

HOUSE OF ASSEMBLY

THURSDAY 14TH APRIL 2016

VOLUNTARY EUTHANASIA BILL

Second Reading

Adjourned debate on second reading.

(Continued from 10 March 2016.)

Mr PEDERICK (Hammond) (10:39): Thank you, Madam Deputy Speaker. I rise to speak to the Voluntary Euthanasia Bill 2016, and anyone who understands my feeling on this type of legislation will understand why I am saying that I will not be supporting the bill, and I will state some reasons why during the debate.

I note that, during the debate, my good friend and colleague the member for Morphett said that people should have the guts to stand up for their electorate. Well, I believe that I am standing up for my electorate of Hammond in saying that I do not support this legislation as a conscience matter, because my door has not been broken down by 80 per cent of my electorate coming through it or emailing me with regard to the situation.

Yes, I have had people lobby me on either side of this. I have had many people from my local churches lobby me on this debate, and I acknowledge that I have had a petition delivered this morning with 49 signatures, 39 of them coming from my electorate. However, I still have a huge belief that the majority of my electorate do not want this to happen, and I have been consistent in this house whenever I have spoken with regard to this debate. With regard to part of the original Hippocratic oath that doctors take, I will just read out a couple of lines. It is a very interesting piece, but I will just read a couple of lines. It states:

I will apply dietetic measures for the benefit of the sick according to my ability and judgment; I will keep them from harm and injustice.

I will neither give a deadly drug to anybody who asked for it, nor will I make a suggestion to this effect .

Now, I note what the member for Colton just said with regard to giving medication and, perhaps, what can happen, and it is well known. I have witnessed my father-in-law die (well, I saw him a few days before he died), I was there when my father died last year and I have said farewell to some good mates and to some good mate's parents, and I have witnessed some exceptional palliative care. Certainly some of our aged-care facilities, such as the Lerwins of the world and Resthaven, are to be congratulated for what they do in that case.

I think that the problem with any of this legislation is that it diminishes the role of palliative care, and I think it creates a very blurred line on where we are going. I will concentrate more on the legislation in a minute, but the bill that was before the house five years ago about the so-called protection of physicians was

the Criminal Law Consolidation (Medical Defences—End of Life Arrangements) Bill.

I spoke on this in October 2011, and it gave the assertion that medical practitioners did not have protection, but in my contribution I made the statements that certainly there is already legislation in place that protects doctors because any good doctor worth their salt knows that a side effect of morphine can be death, and that is just a simple fact. I know that in my father's case I certainly have a firm belief that that is what happened in the end, and I do not hold that against anyone. We were well aware of the dosage he was taking and we are well aware that that sent him on his journey.

In regard to the Consent to Medical Treatment and Palliative Care Act 1995, I just want to make a few comments, and this about the protections for doctors and medical personnel in case they be charged. Section 17(1) of that act states:

A medical practitioner responsible for the treatment or care of a patient in the terminal phase of a terminal illness, or a person participating in the treatment or care of the patient under the medical practitioner's supervision, incurs no civil or criminal liability by administering medical treatment with the intention of relieving pain or distress—

I think that is a very important part. Subsection (1) continues:

- (a) with the consent of the patient or the patient's representative; and
- (b) in good faith and without negligence; and
- (c) in accordance with proper professional standards of palliative care ,

I think that is vitally important. This is the key in relation to that bill five years ago:

...even though an incidental effect of the treatment is to hasten the death of the patient.

Section 17 then states in subclause (2):

A medical practitioner responsible for the treatment or care of a patient in the terminal phase of a terminal illness, or a person participating in the treatment or care of the patient under the medical practitioner's supervision , is, in the absence of an express direction by the patient or the patient's representative to the contrary, under no duty to use , or to continue to use , life sustaining measures in treating the patient if the effect of doing so would be merely to prolong life in a moribund state without any real prospect of recovery or in a persistent vegetative state.

Subclause (3) states:

For the purposes of the law of the State —

(a) the administration of medical treatment for the relief of pain or distress in accordance with subsection (1) does not constitute an intervening cause of death ; and

(b) the non -application or discontinuance of life sustaining measures in accordance with subsection (2) does not constitute an intervening cause of death.

Subsection (18), which is the saving provision, states:

(1) This Act does not authorise the administration of medical treatment for the purpose of causing the death of the person to whom the treatment is administered.

(2) This Act does not authorise a person to assist the suicide of another.

Certainly, in the legislation we have before us today, in regard to unbearable and hopeless suffering, this is the clause that I really am concerned about:

(a) the person is suffering from a medical condition (whether terminal or not); and

It is interesting that only the other day I met with a constituent of mine who is quite a fit man in his seventies and he is concerned about his end of life. I guess we all think about it at times because it will come one way or another. It is like taxes—they come whether you like it or not. He is a very fit man and he wants to have a very fit life.

From talking to that man, I believe he had a very good view of where he wanted to be and where he wanted to go and I do not believe he is the type of gentleman who would like to be lying in a bed, and perhaps having to be lifted out with a hoist or use a wheelchair to go to the toilet or to the shower, and that kind of thing. But plenty of people can manage that. Plenty of people do, and so I think it becomes not just an objective argument, but a subjective argument as well.

How good your life is is very much, I believe, in the eye of the beholder. I believe legislation like this, especially when you have a clause in there 'whether terminal or not' could mean people just present with a huge mental issue, not a physical issue, and are not coping with life and get past the psychiatrists and the doctors so they could have their life terminated.

I was really concerned at a lunch I attended in the electorate a few years ago. I cannot remember her name—and I would not use it anyway—but there was a lady there of Dutch descent who challenged me on the bill that was currently on the way. She said to me, 'How are we going to manage funding aged care into the future?' That put really big alarm bells inside my head. I said to her, 'If that is your reason for promoting voluntary euthanasia, I cannot live with that.' This is the sort of thing that was done in the forties in Nazi Germany.

There being a disturbance in the strangers' gallery:

The DEPUTY SPEAKER: Order! The member is entitled to be heard in silence.

Mr PEDERICK: I just feel that comments like that lead us down a slippery slope and I applaud everyone in the aged-care sector and the palliative care sector. I acknowledge everyone's different point of view in this house and I think that is a great part of democracy that we can have those different points of view. I have certainly put mine on the record and I will stand fast in opposing this legislation in regard to voluntary euthanasia.