currently?

(2) How many sworn officers departed employment from the Western Australia Police Force in each of the following years:

(a) 2018–19;

(b) 2017–18; and

(c) 2016–17?

(3) Of those identified in (2), how many exit surveys were conducted and how is response data aggregated?

(4) Will the Minister please provide aggregated data for each of the above mentioned years in (2)?

(5) In relation to assaults on police officers in the following years, will the Minister please provide the number of charges:

(a) 2018–19;

(b) 2017–18;

(c) 2016–17;

(d) 2015–16;

(e) 2014–15;

(f) 2013–14; and

(g) 2012–13?

(6) For each of the above mentioned years in (5), will the Minister please identify the number of lost-time injuries incurred and the number of days officers took leave in each year related to the assault?

Hon Stephen Dawson replied:

The Western Australia Police advise:

(1) (a)–(e) On 1 January 2018 the police officer (recruit to commander) headcount was 6 454 and 6 285 FTE; on 1 July 2018 6 459 headcount and 6 282 FTE; on 1 January 2019 6 356 headcount and 6 183 FTE; on 1 July 2019 6 446 headcount and 6 235 FTE; and on 1 September 2019 6 474 headcount and 6 274.5 FTE. There are 158 recruits in the Academy, of which 50 started on 14 October 2019, and more recruit schools will commence before the end of the year. By December 2019, recruits will have been engaged to replace the police officers who chose to take a voluntary severance.

(2) (a)–(c) The number of sworn officers who departed employment from the Western Australia Police Force is 197 for 2016–17; 121 for 2017–18 and 259 for 2018–19 (2018–19 includes officers accepting a severance).

(3) (a)–(c) The number of exit surveys completed are 38 in 2016–17; 51 in 2017–18 and 91 in 2018–19. Completion of the exit survey is voluntary. The data is aggregated as per the reports tabled for question 4.

(4) [See tabled paper no 3265.]

(5) (a)–(g) Assaults against police officers are an 'Assault Public Officer' offence under s. 318(1)(d) of the *Criminal Code Act 1913* (WA). The number of charges under section 318(1)(d) is 1 137 for 2012–13; 1 059 for 2013–14; 1 025 for 2014–15; 1 178 for 2015–16; 1 426 for 2016–17; 1 360 for 2017–18 and 1 409 for 2018–19. Data is provisional and subject to revision. Charges per year is a count of unique charges under 'Assault Public Officer' as defined in s. 318(1)(d) of the Act, where an associated brief has been created. Any person who assaults a public officer during the course of their duties, or on account of them being a public officer, is committing serious assault under s. 318(1)(d) of the Act. Section 318 of the Act does not refer to the assault of a police officer as distinct from other professions. Figures exclude charges where the associated brief or case has been deleted or where security caveats are in place.

(6) The response required for this question would take a significant amount of time and resources to collate and process. It is therefore not possible for the WA Police Force to obtain this information without significantly compromising other core policing activities.

HOSPITALS AND HEALTH CAMPUSES — PILBARA

2453. Hon Jacqui Boydell to the parliamentary secretary representing the Minister for Health:

In relation to the Karratha, Port Hedland, Onslow, Pannawonica, Paraburdoo, Newman and Tom Price hospitals and/or health campuses, I ask:

(a) on how many occasions in the last 12 months at each hospital has a doctor not been rostered;

(b) with respect to (a), what was the reason for the unavailability of a doctor for each occasion;

(c) with respect to (a), on each occasion a doctor was not available to be rostered, how many ATS 1,2 or 3 patients presented to each hospital during each period;

(d) on how many occasions has a locum position been unable to be filled at each location;

(e) what strategy has the WA Country Health Service put in place to avoid situations when a doctor in not available to be rostered;

(f) on how many occasions in the last 12 months at each hospital has a doctor been rostered but unable to be contacted or unable to attend to respond; and

(g) with respect to (e) on each occasion a doctor was not available to respond when rostered, how many ATS 1, 2 or 3 patients presented to each hospital during each period?

Hon Alanna Clohesy replied:

I am advised:

(a) None.

(b)–(c) Not applicable.

(d) None.

(e) Strategies that WACHS Pilbara has in place to avoid/mitigate the effects of not having an onsite doctor rostered or on-call include:

Rosters are created several months in advance to minimise risk of not being able to find suitable locum cover as required.

Active strategy to maintain a stable and regular contracted locum workforce to meet roster requirements.

Active recruitment strategy to build an appropriately skilled, capable and stable salaried medical workforce.

Active strategy to encourage and convert long term locum workforce into salaried positions.

Flexible rostering practices which enhances retention of salaried medical workforce.

Flexible and mobile salaried medical workforce that can be deployed to areas of need within the Region as required

The Inpatient Telehealth Service (ITS) is progressively being implemented in many WACHS hospitals. Like ETS, the ITS provides access to doctors and nursing teams who can assist local staff with assessing, responding to clinical deterioration, admitting and discharging patients from inpatient facilities.

Utilisation of major hospital sites (HHC and KHC) to provide Telehealth support to smaller sites in the Region.

A Nurse Practitioner is available at Newman Hospital.

(f) One at Tom Price Hospital.

(g) One patient triaged ATS Category 2. The patient was treated via ETS immediately and referred and transferred via RFDS.

REGIONAL DEVELOPMENT COMMISSIONS — STAFF

2454. Hon Martin Aldridge to the Minister for Regional Development; Agriculture and Food; Ports; Minister Assisting the Minister for State Development, Jobs and Trade:

I refer to staff employed by Regional Development Commission's and those employed by the Department of Primary Industries and Regional Development to directly support Regional Development Commissions (RDC), and I ask:

(a) as of 1 January 2017, how many staff were employed or assigned to each RDC by employment level;

(b) as of 1 January 2018, how many staff were employed or assigned to each RDC by employment level;

(c) as of 1 January 2019, how many staff were employed or assigned to each RDC by employment level; and

(d) as of 30 June 2019, how many staff were employed or assigned to each RDC by employment level?

Hon Alannah MacTiernan replied:

(a)–(d) [See tabled paper no 3266.]

POLICE — 2019–20 STATE BUDGET

2455. Hon Martin Aldridge to the minister representing the Minister for Road Safety:

I refer to 2019–20 State Budget paper 2, Vol 2, page 354 and the line item referring to Infringement Management Operations (IMO) – Administration Costs, and ask:

(a) will the Minister please detail the role and function of IMO administration;

(b) what is the headcount and FTE of staff associated with this function;

(c) which government department or agency are these staff employed by;

(d) what State Budget division, by number and name, was the IMO administration task previously funded by; and

(e) is the administration task and associated expenditure from the RTTA endorsed by the Road Safety Council?

Hon Stephen Dawson replied:

The Western Australian Police Force advise:

(a) The Infringement Management Operations administration process all traffic infringements. This process involves image loading, adjudication / verification, infringement issue, re-nomination and customer service inquiries (including a call centre).

(b) As at 30 September 2019, the headcount was 73 and the actual FTE was 69.61.

(c) Staff are employed by the Western Australia Police Force.

(d) State Budget division 25 under the name Western Australia Police Force.

(e) Yes.

MINING LEASE M38/1278 AND EXPLORATION LEASE E38/282

2456. Hon Robin Chapple to the minister representing the Minister for Aboriginal Affairs:

I refer to Lake Wells, or Marlutja and the mining and exploration leases M38/1278 and E38/282 owned by Piper Preston Pty Ltd or Salt Lake Potash, and heritage area identified in Survey Report ID 106717 Ethnographic report on the Mantjiltjara and photos of the site available here, https://robinchapple.com/lake-wells-marlutja, and ask:

(a) with reference to any of the tenements held by Piper Preston Pty Ltd or Salt Lake Potash over Lake Wells, were section 18 approvals sought;

(b) if yes to (a), when was approval sought and was approval granted;

(c) if no to (a), why not;

(d) with reference to any of the tenements held by Piper Preston Pty Ltd or Salt Lake Potash over Lake Wells, were the native title parties consulted and, if so, who was consulted and when did consultations occur;

(e) if no to (d), why not;

(f) with reference to any of the tenements held by Piper Preston Pty Ltd or Salt Lake Potash over Lake Wells, were the knowledge holders consulted and, if so, who was consulted and when;

(g) if no to (f), why not;

(h) with reference to any of the tenements held by Piper Preston Pty Ltd or Salt Lake Potash over Lake Wells, were heritage surveys carried out and, if so, by whom;

(i) if no to (h), why not;

(j) if yes to (h), were the knowledge holders in attendance;

(k) was the Department of Mines advised during the POW processes, over any of the tenements held by Piper Preston Pty Ltd or Salt Lake Potash over Lake Wells, under the *Mining Act 1978* of the fact that this area had or had not been subject to a section 18 or heritage surveys;

(l) if no to (k), why not;

(m) did authorised officers approve the POW applications under the *Mining Act 1978*;

(n) with reference to (m), did the POW by Piper Preston Pty Ltd or Salt Lake Potash over Lake Wells applications under the *Mining Act 1978* address whether the activity would cause environmental impacts including impacts to Aboriginal heritage sites;

(o) if yes or no to (n), will the Minister table the POW by Piper Preston Pty Ltd or Salt Lake Potash over Lake Wells;

(p) if no to (o), why not; and

(q) with reference to the photos of material left scattered on site at approximately 544864.13 m E, 6993603.20 m, will N Piper Preston Pty Ltd or Salt Lake Potash be required to remove this material and, if so, when?

Hon Stephen Dawson replied:

(a)–(g) No. The Department of Planning, Lands and Heritage has not received any section 18 applications and is not aware of any heritage surveys or consultation being undertaken for the mining and exploration leases mentioned.

(h)–(j) The only heritage survey report received by the Department or of which it is aware that covers this area is the one referenced by the member, being Ethnographic Report on the Mantjiltjara/Ngalia Native Title Claim Areas, Daniel de Gand and Gavin Jackson, 2000.

(k)–(p) The member should direct his questions to the Minister for Mines and Petroleum.

(q) The member should direct his question to the Minister for Mines and Petroleum and/or the Minister for Environment.

MINING LEASE M38/1278 AND EXPLORATION LEASE E38/282

2457. Hon Robin Chapple to the minister representing the Minister for Mines and Petroleum:

I refer to Lake Wells, or Marlutja and the mining and exploration leases M38/1278 and E38/282 owned by Piper Preston Pty Ltd or Salt Lake Potash, and heritage area identified in Survey Report ID 106717 Ethnographic report on the Mantjiltjara and photos of the site available here, https://robinchapple.com/lake-wells-marlutja, and ask:

(a) with reference to any of the tenements held by Piper Preston Pty Ltd or Salt Lake Potash over Lake Wells, were section 18 approvals sought;

(b) if yes to (a), when was approval sought and was approval granted;

(c) if no to (a), why not;

(d) with reference to any of the tenements held by Piper Preston Pty Ltd or Salt Lake Potash over Lake Wells, were the native title parties consulted and, if so, who was consulted and when did consultations occur;

(e) if no to (d), why not;

(f) with reference to any of the tenements held by Piper Preston Pty Ltd or Salt Lake Potash over Lake Wells, were the knowledge holders consulted and, if so, who was consulted and when;

(g) if no to (f), why not;

(h) with reference to any of the tenements held by Piper Preston Pty Ltd or Salt Lake Potash over Lake Wells, were heritage surveys carried out and, if so, by whom;

(i) if no to (h), why not;

(j) if yes to (h), were the knowledge holders in attendance;

(k) was the Department of Mines advised during the POW processes, over any of the tenements held by Piper Preston Pty Ltd or Salt Lake Potash over Lake Wells, under the *Mining Act 1978* of the fact that this area had or had not been subject to a section 18 or heritage surveys;

(l) if no to (k), why not;

(m) did authorised officers approve the POW applications under the *Mining Act 1978*;

(n) with reference to (m), did the POW by Piper Preston Pty Ltd or Salt Lake Potash over Lake Wells applications under the *Mining Act 1978* address whether the activity would cause environmental impacts including impacts to Aboriginal heritage sites;

(o) if yes or no to (n), will the Minister table the POW by Piper Preston Pty Ltd or Salt Lake Potash over Lake Wells;

(p) if no to (o), why not; and

(q) with reference to the photos of material left scattered on site at approximately 544864.13 m E, 6993603.20 m, will N Piper Preston Pty Ltd or Salt Lake Potash be required to remove this material and, if so, when?

Hon Alannah MacTiernan replied:

(a) This question should be referred to the Minister for Aboriginal Affairs.

(b) See (a).

(c) See (a).

(d) There were no registered native title claims when the tenements were granted.

(e) See (d).

(f) This question should be directed to the tenement holder.

(g) See (f).

(h) The Department of Mines, Industry Regulation and Safety does not have records of any heritage surveys.

(i) See (h).

(j) See (h).

(k) No.

(l) The programmes of work did not intersect a boundary of any registered Aboriginal Site.

(m) Yes.

(n) Yes.

(o) No.

(p) Programmes of work are not made available due to sensitivities relating to exploration.

(q) The proponent will be required to remove all rubbish from the site prior to or at the termination of the exploration program.

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