



RECORD OF PROCEEDINGS

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FIRST SESSION OF THE FIFTY-SEVENTH PARLIAMENT

Tuesday, 14 September 2021

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TUESDAY, 14 SEPTEMBER 2021



The Legislative Assembly met at 9.30 am.

Mr Speaker (Hon. Curtis Pitt, Mulgrave) read prayers and took the chair.

Mr SPEAKER: Honourable members, I respectfully acknowledge that we are sitting today on the land of Aboriginal people and pay my respects to elders past and present. I thank them, as First Australians, for their careful custodianship of the land over countless generations. We are very fortunate in this country to have two of the world's oldest continuing living cultures in Aboriginal and Torres Strait Islander peoples whose lands, winds and waters we all now share.

PRESENTATION OF APPROPRIATION BILLS



Mr SPEAKER: Honourable members, I have to report that on Monday, 6 September I presented to His Excellency the Governor the Appropriation (Parliament) Bill and the Appropriation Bill for royal assent and that His Excellency was pleased to subscribe his assent in the name and on behalf of Her Majesty.

ASSENT TO BILLS



Mr SPEAKER: Honourable members, I have to report that I have received from His Excellency the Governor letters in respect of assent to certain bills. The contents of the letters will be incorporated in the *Record of Proceedings*. I table the letters for the information of members.

The Honourable C.W. Pitt MP
Speaker of the Legislative Assembly
Parliament House
George Street
BRISBANE QLD 4000

My dear Mr Speaker

I hereby acquaint the Legislative Assembly that the following Appropriation Bills, having been passed by the Legislative Assembly and having been presented for the Royal Assent, were assented to in the name of Her Majesty The Queen on the date shown:

Date of Assent: 6 September 2021

A Bill for An Act authorising the Treasurer to pay amounts from the consolidated fund for the Legislative Assembly and parliamentary service for the financial years starting 1 July 2021 and 1 July 2022

A Bill for An Act authorising the Treasurer to pay amounts from the consolidated fund for departments for the financial years starting 1 July 2021 and 1 July 2022

These Bills are hereby transmitted to the Legislative Assembly, to be numbered and forwarded to the proper Officer for enrolment, in the manner required by law.

Yours sincerely
Governor

6 September 2021

Tabled paper: Letter, dated 6 September 2021, from His Excellency the Governor to the Speaker advising of assent to certain bills on 6 September 2021 [\[1353\]](#).

The Honourable C.W. Pitt MP
Speaker of the Legislative Assembly
Parliament House
George Street
BRISBANE QLD 4000

My dear Mr Speaker

I hereby acquaint the Legislative Assembly that the following Bill, having been passed by the Legislative Assembly and having been presented for the Royal Assent, was assented to in the name of Her Majesty The Queen on the date shown:

Date of Assent: 9 September 2021

A bill for an Act to amend the Body Corporate and Community Management Act 1997, the Corrective Services Act 2006, the COVID-19 Emergency Response Act 2020, the Economic Development (COVID-19 Emergency Response) Regulation 2020, the Environmental Protection Act 1994, the Explosives Legislation (COVID-19 Emergency Response)

Regulation 2020, the Gaming Machine Act 1991, the Health Legislation (COVID-19 Emergency Response) Regulation 2020, the Holidays Act 1983, the Hospital and Health Boards Act 2011, the Industrial Relations Act 2016, the Justice and Other Legislation (COVID-19 Emergency Response) Amendment Act 2020, the Mental Health Act 2016, the Public Health Act 2005, the Public Health and Other Legislation (Extension of Expiring Provisions) Amendment Act 2021, the Public Health and Other Legislation (Public Health Emergency) Amendment Act 2020, the Right to Information Act 2009 and the Transport Operations (Passenger Transport) Act 1994 for particular purposes, and to repeal the Personalised Transport Ombudsman Act 2019

This Bill is hereby transmitted to the Legislative Assembly, to be numbered and forwarded to the proper Officer for enrolment, in the manner required by law.


Yours sincerely
Governor

9 September 2021

Tabled paper: Letter, dated 9 September 2021, from His Excellency the Governor to the Speaker advising of assent to a certain bill on 9 September 2021 [\[1354\]](#).

REPORT


Auditor-General

 **Mr SPEAKER:** Honourable members, I have to report that I have received from the Auditor-General Report 2: 2021-22—*Measuring emergency department patient wait time*. I table the report for the information of members.

Tabled paper: Auditor-General Report 2: 2021-22—Measuring emergency department patient wait time [\[1355\]](#).


SPEAKER'S STATEMENT

Parliamentary Crime and Corruption Committee, Report

 **Mr SPEAKER:** Honourable members, it has come to my attention that recommendation 3 of Report No. 99 of the Parliamentary Crime and Corruption Committee has not been finalised. Satisfying this recommendation requires an amendment to a tabled paper, specifically a report of the former Crime and Misconduct Commission tabled on 22 July 2009 titled *Dangerous liaisons: a report arising from a CMC investigation into allegations of police misconduct (Operation Capri)*. I advise the House that the amendment of a tabled paper already in the possession of the House will require a motion.


PRIVILEGE

Speaker's Ruling, Alleged Deliberate Misleading of the House

 **Mr SPEAKER:** Honourable members, on 3 September 2021 I tabled a ruling regarding matters of privilege relating to a complaint by the member for Greenslopes, who wrote to me alleging that the member for Currumbin deliberately misled the House on 15 June 2021. I ruled that the matter did not warrant the attention of the Ethics Committee. I now refer to the matter so that if any member wishes to exercise their rights in respect of that matter under the standing orders they should do so immediately.

SPEAKER'S RULINGS

Same Question Rule

 **Mr SPEAKER:** Honourable members, I have considered the application of the same question rule with respect to the Housing Legislation Amendment Bill and the Residential Tenancies and Rooming Accommodation (Tenants' Rights) and Other Legislation Amendment Bill. Approximately 24 clauses in the private member's bill seek to amend sections of the Residential Tenancies and Rooming Accommodation Act 2008, which are also dealt with by the government bill. If the government bill receives its second reading before the private member's bill, these clauses would be inconsistent with those clauses in the government bill, contrary to standing order 87, and therefore the same question rule will apply. Some of the remaining clauses in the private member's bill are clearly consequential or otherwise related to clauses that enliven the same question rule contrary to standing order 87.

Whilst the bills differ with respect to some matters, I am satisfied that when the private member's bill is viewed in its entirety it is essentially seeking to implement an alternative or different scheme or policy to that contained within the government's bill. Accordingly, if the government bill passes its

second reading, the Residential Tenancies and Rooming Accommodation (Tenants' Rights) and Other Legislation Amendment Bill cannot be proceeded with and will then be discharged from the Notice Paper. I seek leave to incorporate my full ruling in the *Record of Proceedings*.

Leave granted.

SPEAKER'S RULING—APPLICATION OF SAME QUESTION RULE TO THE HOUSING LEGISLATION AMENDMENT BILL AND THE RESIDENTIAL TENANCIES AND ROOMING ACCOMMODATION (TENANTS' RIGHTS) AND OTHER LEGISLATION AMENDMENT BILL

I have considered the application of the same question rule with respect to the Housing Legislation Amendment Bill and the Residential Tenancies and Rooming Accommodation (Tenants' Rights) and Other Legislation Amendment Bill.

The member for South Brisbane introduced the Residential Tenancies and Rooming Accommodation (Tenants' Rights) and Other Legislation Amendment Bill on 26 May 2021. The Minister for Communities and Housing, Minister for Digital Economy and Minister for the Arts introduced the Housing Legislation Amendment Bill on 18 June 2021.

Standing Order 87(1) provides that, once the House has resolved a matter in the affirmative or negative, the same question shall not again be proposed in the same session. Similarly, standing order 150 provides for the application of the same question rule in relation to inconsistent amendments, new clauses or schedules of a bill.

As previous Speakers have noted, the matters do not have to be identical, merely the same in substance as the previous matter—in other words, it is a question of substance, not form; there is no rule preventing the introduction of two bills on the same subject, or indeed opposite intent. However, if a decision of the House has already been taken on one bill (usually that the bill be read a second time), the other is not to be proceeded upon; and an amendment cannot be moved to a bill that is inconsistent with one already agreed to; has already been moved to another bill and defeated; or is substantially the same as a bill that has been defeated.

Approximately 24 clauses in the private member's bill seek to amend sections of the Residential Tenancies and Rooming Accommodation Act 2008 which are also dealt with by the government bill. If the government bill receives its second reading before the private member's bill, these clauses would be inconsistent with those clauses in the government bill, contrary to Standing Order 87, and therefore the same question rule will apply.

Some of the remaining clauses in the private member's bill are clearly consequential or otherwise related to clauses which enliven the same question rule contrary to Standing Order 87.

Whilst the bills differ with respect to some matters, I am satisfied that when the private member's bill is viewed in its entirety it is essentially seeking to implement an alternative or different scheme or policy to that contained within the government's bill.

Therefore, if the government bill passes its second reading, the Residential Tenancies and Rooming Accommodation (Tenants' Rights) and Other Legislation Amendment Bill cannot be proceeded with and will then be discharged from the Notice Paper.

As there will have been no decision taken in relation to the private member's bill, members can move amendments to the government bill to deal with the matters contained in the private member's bill.

Same Question Rule



Mr SPEAKER: Honourable members, I have considered the application of the same question rule with respect to the Public Health and Other Legislation (Further Extension of Expiring Provisions) Amendment Act and the Resources and Other Legislation Amendment Bill. In short, the same question rule is enlivened with respect to clauses 15, 16 and 21 of the Resources and Other Legislation Amendment Bill and these clauses are ruled out of order. Consequently, the long title of the bill will also need to be addressed. I seek leave to incorporate my full ruling in the *Record of Proceedings*.

Leave granted.

SPEAKER'S RULING—APPLICATION OF SAME QUESTION RULE TO THE PUBLIC HEALTH AND OTHER LEGISLATION (FEEP) AMENDMENT ACT AND THE RESOURCES AND OTHER LEGISLATION AMENDMENT PROVISION

I have considered the application of the same question rule with respect to the Public Health and Other Legislation (Further Extension of Expiring Provisions) Amendment Act and the Resources and Other Legislation Amendment Bill.

The Minister for Resources introduced the Resources and Other Legislation Amendment Bill on 16 June 2021. The Minister for Health and Ambulance Services introduced the Public Health and Other Legislation (Further Extension of Expiring Provisions) Amendment Bill on 16 June 2021. The bill was passed with amendment on 2 September 2021.

Standing Order 87(1) provides that, once the House has resolved a matter in the affirmative or negative, the same question shall not again be proposed in the same session. Similarly, standing order 150 provides for the application of the same question rule in relation to inconsistent amendments, new clauses or schedules of a bill.

As previous Speakers have noted, the matters do not have to be identical, merely the same in substance as the previous matter—in other words, it is a question of substance, not form; there is no rule preventing the introduction of two bills on the same subject, or indeed opposite intent. However, if a decision of the House has already been taken on one bill (usually that the bill be read a second time), the other is not to be proceeded upon; and an amendment cannot be moved to a bill that is inconsistent with one already agreed to; has already been moved to another bill and defeated; or is substantially the same as a bill that has been defeated.

Clauses 15 and 16 of the Resources and Other Legislation Amendment Bill seek to amend the Transport Operations (Passenger Transport) Act 1994 and Clause 21 seeks to repeal the Personalised Transport Ombudsman Act 2019. The House has already made a decision on these clauses when it agreed to amendments made in consideration in detail on the Public Health and Other Legislation (Further Extension of Expiring Provisions) Amendment Bill, specifically clauses 57, 58 and 59.

The same question rule is therefore enlivened with respect to clauses 15, 16 and 21 of the Resources and Other Legislation Amendment Bill and these clauses are ruled out of order. Consequently, the long title of the bill will also need to be addressed.

SPEAKER'S STATEMENTS

Debate of Voluntary Assisted Dying Bill



Mr SPEAKER: Honourable members, this week the assembly will be considering the Voluntary Assisted Dying Bill. All votes on the bill will, as I understand it, be personal votes. This is a bill that has generated strong opinions in the community and I am sure amongst members. Some members will find the decision-making process itself very difficult.

I would urge all members to be respectful of the views of others whilst, of course, being passionate about their own views. Let us show Queenslanders that this House is capable of debating a difficult issue in a calm and respectful manner.

Honourable members, along that particular line, I also wish to advise the House that television pool cameras will be filming and press photographers will be taking photographs in the chamber during the debate on the Voluntary Assisted Dying Bill this week.

Give with Heart Day



Mr SPEAKER: Honourable members, Give with Heart Day is the Heart Foundation's annual 24-hour fundraising challenge to raise \$1.5 million on 15 September. This year the lights of Queensland's parliament will shine red to boost awareness of heart disease and rally the community to support the Heart Foundation's life-saving research. The campaign this year will focus on celebrating the heart disease survivors who inspire Australia.

Each year in Queensland around 8,300 people die of cardiovascular disease, with around 129,700 hospitalised. That is why the Heart Foundation is appealing to Queenslanders to support Give with Heart Day. You can support Give with Heart Day online at givewithheartday.com.au. I hope members look to the lights as they shine tonight and think of all those who have experienced difficulty or have suffered loss as a result of this terrible disease.

School Group Tours



Mr SPEAKER: Honourable members, I wish to advise that we will be visited in the gallery this morning by students and teachers from Heights College in the electorate of Rockhampton, St William's School, Grovely, in the electorate of Ferny Grove and Livingstone Christian College in the electorate of Coomera.

PETITIONS

The Clerk presented the following paper and e-petition, lodged and sponsored by the honourable member indicated—

Sunshine Motorway, Noise Abatement Barriers

Mr Mickelberg, from 633 petitioners, requesting the House to install noise abatement barriers along the Sunshine Motorway from Abelia Place to Glenfields Boulevard, in Mountain Creek [[1356](#), [1357](#)].

The Clerk presented the following e-petitions, sponsored by the honourable members indicated—

Land Titles, Land Stability History

Mr Boothman, from 510 petitioners, requesting the House to ensure any residential property or title searches include historical land stability history [[1358](#)].

RSPCA, Funding

Mr McCallum, from 723 petitioners, requesting the House to ensure the RSPCA is properly funded [[1359](#)].

The Clerk presented the following e-petitions, sponsored by the Clerk—

Print Media, Rural and Regional Queensland

685 petitioners, requesting the House to subsidise essential media access in a printed format to rural and regional Queensland, the same way that other essential services are subsidised in regional areas to support equity and access [[1360](#)].

Lockdowns and Wearing of Masks, Community Safety

2,712 petitioners, requesting the House to provide the people of Queensland irrefutable evidence within 30 days of the presentation of this petition that lockdowns and the wearing of masks will save lives and protect the community [\[1361\]](#).

PCR Test

11,133 petitioners, requesting the House to provide the people of Queensland within 30 days of the presentation of this petition the cycle threshold of the Polymerase Chain Reaction (PCR) test in Queensland; the irrefutable evidence used to justify the use of PCR test and its threshold; and the future of the PCR test in Queensland [\[1362\]](#).

Petitions received.

TABLED PAPERS

PAPERS TABLED DURING THE RECESS (SO 31)

The Clerk informed the House that the following papers, received during the recess, were tabled on the dates indicated—

3 September 2021—

- [1340](#) Ethics Committee: Report No. 207, 57th Parliament—Annual Report 2020-21
- [1341](#) Queensland Government: Queensland: State of the Environment 2020—Summary
- [1342](#) Ruling by the Speaker of the Legislative Assembly, Hon. Curtis Pitt—Alleged deliberately misleading the House by the member for Currumbin
- [1343](#) Controlled Operations Committee—Annual Report 2020-21

6 September 2021—

- [1344](#) Education, Employment and Training Committee: Report No. 9, 57th Parliament—Subordinate legislation tabled between 25 February 2021 and 17 June 2021

7 September 2021—

- [1345](#) State Development and Regional Industries Committee: Report No. 12, 57th Parliament—Subordinate legislation tabled between 21 April 2021 and 15 June 2021
- [1346](#) State Development and Regional Industries Committee: Report No. 13, 57th Parliament—Annual Report 2020-21
- [1347](#) Queensland Independent Remuneration Tribunal—Annual Report 2020-21

8 September 2021—

- [1348](#) Committee of the Legislative Assembly: Report No. 29, 57th Parliament—Report on the 2021 Budget Estimates Process
- [1349](#) Committee of the Legislative Assembly: Report No. 30, 57th Parliament—Annual Report 2020-2021

10 September 2021—

- [1350](#) Australian Criminal Intelligence Commission—Annual Report 2019-20
- [1351](#) Community Support and Services Committee: Report No. 6, 57th Parliament—Queensland Veterans' Council Bill 2021, interim government response

13 September 2021—

- [1352](#) Legal Affairs and Safety Committee: Report No. 12, 57th Parliament—Subordinate legislation tabled between 12 May 2021 and 13 July 2021

TABLING OF DOCUMENTS (SO 32)

STATUTORY INSTRUMENTS

The following statutory instruments were tabled by the Clerk—

Superannuation (State Public Sector) Act 1990:

- [1363](#) Superannuation (State Public Sector) Notice 2021, No. 137
- [1364](#) Superannuation (State Public Sector) Notice 2021, No. 137, explanatory notes
- [1365](#) Superannuation (State Public Sector) Notice 2021, No. 137, human rights certificate

Planning Act 2016:

- [1366](#) Planning Amendment Regulation (No. 1) 2021, No. 138
- [1367](#) Planning Amendment Regulation (No. 1) 2021, No. 138, explanatory notes
- [1368](#) Planning Amendment Regulation (No. 1) 2021, No. 138, human rights certificate

Planning Act 2016:

- [1369](#) Planning (Public Health Accommodation Facility) Amendment Regulation 2021, No. 139
- [1370](#) Planning (Public Health Accommodation Facility) Amendment Regulation 2021, No. 139, explanatory notes
- [1371](#) Planning (Public Health Accommodation Facility) Amendment Regulation 2021, No. 139, human rights certificate

MINISTERIAL STATEMENTS

Coronavirus, Update



Hon. A PALASZCZUK (Inala—ALP) (Premier and Minister for Trade) (9.39 am): I can advise the House that we have one new local case of COVID. We are not concerned about this case because it is a 15-year-old girl, a student at St Thomas More College, a close contact who has been in home quarantine during her whole infectious period. We also have one case acquired from overseas. We have done 13,396 tests in the past 24 hours.

Coronavirus, Vaccination



Hon. A PALASZCZUK (Inala—ALP) (Premier and Minister for Trade) (9.39 am): Almost four million vaccinations have been administered in Queensland since the beginning of the pandemic. That means more than 56.68 per cent of all Queenslanders have received their first dose and 38.33 per cent are fully vaccinated. This is a great achievement, but we must do more. We are working hard to scale up our vaccination rollout here in Queensland, especially when we get more supply.

As of yesterday, children between the ages of 12 and 15 became eligible to receive the Pfizer vaccination. Today I am pleased to confirm that 15,127 children aged 12 to 15 have booked in, and already 9,000 doses have been administered to young people aged 12 to 15.

In addition, we are continuing to open new mass vaccination hubs throughout the state, including Cairns where we administered 2,511 doses over the weekend. Well done, Cairns! In Toowoomba we administered 533 doses on day one yesterday. Well done, Toowoomba! At Boondall for the north side of Brisbane, we have administered more than 7,000 doses since last week.

We are also taking vaccines to communities where we know the take-up has been slower than expected. We have opened a number of community hubs throughout the South-East, including Mount Warren Park, our largest community vaccination centre, which administered 894 doses over the weekend. It was wonderful to be there earlier last week as well. We have also proven that if we have the vaccines, we can get them into people's arms.

Our strong border measures have helped keep delta out of Queensland, preventing long lockdowns and allowing our economy to recover. Our handling of COVID is a testament to the hard work of every single Queenslanders, and I am proud of every single Queenslanders in this state.

We will continue to work hard to ramp up our vaccine rollout here in Queensland, and I once again encourage all Queenslanders who are eligible to go and get vaccinated. I encourage all members in this House to encourage members of their community to go and get vaccinated. If you have not already, please register your interest via the Queensland Health website or contact your local GP or pharmacist.

Queensland Border Restrictions




Hon. A PALASZCZUK (Inala—ALP) (Premier and Minister for Trade) (9.42 am): I have some good news as well for Queensland. We know that especially communities around our borders have been doing it particularly tough. Families have been separated, communities divided and many businesses have been hard hit. Today I have some good news for these communities. I really want to thank the Treasurer, the small business minister and the tourism minister for working on this package. I also want to thank the Deputy Premier for his liaison with the Deputy Premier of New South Wales.

We are partnering with the Commonwealth to deliver a \$54.55 million emergency support package to help businesses hurting due to the border restrictions with New South Wales and our tourism operators across Queensland who have been impacted by ongoing lockdowns in other states. It includes \$6.3 million to extend our existing COVID-19 Business Support Grants program; \$6.5 million to provide one-off hardship scheme grants of \$5,000 for employing businesses and \$1,000 for sole traders; up to \$1 million to deliver matching funding for a campaign delivered by council and Destination Gold Coast, encouraging Gold Coasters to go and support those border businesses; \$50,000 in support for marketing campaigns in Coolangatta; and \$700,000 for additional mental health support for business owners and their families in the border zone—I know that is something the Minister for Small Business is very passionate about and she spoke to me about the people she had met when she visited those communities—and \$40 million for the tourism and hospitality sector hardship program to deliver one-off grants for up to \$50,000 for businesses that have experienced a reduction in turnover of at least 70 per cent since July.

This stimulus will provide a lifeline for many businesses that are doing it tough right now. It is great to see in this instance the state government working with the Commonwealth government to bring about a support package to help those who need it the most. That is great to see. The Treasurer has told me that his conversations with the federal Treasurer have been very supportive with this. It supports businesses in the border zone as well as tourism operators across Queensland who are severely impacted by the ongoing lockdowns in New South Wales and Victoria.

We will continue to back small businesses to safeguard jobs and rebuild our economy.

Olympic and Paralympic Athletes

 **Hon. A PALASZCZUK** (Inala—ALP) (Premier and Minister for Trade) (9.44 am): After every Olympic and Paralympic games, we feel like we are on a first-name basis with the athletes we are so proud of. They live out their dreams, their struggles, their triumphs and their disappointments in front of our eyes.

Ariarne, Kayleigh, Emma, Curtis and Rowan—some of them we knew before the Games, but many we did not. Their families and supporters knew their champion qualities, and now we do, too.


We saw Logan Martin in BMX and Keegan Palmer in skateboarding, Cedric supporting his teammate, Ashley, to the bronze medal in the decathlon, Paralympians Curtis McGrath in the kayak and Rowan Crothers who brought back memories of the Mean Machine by shaving his head before winning Paralympic gold in the pool. In fact, Queensland Paralympians won their most medals ever at a Paralympics.

As an Olympic host, one of the things we want to do is to answer the question: where do we find the next Kayleigh, Ariarne, Keegan and Rowan? I am excited to announce that the Queensland Academy of Sport will launch the biggest talent search Australia has ever seen. The QAS high performance strategy will partner with sports to identify and develop champions. Many Olympians come from our regions. The aim is to select 400 athletes from across Queensland to develop their talents now in time for the 2032 Brisbane Olympics. That is why we have doubled our investment in the academy with an extra \$29.3 million over two years for the first stage of the 2032 High Performance Sport Strategy.

Hosting the Olympics is also about the economic and social benefits. The 2032 games will create more than 90,000 jobs and billions of dollars of new investment. It will help local business to capitalise on that. We announced last week that they could register for updates about procurement. I am pleased to advise the House today that more than 900 suppliers have already done so. That speaks volumes about the interest and enthusiasm for the business opportunities that the Olympics will bring right across Queensland.

Queensland athletes won 56 medals in Tokyo, including 13 Olympic gold and nine Paralympic gold. We look forward to the welcome home event in King George Square three weeks from this Friday. We are very proud of every single athlete who gave their best. Our job now is to plan for an Olympic event that will make us even more proud.

Coronavirus, Economy

 **Hon. CR DICK** (Woodridge—ALP) (Treasurer and Minister for Investment) (9.47 am): We know delta is coming to Queensland. It is not a matter of if but when. Every day that our border keeps the virus out of Queensland is another day of open, unrestricted economic activity for Queensland businesses and another day to further vaccinate and protect our population.

Queensland Treasury analysis indicates that an extended New South Wales-style lockdown could reduce economic activity in our state by over \$3 billion per month. Put another way, our strong health response is saving Queensland businesses \$100 million each day every day. Unfortunately, as the Premier has said, some Queensland businesses have shouldered a heavier burden. The burden has not come from any lockdown imposed by the Queensland government. On the contrary, for each of our short, sharp, timely lockdowns, Queensland Treasury analysis of bank data shows that overall consumer spending has fully rebounded. Unfortunately, it is not true for everyone.

Some businesses along our border have suffered because of the actions and inactions of the New South Wales government, resulting in outbreak, lockdown and the border restrictions that necessarily follow to protect Queenslanders.


Tourism businesses across Queensland have also suffered, as southern state residents have been confined to their homes by orders of their state governments. That is why our government is pleased to announce new enhancements to our \$600 million business support package that we have agreed with the federal government.

For businesses in border communities, eligibility for the business support package will be extended to align with the New South Wales lockdown rather than the Queensland lockdown period. This will mean more businesses in our border communities can access our business support grants of up to \$30,000.

The state will also be investing directly. We will be supporting the Gold Coast city council's voucher scheme with an additional \$1 million, a further \$50,000 in marketing support for the southern Gold Coast and up to \$700,000 to provide mental health support for those border businesses. Impacted tourism businesses outside of the border zone will also be able to access enhanced support. Eligible businesses in the tourism and hospitality sector that have experienced a 70 per cent decline in turnover will be eligible for a further grant of \$15,000, \$25,000 and \$50,000 depending on their business size. These tourism hardship grants are on top of the existing business support package, meaning some businesses will be eligible for \$80,000 in support.

I know this will be welcome news to all members of the House, particularly regional members such as the member for Cairns, the Assistant Minister for Tourism, who has been a relentless advocate for tourism businesses in this state, and in particular in the Far North of Queensland. When it comes to COVID-19, our government is protecting Queensland lives and protecting Queensland livelihoods.

Coronavirus, Vaccination

 **Hon. SJ MILES** (Murrumba—ALP) (Deputy Premier and Minister for State Development, Infrastructure, Local Government and Planning) (9.50 am): I never thought I would have to remind a federal LNP member of parliament that they were not a horse, but yesterday I had to tell the member for Dawson that he is indeed not a horse. Members will be aware that while the member for Dawson is not a horse he sometimes acts like a bit of a donkey. I have heard that he likes the whip. He posted to his social media that he had obtained Ivermectin, the horse dewormer, to take in case he contracts COVID. It is what the internet calls horse goo. It is great at getting rid of worms in horses, but not so good for treating COVID in people, including federal LNP MPs.


The best way Queenslanders can protect themselves and their loved ones from COVID is to get vaccinated. Fortunately, Queensland Health is vaccinating record numbers every day. They vaccinated 20,928 yesterday, meaning 56.68 per cent of Queenslanders have now had their first dose and 38.33 per cent are fully vaccinated. Just last week we opened new mass vaccination hubs at the Entertainment Centre at Boondall and at Mount Warren Park in Logan. We also opened one in Rockhampton so people could get a vaccination and a pie on their way to the footy.

This is despite the fact that Scott Morrison has been siphoning off Queenslanders' vaccines to New South Wales. More than 100,000 vaccines have been redirected so far. We do not begrudge New South Wales for needing more supply faster—things down there are pretty grim—but why criticise Queenslanders for the effect it has had on our rates? Given the start Morrison gave us, we are well on the pace. Queenslanders, other than George Christensen, are ready to gallop to the vaccine finish line. I hate to be a 'neigh-sayer', but I think George Christensen is using horse paste for one last burst of attention before he is put out to pasture. Given his performance as an MP he certainly will not be put out to stud.

There should be no horsing around on the topic of vaccines. The Mackay region has below the statewide average of vaccination for COVID. The people of Dawson are sick of being saddled with George Christensen. So the only question that remains is: why the long face, George? Maybe he genuinely has worms, and if that is the case I will withdraw my objections. If Scott Morrison is serious about the vaccine rollout, he will take off his blinkers, scratch his horse Christensen and stop talking down Queensland.

Mr SPEAKER: Of course; of course!

Retail Sector; Trading Hours, Parliamentary Inquiry


 **Hon. G GRACE** (McConnel—ALP) (Minister for Education, Minister for Industrial Relations and Minister for Racing) (9.53 am): I actually think that is a statement the Minister for Racing should have delivered! We all acknowledge the vital role the retail sector has played during a world health pandemic.

Queenslanders would not have been able to access basic necessities, if it were not for the dedication of our retail workers and shop owners. They have shown great adaptability and resilience over the past 18 months in dealing with the reality of working during a world health pandemic to continue to serve our community as safely as possible, in spite of an unforeseen run on toilet paper.

The Palaszczuk government has always committed to ensuring we strike the right balance between creating greater consumer choice while providing protections for retail workers and certainty for retail businesses. That is why in 2016 Queensland's Trading (Allowable Hours) Act 1990 was reviewed. Following former Speaker John Mickel's independent review, we introduced historic red-tape-cutting trading hour reforms. The number of trading hours zones was reduced from around 100 to just 12, and a five-year moratorium was introduced to allow the act to take effect. These changes simplified trading hours arrangements and provided a stable retail environment allowing retailers of all sizes to best service their customers' needs—a victory for common sense, jobs and the economy.

As we approach the end of the five-year moratorium that ends on 31 August 2022, I am pleased to advise that during this parliamentary sitting an inquiry into the effectiveness of the moratorium and the operation of the Trading (Allowable Hours) Act 1990 will be referred to the parliamentary Education, Employment and Training Committee, chaired by the member for Redlands, Kim Richards. The committee will be asked to consider the impacts of the amendments made by the Trading (Allowable Hours) Amendment Act 2017, including obtaining stakeholder feedback and the ongoing role of the independent tribunal, the QIRC. Amendments to the trading hours act provided much needed certainty for this industry and retail workers in Queensland, and I am confident the parliamentary committee's inquiry will build on this great work. This timely parliamentary inquiry will ensure that Queensland's trading hours act and regulations will continue to support Queensland businesses and the communities they serve, particularly in our vibrant tourism and remote and rural locations throughout this great state.

Palliative Care and End-of-Life Care

 **Hon. YM D'ATH** (Redcliffe—ALP) (Minister for Health and Ambulance Services) (9.56 am): As our population continues to boom and age so, too, will demand for health services, including palliative care. I would like to start by acknowledging the incredible work of the palliative care teams and staff throughout Queensland. Many of us have experienced the loss of a loved one, and many of us have seen firsthand the impact specialised palliative care staff have during our times of grief and loss. That is why our government wants to ensure Queenslanders have access to compassionate care, in the most appropriate setting, at the end of their lives.

Queenslanders deserve to have choice and control over how they spend their final days. That is why the Palaszczuk government is delivering \$171 million for palliative care funding that we announced at the last election. This is the single biggest investment in palliative care funding in Queensland's history. This record funding will help develop a new palliative and end-of-life care strategy to strengthen and reform end-of-life care, by providing improved equity of access and choice for Queenslanders and more frontline palliative care staff.

The new funding is in addition to existing hospital and health service funding, which will continue to increase over time. In the last 12 months we have also provided \$12.9 million to non-government organisations to deliver palliative care services in the community. By 2025-26 it is expected, based on current projections, that Queensland Health will spend close to \$250 million each year on palliative care. Importantly, this record new funding will have a strong focus on regional, rural and remote community-based services. It will mean that no matter where people live, they will have access to compassionate care, in the most appropriate setting, at the end of their life.

The funding will be focused on growing and investing in Queensland's specialist palliative care workforce and improve home based and after-hours care and support with over 290 jobs expected. Since 2015 we have employed over 7,500 new additional nurses and midwives, including the creation of a new palliative care nurse navigator role. That is why at the last election we committed to employing an additional 5,800 nurses and midwives.

Today I can announce that Queensland Health is commencing statewide consultation with clinicians, non-government organisations and peak bodies to develop the new palliative and end-of-life care strategy and workforce plan. We encourage all to engage in this consultation to ensure that this strategy and workforce plan is for the long term.

The truth is that many of us do not put much thought into end of life or end-of-life care. Typically, it is something people find difficult to discuss, but it is time we rethink this as a community. Investing in palliative care is just one important area to invest in and have discussions about. I encourage people

to look at their healthcare plan for the future, whether it is an advance health directive, enduring powers of attorney or wills, or even the important discussion around putting themselves on the register to be an organ donor. These are discussions we should be having publicly but also with our closest friends and loved ones. I encourage people to have these discussions. They are important decisions and it is important that our loved ones know what our wishes are for our future plans and end of life.

Cross River Rail



Hon. MC BAILEY (Miller—ALP) (Minister for Transport and Main Roads) (9.59 am): Our strong health response is making Queensland the place to be. Our population is booming, with two-thirds of the rapid growth predicted to come to South-East Queensland. With the disaster that is the New South Wales COVID response, plus the 2032 Olympic and Paralympic Games on the horizon, we will be seeing even more people come to the Sunshine State.

With enormous population growth comes pressure on Queensland's transport system. That is why the Palaszczuk Labor government is making a record investment in major road and transport infrastructure including the Cross River Rail project. This project will transform public transport while backing jobs and our economy.

By the end of this year, more than 3,000 people will have worked on this project, which is on time and on budget. I joined 50 of these workers at a morning safety briefing just over a week ago. Over a hearty barbecue breakfast, Big Jerry and Jayson talked the crews through the focus of the day and what they needed to be aware of. Workers were engaged, asking questions, and were ready to hit the underground running. After this briefing I toured more than seven kilometres of tunnelling completed since January.

Going north to Roma Street via Albert Street and then south to Woolloongabba, experienced tunnel manager Tai showed me what crews had achieved in such a short space of time. I can report that the impressive roadheader machines are close to breaking through at the future Boggo Road station. Even in a site buggy it is amazing how quick it is to go from Woolloongabba to Roma Street underground. It is just over 2.5 kilometres of twin tunnels between two of our likely key Olympic venues in 2032. This halves the current rail journey through South Bank and the Merivale Bridge, which is more than five kilometres in length.

Cross River Rail will mean a quicker commute time into the heart of the city for our workers travelling to the new Albert Street station, which is under construction now. Workers like those I met also benefit from the contracts with 800 Queensland suppliers and subcontractors that have supported this project. Cross River Rail is injecting \$4 million into our economy every single day. What we know for certain is that Queensland is growing rapidly, with 88 per cent of net migration coming here in the next few years because of our strong health response. A growing state needs a growing transport system. That is what the Palaszczuk Labor government is delivering. Cross River Rail will transform public transport in South-East Queensland and cement Brisbane where it rightly belongs—as one of the world's great cities. It will be awesome.

Rural Fire Service, Yellow Ribbon Day



Hon. MT RYAN (Morayfield—ALP) (Minister for Police and Corrective Services and Minister for Fire and Emergency Services) (10.02 am): I start by acknowledging members of the Chambers Flat Rural Fire Brigade and the Rural Fire Brigades Association of Queensland who are in the gallery today. I understand that these wonderful people will also be visiting the parliamentary cafe after question time to enjoy some world-famous thick shakes and sticky buns.

Today is Yellow Ribbon Day—the day to don a yellow ribbon and support the nearly 30,000 Rural Fire Service volunteers around our great state. We all know that our Rural Fire Service volunteers make a significant contribution to Queensland. Their dedication is unwavering. They go above and beyond in trying circumstances.

The men and women who wear the yellow coat and drive the yellow truck from the more than 1,300 brigades statewide are always there for us when we need them most. The safety of all volunteers is at the forefront of what we do to protect the people who protect us.

Alongside the RFBAQ, the government is investing in improving safety for Rural Fire Service volunteers. We are currently conducting several trials to consider upgrades to cab chassis to include key safety systems such as rollover protection and crew spray defence systems. These men and women devote large chunks of their lives to volunteering, and all Queenslanders are grateful for their service. To all of them I say thank you.

Bushfires



Hon. MT RYAN (Morayfield—ALP) (Minister for Police and Corrective Services and Minister for Fire and Emergency Services) (10.04 am): Following a mild start to this year's bushfire season, many parts of the state are this week going to experience an increase in bushfire potential, with high to very high bushfire danger ratings in some areas. Under these conditions, we can expect fires to start and take hold quickly.

From today until 20 September, the Queensland Fire and Emergency Services Predictive Services Unit, through internal analytical and Bureau of Meteorology forecasting, have identified areas that may be of higher risk of bushfire activity. Those areas include from the Atherton Tablelands to the northern savanna grasslands and increased fire potential along the east coast from Townsville to the Fraser Coast and the Central Highlands.

Queensland Fire and Emergency Services is well prepared to respond to any increase in bushfire activity, with ground crews and aerial support available, if required. Conditions will begin to ease late in the week and into the weekend. I encourage all Queenslanders, particularly those Queenslanders in the areas of high to very high risk, to be well prepared not only for this week but for the entire 2021 bushfire season.

Women's Safety and Justice Taskforce



Hon. SM FENTIMAN (Waterford—ALP) (Attorney-General and Minister for Justice, Minister for Women and Minister for the Prevention of Domestic and Family Violence) (10.05 am): I rise to update the House on the progress of the Women's Safety and Justice Taskforce, chaired by the Hon. Margaret McMurdo AC. Since the Premier and I announced the task force earlier this year, they have wasted no time in canvassing the views of stakeholders and women with a lived experience of violence. Already the task force has received over 700 submissions from survivors and their family members, frontline workers and the wider community.

Violence against women is an epidemic that has impacted the lives of too many women in Queensland from all walks of life. The task force has also now released two discussion papers: one looking at different options to legislate against coercive control and another to look at key themes to focus on for the second report into women's experience of the criminal justice system.

The task force has also conducted consultation on the Gold Coast, in Mount Isa and in the Torres Strait. Due to the breadth and complexity of the task force's work, the number of women who have reached out to provide submissions, as well as ongoing impacts of COVID-19 and the inability of the task force to travel, the chair has written to me seeking an extension to ensure it fulfils the terms of reference, particularly in relation to engagement and consultation with stakeholders and those with a lived experience.

As such I have granted an extension by one month for the delivery of their first report on how best to legislate against coercive control and an extension of three months until June next year for their final report on women's experience of the criminal justice system. These are complex issues. Queensland will be the first state to legislate against coercive control and we need to ensure that we get it right to avoid unintended consequences which have been raised by many stakeholders in their submissions.

Given the complexity and importance of giving each submission its due diligence, the Queensland government has granted the extension. I would like to thank everyone who has written a submission, participated in one of the task force's consultation sessions or met with a task force member. I would also particularly like to thank all of the brave women who have come forward to share their own story. We have heard you. I look forward to receiving the first report in November this year.

NRL Grand Final



Hon. SJ HINCHLIFFE (Sandgate—ALP) (Minister for Tourism Industry Development and Innovation and Minister for Sport) (10.07 am): I first want to associate myself with the Premier, and the Treasurer's statements in relation to the package supporting businesses affected by interstate lockdowns.

Mr Speaker, you will recall very well the NRL's first all-Queensland grand final in 2015—Cowboys versus the Broncos, one of the greatest games.

Mr Dick: Plenty of us remember it.


Mr HINCHLIFFE: Everyone I think remembers it, Treasurer. That great occasion amplified calls for a Rugby League decider in Queensland at the world's best Rugby League arena—Suncorp Stadium. While we are thinking of family and friends in New South Wales locked down in their justifiable fight against the delta variant, it is the right time for us to celebrate this opportunity to host the grand final at Suncorp Stadium. Right now Queensland is writing Rugby League history as hosts of the 2021 NRL final series and, as I say, the grand final, which Queenslanders have craved for decades. The Palaszczuk government's deal with the NRL recognises regional Queensland is Rugby League heartland.

Regional Queensland has been hit hard by the pandemic but it is a big winner in the finals carve-up. Contributing an estimated \$19 million to the Palaszczuk government's economic recovery plan, the finals series has guaranteed six games for regional Queensland. As a result of our arrangements regional Queensland is also assured of two premiership games over each of the next two seasons. Finals week 1 kicked off on Friday night at the Sunshine Coast Stadium, a double-header at Townsville on Saturday at the Queensland Country Bank Stadium, and finished Sunday at Rockhampton's famous Browne Park. We can fill venues to capacity because of the great work of Queenslanders in managing the health impacts of the pandemic. The two matches of finals week 2 have been locked in for this Friday and Saturday in Mackay. I know that the member for Mackay is very excited about that.

Finals celebrations in the heartland also include our first grand final trophy tour. Yesterday the famous Provan-Summons Trophy dazzled Central Queensland's future stars of the game at schools and football clubs in Central Queensland. On Friday I had the honour of kicking off the tour's first leg on Bullcock Beach at Caloundra with Maroons and grand final legend Cameron Smith, and I can attest to the trophy's weight. The next stop is Mackay, then the Whitsundays and Redcliffe. The trophy is just one element of three weeks of Rugby League celebrations now that Queensland finally has the NRL Grand Final firmly in its grasp. In the days ahead we will have more to say about events and opportunities for Queenslanders to get involved in that NRL decider. This is Queensland's NRL Grand Final and we are going to make every moment count.

Mr SPEAKER: I believe the score was 17-16.

Renewable Energy Zones

 **Hon. MC de BRENNI** (Springwood—ALP) (Minister for Energy, Renewables and Hydrogen and Minister for Public Works and Procurement) (10.11 am): It seems that each sitting week I stand in this House with another renewable energy project announcement. I love nothing more, because every new project means more jobs for Queenslanders. Today I can announce the next milestone in our delivery of the first renewable energy zone in North Queensland. Queensland owned Powerlink has commenced construction on transmission system upgrades that will connect the Kaban Green Power Hub to the grid. Their work program will include building the Tumoulin switching station near Ravenshoe, almost 1,000 metres above sea level. The switching station will be at the highest elevation of any in Queensland.

The project will help harness our abundant wind resources and transport Kaban wind farm's 157 megawatts of output across North Queensland. It builds on our \$40 million investment, announced by the Premier in May, to upgrade the transmission line between Cairns and Townsville from 132 kilovolts to 275. It also allows Neoen to forge ahead with their \$373 million investment, which will create 250 local jobs in North Queensland. Most importantly, it is the next step in a \$700 million program of upgrades to the North Queensland network that Powerlink will carry out over the next five years. These upgrades will open up Far North Queensland to new investment and enable additional capacity for solar and wind in the northern Queensland renewable energy zone.

The Kaban project is our cornerstone for this zone and is a project the Palaszczuk government is backing from connection to dispatch. This is the same renewable energy project the Commonwealth used its veto powers under the NAIF to block. Federal Minister for Northern Australia Keith Pitt personally vetoed Kaban's NAIF loan in order to block more renewables in Queensland. Fortunately, this project was saved by this government. It is Queensland's publicly owned clean energy generator CleanCo that has enabled Kaban to go ahead.

I can confirm that CleanCo will purchase 100 per cent of the renewable energy generated at Kaban. Queensland's publicly owned renewable company will also control the bidding and dispatch of the wind farm into the grid when generation commences. This is the first time in Queensland that a publicly owned generator has negotiated dispatch control as part of an offtake. It demonstrates the

innovative ways our publicly owned businesses are responding to changing market dynamics. This is a win for Queenslanders. It means that the full 157 megawatts generated by Kaban will be used in CleanCo's portfolio to put more downward pressure on wholesale electricity prices. That means more jobs in more industries and cleaner power for Queensland, and that is why Queensland is a renewable energy superpower.

QUESTIONS WITHOUT NOTICE

Mr SPEAKER: Question time will conclude today at 11.14 am.

Queensland Border Restrictions, Exemptions



Mr CRISAFULLI (10.14 am): My question is to the Premier. I refer to the Premier's comments that, 'Queensland Health knows they need to do better and they will do better.' Does the Premier accept that staff in the exemptions unit are following her rules and she needs to take responsibility and do better?

Ms PALASZCZUK: You might need to look at the standing orders, because the question was not very well worded, but it does not matter. I am happy to talk about our strong border measures to keep delta out of Queensland as long as we possibly can. The reason we have an exemptions unit at the moment is because there is a massive outbreak in New South Wales. Hundreds of people are dying, ICUs are getting flooded and we are trying to keep delta at bay. I know the opposition does not like our strong border measures. They never have. We heard the Leader of the Opposition on Sky News, I think it was with—

Dr Miles: Peter Stefanovic.

Ms PALASZCZUK:—Peter Stefanovic; that is right. He was asked about five times what he thought of our strong border measures, but he would not say. The leader of the LNP would not say categorically whether they support our strong border measures in Queensland. It is a very simple question with a very simple answer: yes or no.

Opposition members interjected.

Ms PALASZCZUK: I encourage him to go back on there. We would be more than happy to see that. The reason we have an exemptions unit is because there is a massive outbreak in New South Wales. The risk to Queensland used to come from overseas. It used to be the number of overseas flights coming in. We reduced the caps. Now the real and present danger is across the border from New South Wales and Victoria. I think Victoria recorded over 450 cases, and every day we are seeing more than 1,000 cases a day in New South Wales. Obviously, those opposite are oblivious to what is happening.

Mr Crisafulli interjected.

Mr SPEAKER: Order! Leader of the Opposition!

Ms Grace: It's reality.

Ms PALASZCZUK: It is called facts. I know they do not like facts. They do not like evidence. We had the attacks—

Dr Miles: Science.

Ms PALASZCZUK: That is right. We are trying to do everything we can to keep delta at bay. We want people to get vaccinated. My clear message to Queenslanders is that now is the time to get vaccinated. We have this magical window of opportunity to allow as many Queenslanders as possible to get vaccinated before the delta virus takes hold in this state. We have seen the economy decimated in other parts of the country where delta has taken hold. Our strong health response has meant that our economy has been able to go ahead in leaps and bounds in states like Queensland and Western Australia.

Queensland Border Restrictions, Exemptions

Mr CRISAFULLI: My question is to the Premier. The opposition has been contacted by a Queenslanders who performs seasonal work in New South Wales. After being refused entry back home to Queensland he was reportedly told by the Queensland COVID line to contact a homeless shelter in New South Wales. If Queenslanders are being forced into homeless shelters rather than being allowed to safely return home, is this what 'doing better' looks like?

Ms PALASZCZUK: I am very happy for the opposition leader to give that information to the Health minister and we can investigate it.

Dr Miles: Queensland is doing a lot better.

Ms PALASZCZUK: I will take the Deputy Premier's interjection. Queensland is doing better than New South Wales and Victoria because we actually do really quick and fast lockdowns. That is the difference. Yes, we are doing better and we are trying to keep the delta at bay for as long as possible. People can contact the exemptions unit on—

Opposition members interjected.

Mr SPEAKER: Order! Member for Chatsworth!

Ms PALASZCZUK: That is right.

Mr Crisafulli interjected.

Mr SPEAKER: The Leader of the Opposition will cease his interjections.

Ms PALASZCZUK: Well, they are not going to get a position from you on whether or not you support our strong border closures.

Mr SPEAKER: Premier!

Ms PALASZCZUK: The media is not going to get a position on that, Mr Speaker.

Mr SPEAKER: Premier, your comments will be directed through the chair.

Ms PALASZCZUK: Let me say this. As of Monday, the exemptions team had assessed 57,268 exemption requests. Of those requests, Queensland Health records show that 7,374 requests were approved in whole or in part. This unit is doing the best they possibly can. They are humans just like everyone else. Let me say categorically again that the reason we have an exemptions unit is because there is a massive outbreak of delta virus in New South Wales. Shortly, at 11 o'clock, we will get an update of how many cases there are in New South Wales. What we do know is that October—not September—is going to be the worst month for their hospitals—

Mr Mander interjected.

Ms PALASZCZUK: What did you say?

Mr SPEAKER: Pause the clock. Premier, comments will be directed through the chair.

Ms PALASZCZUK: I reject that and I find it offensive and I ask you to withdraw.

Mr SPEAKER: Premier, if you would like the withdrawal, you will ask the question of the Speaker and I will give it consideration.

Ms PALASZCZUK: Mr Speaker, I find those comments offensive and I ask the member to withdraw.

Mr SPEAKER: Member for Everton, the Premier has found those comments offensive. Will you withdraw?

Mr MANDER: I withdraw.

Ms PALASZCZUK: This is the ignorance of those opposite that we saw before the last election campaign, when 64 times they called for the border to be opened. They are still ignorant of the facts about what is happening in New South Wales—absolutely ignorant. They have no position on it—absolutely none. Queensland Health are administering as many vaccines as they possibly can. They are doing thousands of tests if any Queenslander has any symptoms. I say to those opposite that they should go out to their electorates and talk to the public. I talk to the public all the time and I know whose side they are on. They want Queenslanders to be safe and they want Queenslanders to be—

(Time expired)

Mr SPEAKER: The member for Mermaid Beach is warned under the standing orders.

Renewable Energy

Mr KELLY: My question is of the Premier and Minister for Trade. Will the Premier update the House on how Queensland is on track to become a renewables superpower?

Ms PALASZCZUK: Queensland is doing very well, can I say. It is because of our strong health response that our economy has been able to recover. I thank the member for Greenslopes because I know how passionate he is about renewables and how great it is that we have our Minister for Hydrogen in this government. In fact, he is the first hydrogen minister in the world, from what I understand.

I had the opportunity last night via video message to address the virtual Commonwealth Trade and Investment Summit. Whilst I was addressing that, I spoke about a couple of things. One was in relation to the fact that Queensland has secured the 2032 Olympic and Paralympic Games, and renewables and the games are the basis of an ambitious trade agenda. As everyone knows in Queensland, we have a very firm position of reaching a 50 per cent renewable energy target by 2030. We have gone from seven per cent to more than 20 per cent. We know that we have a lot to do, but we are seeing a whole lot of investment.

The fact that the games will be carbon neutral and that greenhouse gas reductions will be greatly reduced means that Queensland is on the cusp of actually going to the next level. That means, if we can concentrate on hydrogen and continuing our huge investment in renewables, Queensland will be a renewable energy powerhouse. We are turning Queensland into a renewable superpower. We are going ahead of the pack when it comes to global demand for renewable hydrogen.

I had the opportunity when I was in Tokyo to also have some trade meetings with companies that are actively looking at partnering with Queensland to ensure that we can develop renewable, transportable hydrogen—green hydrogen—to our Asian neighbours, including Japan and South Korea. Investment from major energy groups is already happening, including Japan's largest domestic hydrogen supplier, the Iwatani Corporation. Its green hydrogen project alone could provide more than 5,000 jobs, \$4.2 billion in hydrogen exports and \$10 billion in value for the Queensland economy.

We know we have our ambitious climate target, starting with renewables and targeting zero net emissions by 2050. It appears that the federal government may also be seeing the light. We look forward to the big conference coming up in Glasgow to see exactly where Australia will stand.

Ms Grace interjected.

Ms PALASZCZUK: That is right. It will be interesting to see how those opposite think about that plan as well. On this side of the fence, we will always make sure we back renewables, we are an energy powerhouse and we are going from strength to strength because of our strong health response.

(Time expired)

Queensland Border Restrictions

Mr JANETZKI: My question is to the Premier. In a bid to do better, the Premier announced over 600 places in hotel quarantine after the backlash against her snap decision to lock Queenslanders out. How many Queenslanders have applied to come home and are still being refused entry?

Ms PALASZCZUK: I am happy to talk about quarantine, hotel quarantine, regional quarantine. I am happy to talk about leading the national debate when it comes to regional quarantine. I am happy to talk about leading the national debate about children. What we have said very clearly is that there was a lot of pressure in relation to our hotel quarantine. We saw, from memory, in one week more than 2,000 people wanting to come back to Queensland. Now the system is working very well. We get daily updates from the deputy commissioner. He comes to the press conferences and the media ask him questions. From all accounts from what the police are telling me, it is working quite well.

We are asking people to ring and book and let us know the flights. This is just common sense, member for Kawana—it is called common sense—so the police know who is coming, when they are coming and where they are staying.

Opposition members interjected.

Ms PALASZCZUK: Why do we have hotel quarantine? We have hotel quarantine because we have a world pandemic.

Mr SPEAKER: Members, it is not right to refer to a member's absence, even if the member on their feet is not doing so.

Ms PALASZCZUK: Apologies, member for Kawana. They all sound the same, Mr Speaker. It is just this blur of words. There is more and more capacity that is opening up. What we are seeing is that the number of people who are relocating to Queensland is actually surpassing the number of Queenslanders wishing to return. I am very confident that the system is working well. We have the system because we are trying our hardest to keep the delta virus out of New South Wales and Victoria at bay.

Coronavirus, Economic Response

Mr HARPER: My question is to the Premier. Will the Premier update the House on how our strong health response is leading to a strong economic response, including in our great city of Townsville?

Ms PALASZCZUK: I am enjoying this today. I thank the member for Thuringowa for the question. The reason we can talk about jobs and the economy is because of our strong health response. Queenslanders stop me all the time—I am quite sure they stop members of my government, and I am quite sure they even stop members of the opposition—and say that we are keeping Queenslanders safe.

A government member interjected.

Ms PALASZCZUK: Well, that is if they are out there meeting anybody.

A government member interjected.

Ms PALASZCZUK: That is right. I will take that interjection. They might be too scared.

What we have seen is that the lockdowns, the long lockdowns in New South Wales and Victoria, are having a devastating impact on business. Hundreds of millions of dollars are being lost a day due to the fact that people simply cannot go to work because of the lockdowns. The Queensland economy is going well because we have acted hard and fast in terms of trying to contain the delta virus—acting quickly. With so much virus in New South Wales and Victoria the evidence would point to the fact that at some stage it will come here to Queensland, which is why people need to get vaccinated.

What we do know is that Townsville had that great football match on Saturday, which I am quite sure the member enjoyed. I know even the minister who was just talking to me was up in Cairns and Cairns was able to celebrate the Amateurs because their economy is open. In fact, every single event that every member of this House and the members of our community are able to attend across Queensland, including the Brisbane Festival, is because of our strong health response. In other parts of the country, in New South Wales and Victoria, they are not going to events, they are not going to cafes, they are not going to restaurants, and they are not catching up with friends and family. People in New South Wales are now allowed to go on a picnic. That is not an economy functioning.

What we know in Townsville is that there are millions of dollars going into the Townsville economy. There are people who are backing it. We have the second stage of the pipeline; a sod turn is coming up very soon. We have Riverway Drive, a project that the member for Thuringowa proudly supports. We also have a lot of investment happening in our resources sector. Our resources sector has basically not hit a hurdle during this entire pandemic. It has been continuing to operate, like we have seen in Western Australia.

Queensland Border Restrictions, Exemptions

Ms SIMPSON: My question is to the Premier. I refer to the government's U-turn on decisions to lock out Queensland kids like Memphis and Rocka following media scrutiny, and I ask: will the Premier transfer her 30-plus-strong media team to the exemptions unit to ensure they do better?

Mr SPEAKER: Before calling the Premier, member for Maryborough, you are warned under the standing orders. I have asked members to remain silent during questions when they are asked.

Ms PALASZCZUK: As I have said in this House time and time again, the reason we have an exemptions unit is because of the outbreak in New South Wales and Victoria. That is why we have strong border controls. These people are trying their hardest to talk to people and work through their issues. That is why we have scaled up. There are over 75 people working in that unit. More people will be going into that unit. The reason there is an exemptions unit in Queensland is because there is a massive COVID outbreak in New South Wales. If those opposite do not think for a moment that it is going to get worse in New South Wales, they have another think coming.

I find it absolutely tragic that people are losing their lives. I do not want that for Queensland. No-one wants that for anyone. We are dealing with a world pandemic. We are dealing with a world pandemic and we are also relying on the health advice of our Chief Health Officer.

Mr Crisafulli: We are talking about two Queensland kids. They had to go to the media.

Ms PALASZCZUK: The Leader of the Opposition can interject. He cannot even answer a simple question: do they support the strong border closures? Yes or no? That is right. If Queenslanders had listened to those opposite when they called for the borders to be opened 64 times, the virus would have been rampant throughout the state, no-one would have been working, and people would not have been able to see their family and friends. I stand by our decisions to keep the delta virus out of this state.

Coronavirus, Quarantine Facilities

Mr MADDEN: My question is of the Deputy Premier and Minister for State Development, Infrastructure, Local Government and Planning. Can the Deputy Premier update the House on the progress of delivering quarantine facilities to protect Queenslanders from COVID-19, and is the Deputy Premier aware of any alternative approaches?

Dr MILES: I thank the member for Ipswich West for his question. It is a topic I know many members and many members of the public are interested in. I know that the member for Ipswich West, like everyone on this side of the House, is strongly committed to our economic recovery plan, the foundation of which is our strong health response.

In order to continue our strong health response we need dedicated regional quarantine facilities. Our response so far has been hampered by the lack of dedicated regional quarantine facilities. For months and months the Morrison government refused to work with us on dedicated facilities. First of all, they said hotel quarantine is just fine. Then when we had breaches from hotel quarantine, they said, 'That is all the state's fault,' despite the fact that quarantine has been the federal government's responsibility since 1901, as outlined in the Constitution.

The Palaszczuk government had to step in, and that is why we are constructing a 1,000-bed dedicated regional quarantine facility in Wellcamp. I am pleased to advise the House that major earthworks at the site are commencing this week, putting us on track to deliver the first stage by the end of the year and the second stage by the first quarter next year, employing 350 to 400 people in construction but, more importantly, keeping Queenslanders safe.

The fact is we would have had the facility now and we could have used it to bring back more people now if they had agreed to let us build it when we wanted to in January. Let's remember all of the excuses we got. Firstly we heard, 'There was not enough detail,' so we gave them more detail. Then we heard, 'Planes can't land there,' and we showed them a picture of the Prime Minister's plane landing there. They said it was in the desert and we said, 'No, Toowoomba is not in the desert.'

Finally, they said it had to be built on Commonwealth land; that was their last excuse. Now we know they were all just excuses because now we discover they are working on a top-secret plan for their own regional quarantine facilities built on private land in the Northern Territory. No surprises here! They are partnering with a bunch of LNP lobbyists, former staffers and a couple of billionaires to build this facility in the Northern Territory. It will be on private land in breach of the final excuse they gave for not supporting quarantine.

Quarantine is the federal government's job. This is better late than never. Now that they have accepted that building these facilities on private land is a good idea, why do they not get on board and support Wellcamp?

Queensland Border Restrictions, Exemptions

Mr BLEIJIE: My question is to the Premier. I have been contacted by Joy, whose fully vaccinated Queensland son was working temporarily in Victoria but is now unemployed and trying to get home to Queensland. When making representations to the health minister's office to get him home, I was told Queensland Health was now not responsible and it is a matter for the police minister. Is the reason Queenslanders are having such difficulty getting home because the Premier's rules are so unmanageable that even ministerial staff do not know who needs to do better or who is even responsible?

Ms PALASZCZUK: I do not accept the premise of the question. In relation to the individual case, if the member could refer that to the health minister, we will get back to him. I will say to the member for Kawana that today marks 90 days since the New South Wales outbreak started. There have been, to this date, 38,856 cases and 184 deaths.

Coronavirus, Economy

Mrs McMAHON: My question is of the Treasurer and Minister for Investment. Can the Treasurer please update the House on how the government's management during the COVID pandemic has protected the Queensland economy, and is the Treasurer aware of any other approaches?

Mr DICK: I thank the member for Macalister for her work and her strong advocacy for her community, standing up for them each and every day. As I said earlier today, our strong border controls have protected the Queensland economy to the tune of \$100 million each and every day. That is because of our strong health response to COVID-19 which has enabled a strong economic rebound. It did not necessarily have to be that way.

Over the last 12 months there has been an obsession by the LNP at both a state and a federal level about opening up—absolutely obsessed. We saw it last year with the Leader of the Opposition when he gave his Winton oration when he told the *North West Star*—

I don't think that every time we have a couple of incidents we have to go back into the bedroom and put the doona over our heads.

That is what he said last year. When we think back to what happened at the election last year, one would think that sort of disregard for public safety, that disregard for strong border controls, that disregard for putting the health of Queenslanders first would have been left behind by the Leader of the Opposition. Not a chance and that was certainly not the case when we saw the Leader of the Opposition interviewed by Peter Stefanovic on Sky News. When I heard that interview, two words immediately came to mind—'train' and 'wreck'. I thought back on all of those LNP train wreck press conferences—and, boy, there were a few! How do you rate them? How do you put them in order? There was the member for Nanango in Townsville and the member for Everton in Hervey Bay. They could not work out whether it was three years or four weeks to get back to surplus. Do members remember that during the campaign? They could not work it out. They knew they wanted to sack 30,000 workers to get back to surplus in a crazy rush.

And then of course we had the great 2021 costings train wreck by the member for Everton. He did not need the member for Nanango to do that; he did it all on his own—the greatest costings debacle in history. It stands out on its own, but I tell members what: one person beat all of them—the member for Broadwater. The Leader of the Opposition beat all of them hands down when he was asked not once, not twice, not three times, not four times, not five times whether he would open the borders when there are thousands of cases.

We know in New South Wales they are likely to top 40,000 cases today, and he could not answer it. He squibbed it every single time. That is because they have no idea, no plans and no hope. They have no hope under the Leader of the Opposition. Look at him today, Mr Speaker: in a COVID-safe parliament, members have two obligations—to wear a mask and to sit in your seat, and he cannot even do that. If he cannot obey the rules here, why would any Queenslanders respect anything he says? He cannot send a message by text, he cannot write a note; he has to walk around and talk to people. This is a man who cannot be trusted with the safety of Queenslanders and never should be.

(Time expired)

Queensland Border Restrictions, Exemptions

Ms BATES: My question is to the Premier. The opposition has been contacted by a Queenslanders who has been told that the exemptions unit will not assess their application for another 10 days. Is 10 days an acceptable period for the exemptions unit to even begin to make a decision on Queenslanders coming home while the Premier waves through sporting entourages?

Ms PALASZCZUK: I reject some of the premise of that question. 134COVID is the number that the public can ring. As I said, there have been thousands of requests and thousands have been processed. They are doing the best they possibly can. The reason—let me say it again for the opposition—we have an exemptions unit is that there is a massive outbreak of COVID in New South Wales and in Victoria and my job and the job of this government is to keep Queenslanders safe. Member for Kawana, you are part of an opposition that wanted—

Mr SPEAKER: Through the chair, Premier.

Ms PALASZCZUK:—the borders open, and apparently it still wants the borders open because I have not heard anything to the contrary. As I also said earlier, if the member for Kawana had decided to listen, there are more people wanting to relocate here than Queenslanders wanting to return here.

Coronavirus, Schools

Mr SULLIVAN: My question is of the Minister for Education, Minister for Industrial Relations and Minister for Racing. Could the minister update the House on how our schools continue to adapt to the challenges of the COVID-19 pandemic and advise if there are any alternative approaches?

Ms GRACE: I thank the member for Stafford for that question. He is very proud, just as I am, of the way schools have handled the COVID-19 pandemic here in this state. If it is one thing the Department of Education does well it is responding to a crisis, and we have done it second to none in relation to the rest of Australia. I welcome the students who are in the gallery here this morning. As we near the end of term 3, they know that they are getting face-to-face learning and we are the only schools

fully open on the eastern seaboard where students are attending school and having that face-to-face learning. I want to pay tribute to the ongoing strength and resilience of our school communities across the state. Throughout the pandemic school staff, department staff, students and families have continued to do the right thing in both the government and non-government sector, and we saw this again last week. When people get exemptions to come into Queensland, it does not take much to spread COVID.

We had a couple of scares last week, and I want to pay tribute to Windaroo State School. Some of its representatives were here last night on the invitation of the member for Macalister. We pay tribute to those representatives who were here last night. We have seen the outbreak at St Thomas More College at Sunnybank. Children are not only spreading COVID but catching COVID, and that is something very different to what we saw last year. However, time and time again we get questions from those opposite about why exemptions are being delayed, why we are being thorough, why we are making sure that when people enter the state they are entering for all the right reasons. What we know is that it does not take much for COVID to spread not only throughout our schools but also throughout the community, and that is not what people want to see. We do not have to look far to see the alternative to what we are doing here in Queensland.

I visited Cairns and with the member for Cairns I opened up a hall where 1,600 students were able to attend mask free. We were able to open a \$12 million world-class facility, and Cairns was operating. The Cairns Amateurs has never been more successful because we are open here in Queensland. The one thing a lot of those people at the races were telling me as to why Cairns is hurting even more is that international borders have closed, and we all support that. We know that that is happening, and we cannot bury our heads in the sand that that is one of the main reasons, and I know, Mr Speaker, that you enjoyed the Cairns Amateurs as well. We have also made arrangements for boarding school students to go back home. A class exemption was sorted out where carers and parents can travel with students to do that. In terms of the alternative, as I said, you do not have to look very far. Just look across the border and see that for the whole of term 3 and beyond students will not be attending school in New South Wales and their exams have been totally shifted. In Queensland we are safe and we are strong, and it is the only place to be.

(Time expired)

Health System, Data

Mr MICKELBERG: My question is to the Premier. Following this morning's Auditor-General's report into emergency department wait times, will the Premier commit to the opposition's call to release real-time health data so Queenslanders can make informed health decisions?

Ms PALASZCZUK: The health minister has already released Inform My Care data which is real time. We have a massive injection of money that is going into our health system. If those opposite for one moment do not think that the New South Wales and Victoria health systems have not gone through incredible stress during the pandemic—

Opposition members interjected.

Mr SPEAKER: Sorry, Premier. Members to my left, I am listening to the Premier's answer. I believe she is addressing the question as asked. I would like to hear that answer.

Ms PALASZCZUK: That is right. If they want to talk about what is happening in real time, what is happening in New South Wales and Victoria is real. Those opposite want to ignore what is happening to the south of our border. They want to pretend that it is not happening. As I said, the Minister for Health has released that data. Whilst I am on my feet I also want to add some information for those opposite who were asking some questions about quarantine earlier. There have been over 122,000 people who have gone through Queensland's hotel quarantine system since the beginning of this pandemic. I think that is a pretty good record for Queensland. We have kept Queenslanders safe. During the whole pandemic period more than 122,000 people have gone through our hotel quarantine.

Coronavirus, Vaccination

Mr HEALY: My question is of the Minister for Health and Ambulance Services. Can the minister please update the House on the progress of Queensland's vaccine rollout and advise the House of any challenges?

Mrs D'ATH: I thank the member for Cairns for his question. I know he is thrilled to have the vaccination rollout in his area. There have been 3,707 vaccinations in the last few days. The Premier might have had a lower number; it is actually higher than that. There have been 3,707 vaccinations in

the first three days of the opening of the mass vaccination centre at the Cairns Convention Centre. I acknowledge the amazing work of our health workers. In Cairns it was wonderful to meet the student doctors who were doing vaccinations for us as well and, of course, we have the Care Army and other volunteers helping us run these centres. Last week Queensland Health administered over 146,000 doses, which is another record for us, and yesterday Queensland hit a landmark of four million doses administered since we commenced the rollout.

We have heard a lot in the media in recent times about the Morrison government picking a fight across the states about their rollout of vaccines. They were so desperate last week that they rolled out Andrew Laming on radio to talk about the vaccine rollout. Andrew Laming was trying to say that there were 60,000 Pfizer doses sitting there that had not been ordered by us that we were just not using. The Commonwealth doubled down and produced a table that no-one had ever seen before. They dropped that out to the media: there is 60,000 unallocated. We wrote to the Commonwealth. I can inform the House that the director-general contacted General JJ Frewen and said we will take this 60,000, thank you so much. The response we got was—

I can confirm that as of today, Queensland Health has ordered 100 per cent of its allocation and that there is no unordered stock for Queensland.

...

In regards to public messaging from the Commonwealth, you could refer to the daily slide which on a Monday includes utilisation data.

...

As outlined in those slides, Queensland is fully utilising its doses. I hope this is helpful.

It was very helpful, thank you. There is at least one person willing to be honest at a Commonwealth level—it is not a politician, of course, at the Commonwealth level, it is General Frewen and we thank him for his honesty in saying there is no unordered stock; we are fully utilising everything we have. The Morrison government should stop playing games. We know they are giving more to New South Wales. All the data shows that New South Wales is getting per capita more than Queensland. They should be honest and say that to the people of Queensland when they keep trying to pick a fight around the vaccine rollout.

Coronavirus, Vaccination Passports

Mr ANDREW: My question is to the Premier. Will the Premier give the people of Queensland an undertaking that no vaccine passports will be introduced in Queensland?

Ms PALASZCZUK: As we know, it is very important for people to get the vaccine. National cabinet is working through a whole range of issues. We are working through that national plan. At the moment there are discussions about it, but there has been no formal advice in relation to it.

Coomera Connector

Mr KING: My question is to the Minister for Transport and Main Roads. Will the minister update the House on how works are progressing on the Coomera Connector project?

Mr BAILEY: I thank the member for Kurwongbah who, despite being a northsider, is a great supporter of the Coomera Connector. I am happy to report to the House that early works are underway on the Coomera Connector—or the second M1 as it is well known. This is a project where this government secured the corridor and gazetted all three sections after it was blocked by those opposite. Once fully built—when all stages are built—it will be 45 kilometres of new roadway in one of the fastest growing corridors in the country. Drill rigs are on site and boots are on the ground for the second M1 under this government where there is \$1.5 billion allocated to it by both this government and the federal government on a fifty-fifty basis. It would be a lot more advanced if it had not been blocked by the Newman government.

Mr Minnikin interjected.

Mr BAILEY: We know that they did not want it in any of the regional planning. Not only did they have an appalling record in power, but in opposition at the last election they proposed a puny six-kilometre version that was less than half of the commitment of 16 kilometres of new roadway—the Coomera Connector—by this government. They are selling out the Gold Coast once again. That is the policy of those opposite. They blocked it. We gazetted it. We are going to build it.

We saw the member for Bonney complaining that we were buying land to build the project. Last time I noticed, you need land to build a road. A normal part of any road project is purchasing the land that is required. Our record here is clear: the second M1 is underway because of this Premier and this government and our commitment to the Gold Coast. We are committed to the M1 upgrades that can be seen: massive works on the southern end, massive works on the M1 interchanges. We are building light rail. It only happens under Labor governments, not under those opposite. Their record in power is they ignored the M1—not a single new dollar on the M1. They blocked the second M1. Nothing happened on light rail. Nothing happened on heavy rail. They cut Cross River Rail. We are building three new Gold Coast stations because of Cross River Rail because we believe in the Gold Coast and those people who live there.

Mr Mickelberg interjected.

Mr BAILEY: Look at our record and look at the record of those opposite. It is appalling. To this day they have an uncoordinated plan down the coast. They want a light rail along an obscure backwater route that would mean no heavy rail ever to the Gold Coast Airport. We know the member for Burleigh dictates policy on transport, not the member for Chatsworth. That is why they make no sense. You will get more infrastructure from us; you will just get cuts from them.

Mr SPEAKER: Member for Chatsworth, member for Buderim, you are both warned under the standing orders. You have been interjecting consistently.

Queensland Building and Construction Commission; Hickman, Mr A

Mr MANDER: My question is to the Minister for Energy, Renewables and Hydrogen and Minister for Public Works and Procurement. In view of the changes to fire protection licensing, did QBCC board member Andrew Hickman, also the CEO of FVS Services Group and President of the National Fire Industry Association recuse himself from all QBCC board meetings when changes to fire protection licensing were being discussed, changes which have had a direct financial benefit for Mr Hickman's businesses?

Mr de BRENNI: I thank the member for Everton for the question; it gives me an opportunity to talk about the improved protections that the Palaszczuk government is putting in place for building owners and their tenants. Queensland is leading the way by implementing a modernised, rationalised and fit-for-purpose fire protection framework. The importance of fire protection has become a matter of global interest following the Grenfell Tower disaster. This framework commenced back in May 2021. As I said, around the world there has been significant attention applied to the regulation of fire protection.

Opposition members interjected.

Mr de BRENNI: I refer to the members opposite. I think I have two minutes to provide some context about this particular issue. We know that the member for Everton has been engaged in this issue. He even attended a rally outside this parliament during a condolence motion, which I think is significantly outside the adopted conventions of this House. Our approach is to ensure the very highest standards of fire protection licensing in this state.

Mr Millar interjected.

Mr Mander interjected.

Mr SPEAKER: Pause the clock. Member for Gregory, you are warned under the standing orders. Correct titles will be used in this place. Member for Everton, you will cease your interjections.

Mr de BRENNI: I know that some concerns were raised by some licensees in the fire protection sector about the implementation framework and the application of new licensing conditions. In accordance with commitments that we gave to those industry participants, we extended the transition time frames through to 1 September to provide as much support as we possibly could. I know that some of the fire protection licensing arrangements are complex, but they are complex because there are complex systems for the protection of health and safety in a building. We want to make sure that we put the lives and livelihoods of Queenslanders first. That is why we are making sure that those fire protection systems are safe.

Mr BLEIJIE: Mr Speaker, I rise to a point of order. With two minutes to go the minister said that he would get to the specific point of the question, which was about a conflict of interest with this particular individual. I raise that under the standing orders with respect to relevance and ask the minister to get to the point of the conflict of interest in the question.

Mr SPEAKER: Minister, I have certainly allowed context under standing order 118(b). Could you respond to the direct part of the question, as asked?

Mr de BRENNI: Certainly, Mr Speaker. I thought it was important to provide some background as to why the board of the Queensland Building and Construction Commission is ensuring that the government's policy objectives in respect of fire protection are being properly implemented. Like those of all statutory authorities, the members of the Queensland Building and Construction Commission board are fully aware of their responsibilities and their duties. Like all statutory authorities, the QBCC board does not handle operational matters. If the member for Everton thinks that something has happened contrary to that, like all members of this House he knows the appropriate avenues through which to pursue that matter.

(Time expired)

Fire and Emergency Services, Investment

Ms RICHARDS: My question is of the Minister for Police and Corrective Services and Minister for Fire and Emergency Services. Will the minister update the House on the investments the Palaszczuk government is making in Queensland Fire and Emergency Services across the state to support community safety?

Mr RYAN: I thank the member for the question and on this Yellow Ribbon Day it is important to highlight this government's commitment to the front line. We are investing in the front line to make sure that our Rural Fire Service is supported and that members of the Fire and Rescue Service and the State Emergency Service are also supported. I am very pleased that this government has presided over an increase to the Rural Fire Service budget for this year with a record \$58.7 million, which will deliver more facilities and more equipment for our Rural Fire Service, including doubling the budget for Rural Fire Service appliances. That means more yellow trucks on our roads. That is what this government does. We also support all members of our emergency services. This government has a very proud record—in fact, it is breathtaking—in terms of our investment in the front line.

Our investment in capital works right across the state is also breathtaking. I am very pleased that you are sitting down, Mr Speaker, because you may lose your breath when listening to this list of important capital works projects that the government has delivered. Let us start. There is \$135 million worth of projects at Alpha, Bracken Ridge, Bundaberg, Bundamba, Burleigh, Charleville, Charlton, Childers, Cunnamulla, Dayboro, Dirranbandi, El Arish, Esk, Goombungee, Gordonvale, Gracemere, Herberton, Horn Island, Howard, Ingham, Kemp Place—which is just down the road near the Story Bridge—Kilkivan, Kunda Park, Longreach—I need to take a breath—Mackay, Mount Isa, Mount Ommaney, North Rockhampton, Oakey, Petrie, Pimpama, Pittsworth, Pomona, Proserpine, Rathdowney, Richmond, Rockhampton, Roma, Smithfield, Thursday Island, West Logan, Wooroolin—Wooroolin, in the electorate of the member for Nanango, is a tricky one to say—Yarrabilba, Yarraman and there is more to come.

That is our government's commitment so far to the front line of emergency services. However, we are always interested in comparing what those opposite did to what we do. In their very first capital works budget they did not start one extra new capital works program in the Queensland Fire and Rescue Service budget; indeed, they cut two, one in Smithfield and one in Mackay. That is a negative. We have delivered \$135 million worth of projects and they were negative two. One might think that they would have caught up in their next budget, but there was \$150,000 worth of new capital works projects added on top.

When it comes to supporting the front line, it is the Palaszczuk Labor government that delivers every single time. We value the front line and we back it in with extra resources, extra funding and more capital works. That is good for Queensland.

Lockyer Valley, Seasonal Workers

Mr McDONALD: My question is to the Minister for Agricultural Industry Development. In view of the fact that only three flights of Pacific island workers have been approved under the Queensland Health international quarantine plan for the Lockyer Valley since November 2020, what action will the minister take to improve coordination between his department and Queensland Health to ensure the shortfall of 1,300 workers required in Lockyer is met?

Mr FURNER: There is no lack of understanding in terms of the reduction in the number of agriculture workers as a result of the closure of the international borders. Most members who venture into rural communities have a complete understanding of that and the member for Lockyer would also

know it. The Palaszczuk government is working hand in hand not only with the sector but also with the health department. As Minister for Rural Communities, part of my charter letter states that I will concur with the Minister for Health and we continue doing that. We are safe in Queensland because our Premier has kept us safe. We are safe in Queensland because the Chief Health Officer has kept us safe. We are safe in Queensland because the health minister has kept us safe.

As a government, we always look after our farmers and our rural communities. That is why we put them first as we lead the nation in terms of the number of Pacific islanders who have come to our shores through the Pacific Labour Scheme and the Seasonal Worker Programme. In fact, more than 3,500 workers have come to our shores recently and 903 more are on flights that are about to arrive. We will continue to work through the Agricultural Coordination Group meetings. We will accept the commendations of the likes of AgForce, Growcom and other stakeholders that understand why we are doing this and why we need to make sure that we have facilities in place.

In fact, 26 regional quarantine facilities are in place so far, with more on the horizon. Just last week I was at Wellcamp with John Wagner to see the earthworks that are happening right now. We are building a major quarantine facility that will have 500 beds in place before the end of the year and another 500 by March next year. What we gain out of that is jobs. I am sure the members for Toowoomba South and Toowoomba North will realise the growing interest in jobs that will support that quarantine facility. That is happening as a result of the good work of the Palaszczuk Labor government. Not only are we assisting workers to come to our shores and protecting them from the delta variant; by protecting those people we are also creating jobs and we are making sure that those jobs will be sustainable into the future.

It is a shame that the federal government has not stepped up to the plate and assisted us from the beginning by making sure that we have enough workers in this state and also by fixing the huge problems with the Pacific Labour Scheme and the Seasonal Worker Programme. I await their decision around making changes to that.

(Time expired)

2032 Olympic and Paralympic Games

Mr RUSSO: My question is of the Minister for Tourism Industry Development and Innovation and Minister for Sport. Can the minister inform the House if there is any planning underway to ensure Queensland athletes are the stars of the 2032 Brisbane Olympic and Paralympic Games and is the minister aware of any alternative approaches?

Mr HINCHLIFFE: I thank the member for Toohey for his question. I acknowledge his desire to maximise the economic and social benefits of the games. He is particularly aware of that opportunity as the Queensland Sports and Athletics Centre is located in his electorate. Of course, QSAC is the home of the QAS in Queensland. On that point, as the Premier said in her earlier statement, we also want to see Queensland athletes capitalise on the medal-winning advantages of competing in the world's biggest sporting event in their own state.

The job of identifying and training Queensland's most promising young stars for gold in Brisbane in 2032 is genuinely about to begin. This will come in the form of the largest search for athletic talent that Australia has ever seen. Four hundred talented young people from many sports across the state will be identified by this project and nurtured to get them ready for the Brisbane 2032 games. The Queensland Academy of Sport, QAS, will be working with Olympic and Paralympic sports, universities, local councils and, very importantly, our school sports districts to run talent-testing sessions, sometimes known to those in the industry as 'combines', to find our future elite athletes.

In the last budget, the Palaszczuk government increased QAS funding by \$29.3 million over the next two years to get that talent search and support started. We know how regional areas are a great nursery of sporting greats. Olympic greats from our regional areas include Central Queensland's Anna Meares or Mark Knowles, Natalie Cook from Townsville, or indeed we can come up with a whole list of Mackay born athletes like Susie O'Neill, Cathy Freeman and Sandy Brondello. They have all done their state and country proud on the globe's biggest stage. Regional Queensland will be a key focus of our talent search and that is where that connection with the school sport will be a great, important role.

We know from experience that we need large numbers of athletes in the world top 10 for at least four years before 2032 so that means being ready for Los Angeles 2028 to lay the platform for the success in Brisbane. With access to the best coaches and expert science focused support teams, the QAS will be building Queensland's future medal hopes to achieve their best by design, not by luck. The Palaszczuk government understands the road to medals for Brisbane 2032 needs to start now.

Currumbin Wildlife Hospital, Grants

Mrs GERBER: My question is to the Minister for the Environment. What actions will the minister take to ensure that government grants to the National Trust for the benefit of Currumbin Wildlife Hospital will be retained to ensure the hospital's vital work continues and is not directed towards other trust activities?

Ms SCANLON: I thank the member for the question. I addressed this question in the *Gold Coast Bulletin* which I would have thought the member, as a Gold Coast member, would have read herself.

Of course, we are very proud to be providing funding to the Gold Coast Currumbin Wildlife Hospital. They do incredible work. In fact, we have recently increased funding to the Currumbin Wildlife Hospital. As I made clear in my statement in the *Gold Coast Bulletin*, we sought assurances from the National Trust to make sure all money from the Queensland government is directed to the hospital for the set intention around making sure that they are caring for important wildlife and that that money is not spent elsewhere. We have received that assurance and we will continue to work with them, unlike those opposite who, every time they come into government, continue to rip money out of the environment.

We know their former LNP leader said that protecting koalas, putting in place proper regulations, was green tape. It is interesting that they now are interested in protecting koalas, but when they get into government, they just rip the regulation that protects biodiversity in this state.

While I am on my feet, I can say that we are investing in other incredible wildlife hospitals—RSPCA as well as Australia Zoo. I have had the privilege of visiting those facilities and seeing the incredible work that particularly those carers do and taking the injured wildlife home to care for them. We will continue to work with all of those organisations. They have all seen a bit of a hit as a result of not being able to fundraise during this period of time, which is why we increased funding to them. In fact, from memory, we have doubled the funding to the RSPCA from \$500,000 to \$1 million this year. Currumbin Wildlife Hospital has received up to a million dollars as well—they were previously around \$350,000—as well as Australia Zoo.

We are continuing to invest in a really, really important space. I encourage those opposite to stop talking down these incredible facilities and actually work with them because they do really important work.

Business Support Grants

Mr HUNT: My question is of the Minister for Employment and Small Business and Minister for Training and Skills Development. Can the minister please update the House on the COVID-19 Business Support Grants payments?

Mr SPEAKER: Minister, you have one minute to respond.

Ms FARMER: I thank the member for the question. I am so pleased to speak to such an enthusiastic supporter of small business. We know the best thing we can do for business is to keep our economy growing. We have kept our health response strong and that is why our small businesses in Queensland are open and they are trading. We know the impact of COVID-19 is being felt which is why we have put up a \$600 million support package for businesses. I am pleased to say we made our first payment on those grants the very next day after they were open, and we have already made payments to a third of those applicants.

I would like to see the opposite side showing a bit of enthusiasm for this. I would like to know that the opposition leader is actually supporting our small businesses, that he is encouraging them to feel confident that Queensland will be staying open. That is what they need. That is what businesses are saying to me.

(Time expired)

Mr SPEAKER: The period for question time has expired.

MOTIONS

Business Program




Hon. YM D'ATH (Redcliffe—ALP) (Leader of the House) (11.14 am): I move—

1. That the Voluntary Assisted Dying Bill will be considered during this week's sitting.

2. If the bill listed in 1. has not completed all stages by 5.45 pm on Thursday, 16 September 2021, Mr Speaker:
- (a) shall call on a minister to table any explanatory notes to their circulated amendments, any statement of compatibility with human rights or any statement relating to an override declaration
 - (b) shall put all remaining questions necessary to pass the bill without further debate
 - (c) may interrupt non-specified business or debate on a bill or motion to complete the requirements of the motion
 - (d) will complete all stages required by this motion notwithstanding anything contained in standing and sessional orders.

I will speak very briefly because I want to ensure that we have as much time as possible to debate the Voluntary Assisted Dying Bill before the House this week. What we have done with the business program motion this week is ensure that the entire week is dedicated to debating this one bill and ensuring that every single member who wants to speak on this bill during the second reading debate will get that opportunity. There is a number of hours also allocated for consideration in detail.

As far as the time allotted is concerned, we simply have said that this bill will be finalised by 6 pm on Thursday, but, other than that, we want a free-flowing debate. We already suspended the committee reports last sitting so that we could create an extra hour of debate as well, and shortly after this business motion, I will also be moving a motion to extend our sitting hours for this evening and Wednesday evening to ensure that there is adequate time for the debate for all members. I ask that members support this motion.

 **Mr BLEIJIE** (Kawana—LNP) (11.16 am): To take the words right out of the mouth of the Leader of the House, she says, 'Let's have free-flowing debate.' That is what I have been saying for five years, that we should have free-flowing debate, not just on the bills that the government want to have free-flowing debate on, but on all bills that all members of parliament may have the same keen interest in as the government.

We had the Business Committee meeting yesterday. I have to advise that we were not going to have a Business Committee meeting. We were given 15 minutes notice, the Business Committee meeting was rescheduled, so then the Business Committee meeting took place. I was told that the whole week will be devoted to the Voluntary Assisted Dying Bill; that is fine. Then they will extend the hours to 9.30 pm. Everything I have been saying to the Business Committee about how this parliament should operate in terms of extended hours, giving up dinner breaks—we said two weeks ago we were happy to forgo the dinner breaks and all of a sudden, the Leader of the House, through the Business Committee yesterday, comes up with this great idea—like it is her idea—that we will suspend the dinner breaks, we will extend parliament to have the adjournments at 9.30 pm and rise at 10 pm each night, like it is something new and we have not been speaking about it. That is how parliament should operate all the time, not just on matters that the government think are important to all Queenslanders, but on other matters that other members of parliament think are important to all Queenslanders. We are continually seeing, under this Labor government, the denial of members to have their say to represent their constituents.

It is no secret that I raised this at the Business Committee yesterday. I said, 'Hang on, you are going to move this motion today. There is no time for consideration in detail.' I went into the meeting on the assumption that the Premier, in good faith, had told Queenslanders through the media that she was going to move amendments or consider amendments. I was then advised that the government had considered amendments and the government will not be moving amendments, which means the Premier took amendments to cabinet yesterday and she was rolled by her left-wing cabinet colleagues.

Mr BAILEY: Deputy Speaker, I rise to a point of order.

Opposition members interjected.

Mr DEPUTY SPEAKER (Mr Kelly): Pause the clock! Order! Member for Kawana, before I hear the point of order, that behaviour was highly disruptive. I call the member for Miller with your point of order.

Mr BAILEY: The member for Kawana is now not debating the business motion; he is now debating the legislation. I suggest that he should come back to the business motion instead of getting onto the bill.

Mr DEPUTY SPEAKER: Thank you. I will take some advice. While I take that advice, the House will remain in order. There is no point of order. I call the Manager of Opposition Business and ask you to come back to the question.


Mr BLEIJIE: As I said in the Business Committee yesterday, consideration in detail of amendments is pretty important. If the government is not going to move amendments, we will. Private members can move amendments. I am advised that a member of parliament will be moving amendments. In this motion there is no time allocated for consideration in detail. All this motion does is guillotine debate again.

The Leader of the House said that she will shortly move that the sessional orders be suspended so that we can sit until 9.30 pm. We have been saying that parliament should sit to whenever. This is my view: parliament should sit to whatever time is necessary to get the job done. That has been my view ever since I was elected to this House 12 years ago. We have seen a decline in speaking time and opportunities for members of parliament.

The government may say, 'There are approximately 16 hours needed for debate of voluntary assisted dying and that is why we will extend the hours in the next motion to be moved.' This motion that we are debating guillotines debate at 5.45 pm. If all stages of the VAD Bill have not been completed by 5.45 pm on Thursday they will guillotine it. There will be no further questions. If we get to the stage where we are either (1) in the middle of the debate or (2) considering important amendments to this bill that people may be interested in, they will be gagged and guillotined. Queenslanders will not have the opportunity to see that they get the best bill out of this House.

A guillotine of this type stops appropriate debate. The Leader of the House says how important this issue is to many Queenslanders. Actions speak louder than words. Will the Leader of the House guarantee me and this parliament this: come Thursday, if the timing is such that the amendments—and I understand that there are about 54 amendments—have not had appropriate time to be debated then this House will sit past Thursday evening—sit past 4.45 pm? If the Leader of the House gives me that guarantee then I will be happy. That is that every amendment moved by any member of this House gets to be debated. Not only is the bill important to Queenslanders, the amendments are important. If they cannot give that guarantee then I urge members to vote this motion down.

(Time expired)

 **Hon. MC BAILEY** (Miller—ALP) (Minister for Transport and Main Roads) (11.21 am): Welcome to the 'look at me' member for Kawana time we have every Tuesday. He talks about people not having the opportunity to speak, but he is the one who hogs the limelight every Tuesday. He takes up the time his members could be using to debate. He uses up the procedural time. He undermines his own argument every single Tuesday. That is what he does in this place. It is amateur thespian time with the member for Kawana. We know that that is his routine.

What we are looking at this week is a significant piece of legislation that will, I believe, be history making. What we have is three whole days of debate and the extension of hours well into the night on Tuesday night and Wednesday night. We have worked with other members of parliament to ensure that there is ample time for every member to speak on this bill. That is a fact. There is ample time in this business program for every MP to let us know their views and to participate in the debate.

It is a merciful position taken by us that we do not go late. Remember what happened in our first term when we were sitting at 2.45 in the morning? We saw a division called by the opposition and half of their members came barrelling into the chamber in all states of dress. It was highly irregular. Some of them missed the vote altogether. We see their behaviour late at night. They are not at their best. We are helping them in this regard.

There is ample time for everybody to speak. What we see is an extension of the sitting hours on Tuesday and Wednesday and debate continue through what would have been the dinner break. We would think that these are things the opposition would be happy about. Would they not be happy about that? No, we get the same old speech from the member for Kawana who is sledging on in this place. It is pretty pathetic. One of these days members of the opposition will work him out and he will not be in this position anymore, which will be a bit of a shame in some ways as he is so incompetent.

This is a reasonable business program. We need about 15 hours for every member to speak on a bill. There is more than ample time allocated. We are looking at about 20 hours of debate. There is more than ample time for us not just to debate the bill but to deal with the amendments as well. We do not even know what the amendments are at this point. It is Tuesday and the sitting has started and we do not even know what the amendments are. Instead of leaving it to the last moment, they might like to share those with members so that members know what amendments are to be moved. To some degree, it shows their disdain for the process that they have not put the amendments out for members to look at and scrutinise.

Honourable members interjected.

Mr BAILEY: For over three minutes we have had constant interjections from those opposite because they are not really interested in contributing here—

Honourable members interjected.

Mr DEPUTY SPEAKER (Mr Kelly): Pause the clock. Member for Miller, resume your seat. Leader of the House and the Manager of Opposition Business, you will cease your quarrelling across the chamber.

Mr BAILEY: This is a profoundly important bill for the human rights of Queenslanders. There is ample opportunity for everybody to have their say. To suggest that we should be sitting into the early hours of the morning is antiquated. What we want to see is an ordered debate. We have seen the proposal for the extension of hours and debate to continue through what would be the dinner break.

We are doing things about which one would think a reasonable opposition would say, 'We support that. That is a good thing. We endorse it. We thank you for working with us and ensuring that there will be a good debate.' Instead, they are wasting more time by debating this business program motion. They are basically taking up the time that could be used to debate the bill with this routine that we get from the Manager of Opposition Business, the member for Kawana. He really should know better. We know his routine. It has no integrity and never has any substance. It is always posturing over substance. That is what we get from the member for Kawana.


We remember his performance as the attorney-general of this state. He was one of the most embarrassing attorneys-general we have ever seen in Queensland. For some reason the opposition seem to keep putting him into positions of responsibility. Good luck with that.

Mr Bleijie interjected.

Mr DEPUTY SPEAKER: Pause the clock. Member for Miller, please resume your seat. Member for Kawana I have warned you repeatedly, I place you on a warning.

Mr BAILEY: This is a normal, ordinary business program with extended hours to allow for full debate. There will be a full debate. I look forward to it. I endorse the motion. This is normal management of a parliament's business.

Mr DEPUTY SPEAKER: Before I call the next speaker, I remind members of those members currently on a warning: the members for Mermaid Beach, Maryborough, Chatsworth, Buderim, Gregory and Kawana. I also remind members that you have to have a mask on at all times in the chamber. You can take it off just as you are rising to speak.

 **Mr KRAUSE** (Scenic Rim—LNP) (11.27 am): What a pathetic, ridiculous defence of this gag motion to bring out the history of the 2.45 am division and what happened there. Fancy a minister of the Crown using that as an excuse to gag debate on what is one of the most important debates this parliament will have ever seen. It is a week in, week out gag motion that we have.

It also shows, as the member for Kawana pointed out, that when it was in the media that the Premier might be moving amendments we were not going to have a gag motion. It is okay for there not to be a gag motion if the government is going to move amendments, but as soon as the Premier got rolled by the left in cabinet yesterday the gag motion comes back. Other members might want to move amendments. It is always one rule for the government and another rule for every other member in this place. We will never surrender and never stop defending the right of all members in this parliament to speak for as long as they like, whether it is on the second reading or on amendments or in consideration in detail. It is the absolute right of all members to be able to do that, whether it is 2.45 in the morning or whenever it is. It should be especially the case for this bill.

This bill is not like any other government bill. I reject the gag every week. It should never be in place. However, I reject the gag on this bill in particular because it is changing a fundamental tenet of the legal system when it comes to laws around killing and the legalities of killing. Fancy gagging that!

Mr Crisafulli interjected.

Mr DEPUTY SPEAKER (Mr Kelly): Member for Broadwater, you will cease your interjections across the chamber.

Mr KRAUSE: Members of the Labor Party have really lost their moral compass—

Ms Grace interjected.

Mr DEPUTY SPEAKER: Member for McConnel, cease your interjections.

Mr KRAUSE:—when it comes to the treatment of the people of Queensland and the treatment of the rights and liberties of members of parliament which affects everyone in Queensland.

The government should not be gagging this debate of all debates because there are issues that need to be explored, especially when it comes to the amendments that I know are going to be moved by certain members in the House. The member for Toowoomba South will table them at a time of his choosing, just like the Premier said to the media yesterday.

Mr DEPUTY SPEAKER: Order! Pause the clock. Member for Scenic Rim, I will bring you back to the substance of the motion. You are straying dangerously close to issues around anticipation. I ask that you come back to the substance of the motion before the parliament.

Mr KRAUSE: The member for Toowoomba South will be moving amendments and he will table those amendments at a time of his choosing. If we are gagged at 5.45 pm on Thursday and we do not have time to properly debate those amendments—which is likely to happen now because it is a very long speaking list, and so it should be. Everyone should have a right to speak on this bill for as long as they choose. We should also have as long as possible to debate the amendments that will be moved in this House because it is a very important piece of legislation. It is more important than most other pieces of law that we see in this place.

The fact that the government is gagging debate shows a total disrespect and disregard for all Queenslanders no matter where they sit and what opinion they have on the spectrum when it comes to voluntary assisted dying. It shows a complete lack of respect of members. It shows a lack of respect for its own members. Some of them are going to be encouraged, no doubt, either to incorporate their speech or to cut their contribution short so that we do not run out of time.

As I said, we on this side of the House will never surrender when it comes to defending the rights and liberties of our members and that goes to defending the rights and liberties of all Queenslanders to have their voices heard, to have the issues properly explored, debated and disseminated in this House when it comes to such an important law that changes a very fundamental law when it comes to the lawfulness of killing in Queensland. That is why we should not be gagging debate, as this motion does. We should never gag debate but particularly not on this bill.

Division: Question put—That the motion be agreed to.

AYES, 50:

ALP, 50—Bailey, Boyd, Brown, Bush, Butcher, Crawford, D'Ath, de Brenni, Dick, Enoch, Farmer, Fentiman, Furner, Gilbert, Grace, Harper, Healy, Hinchliffe, Howard, Hunt, Kelly, A. King, S. King, Lauga, Linard, Lui, Madden, Martin, McCallum, McMahon, Mellish, Miles, Mullen, O'Rourke, Palaszczuk, Pease, Power, Pugh, Richards, Russo, Ryan, Saunders, Scanlon, Skelton, Smith, Stewart, Sullivan, Tantari, Walker, Whiting.

NOES, 39:

LNP, 32—Bates, Bennett, Bleijie, Boothman, Boyce, Camm, Crandon, Crisafulli, Frecklington, Gerber, Hart, Janetzki, Krause, Last, Leahy, Lister, Mander, McDonald, Mickelberg, Millar, Minnikin, Molhoek, Nicholls, O'Connor, Perrett, Powell, Purdie, Robinson, Rowan, Simpson, Watts, Weir.

Grn, 2—Berkman, MacMahon.

KAP, 3—Dametto, Katter, Knuth.

PHON, 1—Andrew.

Ind, 1—Bolton.

Pair: McMillan, Stevens.

Resolved in the affirmative.

Suspension of Sessional Orders



Hon. YM D'ATH (Redcliffe—ALP) (Leader of the House) (11.37 am), by leave, without notice: I move—

That, for this week's sitting, so much of sessional orders 1 and 2 and Special Procedures for Transacting Business in Exceptional Circumstances be suspended to:

1. provide that the automatic adjournment on Tuesday and Wednesday evening commences at 9.30 pm; and
2. enable the following procedure for a personal vote held in this sitting week to apply:

Procedure for personal vote


In a personal vote:

- (a) when the bells have finished ringing, the Speaker shall state the question to the House;

- (b) to cast their votes, members must be in their allocated places in the chamber.
- (c) members may indicate their agreement with the ayes by standing in their place.
- (d) members may indicate their agreement with the noes by sitting in their place.
- (e) the Speaker shall appoint two tellers from each side. If two tellers cannot be found for one side, the Speaker must immediately declare the resolution of the House.
- (f) the tellers shall count the members voting and record the vote of each member present on the division sheets.
- (g) a member may not change their vote once the tellers have been appointed.
- (h) the tellers shall report the numbers to the Speaker.
- (i) the Speaker shall announce the result of the division to the House.
- (j) in case of confusion or error concerning the numbers reported, unless it can be otherwise corrected, the House shall proceed to another division on the question.
- (k) the result of the vote will be recorded in the *Record of Proceedings*.

In speaking to this motion, the extension to the sitting hours I just flagged in the business motion is to allow all members to have the opportunity to speak in this debate. It is important that we provide those additional sitting hours. I believe that this is reasonable. We have maintained the automatic adjournment for members to still make adjournment statements this week as well.

On the procedural vote, this is a conscience vote. As a conscience vote, we need to structure the vote in a way different from what we have been practising with the party vote under the standing orders in relation to COVID. We have considered this in light of COVID, whether people should be crossing the chamber and not taking individual seats. Consequently, we believe this is a better resolution to ensure that all conscience votes are accounted for and that the count can go smoothly in relation to procedures and still keeping all members of this House safe.

 **Mr BLEIJIE** (Kawana—LNP) (11.40 am): I support the second part of the motion in terms of seating arrangements. The Leader of the House and I spoke about that. It was also discussed at the CLA meeting, so I agree with that.

As to the first part where the House would ordinarily finish at 7.30 pm, the Leader of the House is moving an amendment. I have not seen the amendment. I was not provided with a copy of it—here we go, as we speak, thank you. I will be moving an amendment that the times are changed. Wherever the Leader of the House mentions 9.30 pm, I am going to move an amendment that that be changed to 11.30 on Tuesday and Wednesday evening. That way it will give the House an additional four hours debate time this week.

I have seen the amendments that are being distributed now. There are 54 amendments. Some of those may be consequential, but there are important amendments in there and I believe the House should have appropriate time to deal with said amendments. My concern is that, if we get the Business Committee motion just moved, the House will conclude at 5.45 pm no matter where we are up to. I believe that if we give the House an additional four hours over two days, Tuesday and Wednesday, that will allow more appropriate time and we should hopefully then get to a position where we have enough time for consideration in detail.

The Minister for Transport and Main Roads talked about 2.45 am. I have been here for 12 years. I have done a few 2.45 am, I have done some 4 am finishes and I have done some 5 am finishes. I am happy to continue to do that, but if the minister requires his beauty sleep I have brought it forward. If the minister cannot adequately operate and function in the early hours of the morning, I am saying that I will be reasonable and give him until 11.30 pm. If we adjourn at 11.30 pm that means the House rises at midnight. I am sure that, unlike Cinderella's coach, he will not turn into a pumpkin. If he wishes, I am happy to give him an eye pillow so he can get his beauty sleep.

I say this to highlight the ridiculousness of the minister's previous commentary. We do not sit in this place until 2.45 am every day. On occasion when parliament needed to deal with matters you dealt with them, and that is what we are saying we should be doing here. I move the following amendment—

Omit the words:

"9.30 pm" where appearing in the motion

And insert in their place, the words:

"11.30 pm"

Division: Question put—That the amendment be agreed to.

AYES, 40:

LNP, 33—Bates, Bennett, Bleijie, Boothman, Boyce, Camm, Crandon, Crisafulli, Frecklington, Gerber, Hart, Janetzki, Krause, Last, Leahy, Lister, Mander, McDonald, Mickelberg, Millar, Minnikin, Molhoek, Nicholls, O'Connor, Perrett, Powell, Purdie, Robinson, Rowan, Simpson, Stevens, Watts, Weir.

Grn, 2—Berkman, MacMahon.

KAP, 3—Dametto, Katter, Knuth.

PHON, 1—Andrew.

Ind, 1—Bolton.

NOES, 50:

ALP, 50—Bailey, Boyd, Brown, Bush, Butcher, Crawford, D'Ath, de Brenni, Dick, Enoch, Farmer, Fentiman, Furner, Gilbert, Grace, Harper, Healy, Hinchliffe, Howard, Hunt, Kelly, A. King, S. King, Lauga, Linard, Lui, Madden, Martin, McCallum, McMahon, Mellish, Miles, Mullen, O'Rourke, Palaszczuk, Pease, Power, Pugh, Richards, Russo, Ryan, Saunders, Scanlon, Skelton, Smith, Stewart, Sullivan, Tantari, Walker, Whiting.

Pair: McMillan, Langbroek.

Resolved in the negative.

Non-government amendment (Mr Bleijie) negatived.

Question put—That the motion be agreed to.

Motion agreed to.

Referral to Education, Employment and Training Committee



Hon. YM D'ATH (Redcliffe—ALP) (Leader of the House) (11.48 am), by leave, without notice: I move—

That the Education, Employment and Training Committee inquire into and report to the Legislative Assembly by 31 January 2022 on:

the operation of the *Trading (Allowable Hours) Act 1990* (the Act), in particular:

1. to consider the impact of amendments made by the *Trading (Allowable Hours) Amendment Act 2017*, with particular regard to:
 - (a) examining the impact of the moratorium on trading hours orders and restriction on making applications (section 59 of the Act) and recommendations following its expiry;
 - (b) examining the impact of the moratorium applicable to shops in Mossman and Port Douglas Tourist Area (section 56 of the Act) and recommendations following its expiry;
 - (c) examination of applications made, and consequences, for relaxation of provisions under section 5 of the Act and recommendations for improvement;
 - (d) the effectiveness of prescribing permitted hours in legislation;
 - (e) the suitability of the permitted hours as currently prescribed; and
 - (f) the role of the Queensland Industrial Relations Commission in setting permitted hours outside the prescribed hours.
2. the operation and performance of the provisions of the Act and how, in practice, different provisions are contributing to the objects of the Act and consider the impact of the existing framework for the regulation of trading hours in Queensland.
3. the effects of trading hours regulation on the Queensland economy and on regional Queensland.

Question put—That the motion be agreed to.

Motion agreed to.

Amendment to Tabled Paper



Hon. YM D'ATH (Redcliffe—ALP) (Leader of the House) (11.50 am), by leave, without notice: I move—

That, to finalise recommendation 3 of the Parliamentary Crime and Corruption Committee's report No. 99 tabled on 29 November 2016, the Clerk amend Tabled Paper No. 5309T489 by including a new first page which:

- includes a statement, in accordance with recommendation No. 2 of report No. 99; and
- notes the date and content of the Order of the House.

Question put—That the motion be agreed to.

Motion agreed to.

VOLUNTARY ASSISTED DYING BILL

Resumed from 25 May (see p. 1516).

Second Reading



Hon. SJ MILES (Murrumba—ALP) (Deputy Premier and Minister for State Development, Infrastructure, Local Government and Planning) (11.51 am): I move—

That the bill be now read a second time.

This is an historic debate for the Queensland parliament. Conscience votes are rare. This one comes at the culmination of more than three years work by this parliament's health committee and the Queensland Law Reform Commission. It comes after decades of advocacy by passionate citizens—themselves carrying the trauma of having watched relatives die in pain or facing a traumatic death themselves. Queensland is one of only two remaining states in Australia to have not yet enacted voluntary assisted dying legislation. The time has come to recognise that Queenslanders who are suffering and dying deserve to have choice and autonomy about their end of life.

An overwhelming majority of the Queensland community support voluntary assisted dying, with recent surveys indicating around 80 per cent of people in support. Many Queenslanders have been deeply impacted by the suffering of a family member or friend at the time of their death. It is a fundamental part of the human experience to experience the loss of a loved one, but pain and suffering do not have to go hand in hand with that experience.

I think the strong support for voluntary assisted dying reflects the community's empathy for others and their respect for the choices of people who are suffering and their own wish to have that choice should they get sick themselves. This bill is fundamentally about compassion, but it is also about giving back control to people who have had their autonomy stripped from them by illness. As it has been described to me by so many people who go through this, once a person has access to a voluntary assisted dying scheme they experience a sense of relief. They may never even choose to use it—many do not—but they finally have control, and that is palliative in itself.

Talking about death often makes us uncomfortable. We prefer not to reflect on our own mortality. This week we will spend a whole week talking about death—hearing of others' experiences of death and reflecting on our own experiences. No doubt there will be moments that are very distressing and emotional, and I urge members to be kind to each other throughout.

In hearing these experiences, we will see how all deaths are not equal. While all deaths are tragic, some are much worse than others. Anyone who has watched a loved one die in prolonged pain knows what a bad death looks like. Anyone who has been robbed of the chance to be with a loved one because their loved one chose to end their life alone and avoid incriminating their family knows that is a bad death too. Any one of our loved ones could face such a death. No-one should be forced to die in pain or alone. Why make a rational adult who is begging to die quickly die slowly instead?

As a former health minister, I have the greatest respect for palliative care professionals. They do a very difficult but extremely important job. The Palaszczuk government has committed an additional \$171 million over the next four years to expand access to palliative care services across the state, taking total recurrent spending to nearly \$250 million in 2025. When staff at the Gold Coast palliative care service asked for double beds at their facility, we had them put in. The staff explained to me how many people want to hold their loved ones in their last days—how a mother who was desperate to hold her dying son just could not in a single bed, and how elderly couples, who had almost never slept apart in their adult lives, were distressed to lose that closeness in their loved ones' last days. It may have been simple, but those double beds had a huge impact on the people in that facility.

It will surprise no-one that people crave the closeness of their loved ones at the time of their death. I thank the member for Gaven for visiting the facility with me. I know she has her own very personal and powerful story to share with us this week. One of my proudest initiatives was Ambulance Wish, a dedicated service giving dying patients one last trip out to do something they love—like Betty who I shared a passionfruit ice cream with before her trip to the Botanic Gardens.

These laws complement caring, compassionate, professional palliative care services. Right now, dying people who choose to hasten their death must do so in secret or risk incriminating their families. We know this happens. The committee heard many examples of people who felt they had no alternative other than to take matters into their own hands—alone and sometimes in very violent and distressing ways.

It does not have to be like this. It should not be like this. Good palliative care should start the day someone is diagnosed and continue until their final days, whether they access voluntary assisted dying or not. For the very small number of people whose suffering cannot be eased, voluntary assisted dying should be available at that person's request. This week in parliament, each one of us has a chance to vote for fewer bad deaths—to honour our loved ones' life with a better death, surrounded by loved ones and free from pain.

The Queensland Law Reform Commission drafted the bill based on extensive research, analysis and consultation with community, health professionals and legal experts. The commission's goal was to draft a bill which is compassionate, safe and practical. At the outset of this debate I want to touch on a few issues that have come up during the committee process and will no doubt dominate much of the debate this week.

Voluntary assisted dying will not be for everyone, and that should be respected. Dying and death are deeply personal issues and, for some people, the idea of voluntary assisted dying goes against their deeply held beliefs. People who are opposed do not have to make that choice for themselves, and they do not have to be involved in the process. Voluntariness is the cornerstone of the scheme. The bill respects these views, enabling both practitioners and institutions to elect not to be involved. The bill provides mechanisms for individuals and institutions to not participate, while also ensuring all Queenslanders who are dying have access to what would become a legal and recognised option for them. For objecting practitioners, this will be as simple as providing the person with enough information to enable them to seek access—for example, by providing details of the care navigator service. Health practitioners and faith based organisations will not be forced to participate in voluntary assisted dying.

The bill recognises that practitioners should be able to conscientiously object to being involved. It recognises that entities should be able to opt out of participating and it requires a person seeking access within a facility to notify the entity that they wish to access the process at which point the requirements under the bill will apply. The bill respects the rights of practitioners and health providers not to participate while also ensuring that people seeking to access voluntary assisted dying are not hindered from doing so. These provisions were carefully considered by the Law Reform Commission.

The bill sets out requirements for entities for each stage of the voluntary assisted dying process. The QLRC considered that if a person is seeking general information or wanting to make a request for access, which are considered early stages in the process, their access should not be hindered by the entity. For later stages of the process, like undertaking an eligibility assessment, making an administration decision or administering the substance, the bill distinguishes between permanent residents and non-permanent residents of facilities.

Residents of aged-care facilities are living in their home. They have legal rights of tenure; they have the right to die in their own home. The bill recognises this. The entity and any staff members who object to voluntary assisted dying can choose not to participate, but they must allow reasonable access by practitioners who are willing to assist.

Short-stay patients in private hospitals or hospices, on the other hand, may be transferred to another facility if they wish to undergo later stages of the process. It is only where the transfer would not be reasonable that such a patient could access voluntary assisted dying in the facility. The QLRC noted that transfer of care comes at a human and financial cost. The bill requires the person's coordinating practitioner to assess whether, for example, the transfer would be likely to cause serious harm to the person or adversely affect their access to voluntary assisted dying.

Some individuals seeking access will be close to death, in great pain or be at a certain facility out of necessity. They may live in a regional area where the only option available is the facility they are in. In these circumstances the QLRC considered that being required to transfer to a different facility may cause significant pain and distress or deny the person access to voluntary assisted dying in a practical sense.

The bill both respects the right of entities and the right of people seeking access to voluntary assisted dying. Just because someone has found themselves in the situation of being in a particular facility, they should not be prevented from accessing a lawful end-of-life option if it is something they qualify for and they want to pursue. This is especially the case for aged care because that facility is their home.

I note again the QLRC and parliamentary committee consulted widely and thought deeply about this particular issue. I know some members might be tempted to support an amendment to block all access for people who are dying in these institutions. I think it is dangerous to start amending a bill that

has been deliberated on literally for years. It risks unintended consequences that cannot be properly considered on the floor of the parliament. It is for that reason the government is not proposing amendments, and I urge members not to support amendments.

Faith based institutions deliver services that are greatly valued by Queenslanders. Organisations like Mater and St Vincent's are respected and important contributors to our health system and society. We respect and acknowledge their faith and the concerns they have raised. In recognition of these concerns and the valued place of these institutions in our society, the government wants to provide further comfort to them regarding how the law will apply in practice in their institutions during the implementation phase. It was always intended that clinical guidelines would be developed to guide the implementation of the scheme.

Today I can announce the government has agreed to the outline of a guideline which specifically addresses the concerns raised by faith based hospitals regarding their participation. It should provide some certainty to providers that their concerns such as arrangements for transfers and notification of non-participation prior to admission are clearly outlined. It will also specifically address how practitioners can exercise their right to conscientiously object. I table a copy of that outline.

Tabled paper: Document, undated, titled 'Proposed guidelines regarding participation by entities' [\[1372\]](#).

I also commit on behalf of the government that faith based providers will be consulted throughout the implementation of the scheme including on the preparation of this guideline. I also note that the act will be reviewed after three years of operation. No doubt the real-life experience of these elements in practice will be considered in that review. To be eligible to access voluntary assisted dying, a person must meet strict eligibility criteria that requires them to be dying. This is not a choice between life and death.

On this day I think of our dear friend Duncan Pegg, the former member for Stretton, who tragically passed away in June. I ask members to reflect on his final remarks to this House, just a few weeks before his death, in which he imparted his valuable perspective as both a lawmaker and a person with lived experience of terminal illness. Duncan used his last speech to the parliament to say—

People with terminal illnesses do not want to die; they want to live. They fight to live every day.

Duncan fought so hard. He fought to beat cancer and he fought to keep representing his community for as long as he could. Duncan said—

... if you are diagnosed as terminal then ultimately you are going to face death. People with terminal illnesses want to have an option.

He encouraged members to speak and, more importantly, to listen to people with lived experience of terminal illness and their loved ones. He was of the view that there is a clear consensus from people who have actually lived it. This is not a choice between life and death; it is an additional end-of-life option for someone who is already dying to end their suffering if they meet strict eligibility criteria. I hope that members of this House will remember Duncan's words as they are casting their conscience vote this week.

The Health and Environment Committee has undertaken a thorough 12-week inquiry process on the bill. This enabled the committee to consult extensively with stakeholders and hear a diversity of views across Queensland. Public hearings were held in Townsville, Rockhampton and Brisbane and over 6,000 written submissions were received on the bill. The committee heard from peak medical and nursing bodies, health practitioners, palliative care stakeholders, legal experts, religious groups, and consumer and disability advocates. The committee also heard from individual Queenslanders.

They heard very raw personal experiences from members of our community, and we thank those people for their willingness to share difficult personal stories. They are individuals who have experienced great loss and witnessed immense suffering. They are individuals who have cared for someone up until their final moments. They are individuals who themselves are dying and facing a difficult end-of-life journey. These people had the courage to speak their truth to the committee and, overwhelmingly, their truth was that people deserve a choice about how and when they die when their time is near and they are experiencing intolerable suffering.

They are individuals like Peter Belz, who appeared before the committee in Rockhampton. Peter is living with both motor neurone disease and bowel cancer. He told the committee that people fight tooth and nail to live; they grab hold of life; they struggle like crazy to live. More than fearing death, he fears living, both the physical pain and the mental pain. Despite his difficulties with communicating, Peter wanted to appear before the committee to tell them that he supports the bill.

They are individuals like Marjorie Lawrence in Townsville, who has lost six family members to cancer and who has herself battled pancreatic cancer. Marjorie told the committee of how she nursed her husband until his last breath; how he was bedridden for 18 months, faded away to a skeleton and had no energy to even lift his hand up. She told how she nursed her father-in-law when he was dying of lung cancer, how he begged to end his life. Marjorie thinks everyone deserves the comfort of knowing they do not have to suffer, that they should have the choice.

Tanya Battel and Fiona Jacobs came here to parliament to tell me their story and handed me a petition they started that has now been signed by well over 110,000 people in support of voluntary assisted dying. I would like to table that petition on their behalf today.

Tabled paper: Nonconforming petition regarding voluntary assisted dying for all Queenslanders' [\[1373\]](#).

I thank the community, peak bodies and stakeholders who took the time to provide submissions and attend public hearings. I want to thank each and every member of the public who contributed to ensuring this bill is the best it can be by offering their valuable perspectives. I want to put on record my sincere thanks to the chair of the committee, the member for Thuringowa, Mr Aaron Harper. I also want to thank the government committee members, the members for Lytton and Pumicestone, who have both been crucial contributors on this issue.

I would like to note the thoughtful contribution of the deputy chair, the member for Southport. The deputy chair expressed his belief in the right to die with dignity, free from pain and with choice over our actions. He noted that, while it is one thing to hold certain views and opinions, it is quite another to be confronted with the reality of another person's lived experience. I think it is important to put a human face on this debate because it should not be an ideological battle. I thank the deputy chair for sharing his own personal experiences.

I would also like to thank the members for Oodgeroo and Mirani. While I disagree with their dissenting reports, I think it is important that all views are heard and that we are respectful. I thank them for their deliberation and contribution.

The health committee has now undertaken not one but two inquiries on this issue, in addition to the yearlong inquiry by the Queensland Law Reform Commission. No-one could argue that we have come to this lightly or hastily. This is a serious issue that deserves serious consideration, and that is reflected in the Health and Environment Committee's comprehensive report, which was tabled on 20 August 2021. I note that the committee made three recommendations on the bill. I now table a copy of the government's response to the committee's report.


Tabled paper: Health and Environment Committee: Report No. 10, 57th Parliament—Voluntary Assisted Dying Bill 2021, government response [\[1374\]](#).

The first recommendation of the committee is that the bill be passed. The committee's other recommendations relate to the Commonwealth Criminal Code and the uncertainty this creates about the use of telehealth. The Palaszczuk government will continue to lobby the federal government to change those laws and give certainty to the many people who live outside of the city centres of Queensland.

We have an opportunity this week as parliamentarians to do something truly meaningful, to know that we have really made a difference, that will ease suffering and provide comfort. As members deliberate this week, I am sure they will contemplate what this bill could mean for people who are suffering and dying and consider their vote very carefully. From my conversations with members I know that they are considering the lived experience of Queenslanders at the end of their life very carefully. The views of 80 per cent of the community we represent should not be ignored.

The bill is the result of years of consultation, research and analysis by the Health and Environment Committee, the former health committee and the Queensland Law Reform Commission. The wisdom of other Australian jurisdictions has been harnessed and a scheme developed that reflects Queensland's unique circumstances, protects the vulnerable from coercion and exploitation and allows eligible people access to an additional end-of-life option. It is a good bill that honours choice, autonomy and compassion in end-of-life care. It cannot give people who are dying back their lives. Sadly, we do not have that power, but we can give them some control over the timing and circumstances in which they die: to be surrounded by family and loved ones in a peaceful, private space—their own home if that is what they choose—hands held, farewells said, tears and stories shared—the kind of tearful laughs and memories that make for the most powerful funerals. They may still fear death as the moment nears, but they will not need to fear the pain and suffering of living until they die. They will not need to fear their loved ones watching them dehydrate or suffocate to death in pain. Their death will be no less tragic. Their family will mourn them no more or less. The law will not change that. It will, for at least

some people, we hope, ease their suffering before their inevitable death. For me, I do not know if the loved ones I have seen suffer at the end of their life would have wanted access to voluntary assisted dying. I would like them to have known they had a choice. I commend the bill to the House.

 **Mr CRISAFULLI** (Broadwater—LNP) (Leader of the Opposition) (12.14 pm): Rarely have I confronted an issue so challenging as this. As parliamentarians, we often have to compromise in our decisions, whatever they be, due to electoral or party reasons, but it has always been my strong view that matters concerning life and death should be decided free from politics and free from pressure. They should be matters of conscience. For many, including myself, it has been an emotionally exhausting experience, weighing up the compelling and heartfelt testimony and submissions of people on both sides of the argument. The gravity of the decision we are about to make is not lost on anyone in this place today.

I have consulted widely with passionate groups for and against and with individuals with heartbreaking stories from opposite perspectives. In my electorate office in the last month I have had two people sit in the same chair and plead their case. One was a brave young woman aged 23. She watched her mum die an agonising death by cancer. She told me how she wished her mum's suffering could be ended earlier, how the onset of the disease robbed her of the goodbye she wanted to remember. Weeks later I spoke with a man in his 70s. He told how he sat with his wife during the palliative care treatment she received. He wept as he described the final 80 days with her as some of the most special in his marriage of many decades. Two people, different ages, different genders, different backgrounds—each with compelling stories that moved me. I phoned both of them this morning to advise how I would be voting before telling anyone in this House.

My core beliefs are based on the right of an individual to make a decision in their own interest free from the influence and obstruction of the state. To me, it has always been obvious that the sanctity of individual rights is derived from the inherent value of human life. What has not been obvious, at least to me, is how to reconcile my core beliefs with the impact of this bill—a human being's right to make decisions about their own life versus the real concerns surrounding the truly voluntary nature of these decisions and, indeed, the intrinsic value and sanctity of human life.

The confusion around the term 'voluntary' is further stoked by the desire of this legislation to remove the choices of conscientious objectors and institutions that wish to play no part. While there are some provisions in the legislation to protect conscientious objectors, the right to have no involvement is denied—a situation that some institutions will find particularly galling. The key to this bill is the term 'voluntary'. What in the context of this debate does 'voluntary' mean and who does it apply to? These are questions that have weighed heavily on me as I have considered the bill and reflected on it deeply.

Palliative Care Queensland's previous submissions on this issue were informative for me. Among the concerning issues they raised was that Queenslanders requiring palliative care were only able to access it with a prognosis of three months left to live. Some of the consequences they outlined included poor symptom management and little or no advance care planning or family and carer support. Critically, they identified lack of funding or a comprehensive end-of-life strategy for the last 12 months of life as another area of concern.

Seemingly, these issues still exist, as outlined by the Australian Medical Association in its submission. The AMA Queensland spoke about the considerable shortfall in funding for palliative care in Queensland. In the opinion of the AMA, there is an annual shortfall in funding of \$275 million. They point out that this legislation stipulates patients have access to VAD at 12 months while specialist palliative care is only available to those with a prognosis of three months. The part of their submission that has really stuck with me was their opinion that this is a 'major gap in real options for patients'. Why would you be provided access to death nine months before you are eligible for palliative care funding?

This brings me back to what 'voluntary' actually means. Does it mean a decision made by a human being to end their life because they cannot afford specialist palliative care and they are nine months away from the public system being able to offer it? A choice made under these circumstances does not seem like a free choice to me. The structural inequity of this circumstance is what haunts me about this bill—the potential for people to make this momentous decision in the knowledge that they and their family cannot afford proper pain management. Why should the size of your bank balance be the difference between taking the decision to end your life or being able to spend an extra nine months with your loved ones? The inequity that exists within the provision of palliative care is amplified in the regions, especially in remote areas where access is impractical. These include Indigenous communities and other disadvantaged communities. Again, a choice where options are not available is no choice at all.

Many people who support this legislation have pointed to the protections against coercion contained within this bill. While I understand the thinking behind the protection against the coercion of someone to end their life, I am a little confused as to why the protections give the same weight to someone trying to encourage a person to continue to live. It seems an absurdity that one who wished for the survival of another human being could, in the eyes of the law, be considered equally culpable as someone who coerced a person to end their life prematurely. Without even looking at the different intentions of these two actions, surely the natural instinct of doctors and loved ones would predominantly land on extending a patient's life. To me this belies a bill that is taking a far too sterile view of the sanctity of human life.

I spoke earlier about the intrinsic value of human life. Some will characterise any opposition to this bill as being religiously motivated. When discussing similar legislation in Victoria, former prime minister Paul Keating said—

Opposition to this bill is not about religion. It is about the civilisational ethic that should be at the heart of our secular society. The concerns I express are shared by people of any religion or no religion. In public life it is the principles that matter. They define the norms and values of a society and in this case the principles concern our view of human life itself. It is a mistake for legislators to act on the deeply held emotional concerns of many when that involves crossing a threshold that will affect the entire society in perpetuity.

I respect there is immense passion on both sides of this debate. I respect there is a majority in the middle who will understandably never read this legislation, but that is our job and we owe it to them to make it the best legislation possible. The amendments from the member for Toowoomba South do just this. He puts them forward in this case not as my deputy but as one of this building's most honourable parliamentarians trying to improve what is before us. That should be our reason for walking in here at all times, but if you are not willing to exercise that independence and choice during a conscience vote then a key plank of our Westminster tradition is eroded. The amendments to be introduced will, amongst other things, close definitional gaps, require specialist medical involvement, prohibit coercion, secure conscientious objection and enhance reporting measures, including annual reporting on palliative care and treatment spending.

I have heard people on both sides of the debate say that you cannot in good conscience vote for this legislation because—and then put their reason for support or condemnation, and that is not fair. As someone who has spent considerable time reviewing this, I can see merit and flaws in both sides of the argument. I have not allowed this to be politicised in my community, my party room or the headquarters of our political movement. This is a true conscience vote and you will see that in the individual decisions taken this week amongst the LNP MPs.

Politicising the debate has not led to a better bill. We got a glimpse of that during the campaigning when euthanasia became an election issue with the pronouncement that we required legislation by February 2021. With the Law Reform Commission not due to report until March 2021, this was a misguided intervention that shifted the issue from a matter of conscience to one firmly in the political realm. I remain hopeful despite this that strong parliamentarians will use the freedom this debate should bring to vote according to their beliefs and the quality of this legislation one way or another. If after three days of debate the government votes en bloc to pass this bill, you would have to question if this was truly a conscience vote.

Government members interjected.

Mr DEPUTY SPEAKER (Mr Hart): Order, members.


Mr CRISAFULLI: Regardless of our final decision, to pass this without amendments or, at the very least, some critical analysis and dissent will make this more about image than substance, and this is an important debate. I started my contribution—

Government members interjected.

Mr DEPUTY SPEAKER: Pause the clock. Sorry, Leader of the Opposition. Member for Maryborough, you are under a warning. One more interjection and you are out of here.

Mr CRISAFULLI: I started my contribution talking about my guiding principles, about the intrinsic value of human life, about the meaning of 'voluntary' in the context of this debate. I believe this bill unintentionally but unavoidably puts a lesser value on the life of the poor, the remote and the sick. I believe the intention of the bill is to offer choice, but the reality is that it offers choice on a sliding scale that is in proportion to the size of your bank account or where you live, but most importantly it breaks a fundamental tenet of our society that human life is sacrosanct.

While my heart hurts for people facing great pain and terminal illness, I cannot assist them to die via flawed legislation. I cannot support something that offers the assistance of the state to terminate their life, the same state that does not give them options of specialist palliative care within the same time frame. I will not be supporting this bill.

 **Hon. YM D'ATH** (Redcliffe—ALP) (Minister for Health and Ambulance Services) (12.27 pm): I rise to speak in support of the Voluntary Assisted Dying Bill 2021. The Palaszczuk government made an election commitment to introduce a voluntary assisted dying bill in this term of government. I want to acknowledge the Premier's leadership in introducing this historic bill to the parliament. Rather than repeating the details of the bill, as the health minister I will address a few of the matters raised by stakeholders and the public. Those opposed to the bill have raised concerns that palliative care will be negatively impacted by the introduction of voluntary assisted dying. On the contrary, high-quality, compassionate and accessible palliative care is a right that all Queenslanders living with life-limiting illness should expect.

I want to take a moment to acknowledge and thank the hardworking medical, nursing and allied health professionals who provide high-quality and compassionate palliative care in Queensland. They undertake challenging work addressing not just the physical but the psychological, social, cultural and spiritual needs of Queenslanders living with a life-limiting condition and providing essential support to their loved ones.

The bill does not and should not detract from an accessible, effective and well resourced palliative care system. The Palaszczuk government is committed to high-quality and accessible palliative care. This is demonstrated by our commitment to an additional investment of \$171 million in 2021 through to 2025-26 to lead palliative care reforms and strengthen the system. This investment will support the palliative care sector and workforce to build on existing funding and service provision, strengthen its service offerings and deliver equity of access to palliative care, regardless of where a person lives across our great state.

The palliative care reforms include developing and implementing a new palliative and end-of-life care strategy. Queensland Health has commenced this work and will continue to consult with key stakeholders during its development. The strategy will guide local service delivery to ensure all Queenslanders can access high-quality palliative care and deliver the care they deserve at the end of life. The reforms include leveraging and advocating for a strong primary care system. Reform will see Queensland Health investing in community-based services to improve and promote choice for care at end of life through increased home based and after-hours care, with a focus on regional, rural and remote service provision. These services are essential to best support people in the community and to build a responsive and integrated system that drives excellence in supportive care for people living with life-limiting illness.

We are growing and investing in Queensland's specialist palliative care workforce, developing a new workforce plan and driving palliative care health equity outcomes for First Nations people. We are supporting practitioners, enabling innovation in digital services and telehealth support and delivering new public education and advocacy. The government's commitment to a new strategy and palliative care reform builds on a track record of increasing ongoing investment in the Queensland palliative care system since 2015. The government is taking a stepwise approach to investment, recognising that the palliative care sector and workforce need time to build capability and capacity to provide high-quality palliative care across the state.

The new funding will be implemented by building on each year, over five years, to reach a record investment of close to \$250 million in 2025-26. We need time to work with clinicians and get the new models of care and the arrangements for service delivery right. Work is progressing with recognition that it will take time to sustainably incentivise and attract, train and retain clinicians to fill the gap in the specialist workforce to meet community needs. Investing in the palliative care system over time supports critical initiatives to expand and strengthen palliative care services for Queenslanders in a sustainable way to ensure it remains high quality and accessible.

The introduction of voluntary assisted dying laws will provide further choice to people who are suffering and dying about the timing and circumstances of their death. Having access to both high-quality palliative care, in tandem with the opportunity for voluntary assisted dying, provides dignity, choice and care to those who are suffering. For some Queenslanders living with a life-limiting condition, even the best quality palliative care is unable to effectively manage their pain, symptoms or suffering. This can be severely distressing for the person and their loved ones. For these individuals, simply having the knowledge that voluntary assisted dying is an option may alleviate their suffering.

The decision to choose to undertake voluntary assisted dying is an individual one. The bill allows for individuals to maintain independence, choice and control in relation to their death. I note that the eligibility criteria for this bill does not go as far as some would like. I know it does not cover a variety of conditions, such as Alzheimer's. I note, if I am reading the amendments right, that there is a proposal to extend it to neurodegenerative diseases where they are life limiting within 12 months. As much as I absolutely support the intent of that, to simply move an amendment that expands those words without understanding how you would assess someone's capability, decision-making capacity and, when you are talking about dementia and Alzheimer's, assume they have that capacity in the last 12 months when no-one can diagnose the length of time because of the nature of that disease is to not understand that disease. I understand that disease. I understand because my mother died of young onset Alzheimer's.

Mr DEPUTY SPEAKER (Mr Hart): Pause the clock. Take your time.

Mrs D'ATH: Fifteen years on does not make it any easier to talk about. I know what she would choose. She would choose VAD. We had lots of conversations about how we wanted to live and die. I know she would choose VAD, but it is not as simple as adding a line and thinking you have all the answers. If a substantive amendment such as this is moved there has to be public discussion about how it would work and how it would be assessed. As the former attorney-general, I know how much elder abuse is out there and I know with dementia and Alzheimer's patients it is too risky. Someone could have that decision taken away from them and it not be truly voluntary.

Throughout the committee process and debate we have heard a lot about the rights of health practitioners not to be involved in voluntary assisted dying. Some people, including health practitioners, do not support voluntary assisted dying. This should be respected. The bill provides for this and allows health practitioners to conscientiously object to being involved in any part of the voluntary assisted dying process. As health minister, I would like to address this issue as it is something that affects both health practitioners and patients. The Queensland Law Reform Commission considered that the rights of an individual to freedom of conscience and belief should be recognised. The Queensland Law Reform Commission also considered that the right of a practitioner to conscientiously object should be balanced with the right of an individual to access information about end-of-life choices, including information about voluntary assisted dying. Let us not forget we have a Human Rights Act in this state.

The bill requires that a practitioner who refuses to participate because of a conscientious objection is required to inform the person of their refusal to participate in the process and the reason for their refusal; inform the person that other health practitioners, health service providers or services may be able to assist them; and give the person information about a health practitioner or service that could assist. The role of the official care navigator service will assist them in doing this in a way that respects their rights as a conscientious objector but also respects the rights of the individual.

Opponents of the legislation have argued that these requirements force objecting practitioners to participate in voluntary assisted dying. This fails to recognise that there must be some balance between the right of a practitioner not to participate with the right of a person seeking to access a lawful end-of-life option. The QLRC considered that the requirement for the practitioner to inform the person of their conscientious objection appropriately balances the right of the person to access voluntary assisted dying and the right of the practitioner to conscientiously object. This approach is not unusual and is, in fact, consistent with the Medical Board of Australia Code of Conduct and the Australian Medical Association Position Statement on Conscientious Objection. The requirement for the practitioner to provide the person with enough information to enable them to access information about voluntary assisted dying also strikes an appropriate balance between a practitioner's right to conscientiously object and the right of a person to access voluntary assisted dying.

I will not go into as much detail as I would have liked about the role of the official statewide care navigator service, but I do believe that this assists those conscientious objectors and the entities in balancing their rights. I ask anyone who is still considering what to do when it comes to conscientious objectors to look at the evidence Dr Phillip Parente gave to the committee in relation to his role as a medical oncologist. He was a conscientious objector and has since changed his mind and is a strong advocate for voluntary assisted dying and he gives his reasons why. It is really telling to read his evidence and I encourage members to do that as they go through these debates and consider any amendments going forward.

We will implement a scheme that is safe, high quality, accessible and compassionate. Queenslanders, including people who are suffering and dying, their loved ones and health practitioners, can be confident that they will be treated with respect, have access to all the information they need and will be supported through at this process. I call on all members to support this bill. I understand it is a

conscience vote. A conscience vote does not mean you think about your own personal views. I have a responsibility to think about all Queenslanders and what they deserve and the right for them to choose, not just my own personal choice. I will support this bill.



Mr JANETZKI (Toowoomba South—LNP) (Deputy Leader of the Opposition) (12.37 pm): Rarely are we faced in this parliament with a decision that challenges centuries—no, millennia—of custom, practice and law. They are grave questions—how we live and die—and profound in their nature. They are the deeply felt emotions of loved ones, anger at needless suffering and the desire for mercy and dignity. This House must now consider whether the bill before us will be passed. If, as I expect, it does pass, does it then have the necessary protections and safeguards, and have we fully considered the implications of casting aside over 2,000 years of medical ethics and our legal system's prohibition on the intentional taking of another's life?

I assure my constituents that I have searched my conscience in relation to these matters. I will not be supporting the bill. I accept that many of my constituents will disagree with my opinion, but I have sought to act in good faith and have engaged deeply with many of the conflicting legal, medical and ethical implications embedded in the bill.

It has been said by the House of Lords that society's prohibition of intentional killing is the cornerstone of law and social relationships, that an erosion of this principle changes things subtly. Unintended consequences arise. Death results in possessions and privileges passing to others and these others may not be necessarily objective or disinterested observers.

Elder abuse manifests in many ways including emotional and financial pressure, whether that be discussions about bills, wills, mortgages, health costs or supported living. This abuse is made manifest not just in what is said. Withdrawal, neglect and absence are tragically hallmarks of elder abuse. The seminal House of Lords euthanasia inquiry stated that vulnerable people—the elderly, ill, frail or distressed—would feel pressure, whether real or imagined, to request early death. As the Australian Medical Association's Michael Gannon said in 2017—

The sick, the elderly, the disabled, the chronically ill, and the dying must never be made to feel they are a burden.

He went on to say that it is commonplace for patients to advise doctors, in front of their loved ones, that they do not want to be a burden on their families. I have seen it said in my own family.

Across the nation many in the medical community, so relied upon and trusted when advising on COVID-19, are seriously concerned about VAD. The Australian Medical Association has clearly asserted that doctors should not be involved in interventions that have as their primary intention the ending of a person's life. The World Medical Association echoes this view, as do the vast majority of nations and national medical bodies across the globe. For 19 former AMA Queensland presidents to take the extraordinary step of writing an open letter opposing VAD says much about their ethical concerns.

I rarely invoke slippery-slope arguments as they generally offend reason and critical thinking. However, I believe the evidence supports the raising of the risk of scope creep. That is because scope creep is obvious to anyone observing the few jurisdictions that have legalised VAD over the past 30 years. The challenge is that once VAD is accepted for a limited subset of examples there is no logical or philosophical argument to cease expanding categories. If it is legalised for patients with a terminal condition in order to alleviate suffering then why not alleviate suffering for those whose condition is not terminal? On the issue of consent, why limit access to adults if mature children can give consent, as they do in various other contexts? If advance health directives are relied upon to cease certain medical treatments, why should they not be used to support euthanasia? Indeed, at a public hearing in 2019 a Dying with Dignity representative urged the consideration of those very issues for minors and those living with dementia with an advance health directive.

Starting from a similar legislative standpoint as we in Queensland do here today, Belgium now allows children, known as 'mature minors', to access VAD if they are competent. There the criteria has now moved from intractable and unbearable pain towards criteria that have permitted lawful VAD for chronic fatigue, manic depression, anorexia and autism. In the Netherlands a patient does not need to be terminally ill. There, too, VAD is lawful for minors over 12 years of age. Further, a patient may not need to be competent when voluntary VAD is carried out if a valid advance health directive was completed when they were competent.

I could not speak on this bill without addressing personal choice. It is true that freedom of choice is a fundamental philosophical value that I hold dear, but freedom is always freedom within limitations. Those who support this bill, including some friends and colleagues of mine, argue quite justifiably and

cogently that institutions have no grounds to exercise conscientious objection, that bricks and mortar cannot hold moral beliefs as individuals do. The countervailing view is that institutions may arguably constitute a gathering of people organised around roles and relationships for social good or that they may provide services on the basis of their identity or moral principles and can, therefore, choose what services they may or may not provide. In any event, my perspective is that VAD is an act that significantly and profoundly involves others and, accordingly, is not just a personal choice as it has public relevance.

Tellingly, the bill requires facilities such as St Vincent's and St Andrew's hospitals in Toowoomba to allow any stage of the VAD process to occur at their facilities, accept that a VAD practitioner may access their facilities at any time and permit the VAD practitioner to decide whether any transfer may occur. This was a statutory direction not even contemplated by QUT professors White and Willmott, who have commented that limiting the ability of institutions to object to VAD was novel and an Australian first. That being acknowledged, my view is that any person working or being cared for in one of those facilities is, in fact, denied their personal choice under this bill. Administrative staff, doctors, nurses, other clinical staff, patients and, in particular, patients in shared accommodation may be exposed to VAD in some way. I note that, similarly, those 19 former AMA Queensland presidents have warned—

It would be wrong for legislation to protect the choice of the one patient on a very rare occasion but disregard the choice of the many thousands of patients and staff who on a daily basis choose to be treated or to work in institutions that do not support VAD.

Others will take a different view when weighing these competing interests, but that is my reasoning.

My belief is that our state needs a hospice and palliative care funding revolution to alleviate pain and distressing symptoms and to provide patients with as much quality of life as possible, to honour the dignity and value of life and help a person die with peace of mind, surrounded by loving care. If only every corner of Queensland could have a Toowoomba Hospice in their community. There is no more respected institution in my city and I thank them for their leadership.

Paul Keating has proffered that the stringency or conservative nature of the safeguards miss the point. He points to the core intention of the law and the ethical threshold being crossed. He argues—

It is a mistake for legislators to act on the deeply held emotional concerns of many when that involves crossing a threshold that will affect the entire society in perpetuity.


Yet VAD continues to be legislated disparately by parliaments across our federation, each siloed from the other in a seeming regulatory vacuum. Whether it be conscientious objection, coercion risks, specialist medical advice, reporting requirements or time frames, there is a need to improve this bill and I seek to be constructive in my aspiration. That is why, despite my opposition to the bill, I will be moving amendments during consideration in detail. There are 54 amendments now circulated and I table them for the House.

Tabled paper: Voluntary Assisted Dying Bill 2021, amendments to be moved by Mr David Janetzki MP [\[1375\]](#).

Tabled paper: Voluntary Assisted Dying Bill 2021, explanatory notes for amendments to be moved by Mr David Janetzki MP [\[1376\]](#).

Tabled paper: Voluntary Assisted Dying Bill 2021, statement of compatibility with human rights for amendments to be moved by Mr David Janetzki MP [\[1377\]](#).

These amendments draw on stakeholder suggestions from, among others, the Queensland Law Society, the Bar Association, AMA Queensland, Palliative Care Queensland, Catholic Health Australia, the Royal Australian College of Physicians and the Queensland Human Rights Commission. The amendments seek to enhance safeguards and reporting through aligning the proposed laws before this House to provisions adopted in other jurisdictions, including South Australia, Victoria, Western Australia and New Zealand. We in this House have a heavy obligation to Queenslanders in relation to this bill. Let us not be derelict in our duty to discharge it.

 **Hon. SM FENTIMAN** (Waterford—ALP) (Attorney-General and Minister for Justice, Minister for Women and Minister for the Prevention of Domestic and Family Violence) (12.47 pm): I am proud to rise in support of this very important bill. Access to voluntary assisted dying for all Queenslanders is about providing those who are nearing the end of their life with greater choice about how, when and where they die. I acknowledge that this is a very personal and important issue for many Queenslanders. This is not a choice between life and death; it is a choice for those who are dying, that is, to be able to make the choice to have dignity in death. This bill will provide Queenslanders with that choice.

Navigating and distilling the diverse and divergent stakeholder views into a draft bill was no easy task and I begin by acknowledging the incredible work of the Queensland Law Reform Commission. They undertook extensive consultation, thorough research and months and months of deep consideration on every single issue in order to prepare a legislative framework for voluntary assisted

dying. I especially acknowledge the leadership of this work by the Chairperson of the QLRC, the Hon. Justice Peter Applegarth, and thank the other members of the commission who worked on the report: the Hon. Margaret Wilson QC, Dr Nigel Stobbs, Ms Ruth O’Gorman, Ms Penelope White, Judge Anthony Rafter SC, Mr Mark Hinson QC, Ms Clare Endicott and Ms Constance Johnson. They met with a diverse range of stakeholders including health practitioners, organisations, religious bodies, unions, legal bodies and members of the public.

The QLRC’s members met more frequently to consider in-depth the human rights engaged, how to ensure appropriate safeguards for vulnerable persons and ways in which the scheme could be developed so that it was suitable and appropriate for Queensland’s diverse, geographic, cultural and healthcare environment.

I also want to thank the Health and Environment Committee and, in particular, its chair, the member for Thuringowa. Thank you to everyone who came forward and made a submission or attended a public hearing. Together, the committee and the QLRC heard from thousands of Queenslanders and heard many of their personal and emotional stories. Thank you to all.

Like so many Queenslanders, I have lost a loved one to a terminal illness. I was just 14 as I watched my grandad suffer from terminal brain cancer. I still to this day clearly remember the pain and suffering he endured as he deteriorated towards the end of his life. When he was diagnosed with his illness, he said to my mum, ‘I am not afraid of dying. I am afraid of the way in which I am going to die.’ My grandad’s wish was to die with dignity, but he was not given a choice of how, when and where he would die. This bill before us, at its heart, is about giving people that choice.

An integral part of the bill is the establishment of safeguards to protect vulnerable persons from coercion and exploitation. The bill incorporates a staged request and assessment process. A person is required to make three separate requests, one of which must be witnessed and in writing, with a minimum waiting period of nine days between the first and final request. The witness cannot be someone who knows or believes that they are a beneficiary under the will of the person seeking to access the scheme, or may otherwise benefit financially, or in any other material way from the death of the person making the request, or is an owner or responsible for the management of any health facility at which the person making the request is being treated or resides, or is the coordinating practitioner or consulting practitioner. These exceptions provide an important safeguard against coercion.

In addition, the person must be independently assessed against the eligibility criteria by two medical practitioners who are qualified and trained to do so. Those safeguards are reinforced, in the case of registered health practitioners, by codes of ethics and professional standards and processes to enforce them. It is important to note that these elements, while providing increased accessibility, are not done at the expense of safeguards.

Central to this bill is the principle that all persons, including health practitioners, have freedom of thought, conscience and belief. Entities including faith based hospitals and other services, also have general legal rights to choose not to offer certain types of services. The QLRC took considerable time determining an appropriate balance of these rights. The bill provides for registered health practitioners who have a conscientious objection to voluntary assisted dying to have the right to refuse to participate in the process.

Unlike in other jurisdictions, the bill provides certainty in our legislative framework for the participation of entities in the scheme. As professors Willmott and White said in a recent opinion piece on the bill—

This is important because there is evidence in Victoria that institutions are blocking access to voluntary assisted dying.

I understand that there are considerable concerns from some of our faith based entities about this feature of the legislation. I also, though, want to put on record that it will be a very rare occurrence for patients to seek voluntary assisted dying services from an entity known to be opposed to this scheme. It stands to reason that any person wishing to access voluntary assisted dying is unlikely to choose to reside or seek treatment from an entity that is known to be opposed to the scheme. The majority of patients will seek out entities that are known to participate in the scheme or patients will consider a transfer to another facility where it is safe to do so.

The government has, however, taken considerable time to consult with these institutions and has committed to putting in place clear, clinical guidelines relating to the participation of entities. This will provide certainty and help entities develop policies and help manage referral pathways, patient transfer arrangements, clinical handovers and, importantly, will ensure that they are properly consulted.

I would also like to acknowledge the many members of my local community who have reached out to me with their views on this issue. During this debate, I have been reflecting on the words of my good friend and constituent, Yvonne Breitzkreutz from Bethania, who shared her thoughts with me based on her faith and Christian upbringing. She said to me in an email—

The Christian belief is that dying is the act of leaving this earthly life and meeting our Maker in the world to come. Surely this means that suffering should not accompany any act of dying. The Christian believes that there is a peace which passes all understanding in the world to come. Then why let people suffer terrible pain, debilitation and all the other horrific health issues that arise in order to prolong life? It is not prolonging life anyway. It is extending the process of dying a terrible death. It is completely logical therefore for the Christian that having this trust in the Lord means no fear of dying itself. This is my strong belief as a Christian so therefore I would support this Bill.

Thank you, Yvonne, and the many other residents who reached out to me to talk to me about their deeply held personal views.

Apart from recommending that this bill be passed, the committee made two other important recommendations: that the Commonwealth government amend the Criminal Code Act 1995 by inserting a definition declaring that suicide does not include voluntary assisted dying carried out lawfully pursuant to a law of a state or territory, and that the Commonwealth Director of Public Prosecutions issue prosecutorial charging guidelines indicating that the offences in sections 474.29A and 474.29B of the Criminal Code will not be prosecuted where a doctor or other person is acting in accordance with the procedure outlined in a state or territory law.

These provisions in the Criminal Code make it an offence to use a carriage service which can be as simple as a telephone call or email to distribute material that counsels committing or attempting to commit suicide.

These Commonwealth provisions may have the effect of limiting access to voluntary assisted dying by Queenslanders, particularly in rural and remote areas, unable to have conversations over the phone or via email, such as telehealth. It is a concern for medical practitioners in providing information about the scheme or whether or not someone would be eligible. I urge the Commonwealth to create certainty around the application of these laws for the benefit of all Queenslanders.

I would like to conclude my contribution by thanking the many organisations and advocates that I have met with and discussed who have been advocating for these laws for many years. In particular I thank David Muir, Peter Johnson and the Clem Jones Group, Dying with Dignity, in particular Dr Jenny Brown and Jeanette Wiley, Dr Sid Finnigan from Doctors for Assisted Dying, Andrew Denton and Go Gentle Australia, the Queensland union movement, and in particular Penny Tovey and the team at the ETU, Labor for Dignity and the thousands of Queenslanders who have made their voices heard.


This bill will give those Queenslanders who are suffering and dying and who are eligible under the scheme the choice about whether or not to die with dignity. This is rightly their choice to make within the scheme of this bill. The bill, in my view, strikes the right balance and offers the appropriate safeguards.

Debate, on motion of Ms Fentiman, adjourned.

Sitting suspended from 12.57 pm to 2.00 pm.

MATTERS OF PUBLIC INTEREST

Health System, Data

 **Mr CRISAFULLI** (Broadwater—LNP) (Leader of the Opposition) (2.00 pm): The Queensland health crisis has been laid bare by the Auditor-General's report. This is a damning report, a scathing report which lays the Queensland health crisis firmly at the feet of this government. Over three terms this is the government's health legacy, and it has cost Queenslanders greatly. Some have paid with their lives. What did the report say about emergency departments? It said—

... as a percentage of the entire patient population, their performance has been declining.

From July 2020 to February 2021, only one of the top 26 reporting hospitals met the targets for both ramping and time spent in emergency departments. What did it say about treating patients within clinically recommended times? It said that hospitals have not met targets for category 2 or 3. In terms of getting patients off stretchers within clinically recommended times—what people in the real world call ambulance ramping—it said—

This target has not been met at the statewide level in the past seven years.

The wait time between ambulance arrival and triage is not monitored. The performance of short-term treatment areas is not monitored or measured. The Queensland Ambulance Service only provides summary reports to key teams 'whoever they are'. The people who need to know, do not know. Queensland Health is flying blind and our population is worse off for it.

It was a digital project that the government started to try to fix the problem, but 'the project was put on hold as part of the Queensland government's debt saving plan'. This government is more interested in looking good than performing well. I have said it before and I will say it again: it is not about how things look; it is the way things are. Right now, the way things are in the Queensland health system is scary.

The clincher is that the report found that data is being cleansed. The true state of our hospital is being hidden. What does that mean? The report states—

As a result, the performance reported to the Commonwealth and the community may not be accurate, funding for EDs may be at incorrect levels, and demographic data used for planning may not accurately reflect each hospital's current needs.

Do members want to know what that means? That means a failure to plan will cost people their lives. Page after page this is scary for anyone who needs help in their hour of need. Page after page this report is a horror story. I have read some reports from the Auditor-General, but few have belled the cat as loudly as this one. This government can blame all sorts of things—COVID, the Commonwealth, clinicians—but, in the end, the report shows a culture of failure and what happens when we do not plan ahead.

What does it mean for everyday Queenslanders? It means when someone's child has an asthma attack the Queensland government's health service may not be there for them. It means when someone's dad has a heart attack the Queensland government's health service may not be there for them. It means when someone's grandmother has a fall the Queensland government's health service may not be there for them. These are consequences for actions when a government starts losing control of service delivery, when it puts image ahead of outcome. These are the consequences for everyday Queenslanders. This report puts in black and white what many Queenslanders know: they are suffering under a sick system.

Our town halls have heard right across the board stories from real Queenslanders who just wanted help when they needed it most. Catherine from Cleveland told the shadow health minister her dad was terminally ill with leukaemia when he needed to have his cannula replaced. They waited 12 hours for treatment and left the hospital without receiving any. Anthony from Ipswich: his dad was taken to the Ipswich Hospital after suffering several heart attacks. Neville spent more than 24 hours in ED before he was moved into a coronary ward. He passed away in hospital five days later. Then there was Steve, whose wife died in his arms waiting for an ambulance to arrive.

I have said it time and time again: when we raise these issues we are not criticising the frontline staff. The frontline staff are coming to us asking us to raise these issues. They feel helpless, powerless and voiceless. They want a system to support them. They did not sign up to be a paramedic to sit at the end of a ramp, knowing that at the end of a phone line there is somebody in their darkest hour waiting for help. They signed up because they are great Queenslanders looking to serve. People do not become doctors and nurses because they want to be part of some sort of system that lets patients down. They are great Queenslanders. They want service. They want to know that they are being supported.

What are the solutions and recommendations? They are to: improve how we record information on things like ambulance ramping—be open and transparent; introduce real-time hospital data to drive cultural performance—make sure that in real time people know what is happening; and improve triaging. The shadow health minister is going to explain—and I would urge those opposite to listen—what could happen if they empower people at the front line to make decisions. Let us put more money into those health and hospital services. Let us make sure that the people at the front line are making decisions. Let clinical nurses be in charge of triaging. Another solution or recommendation is to empower the HHSs.

We saw a disgraceful scene here a few months ago where the government was talking about how they were going to increase funding to the health service but with the other hand they were taking it away from the front line—from the HHSs; the people who make the decisions. That is where more money needs to go.

These solutions are solutions the LNP has put forward. They have not come from us. They are solutions given to us by the nurses, by the doctors, by the patients, by the ambos and by whistleblowers. We heard story after story from whistleblowers in Caboolture. I would urge those opposite to listen to

the shadow minister about that. I say to the government: swallow your pride for the sake of Queenslanders and for the sake of fixing a sick system. Be honest, be open, be transparent and share the data in real time.

If members want an example of transparency, this report was tabled minutes after the Premier faced a media conference. Every time we have one of these tabled, it is a Friday afternoon or it is moments after the Premier stands up and faces a media conference. Here is an idea: front up and own the issue. If you own the issue and if you are prepared to stand up and be accountable, that will drive cultural reform. If you are prepared to front up—

Honourable members interjected.

Madam DEPUTY SPEAKER (Ms Bush): Pause the clock. Member for Nanango, member for Hervey Bay and member for Bundaberg, I will ask that you quit quarrelling across the chamber.


Mr CRISAFULLI: It is one thing to be angry; it is another thing to drive change. It is another thing to show leadership. It is another thing to be prepared to make decisions and admit when you get it wrong and change your policy position accordingly. No Queenslanders can say that the Queensland health system is world class at present. It is not the fault of the doctors, it is not the fault of the nurses, it is not the fault of the ambos; it is the fault of a government that is losing control.

In the same way that the government lost control towards the end of its tenure in 2011, when it was a 'basket case', history is repeating itself. What I am finding increasingly is that the numbers that at the time were driving the then premier to describe Queensland Health as a 'basket case' are back—

Ms Bates: They're worse.

Mr CRISAFULLI: They are worse, and that is a concern for every Queenslanders. Today, we must grab this report and we must be prepared to learn from it. We must be prepared to empower frontline staff, release data in real time and make sure that things like ambulance ramping are listed and reported on. Everyone everywhere in this state deserves a world-class health system, not a government that hides and dodges when critical services break down for Queenslanders.

Leader of the Opposition, Performance

 **Hon. CR DICK** (Woodridge—ALP) (Treasurer and Minister for Investment) (2.10 pm): Everyone in Queensland knows that the Leader of the Opposition is failing in his job—that is, if they actually know who he is! Like Scott Morrison, his LNP counterpart in Canberra, the Leader of the Opposition has been weighed up and has been found wanting.

As we heard today in question time, the Leader of the Opposition cannot get his lines straight on the Queensland border. In fairness, it does take a lot of effort to execute a U-turn after passing 64 signs that say, 'Wrong way, go back.' Rather than turning the LNP around, its leader is accelerating through their self-made border chaos at breakneck speed.

You would have thought that, after the LNP comprehensively tied itself in knots over the borders throughout 2020 all the way through to and including the 2020 state election, the member for Broadwater might have sorted it out. You would have thought that the Leader of the Opposition would have applied himself to getting his story straight, but he could not. That is because the LNP are absolutely obsessed with 'opening up'.

Remember that just three months into his job the member for Broadwater was already puffing himself up in the media. Do you remember that, Madam Deputy Speaker? In a piece that ran in the *Courier-Mail* on the Valentine's Day weekend—in a love letter to himself—the Leader of the Opposition announced, 'I believe I will be Premier ... and I will win big.' The only thing the member for Broadwater did not say was how humble he was!

Seven months later, let us check in on how the Leader of the Opposition has racked up the big wins for the LNP. Let us do a progress check on the electoral performance of the LNP under the member for Broadwater. Just how big did the Leader of the Opposition win at his very first electoral test—the Stretton by-election? It was a complete failure. It was a total debacle. Not only did the Leader of the Opposition steer the LNP to a loss in the Stretton by-election; the loss was so bad that it set a new record—the worst swing achieved under any opposition leader in a government-held seat in Queensland recorded in over two decades.

Labor's triumph in Stretton was also due to a first-class campaign and the first-class candidate we ran—James Martin, who is in the House this afternoon. That is because the member for Stretton is connected to his community. James Martin is a credit to his community. Importantly, Queenslanders actually know who he is. The contrast between the new member for Stretton and the Leader of the Opposition could not be starker.

It is hard to overstate just how badly the LNP performed under the newly minted Leader of the Opposition. Even a by-election under the LNP leadership of Jeff Seeney got better results than the LNP did under its current leader—Jeff Seeney, who was so unloved, so unpalatable to the Queensland public, that the LNP sacked him before he could contest the 2009 election. Do not take my word for it. Writing in *InQueensland*, Dennis Atkins reported that the Leader of the Opposition might 'talk it up, but the Stretton by-election was a stinker, any way you look at it'. Never has a truer word been written.

My message to the Leader of the Opposition is: you better look out! Look out for all of those champions on the backbench and the front bench who are all getting ready to take the job. Look out for the member for Whitsunday—a clean-cut, new candidate, looking good, connected to her community. Watch out for the member for Everton. I do not know how many times he has challenged for the leadership—two, three, four, five, six—who would know, but he still has the field marshal's baton in the knapsack. The member for Everton is ready to go when he needs to.

There was a whole week when the LNP candidate in the Stretton by-election did not even post anything on social media—in a by-election! The bloke was not doing anything. This was the hand-picked candidate by the Leader of the Opposition. All of the inappropriate social media posts by the LNP candidate for Stretton were absolutely there for the entire world to see. They could not even do due diligence on an LNP candidate. They could not even do that. They could not even get the right candidate for the right community. This speaks volumes to the lack of leadership under the LNP. This speaks volumes—

Mrs Frecklington interjected.

Mr DICK: As if the member for Nanango would interject on leadership, Madam Deputy Speaker, but I tell you what: the member for Broadwater is making the member for Nanango look like a genius!

(Time expired)

Honourable members interjected.

Madam DEPUTY SPEAKER (Ms Bush): I ask that the House come to order before I call the next speaker.

Queensland Building and Construction Commission, Hickman, Mr A



Mr MANDER (Everton—LNP) (2.15 pm): During the recent estimates hearing, the Minister for Public Works made an emphatic statement that neither he nor his staff nor the Board of the QBCC interfere in the daily operations of the QBCC. He repeated that assertion today during question time. I contend that this statement is misleading and patently false.

Over the last few months, both current and former employees of the QBCC, hardworking and honest people, have said enough is enough. Some are restrained in what they can say because of legal restrictions in their contracts, some are afraid to speak out for fear of repercussions, and some have been brave enough to speak out publicly.

One of the latter is Graham Easterby, former licensing manager of the QBCC. He is also a former federal police officer and qualified carpenter, has had 10 years with Queensland Health and is a current QUT lecturer. He is a man of great integrity who made public the details of his exit interview when he left the QBCC in utter frustration. I note that *Courier-Mail* journalist Anthony Marx referred to this in his weekend column—

Mr Easterby stated that one of the main reasons for his resignation was the 'inappropriate influence/directions given to carry out my role as issued through senior management from board members, including how to regulate safety matters, and the granting of licenses'.

One of the chief culprits with regard to board members interfering in the operations of the QBCC is Andrew Hickman. Hickman is also the Queensland President of the National Fire Industry Association, the NFIA, and the CEO of FVS Services Group. QBCC board member Hickman initiated, promoted and directed changes to the fire licensing regulation framework that directly benefit his industry association and his private business at the expense of hundreds of small fire protection businesses—unnecessary changes that will put hardworking Queenslanders out of work and at the same time drive up costs for consumers.

These small businesses have been ambushed by Hickman, aided and abetted by Minister de Brenni, and without any resistance from a cowardly, now former commissioner of the QBCC. What makes it more galling for these small fire protection businesses is that they provide more personal and effective services than FVS, which has been accused of double-charging, charging for services not done and completing work that is not compliant.

To complete this ambush, these changes to regulations—changes that will make absolutely no difference to fire safety—compel currently qualified QBCC fire protection workers to upgrade their qualifications. Guess where they have to go to get these upgrades? The Services Trade College, which is wholly owned and run by the National Fire Industry Association and the Plumbers Union; in other words, the union's RTO.

Just this morning I was further informed by a small businessman who had to get four licence upgrades that courses which a few weeks ago cost \$6,500—that is bad enough—now cost close to \$19,000, but if you are a member of the NFIA it will be half that cost.

This is my 10th year in the Queensland parliament and this is the first time I have felt the need to use parliamentary privilege to expose what I believe is not just wrong but potentially corrupt. The crisis in the QBCC is wholly of Minister de Brenni's making. He has facilitated the undue influence of the board on the staff of the QBCC and the demise of hundreds of small businesses. In his exit interview Mr Easterby stated—

There has been conflicts of interest from Board Members for personal gain, requiring my team and I, to do licensing action against their competitors.

Because of these startling allegations the question to the minister is: will he admit that he misled parliament, and what action will the minister take to stop this corrupt behaviour?

Queensland Border Restrictions



Mr WHITING (Bancroft—ALP) (2.20 pm): It is always interesting to follow the member for Everton. On reflection, you can rely on the LNP to talk down the Queensland Public Service every single time. It is concerning to hear that the LNP is not committed to the strong borders that keep us safe. Queenslanders are very concerned that the LNP want to open us up to New South Wales, which is undergoing a massive outbreak of COVID-19, but the LNP will not say it out loud. When they talk about our borders they will use code or call for things that undermine our border measures. Let's look at their track record. We heard from the Premier today that the Leader of the Opposition was asked five times about Queensland's border measures and he would not say if he supported them. He refused to take a stance on one of the things that has kept us safe.

What else is the LNP doing to undermine our border response? Remember that the federal member, Minister Karen Andrews, said, 'The federal government is of the view that Queensland should be open.' Remember that the member for Mudgeeraba said in the last sitting week that we should be transitioning away from restrictions. As for the member for Currumbin, I think the member has always been ambivalent about keeping strong borders, and we understand the reasons why, but she should not be shy about saying what she wants. She would clearly be happy to open part of Queensland to New South Wales: 'Here, I will even help you over the border. That is easy to do.' The member for Burleigh was not even subtle about it. He put up a billboard calling for the borders to be open. I admire him for that; at least he is honest about it. What else has the LNP said as it has attempted to weaken our borders?

We have heard the LNP describe our hardworking staff as punch-drunk bureaucrats. It is interesting that the Leader of the Opposition has said, 'We always support frontline staff,' yet once again they always take the chance to run them down if they can, calling them punch-drunk bureaucrats. They have said that our COVID response is like living in a cave or pulling a doona over our head. The gold standard of their stance is when, before the election, they called for the border to be opened 64 times—64 times. They have never denied it. Their message is that Queenslanders should learn to live with it. They are speaking in code. They do not want us to fight the virus but they will not say it directly. They want us to open up the border to this uncontrolled outbreak in New South Wales.

Mr McCallum: Let it rip.


Mr WHITING: They want to open up the borders and let the virus in. I take the interjection: bring it in and let it rip. Why would the LNP want to emulate the 'gold standard' of New South Wales in combating this virus? Their ICUs are flooded. People are finding it difficult to access hospitals of any kind for medical treatment. The morale of their paramedics is at an all-time low, and I have heard that from a paramedic who is living in our area. I say to the member for Mudgeeraba that I talk to paramedics,

and the morale here in Queensland is a lot higher than it is in New South Wales. We have heard from the Premier today that New South Wales has suffered 38,000 infections and close to 200 deaths, but in Queensland we are keeping the delta variant at bay and we are doing an outstanding job.

As I said, the Leader of the Opposition likes to talk down our health department, but look at what we have achieved in the last 19 months. We are unique in the world: we crushed a delta outbreak in eight days. Our strong border response has helped keep us safe and the LNP wants to weaken that. It wants to undermine that. The evidence and examples show the LNP wants to wind back our strong health response and open up our borders. They will not say it directly but they hint at it all the time.

We know that many do not believe in the science of climate change. Maybe they do not believe in medical science that much either. We know George Christensen thinks that taking a horse wormer kills COVID. You could not make this stuff up. I think it is best summed up by Premier Mark McGowan in Western Australia. I think he nailed it when he said, 'The federal government is on a mission to bring COVID into this state.' You have to wonder what the state LNP is up to. I say to the LNP that Queenslanders see through you. They know the code you are speaking. They do not support what you are saying and what you are doing. They know you want to overturn our strong border response. They do not want the economic destruction and mass unemployment that flows from an uncontrolled delta outbreak.

Health System; Caboolture Hospital

 **Ms BATES** (Mudgeeraba—LNP) (2.25 pm): Queenslanders deserve a world-class public health system. After all, we need a public health system that can be depended on and that every honest Queenslander can attend knowing they will receive the very best, because that is what Queenslanders deserve. Sadly, Queensland Health is beginning to crumble. We know that under the member for Redcliffe Labor is losing control of Queensland Health. To see this we need look no further than the Auditor-General's report tabled this morning. It offers a scathing review of how our public emergency departments are functioning. This is a tale of woe, and it is a seven-year tale. Let me repeat that: seven years. This is not new. Queensland Health is in crisis, and it has been like this for years now. No, it is not COVID-19 that is to blame.

Those opposite have been trying to hide behind COVID as the reason Queensland Health is a shambles. They have blamed COVID, they have blamed Queensland Health's culture, they have blamed the Commonwealth, they have even tried to blame sick and injured patients for the reason our public health system is a mess, but it is none of those things. This is an ingrained, deep-seated problem, a learned hopelessness, a system on its knees under a government which it inherited and which is only interested in itself. If those opposite are still trying to find someone else to blame, they need look no further than the mirror. Is it a coincidence that our EDs have been overrun? Is it coincidence that our ambulances have been ramped at a rapidly increasing rate? No, it is not a coincidence; it is because the Labor Party is running Queensland Health into the ground. What a shameful record! It is a record that, I believe in time, critics will judge the government very harshly on—so too the people of Queensland.

What does this report say? It says that, as a percentage of the entire Queensland patient population, our emergency departments have had a sustained decline in performance. The report also says that from July 2020 to February 2021 only one of the top 26 reporting hospitals met the targets for both ramping and time spent in emergency departments. That was the Mount Isa Hospital. The report also notes that overall patient off-stretcher performance—otherwise known as ambulance ramping—for the top 26 reporting hospitals has steadily decreased, from 85.9 per cent in 2014-15 to 68.5 per cent for the period July 2020 to February 2021. This proves this is not a new problem.

The report also noted that the wait time between ambulance arrival and triage is no longer monitored, but it used to be. After the 2012 MEDAI report, Queensland Health protocol included a five-minute target for time to triage. Queensland Health removed this target in December 2019. Why? What are they trying to hide from Queenslanders? Those opposite have a track record when it comes to this, and this looks like another example of a Labor government overseeing a health system which they are very quickly losing control of.

On a separate but related matter, I want to talk about the Caboolture Hospital. On Thursday last week, the function room at the Caboolture Showgrounds was full of people who came forward to tell their stories. We know that over the past few weeks allegations have been made about inappropriate conduct and malpractice at the facility. This is no slight on the vast majority of doctors and nurses at that hospital who day in and day out provide excellent care, but there are bad apples working at that hospital. We deserve to know. The people of Caboolture deserve to know.

The stories of those who attended were harrowing and shocking. In that room were brave, honest Queenslanders who believed that our public health system had let them down. They had tremendous courage to share what were deeply personal stories, and we gave them the undertaking that we would fight for them. We will stand up for Olivia Keating, who had her bowel stitched to her abdominal wall following the birth of her child. We will stand up for the Tremble family, who want you to know what happened to their son, Robert. We will stand up for Jody Heywood, who suffered for months after a routine procedure to remove his appendix went wrong.

We raised allegations during parliament's last sitting. First, it was 'nothing to see here', next there was a hotline and then next a review. We want to know more. Who is completing this review? When will it report back? Will families or potential victims be consulted or interviewed? This is not over. We will continue to stand up for the people of Caboolture and we will not let this go away.

Townsville Ring Road; Voluntary Assisted Dying



Mr HARPER (Thuringowa—ALP) (2.30 pm): Why do I always have to follow her? I want to talk about something really positive, and that is Townsville Ring Road stage 5. This is a \$230 million road project, duplicating the—

Mr Power: Stage 5?

Mr HARPER: Stage 5. It is the final stage. I know members are going to ask where it starts. Yes, it does start at Riverway Drive and it travels six kilometres. Seriously, we have had fatalities on this stretch of road. It is the last piece of the road that needs duplicating. When I came into this place, I wanted to concentrate on reducing road trauma. I lobbied hard for this in 2017 and received \$46 million to start the project. Of course, we had to wait for a federal election to get their contribution, which federal Labor did commit to, and the LNP. It took a couple of years to get the project going but we got there.

This will create 400 jobs. It is part of our strong economic recovery in Townsville. It is part of the Palaszczuk government's \$27 billion, four-year roads and transport investment plan to support 24,000 jobs, which are absolutely vital in all of our communities. I was proud to visit the site the other day. I met Alex, who is so proud to have so much local content. There is over 89 per cent local content on that road that is underway right now.

I have worked very closely with the community to get sound barriers put up near Carlyle Gardens. There are over 500 aged-care residents there and that was their concern. Importantly, this was a catalyst for a half a billion dollar housing estate that will be built. That means more tradies and more jobs. They will get connectivity from Beck Drive, with new on- and off-ramps connecting them to the hospital, to the nation's biggest defence base, Lavarack Barracks, and to JCU. These are our biggest employers. When there is increased connectivity, it is a real positive for people who are coming to live in the area. We are seeing a lot of investment in Thuringowa, and I want to thank the main roads minister for being there the other day for the sod turn.

A government member interjected.

Mr HARPER: He is the best main roads minister I have ever met. He is committed. We have a briefing this week on Riverway Drive stage 2, and I will update the House on these projects and the milestones as we go.

I want to depart from that topic and talk about a ministerial statement this morning from the health minister on palliative care. What we are debating this week is so important. I want to address the Leader of the Opposition's disgraceful, out-of-touch contribution on it where he accused us of a party vote. This is a free vote. He demonstrated a lack of compassion, a lack of empathy and a lack of understanding of palliative care and how it is funded in this state and in the nation. He said he had considered everything. He clearly has not read the 77 recommendations the health committee made in regards to how palliative care is funded.

Mr Krause interjected.

Mr HARPER: Go grab the book because you cannot hide behind the veil of palliative care.

Mr KRAUSE: Madam Deputy Speaker, I rise to a point of order. The member is anticipating debate on another bill and I ask you to direct him to refrain from doing that.

Madam DEPUTY SPEAKER (Ms Bush): I will take some instructions. Member for Thuringowa, by referring to the report, you are anticipating and going into the Voluntary Assisted Dying Bill debate. However, you might like to talk in a general sense about palliative care.

Mr HARPER: I might talk to the health minister's contribution around palliative care. I will inform members that there are two recommendations in the palliative care report. Recommendation No. 53 refers to the Australian government, and it is just before our recommendation that the Queensland government increase palliative care, which it did. Recommendation No. 53 states—

The committee recommends that the Australian Government increase the amount available through subacute funding for the delivery of palliative care to address the unmet need for services.

People need to understand how it is done. Recommendation No. 56 states—


The committee recommends that the Australian Government properly fund palliative care and end-of-life care services provided to residents living in private homes or in residential aged care facilities so residents can access the clinical care, nursing and specialist palliative care services they require. This will involve providing greater flexibility in the home care package system ...

We heard in this report—which is separate to the one that is being dealt with in the House—about people who were dying while waiting for their level 4 home care packages.

Ms Pease interjected.

Mr HARPER: The member for Lytton will remember that lady who said that the home care package arrived but her husband had died two years earlier. If we get the funding right at a national level—and our committee did a considerable amount of work on that—we might go a long way to addressing this. I hope they can match or double or triple the state's contribution. There is an absolute need to understand how palliative care is funded in this nation.

Townsville, Youth Crime

 **Mr DAMETTO** (Hinchinbrook—KAP) (2.36 pm): When I was growing up, being in trouble with the police meant you had not worn your helmet while riding a pushbike or maybe you got caught smoking a couple of cigarettes behind a tree. There are disgusting acts and incidents unfolding in Townsville.

An opposition member interjected.

Mr DAMETTO: I can only imagine. These acts are seeing the police becoming the hunted. Stolen vehicles are being used to terrorise the streets of Townsville, and offenders are playing a deadly game and taking it to a new level. Juvenile offenders are loading up stolen vehicles with house bricks. They then track down and chase police officers in their vehicles to throw these bricks through the windows of the police cars. Police officers have been injured in Townsville from what can only be described as an attempt on their lives. This should carry more weight from the government and not just a simple condemnation from the police minister and the three local MPs. This is not good enough. The people of Townsville deserve more and our police force deserves more.

In Mackay yesterday a 23-year-old hairdresser named Kaitlin Jones was lying on a beach. This young lady, who was sunbaking on a beach, was attacked by a juvenile offender. Allegedly, a 16-year-old stabbed this young woman while she lay relaxing on a beach. She was stabbed on her face and her arms.

Mr POWER: Madam Deputy Speaker, I rise to a point of order. My understanding is that this very sorry event is before the courts and we have strict rules on sub judice.

Madam DEPUTY SPEAKER (Ms Bush): Member for Hinchinbrook, while I am not aware of this matter myself, I would urge you to remember the standing order on sub judice. If you are aware of this matter being before the courts, I would ask that you not refer to it. I would caution you to keep that in mind.

Mr DAMETTO: Women in this state should feel safe and they should not feel like they are under attack by teenage offenders. Property crime peaked in the Townsville region at 594 unlawful entry offences in May. This reduced slightly in June-July. I will acknowledge that the legislation passed by that side of the House—Labor—helped hold some of these offenders on remand. Unfortunately, we have seen a spike as a lot of these offenders were put before the courts after they were denied bail. On sentencing, these offenders were either released back onto the streets with time served taken into account or given light sentences in the hope of rehabilitation. Unfortunately, rehabilitation is not occurring in Queensland youth detention centres. It is not happening out there on the streets.

A number of alleged offences have occurred over the weekend in my area. Although the September stats have not come in, I only see them increasing. Over the weekend we saw attacks at Willows Shopping Centre, where juveniles on pushbikes were attacking elderly people and trying to steal their bags.

Ms PEASE: Madam Deputy Speaker, I rise to a point of order. If these matters are before the court we have already had this point of order raised. The member is continuing to breach that standing order.

Madam DEPUTY SPEAKER: Member for Hinchinbrook, again, if these are matters before the courts they ought not be referred to in this place.

Mr DAMETTO: Madam Deputy Speaker, I am not aware if these are before the courts. Like I said—

Ms Pease: Then how do you know that about them?

Madam DEPUTY SPEAKER: Pause the clock while I take some instructions, please. Member for Hinchinbrook, if you are not aware and not clear whether these are matters before the court you will need to be very cautious. You will potentially breach the sub judice rule.

Mr DAMETTO: Madam Deputy Speaker, thank you for your guidance. It is clear that some people on the government side of the House are unhappy to hear about the crime in Townsville. However, I am paid by the good people of Hinchinbrook because they need someone to come and talk in this place about the atrocities they are dealing with on a daily basis. I will stand and I will speak on this matter as many times as I need to in order to raise the point.

Youth justice in Townsville is not working. Residential care houses in Queensland are not working. I have had people blow the whistle to my office about scenarios playing out in Cairns where providers of residential care houses have been talking to their staff asking, 'Why aren't you putting in reports on these kids? If you continue to put reports in, we continue to get paid good money for these kids for a high level of care.' That is happening.

Child services are failing in Townsville. How is it that these kids are walking the streets at night without parental supervision and causing these dramas without child services getting involved? I reiterate that the KAP has called for the youth justice minister to reside in Townsville to get a better understanding of some of the problems sitting in the departments within her portfolio. There are fundamental issues out there. Children should not be out on the streets every night committing crimes. Children should not be going through the youth justice system and being released either back into the care of these people or into residential care places where they are then allowed to go back out on the streets and commit these crimes. Townsville deserves better.

Cedric Davies Community Hub; Mareeba Animal Management Refuge



Ms LUI (Cook—ALP) (2.43 pm): On 28 August this year Mareeba celebrated another significant milestone in the delivery of two local infrastructure projects. I had the absolute pleasure of representing the Deputy Premier and Minister for Local Government, Steven Miles, in Mareeba to officially open the Cedric Davies Community Hub and the animal management facility. I know how important these initiatives are to the local community after many council deputations and meetings with members of the community seeking support for new and improved facilities.

I first became involved with the Mareeba Animal Refuge in 2018 when I dropped in one day looking for a puppy. Not really knowing what to expect, I dropped in to the Mareeba Animal Refuge and met with Jennifer, the manager of the refuge. Jennifer is someone who I think deserves a gold medal or some sort of award for her love and strong advocacy for stray animals. Jennifer spoke passionately about providing a safe place for animals and giving them the necessary care they deserve, safe and away from harm. Of course, the ideal home for these animals would be their forever home. Ideally, Jennifer would love for that to happen and to see her furry loves being in a long-term home. Jennifer told me how there was an increased demand on the service and the existing facility was not able to cope. I could not help but notice how crowded, run down and tired the facility was. Although Jennifer and her team did a great job to maintain their working environment, I knew there was still room for improvement.

I am very proud of the role the Queensland government has played to improve the animal management facility not just for those managing the place but also for the animals themselves. Through the Queensland government's \$1 billion Works for Queensland program and the \$200 million COVID Works for Queensland program, Mareeba Shire Council has received \$1 million to deliver a new, upgraded pound for the community. In fact, through both of these funding programs, the council has been allocated \$17 million to deliver 58 community infrastructure projects, which have so far created or supported 510 local jobs. That is a great outcome for the people of Mareeba and a pretty good outcome for the animals of Mareeba and the tablelands.

The new Cedric Davies Hub now gives the community much needed space that will certainly cater for more people to drop in at any one time to take advantage of the extensive variety of materials to borrow including books, videos, DVDs, music CDs, magazines, audiobooks, newspapers and games. Locals can also access the internet, and computer, photocopying and children's activities are also available. The Hub is named after a local community champion, Cedric Davies, who gave great service to the Mareeba community. It is fitting that the facility, designed to be a place where that same community can come together, bears his name. It is certainly a place of learning, particularly for young minds, as well as a place of connecting, of celebrating and of promoting health and wellbeing. I would also like to think that Cedric Davies would be happy with the collaboration between the Mareeba Shire Council and the state, delivering benefits for the people of Mareeba.

Through funding programs such as the Local Government Grants and Subsidies Program and COVID Works for Queensland, the Queensland government has contributed more than \$1.2 million towards this fantastic new facility. Through the Local Government Grants and Subsidies Program, Works for Queensland and COVID Works for Queensland, Mareeba Shire Council has received almost \$20 million to help deliver 61 community infrastructure projects, while creating or supporting well over 530 local jobs, including 31 jobs right at the Cedric Davies Community Hub.

It is a terrific outcome for the Mareeba economy, Mareeba businesses, Mareeba tradies and, most importantly, Mareeba families. I would like to congratulate Mayor Angela Toppin and the entire Mareeba Shire Council for delivering these projects in the community. The Cedric Davies Hub and the Mareeba animal management facility are wonderful examples of the benefits that can be created when both levels of government work together.

While those opposite continue to complain, we on this side of the House are getting on with the job of investing in and delivering vital infrastructure projects and supporting local jobs in regional Queensland.

Health System, Data



Mr MICKELBERG (Buderim—LNP) (2.47 pm): Today we see the latest Queensland Audit Office report which draws the focus to the state government's failure to provide timely health care for Queenslanders. The latest independent report addresses the importance of open data in tackling challenges like underperforming hospitals. It is an important report that highlights the state government's failure to accurately measure and share important hospital performance data which, if shared in a timely and transparent manner, would shine a light on the crisis of care that exists in Queensland's hospitals. Queenslanders want to know that when they go to their local hospital they will get the treatment they need when they need it. Right now too many Queenslanders are not getting the care they need when they need it.

Over recent months we have heard countless stories of Queenslanders suffering unnecessarily as they wait for surgery and of Queenslanders dying because they did not get the emergency care they needed when they needed it. Too often when those stories have been told, the government's response has been to dismiss them. The Premier and her ministers have dismissed them because they are politically inconvenient. However, every time ministers and the Premier dismiss the cries for help from everyday Queenslanders, they are telling Queenslanders they do not really care.

It shows that they do not care about Queenslanders like Judith Hamilton who, in insufferable pain and suffering from a suspected case of sepsis, waited 9½ hours for an ambulance to arrive. Despite the fact that she lived one block from the ambulance station, an ambulance arrived more than nine hours after the first call for help but it was too late. It was reported that the Queensland Ambulance Service said that Judith's case should have been escalated and that there were staff shortages and delays at hospitals. Judith and her family deserved better.

Bob Neich's wife of 50 years, Janelle, suffered a serious fall at her nursing home. Bleeding and unable to be moved, Janelle waited for more than six hours, suffering unnecessarily before passing away days later. Although Janelle was already seriously ill, Bob feels that the delay sped things up and he lost precious days with his wife that they would never get back.

Judith and Janelle are just two of the many thousands of Queenslanders that hospital performance data represents. Dismissing the need for timely, transparent and accurate hospital performance data will only result in more Queenslanders who cannot get the care they need in their hour of need.

It is easy to dismiss the importance of data but, in government, that which you do not measure cannot be fixed. In the report the Auditor-General highlighted the need for health system planning that uses up-to-date data. The Auditor-General stated—

It is important that emergency departments and the Queensland Ambulance Service have accurate, readily available, time-based performance measures. This will help them identify performance issues so they can work with and across other clinical areas to address the causes of delays.

I would go further and suggest that it is important for all Queenslanders to have access to such data so they can make informed decisions about their health treatment options. New South Wales reports emergency department performance in real time. It means that in places like Sydney residents can make decisions about which hospital they will get treatment at in a timely fashion. The result is that pressure is shifted from hospitals where demand is greater to those that have additional capacity, all by providing residents with timely, transparent and accurate data.

In question time this morning we heard shouts from the Minister for Health that her state government was releasing hospital performance data, but let's have a look at a comparison between Queensland and the other states. In Queensland, the best data that I can access in relation to, say, the Mater public hospital is aggregated quarterly data, and the most recent data is more than 2½ months old. That data shows that half of category 2 patients were not seen within the clinically recommended time frame. These are not patients with minor illnesses and injuries; they are patients in very severe pain, patients suffering from acute stroke, sepsis or multiple major trauma. If we look at New South Wales right now, on their real-time hospital performance portal we can see that at the Royal North Shore Hospital 10 patients are waiting for treatment. That is the situation right now. We can see that there are 44 beds available in that emergency department. Even in the ALP utopia of Victoria, hospital performance data is released daily.

Queenslanders deserve better than being kept in the dark about the performance of their local hospitals. They deserve to know that when they call for an ambulance help will arrive. They deserve a health system that provides the emergency treatment that they need to survive. Queenslanders deserve to see real-time hospital performance data so that they can make informed decisions about their health options. I again call on the state government to end the culture of secrecy that has pervaded for so long. Hospital data is not being shared and it should be, and I call on the state government to get serious about transparency and implement real-time hospital performance data for the benefit of all Queenslanders.

Bundaberg, Back to Work Program



Mr SMITH (Bundaberg—ALP) (2.52 pm): I have been made aware that the Yeppoon State High School legal studies class are watching. I know that they are passionate about Bundaberg, so this is a good time for them to be watching. The member for Keppel says hello.

Everyone in this House knows that I am passionate about talking about the Palaszczuk Labor government's strong economic recovery plan—a plan that is growing jobs in regional Queensland, investing in infrastructure in regional Queensland and delivering for all Queenslanders. We can only have a strong economic recovery plan by continuing to have a strong health response to COVID-19. That is why I am encouraging everyone in Bundaberg to go and get vaccinated. Speak to a GP, consult on the health advice and protect yourself, your family, your friends and our community from the spread of COVID-19 and its variants.

Encouraging Queenslanders to get vaccinated is a part of the government's strong health response—a response that has seen the economic recovery plan play out in the Bundaberg region. We have fantastic examples of this, especially through the Back to Work program. Since 2016 over \$13.4 million has been invested into the Bundaberg region. That has seen over 1,200 people get back into work across 544 businesses in the Bundaberg region—businesses such as Bundy Windscreens and Best Practice Software.

There is a great story at Best Practice Software. I spoke with Craig Hodges, the chief corporate officer, and a young worker called Alfie. Alfie, 19, was sitting at home during COVID and did not know what to do, but he was looking for more in his life. The Back to Work program has helped Alfie out. Craig tells me that Alfie not only has a job at Best Practice Software; he has a career. What a great example of our strong economic recovery plan. I asked Alfie how he feels. He said, 'I feel set for life.' What a fantastic initiative.

Alfie came across the Back to Work program through the Palaszczuk government pilot program Link and Launch. I say hello to Bec Egan and Jo Donnison, who has been a big support for Bec in running Link and Launch. It is based at Bundaberg State High School but, in true Bundy fashion, it is

helping all six high schools in the Bundaberg region. It connects with kids in year 12 to talk about where they are going to go next year—whether they are going to study or get a job—and make sure they will be earning or learning. It is fantastic.

Schools are open in Queensland and open in the Bundaberg region. Not only are students learning; we are even creating jobs through the \$3 million of infrastructure projects throughout the Bundaberg electorate. I have seen the security fence at Bundaberg South State School, and construction is well underway on the elevated walkways that will connect the three buildings at Kepnock State High School. I acknowledge the fantastic job done by the teachers, staff and students at that school. I might be a bit biased, though!

Businesses are open in Bundaberg—cafes and restaurants. Our sporting clubs are open as well. Diageo, one of the biggest producers of spirits and beers in the world, has seen that Bundaberg is fit to be the producer of new product, Reeftip. Diageo has decided that Reeftip will be distilled at the iconic Bundaberg Rum Distillery, with a portion of proceeds going towards the Coral Nurture Program. The Bundaberg region is the gateway to the Great Barrier Reef. It is in the absolute perfect zone for the tourism drive market. People from the Sunshine Coast, Brisbane or Hervey Bay should come up for a drive. Soon we will have the world famous turtle experience out at Mon Repos. I know that tickets are being swallowed up fast.


In Bundaberg, residents can move freely without a mask. Queenslanders can move freely across our state. I encourage all members of the best region of Queensland—the Bundaberg region—to get vaccinated and continue to enjoy the best part of the world without lockdown and without the increased risk of COVID-19. Let's all get vaccinated. Let's all get through this together.

VOLUNTARY ASSISTED DYING BILL

Second Reading

Resumed from p. 2564, on motion of Dr Miles—

That the bill be now read a second time.

 **Mr NICHOLLS** (Clayfield—LNP) (2.57 pm): Roman philosopher Seneca the Younger said, 'Death is the wish of some, the relief of many and the end of all.' No doubt, this bill has forced many members of this place to consider strongly held beliefs about the importance of life and the way our society deals with dying and death. It certainly has for me. For me, this debate is about compassion, tolerance, protection for those who need it and respect for individual choice. It is also about respect for life—a life well lived, a life fulfilled, a life content with achievements both small and great, a life that will shortly be ending.

To my mind, labelling people's views as either conservative or progressive serves no good purpose and in fact only muddies the waters. I want to acknowledge the efforts of the Leader of the Opposition to ensure that LNP MPs can truly exercise a conscience vote on this bill.

There are many good and caring people on both sides of this debate who honestly and fervently hold strong views about this legislation and we should not in any sense dismiss those views or hold them as any less worth than any others, and I want to say thank you to the very many people who shared their views with me. I listened carefully to what you all said. No doubt some will be unhappy with my decision and some will, I hope, feel a great sense of relief and satisfaction with it. For me this debate comes down to two principles—should this parliament support the policy of voluntary assisted dying and, if so, does this bill implement that policy in a way that respects life, individual autonomy, freedom of thought and belief and does it protect the vulnerable?

To answer the first question, I look to my principles. I believe fundamentally in the freedom of the individual. That is why I joined the Liberal Party over 35 years ago and am now a member of the LNP. Since my first speech in this place I have consistently championed the choice of the individual above that of the collective, so long as the choice does not harm others. The great tradition and freedom of liberal western democracies is that our citizens are best placed to make important decisions about their own lives. In doing so, they also assume a great obligation and that is to be responsible for those decisions and their lives, and those two tenets of our society go hand in hand—the freedom to choose and the obligation to be responsible for that choice.

If dying is a part of life, as it undoubtedly is, then the ability for people who have a terminal disease and the capacity to do so—to choose how they die and when they die—is part of what is involved in taking responsibility for their lives. Many people facing a grim and life-shortening medical

prognosis will worry about what the last phase of their lives will be like, and not merely because of fear that their dying might involve great suffering but also because they want to retain their dignity and as much control over their lives as possible during that phase, and of equal importance is promoting the wellbeing of those who are suffering. When someone is suffering intolerably from their affliction and they voluntarily, freely and competently request assistance with dying, that person's wellbeing may best be promoted by giving that assistance. I believe that together the value to individuals of making autonomous choices and the value to those who make such choices in promoting their own wellbeing provides the basis for voluntary assisted dying. So it is not just the freedom to make a choice and nor is it just their own wellbeing that justifies voluntary assisted dying; both are necessary but by themselves neither is sufficient.

In late May I conducted an electorate-wide survey on VAD. I wanted to know what the people of Clayfield thought about this issue after hearing so many conflicting reports. The response was instant and enormous. Over 1,500 people have responded. Some 88 per cent of respondents support VAD being legalised; 11 per cent do not, and I table a chart showing those survey results.

Tabled paper: Document, undated, titled 'VAD Survey Results' [\[1378\]](#).

Many shared their stories. Here are just four of the hundreds I received. Susan of Ascot—

I have secondary Breast Cancer in my bones, and I'd like to have the choice to end my life if such time that pain was no longer controllable, treatment options were exhausted and the quality of my life was unliveable. I want to be able to die with dignity and still be able to recognise my husband to say goodbye.

Here is Katie, a doctor from Gordon Park—

I also think that a good death significantly helps with grief and coping following a loved one's death. I am a doctor and have seen many patients die. I believe that as long as carefully selected, this is a very appropriate choice for patients, who are afforded some control when they have lost control of their body to the disease which has taken over. We can manage symptoms well but allowing patients to choose the time and place to die is a comfort to the patient and their family.

And this blunt response from Andrew, a medical specialist—

As a cancer surgeon I have looked after far too many patients who would have asked for this had it been available. There are no grounds for opposing it. Allow it without further delay!

And Danielle from Windsor—

My husband's death from cancer last year took a devastating toll on him and our family. We found palliative care unable to heal his terrible side effects and pain, although they tried. Palliative care is not the total answer for everybody. One size does not fit all.

These are not the stories of zealots, campaigners or starry-eyed idealists; these are the stories of everyday Queenslanders who have turned their minds clearly and competently to deciding the question of how people die. Their thoughts reflect my own principles and they reflect the overwhelming majority of those in my electorate, so in principle and because the choice is free, voluntary and addresses intolerable suffering in the last phase of someone's life and because it is compassionate, I cannot in good conscience oppose this policy.

Turning now to the second question, does this bill implement VAD in a way that respects life, individual autonomy, freedom of thought and belief and protect the vulnerable? I believe it does. It balances competing rights and where it must come to a conclusion it does so in favour of the rights of the dying person. It does not do it carelessly or flippantly. The extent of the considerations in reaching this balance is evidenced in the Law Reform Commission's 600-plus page report. The bill does as best as any legislation can to address issues of tolerance, compassion, protection and individual choice in a thorough, well thought out and substantial manner. As the submission by the Bar Association of Queensland says—

The report shows inquiries of immense sensitivity and depth, and it arrives at considered recommendations which have, understandably, closely informed the drafting of the Bill ...

Having read the report of the Law Reform Commission, I can only say that we should be grateful for such a well-informed and researched report and I extend my thanks to Justice Applegarth, members of the commission and especially the secretariat.


Section 10 of the bill sets out the conditions for eligibility. It does so clearly and carefully. It emphasises the voluntary nature of the decision. It sets out a 12-month time limit for the expectation of death from disease, illness or medical condition and provides consistency and clarity. It requires decision-making capacity of the person seeking to access VAD and explicitly demands freedom from coercion. Associated provisions for three assessments over a period of at least nine days and the need for a second consulting practitioner ensures safety without making a dying person unfairly and

unreasonably suffer a demeaning and drawn-out process. Other processes provided in the bill deal with conscientious objection and provide for institutions that for ethical or religious reasons will not engage in this process. The balance struck in these circumstances is fair and reasonable. It is not absolute and when it must it comes down in favour of the dying patient.

For some opponents of this bill there will never be enough to satisfy their concerns. For some, amendments ad nauseam could be made and they would still oppose the bill. We should be wary of amendments that seek to frustrate, delay and deny and should scrutinise carefully changes suggested under the cloak of patient protection. I am especially wary of amendments that seek to elevate the opinions of others, no matter who they may be, above the informed decision freely made of a patient who is dying. Right now in Queensland a dying patient can refuse medication or sustenance, and no-one says that person needs a plethora of experts prying, prodding and second-guessing before that decision is made. To suggest otherwise for a decision made under this bill is I believe absurd, lacks consistency, logic and compassion.

There are other arguments put forward that this bill should not proceed until there is sufficient palliative care in Queensland. Palliative care and palliative carers are wonderful people doing the kindest and most compassionate of work, but palliative care is not for everyone. For some it is indeed a true relief; for others it simply does not address all of their suffering and some may simply say, 'This is not for me. I want to go on my own terms and at my own time.' Palliative care should be properly funded, but to conflate the issue of its funding with the passage of this legislation is to ignore those for whom palliative care is not enough or not wanted.

Voluntary assisted dying is just that—voluntary. This bill gives a choice to end suffering for those who are dying and wish to see their life end on their own terms. It respects the rights of individuals to participate or not. Where it must make a decision, it favours the right of the dying person but does so carefully and thoughtfully. It protects the vulnerable. It empowers those who most need it in their dying days and it is compassionate. We all want to live long, healthy and fulfilling lives. Dying peacefully without pain is one of the most wished for outcomes at the end of our days. Why would a compassionate society deny that wish to someone already dying and suffering? Surely the most important focus for all of us is not how someone dies but how they lived. I support the bill.

 **Mr HARPER** (Thuringowa—ALP) (3.08 pm): I rise to support the Voluntary Assisted Dying Bill 2021. I will be on the right side of history on this bill. I want to start by thanking the Premier, the Deputy Premier and the health minister for taking Queensland with them on this well-considered three-year journey. How difficult it is to reflect on three years of work in just 10 minutes, but I will start by thanking every single person who wrote to us and who came before us—45 public hearings in total, 11,000 submissions in total, hundreds of people sharing their deeply personal stories, like Peter in Rockhampton with motor neurone disease or John Ancliffe, who was here yesterday, or Kelly in Gladstone who spoke about her husband Matt or Marj Lawrence in Townsville talking about her husband.

By passing this bill, we will finally give those suffering a terminal illness in Queensland the choice to go out on their own terms with dignity, to end the misery and the awful, intolerable, needless suffering. I hope that by passing this bill we give comfort to those who are diagnosed with a terminal illness and their families that they have the right and the choice to die with dignity. Death is inevitable. We will all face it. No-one wants to die. As our dear friend Duncan told us, people fight every day to live. When the pain and suffering is too much we need to provide choice.

It is timely to recall our dear friend Duncan, the former member for Stretton, who stood bravely in this very parliament and said we needed to listen to those suffering a terminal illness. After three years of extensive work on this issue I can say that we have listened, Duncan. Those shared experiences we read, the pictures and photos we saw, the people who came before us—some suffering a terminal illness—were incredibly difficult to hear, but we heard all of them and many were simply heartbreaking. Loved ones shared stories of their family members or friends begging to end it all. Some had stopped eating or drinking to try to bring their death forward but, as we heard, many suffered for days and weeks begging staff and loved ones to end their suffering. I hope this extensive work leads to the bill being passed.

We heard of people taking their own lives in dreadful ways. We heard from Amy Gomes, a paramedic, about a lady who jumped off the roof of a residential aged-care facility. We heard from palliative care nurse and former paramedic Phil Browne who broke down recounting the cases he had attended, one where a gun was lying beside the body of a person who he had gone to. Diagnosed with a terminal illness, he blew his own head off. Imagine the family finding these people and the traumatic memories of the scene remaining with them forever. I recall reading a submission from a police officer

in Townsville about an almost identical case he attended in Thuringowa some 20 years ago. Clearly that image is with him to this day. I do not want to talk about the cases I have attended. It is difficult because you have to read the note. It is just too traumatic.

In the last three years our current health committee has had the carriage of the bill and it has been a challenge emotionally. Some have said it must have been a heavy burden listening to it, but it is nothing like the burden of those who are facing death through a terminal diagnosis. The one thing I can reflect on is that everyone we spoke to could relate. They knew of someone who had suffered at end of life. I have seen many people at end of life in my own career, not just patients or work colleagues but family. In the last three years I have lost my older brother to bladder cancer and my sister-in-law to brain cancer. I remember my younger brother saying, 'I don't want to watch her suffer.' We need to provide choice. We need to be compassionate. This is hard.

There are many people who joined us on this journey and I want to acknowledge them: from Dying with Dignity Queensland, Jos Hall, Jeanette Wiley, Craig Glasby; Clem Jones Trust, David Muir, Lindsay Marshall; Uniting Church Elder, Everald Compton—what a character; Doctors for Assisted Dying Choice, Sid Finnigan; Nurses for Assisted Dying; VALE; QNMU, every nurse who wrote and came before us—my dear friend Joan Pease has been a rock, as was the member for Pumicestone and all the members of the committee; we all shared this and it was tough—United Workers Union, Bob Hartley, and every paramedic who came before us, thank you; Go Gentle Australia, Andrew Denton, Frankie and Kiki, thank you; ETU, Stuey Traill, the late Peter Simpson and Penny Tovey; two very special constituents Marj Lawrence and Joan Musimeci who are watching this now—I know you are in Townsville—and Dr Will Cairns who came down from Townsville just recently; QUT professors Ben White and Lindy Willmott, you are amazing; former Speaker, Peter Wellington, who had a private conversation with me back in 2015; members of the health committee, thank you—all of you. To our secretariat, one who is battling cancer right now, thank you. We are thinking of you, Jacqui.

I used the hours flying back and forth to Townsville to read every single one of the submissions. People thought I must have been a bloody wreck because tears would flow from my eyes reading the stories and looking at the pictures of emaciated loved ones suffering at end of life. I have often said shared real life experiences are incredibly powerful. It is now Queensland's time to allow people to die with dignity.

To those who oppose this bill, please do not hide behind the rhetoric of palliative care. It has been addressed. Show compassion, show empathy, show understanding and listen to people. In the last three years in Thuringowa I have contacted over 2,000 people. I have phoned them, I have run surveys and polls—and I thank every single one of them—and 98 per cent of them want to provide people with a choice when they are faced with a terminal illness. We have gone right around the state. It did not matter whether we were in Mount Isa or Longreach, up in Mossman or Cairns or down here, everyone said the same thing: just give us choice. We are elected to listen to the people who voted for us. Members have a conscience vote and should listen to their electorates. I know we will have our personal views and I respect that, but let us also think of the people who we are representing in this state on this day. Let us be on the right side of history. Let us provide people a compassionate, dignified death, end the needless suffering and just show real compassion.

Dr Will Cairns said he had been delivering palliative care in Townsville for 40 years and seen thousands of people die. He is a palliative care specialist who said not all pain and suffering can be relieved with the most modern, specialised palliative care. He talked graphically about horrible cancers—head, neck and pelvic cancers—where people just wanted to die. He believes in giving people choice. I thank Dr Will Cairns for bravely coming before the committee, not once but twice, and informing MPs of why it is so important to provide people with choice at end of life. Hats off to everyone who is involved in palliative care. I have seen my own family provided with love and support, but when it does not go far enough that is our time to step in. We have an opportunity here to act with compassion. I urge every MP to read the reports and understand what people are saying in their electorates. To the deputy chair, thank you for your very personal contribution. I want to end my contribution by saying that this should be above politics and it should certainly be above religion. This is about people. Let us give people the choice. Let us let them make the decision on voluntary assisted dying.



Mr MOLHOEK (Southport—LNP) (3.17 pm): There is so much to say in only 10 minutes. Those who have had the opportunity to read my statement of reservation will see I had 27,000 words to say about this issue. I would like to open by quoting a former member of this parliament, Mark McArdle, the former member for Caloundra. He makes this comment—

There has been no explanation as to why the committee determined to separate the reports into VAD and Aged care, end-of-life care and palliative care. It could be argued the VAD report had a predetermined outcome.

It could be argued that a combined assessment would have achieved a greater balance between the desperate needs for improved palliative care and equally determined the value of palliative care in today's modern society and its relationship to VAD.

The separate report could be read to advocate VAD over palliative care, and that is a great travesty.

I particularly honour Mark for the hard work that he did in steering our side of the House through those two very important studies.

Today I rise to fundamentally support the principle of choice. I have wrestled with this at length over the past three months. While choice is afforded to those who are suffering, and I believe that is an important principle, I am concerned that that same freedom of choice is not extended to entities. I want to quote briefly from Rebecca Burdick Davies, the Director of Strategy and Mission for Catholic Health Australia. In a public hearing she said—

... our members have provided cradle-to-grave care for Queenslanders, as I said earlier, in many cases for more than a century. We can be trusted. That is something I would like to repeat a few times today: we can be trusted to provide compassionate care for every person in every circumstance. What I think is extraordinary about this bill is that it dismantles our members' ability to pursue that mission of compassionate care.

As I stand in the House today, my appeal to all members is simply this: when we do come to the point in the week when we consider the amendments, if there is one amendment that members would be prepared to cross the floor to support I ask that it be in support of our entities because freedom should be universal. Can members imagine if we were seeking to pass legislation in this House that would direct universities as to what they should teach or, dare I say, that would suggest to McDonald's that they have to start selling KFC nuggets? I know that may seem something of a trivialisation, but the fact is that freedom is one of the foundational principles of our democracy and freedom of choice should apply to every aspect of our policymaking and our legislating because it is a fundamental principle that underpins what makes this nation and this state so great.

Like many members of the House, I have canvassed my community. I have to say that there is very strong support for VAD. In fact, over about a seven- or eight-year period through successive surveys, as well as another survey that I did around the time this legislation was released, more than 75 per cent of my constituents reinforced that view. However, I am concerned that there are aspects of this bill that will disappoint some. One of those issues particularly relates to the issue of advance health directives because the bill does not address that. Some would argue that this is, in fact, VAD lite. Without getting into a debate about the wrongs and rights of voluntary assisted dying, I am concerned that there are aspects of this bill that are somewhat, if not a little, misleading at a broader level.

In my statement of reservation I shared some very deep and personal experiences of death. At the commencement of the public hearings I sadly received news that my niece, who lives in Tasmania, has been diagnosed with terminal cancer. Sadly, it is the same cancer that took her mother about 15 years ago. Sadly, the health system has failed her because she waited 12 months for what should have been a routine check at the hospital, in the public health system, and by the time they finally got to do that assessment they discovered a tumour in her stomach that was larger than her stomach itself.


Over the course of three months, we heard from many people in the public hearings. We received thousands of submissions. On one occasion I had the opportunity to travel to Boulia with the member for Gregory. I will not divulge the name of the person because I think the family would like their privacy protected. Three Indigenous women came to see me, a mother, an aunt and a sister. They shared the story of their sister who had recently passed from pancreatic cancer. She was flown from Boulia to Mount Isa where she spent a couple of days in the hospital, but she could not get the pain relief she needed. So frustrated was she that she walked out. She checked herself out of the hospital and made her own way to Toowoomba on an overnight bus with Queensland Coaches. On arrival, she was in such bad shape that the bus driver phoned ahead and organised for an ambulance to meet the bus. In Toowoomba she got the right medication but was still in a lot of pain. Because she had only weeks to live she wanted to return home. Angel Flight took her back to Mount Isa. Her sister picked her up and took her home. Very sadly, while the family were seated in the lounge room on a telehealth call, getting advice on how they would look after their sister, she passed. We must do better.

In the consideration of this legislation my overriding concern has been simply and most importantly around the issue of palliative care and how we effectively care for those Queenslanders living in remote and rural Queensland where there is not the same access to services that we enjoy in South-East Queensland. In a report that I commissioned from the Queensland parliamentary library service, I asked them to provide some information around palliative care. It is interesting to note that for the entire state of Queensland there are only 49 employed palliative care medical specialists in the public health system. There are 681 palliative care nurses, but in the course of the last year there were over 10,000 end-of-life and palliative care hospitalisations. It is also concerning to note that, of the

16 hospital and health services across Queensland, seven have no dedicated palliative care beds or units. At this point across the state we have only 139 palliative care beds available for those at end of life.

We have to do better. We must do better. It is beholden on all of us in this House to ensure that if this legislation is passed—and I am almost certain that it will be—we do the best we can to address the amendments and listen to what have been some fairly reasonable submissions and requests from entities, from individuals and from other organisations across the state that to date have been largely ignored by both the committee at large and also, sadly, by cabinet. Last week I was a little buoyed when I heard the Premier announce that they would be looking at the possibility of some amendments, but then very saddened to open the newspaper this morning and read that no amendments would be considered by the Labor government of this state. I have to say that I think that that reeks of a degree of arrogance and a lack of compassion, because there are many people in our health system who work incredibly hard for those who are approaching end of life and their voices deserve to be heard.

I do not believe that it is too much to ask that, at the end of this process, this parliament consider some of those very reasonable requests to protect the conscientious objection of health practitioners and to further protect the conscientious objection of entities, because at the end of the day entities are made up of people. I have been on the board of Bravehearts for 15 years and I can assure the House that every one of us on that board is there because we care about children and we care about their futures. I believe that the directors of all of those entities that are asking for these amendments care too.

 **Ms PEASE** (Lytton—ALP) (3.27 pm): I rise today to support the Voluntary Assisted Dying Bill 2021. In so doing, I give a voice in this place—the people's place, our Queensland parliament—to the hundreds and hundreds of people who have spoken to me and to the thousands who have written or made submissions on the bill. I give my voice to those in my community and across all of Queensland, but most importantly I give voice to those who have a life-limiting disease and to those who are sadly no longer with us. I have listened with an open heart and an open mind. I have cried with you, I have held your hands and I have listened. I want to thank you so very much for sharing your experiences with our committee and with me. While sharing those experiences was often very difficult, your honesty and words have enabled me to have a full understanding of your experience and their impact on you. I heard you, I support you and I support choice. I have been humbled and touched by the passion, love and kindness that has been on display at each and every hearing.

I thank our First Nations people who have spoken to us so openly and honestly, and I thank all of those who have and will speak for and against the VAD Bill today and in the coming days. For those who are opposed to the legislation, I thank you for your considered and respectful engagement with myself and the committee.

As always, I acknowledge the palliative care doctors and nurses and I thank them for their dedication, professionalism, compassion and genuine kindness. I thank them for speaking so openly and honestly either for or against the legislation. I also want to take the time to thank the dedication of my local GPs in my electorate who take such beautiful care of their palliative patients and end-of-life patients in the bayside.

I also acknowledge our faith based practitioners, our residential aged-care facilities and hospitals for your commitment to the health and care of Queenslanders and I thank you for your contributions to our society. I also thank the dedication of the many campaigners and specialists, the incredible professors Lindy Willmott and Ben White, and all those who have advocated for this legislation and the great work of the QRLC.

Importantly, I thank my government and the Premier, the Hon. Anastacia Palaszczuk, for introducing this bill and giving us an opportunity to have a personal vote.

Most, if not all, of us have experienced firsthand a loved one passing and, in my case, none of these deaths have been easy, even with the very best of palliative care, which they did receive. There was significant pain and their deaths were not good deaths. However, I also acknowledge that not all of them would have chosen voluntary assisted dying. Whilst my mother was screaming out in pain and begging for someone to ease her pain and end her suffering, my father was the complete opposite and he did not want to meet his maker. Therein lies the importance of this bill. It is voluntary. It is safe and offers choice. It also offers great comfort.

I would also like to acknowledge the great work of the current secretariat and give my regards to Jacqui and the team that have worked so hard in putting together all the submissions. I would also like to acknowledge the great work from Rob and the secretariat in the previous inquiry. It was a very

overwhelming and huge task that everyone pulled together and worked so hard on. As the member for Thuringowa mentioned, it was very difficult: a lot of the hearings were heart-wrenching and very sad and a lot of literature was very difficult to read through.


I would also like to give note to my staff in my electorate office who have worked with me and witnessed some of the heartbreak and heard the stories.

I would also like to acknowledge both committees and I would like to acknowledge Mark McArdle, the former deputy chair, and Barry O'Rourke, former committee member, and thank them for their kindness and work on the committee. I would also like to acknowledge the chair, the member for Thuringowa, who is incredibly passionate about this matter and he managed the committee business so well. Member for Pumicestone, it has been great working with you, as with you, members for Southport, Oodgeroo and Mirani. It was really good to work on this bill collaboratively—well, on the whole.

This bill is part of a long and considered process to weigh up whether Queenslanders who are dying should have a choice over the time and circumstances of their death. End-of-life choices are very personal and can be and are very often difficult for all those involved. I do believe, however, that supporting those in our community to have the right and opportunity to make an informed decision about how they die will provide great dignity at the end of life. For many, VAD may not be an option, but for others, if they are eligible, it will provide the comfort and an additional end-of-life choice alongside palliative care and that is why I am supporting voluntary assisted dying.

The VAD Bill, as I have said, will allow eligible people who are dying to choose the timing and circumstances of their death if that is what they want to do. Voluntary assisted dying and other end-of-life choices are extremely complex and deeply personal issues. The bill is to give people who are suffering and dying and who meet that criteria the option of requesting medical assistance to end their lives. It is not a way to end life for those who are not dying.

Today I am filled with hope. I have cried with, I have comforted and listened to so many Queenslanders over the last three years, and I am so proud to stand here today to support this bill, to give my voice and my commitment to the many supporters who put their trust in me. Quite simply, it is time. I commend the bill to the House.

 **Dr ROBINSON** (Oodgeroo—LNP) (3.34 pm): I rise to contribute to the Voluntary Assisted Dying Bill 2021 on what is a very complex, difficult and personal issue. The debate has mostly been respectful and allowed people to express their strongly held differing views. I thank those who have engaged respectfully with me—those for and those against.

Every story told of end of life by people of opposing views must be heard and respected. I, too, have lost loved ones from the insidious evil of cancer and this loss forms part of my view. As fellow humans we must first feel with our hearts and then as legislators we must do the hard work and go beyond the raw emotions and strong feelings generated by the loss of loved ones.

The tough question we are faced with today is: does this bill provide better health care for the terminally ill suffering from intolerable pain? We must go beyond the single issue of autonomy to ask broader medical, legal, social, ethical and religious questions.

In terms of findings and recommendations, in my dissenting report I outline them. I formed the view that this bill is not safe, it is not good law, it does not solve the critical issues of end of life and creates a range of unacceptable outcomes, risks and dangers, now and into the future. My dissenting report considers the main purposes of the bill in the light of its detailed provisions, the submissions and evidence presented to the committee and the experience with similar legal schemes elsewhere. This speech seeks to summarise it and more detail is provided in my dissenting report.

One of the things in that report is that medical authorities mainly oppose the bill. This bill, if passed, would introduce into Queensland practices that the World Medical Assembly, the WMA, opposes. After extensive international consultation with its 115 national medical associations which constitute it, the WMA reaffirmed in October 2019 that euthanasia and assisted suicide laws were contrary to medical ethics and should be opposed. The Australian Medical Association likewise affirms that doctors should not be involved in interventions that have, as their primary intention, the ending of a person's life. When we consider the end-of-life medical authorities like Palliative Care Queensland, the Queensland Directors Palliative Care Group and most palliative care specialists, they point out that if palliative care was adequately funded, which it is not, and there was equitable access for all Queenslanders, which there is not, then terminally ill Queenslanders would have the improved quality of life they need while living with a life-limiting illness and having the relief of suffering through early identification, effective assessment and treatment of pain and other problems.

This bill is not coming from the medical authorities, not from those we trust with our health. VAD is not driven by a medical agenda. It is sadly, in my view, more about a political agenda, and there is more of that to come.

The committee heard that the majority were opposed. Of the 6,000 or so submissions received by the committee from separate individuals and organisations, a majority of 57 per cent were opposed to the VAD Bill while only 43 per cent were for it. Further, we know that there is great concern about assisted suicide in our multicultural and multifaith communities—Queenslanders from diverse cultural and faith backgrounds—First Nations peoples, migrant and ethnic communities. It is also opposed by multifaith communities such as Muslim, Jewish and major Christian denominations—in total, many millions of Queenslanders.

My dissenting report makes eight findings and five recommendations. Finding No. 1 is in terms of intentional killing. It finds that the bill would make it legal for one person to take the life or help end the life of another person, or to counsel or help another person to take their life. The bill creates exceptions to prohibitions in the Criminal Code dealing with acts where the person intends to cause the death of another person and counselling and the act of aiding suicide. The exceptions include the administering of a poison from the S4 or S8 poison schedule to a person of sufficient dose to cause death, and with the explicit intent of causing death. I agree with former Labor prime minister Paul Keating with respect to the intentional killing of the vulnerable, that this is a threshold that we dare not cross, because once the state sanctions death and allows that deliberate act to be redefined as a medical treatment, once we cross that line, there is no going back.

The bill also creates the legal situation that a person who takes their own life through self-administration of the poison does not die by suicide. Clearly an individual taking their own life by VAD is still a form of suicide.

Finding No. 2 is the impact on suicide prevention. The bill would increase the number of suicides in Queensland as opposed to reducing them, in my view. Based on what we know around the world where VAD type laws are introduced—like the Netherlands and Canada—suicide numbers do not go down but continue to climb. Some claim it would be different. If we look at the example of the first year of VAD in Victoria, 2020, there was a recorded 25 per cent rise in suicides over the figures for 2017.

Finding No. 3 relates to eligibility. The bill fails to ensure that only eligible people will be able to access assisted suicide or euthanasia. The lack of any requirement for the coordinating or consulting practitioner to have any qualifications or experience relevant to the treatment and care of a person with a specific disease, illness or medical condition makes it inevitable, as elsewhere in the world, that there will be errors made in the accuracy of the diagnosis and prognosis, as good as our doctors are. Further, eligibility requirements in other countries, like the Netherlands, have slipped from an emphasis on the terminally ill suffering intolerable pain, as Dr Philip Nitschke reported to the committee, to anyone for any reason so long as they are of sound mind, as is the current case in Switzerland—people who are tired of life.

Finding No. 4 relates to all treatment options. The bill fails to ensure that patients are offered all options to manage their illness prior to the commencement of any life-ending procedure. The bill fails to ensure that before a person is euthanised that the person is offered all effective, available treatment and likely outcomes for the person's disease, illness or medical condition.

Finding No. 5 relates to suffering and intolerable pain. The bill fails to adequately define suffering to limit it to intolerable physical pain. The inclusion of 'mental suffering' and the phrase 'that the person considers intolerable' expand eligibility well beyond cases where there is actual physical suffering that cannot be relieved. There are many jurisdictions such as Oregon, Canada and even Victoria where we see that to be already the case.


Finding No. 6 relates to mental illness and decision-making capacity. The bill provides inadequate protection to those affected by a mental illness. Provisions relating to determining decision-making capacity are insufficient to guarantee that no person is wrongly assessed as eligible, including persons with treatable mental illnesses such as clinical depression. One study in Oregon found that one in six applicants who died under Oregon's euthanasia laws had clinical depression. Over the 23 years of Oregon's laws, it is likely that around 250 people with clinical depression were euthanised without being referred for a psychiatric evaluation.

Finding No. 7 relates to coercion. The bill fails to protect the vulnerable from coercion and undue influence. Provisions relating to determining whether a person is acting voluntarily and without coercion are insufficient. Evidence from Canada, Washington State and Oregon confirm that feeling a burden on family is a reason for requests for assisted suicide. The obvious question to ask is whether this concern

may be influenced by others. The recent Morant case in Queensland shows that selfish individuals have and will coerce family members to take their own life for their own advantage. When we combine this with VAD, it is dangerous territory.

Finding No. 8 relates to complications in dying by VAD. The bill fails to safeguard the vulnerable from prolonged, complicated or painful death as a result of the administration of the poison. It is assumed that any death brought about under the bill's provisions would be both rapid and peaceful. However, as outlined in my dissenting report, there are many cases where that is not the situation. The research shows that.

I have also made five recommendations. Recommendation 1 is that the bill not be passed. Recommendation 2 is that if the bill is to pass that it be amended to leave all health practitioners in Queensland free to exercise good practice. Recommendation 3 is that entities such as private hospitals and residential aged-care facilities should be allowed to opt out and not be forced to participate, as the bill does make them participate in some way, in a practice that they find incredibly offensive to them and their faith community. Recommendation 4 is preventing suicide in any form being an offence as this bill makes it in some cases. Recommendation 5 calls for Commonwealth law to remain in force to continue to protect vulnerable Queenslanders, particularly those in rural and regional Queensland, from pressure to participate.

 **Ms KING** (Pumicestone—ALP) (3.44 pm): This may be the most important speech I give in this House. I acknowledge the leadership of the Premier and the Deputy Premier down the long road to bring the Voluntary Assisted Dying Bill 2021 before this House. I was proud to serve on the Health and Environment Committee as we examined the extraordinarily significant legislation and extraordinarily carefully crafted legislation. If these laws pass unamended, Queensland will have the very best voluntary assisted dying scheme in Australia. Queenslanders deserve the very best as they face the end of their lives.

The independent Queensland Law Reform Commission set out to design laws that were compassionate, safe and practical. The Voluntary Assisted Dying Bill 2021, as drafted, delivers on that promise. Now it is over to us as parliamentarians to make our decisions, accountable always to those we represent. A conscience vote is a rare thing—a rare chance to tune out the noise of political life and sit quietly with our values. In those moments, my conscience tells me that I was elected to serve most diligently not our most powerful but our most vulnerable. That means listening carefully to the voices of terminally ill people and those who care for them. The voices of the dying can be hard to discern against the clamour of institutions, lobby groups, religious organisations and medical professionals, but those voices have been exceptionally clear.

In the two parliamentary inquiries not one witness came before either committee to say, 'As a dying person I do not believe Queenslanders should have a choice at end of life.' Some said, 'I don't know if I personally would choose to use voluntary assisted dying', but all wanted terminally ill people to be free to make their own decisions. Dying people told us over and over that even if they will not live to see voluntary assisted dying enacted, they want others to have choice. They told us they were not afraid of death, but of dying in pain and without dignity.

I was moved to tears by the words of Peter Belz at our committee hearing in Rockhampton. Peter lives in a faith based aged-care facility because motor neurone disease and bowel cancer mean he can no longer care for himself. He said—

The very thing that brought me to speak here tonight is that I no longer fear death; I fear living.

As parliamentarians, I believe we must listen to Peter and the thousands more people living with terminal illnesses.

It is when the voices of dying people struggle most to be heard against powerful institutions that listening to them becomes most important. I say to members: the bill before us is carefully crafted to balance the right of institutions not to be involved with their responsibilities not to unreasonably restrict terminally ill people's access to voluntary assisted dying. Disrupting that balance will only make the path harder for dying people and their families.

Catholic Health Australia said in evidence, 'Don't legislate our conscience, we can be trusted to care and do right by our patients,' and overwhelmingly we know that that is the case. But with the very best intentions, in jurisdictions that do not have the benefit of the QLRC's careful balance, there have been breaches of trust. Like the case of Colin M who was dying of metastatic bowel cancer in Melbourne. Colin was assessed as eligible for voluntary assisted dying but his faith based aged-care facility refused to allow his medication to be delivered to him. Colin was imminently expecting to

experience a bowel obstruction which meant that he would find himself vomiting his own faeces. Worse, management left Colin waiting in limbo for nine days without informing him of their refusal to allow his medication to be delivered.

In Victoria terminally ill people required to transfer out of faith based institutions to access voluntary assisted dying have routinely reported experiencing trauma and even agonising pain. In regional Queensland, where there are limited facilities to choose from, many people would not have the option to transfer and would simply lose all access to voluntary assisted dying entirely.

Ultimately, voluntary assisted dying is about people and about alleviating their suffering. Amending this aspect of the bill will reduce access for regional Queenslanders and cause additional suffering and trauma for dying people and their families. Terminally ill people have enough battles to fight. We should not make them fight powerful institutions too.

Over and over, terminally ill people told the committee that they would not be choosing between palliative care and voluntary assisted dying; they would be choosing both. The committee heard the story of a man known as Lucky Phil in the words of his daughter, Katie. Katie said—

My father didn't choose death—he chose life, he chose life, he chose life, and when life had finished with him, he chose Voluntary Assisted Dying.

I say to members: please do not use palliative care as an excuse not to support this bill.

Beverley Young is a retired specialist palliative care nurse in my electorate of Pumicestone. Bev said—

I have and always will be, the greatest advocate of effective Palliative Care, but I can attest there are numerous terminal illnesses with horrendous side effects that the very best palliative care cannot fix.

Townsville palliative care specialist Dr Will Cairns, who I am so very grateful to, said—

I am not sure those who oppose Voluntary Assisted Dying would accept it even if palliative care were available everywhere.

Janelle, who lives in northern Moreton Bay, told me—

Each visit at the palliative care home—

This was when she was visiting her dying mother—

I watched my mother try to breathe, sometimes she would stop then start up again. She lay there looking up at a ceiling. That was her life. There was no dignity and it was cruel. That's why I'm grateful for this Bill, so that if needed I can die on my terms looking at the ocean and not staring at a ceiling that isn't all that clean.

Anyone who says more palliative care is the solution to voluntary assisted dying just is not listening to dying people or those who care for them. Both provide untold comfort. Both have a role to play.

This week we also vote on behalf of the seven Queenslanders each month with a terminal illness or debilitating condition who commit suicide. These are the voices that are the very hardest to hear. In 2016-17, a total of 168 Queenslanders died in despair, usually alone and often violently. Queenslanders who do not want to see their condition through to the bitter end face heartbreaking choices.

We heard from John Ancliffe, an Ormeau man living with motor neurone disease, who said he will die sooner without access to voluntary assisted dying because he must act entirely alone to avoid incriminating his family. That did not work for Amy Nankivell's family. She told the first parliamentary inquiry that, despite her mother's lonely death, her stepfather was charged with assisting her suicide and went through a traumatic court process before eventually being found not guilty.

Family members told us of the emotional impact these decisions have on them when they could be enjoying their final months together. I want to pay particular acknowledgement to Jen Ancliffe for the testimony she gave on that point.

This week we also vote on behalf of the people whose job it is to pick up the pieces. I know that the member for Thuringowa has in particular spoken of Amy Gomes and her accounts of attending very traumatic events as a critical care paramedic. Amy has advocated to me in her role as a paramedic who works across northern Moreton Bay over a number of months now. When I was initially talking to her about our legislation around PTSD in first responders was when she shared those stories with me, and I was profoundly moved by them. As Amy says, we must do better for terminally ill Queenslanders who want dignity and choice at the end of their lives. We can also do better for our first responders.

I am upheld in my support for voluntary assisted dying by the 80 per cent of Pumicestone residents who support these laws and comforted by the many safeguards in the bill for those who do not. Thank you to the hundreds of Pumicestone constituents who have contacted me to share that support. Recently I received a letter from Mary. Mary said—


My sister is dying from pancreatic cancer at present and it is so sad to see her suffering needlessly.

I hope that if I am ever in her situation I would have the choice of suffering or dying with dignity, as I know that I would certainly choose the latter.

Mary, I want you to know that you and your sister are in my thoughts today.

Thank you to the terminally ill people and their families who have spoken out so bravely and at a cost to you that we can never really understand. Thank you to the palliative care doctors, nurses and aged-care workers who work so closely and carefully with our dying people. Thank you to my fellow committee members for their work through this long process.

As we make these historic decisions, it is the voices of terminally ill Queenslanders we should listen to most carefully and who must be at the heart of our decisions. They deserve no less than that. I commend this bill to the House.

 **Mr ANDREW** (Mirani—PHON) (3.54 pm): Firstly, I would like to thank all of the committee members and the people who appeared as witnesses at all our meetings throughout the state. It was very touching. It is very sad to see what is going on.

I rise to speak on the Voluntary Assisted Dying Bill 2021. Under the terms of this bill, 'assisted dying' means a doctor or nurse providing the means for a patient to end their life or, if a patient is physically unable to do so, ending their life for them. This means the bill seeks to legalise both assisted suicide and euthanasia in Queensland.

Changing the law to legalise assisted dying in Queensland will put enormous pressure on the poor and vulnerable people in this state, especially those suffering from some kind of life-limiting disease. The tragic irony is that, while for a small minority the right to die represents choice and autonomy, for many thousands of others it will eventually mean less choice and less autonomy. Elderly, sick and disabled people already suffer from the feeling that they are a burden to their family, carers and a society that is cost conscious and short on resources.

No matter how many safeguards you put in this bill, all of our vulnerable groups will inevitably feel extraordinary internal pressure to opt for assisted dying when a choice is presented to them. Their decision-making is also likely to be affected by depression, confusion and dementia. They rely entirely on their doctors for reassurance and guidance.

The bill completely fails to take into account the enormous power imbalance involved here or the complexity of emotions that can influence people when they learn they have a terminal illness. Many of these patients may simply need reassurance from those around them—to hear that they are loved and that their lives have value and meaning, and to know that we, as a society, are committed to their wellbeing regardless of how much time, energy and money may be involved.

The experience of all of the other jurisdictions where these laws have been introduced shows clearly that even the strictest safeguards will, over time, be eroded. In some places like Canada this happened in just a few short years. Between 2016 and 2019, 14,000 Canadians ended their lives using legislation very similar to this. Over three years, the number of deaths using these laws jumped 30 per cent every year the laws were in effect.

Last year, Canada's assisted death rate rose another 34 per cent for 2020 alone. This means that between 2016 and 2019 the number of Canadians whose lives were ended under VAD legislation had risen by a total of 124 per cent. The same pattern has occurred in Belgium, Oregon, the Netherlands and Switzerland and in all other nations and states that allow assisted suicide to take place. Regardless of what the proponents of this bill claim, the slippery slope of assisted suicide and euthanasia laws is very real.

We only have to look at the recent public hearings on this bill where we heard many advocates for the laws complain about how the safeguards built into the Victorian bill were proving too restrictive and that not enough people had been able to get access to them. This was surprising, given that the Victorian government said at the time they were shocked at how many patients were put on the 'applicant list' immediately after the laws passed, because the numbers were much higher than the proponents of the bill had led them to believe.

The fact is that there are far better, safer and more ethical ways to help patients as they approach the end of life. Around 32,000 people die in Queensland each year, and the vast majority do so without the benefit of palliative care to assist them. Palliative care in Queensland has been scandalously underfunded and under-resourced for years. As at January 2021, more than 23 per cent of category 1 oncology patients on waitlists are there for much longer than the recommended 30 days. Palliative Care

Queensland has said an extra \$275 million per year is required to provide adequate access to palliative care services. I am with the member for Thuringowa in hoping that the federal government does put extra money into that.

The government has only promised an additional \$171 million over six years. It should be noted I believe they only did so to help push this bill a bit further. Either way, this funding is massively inadequate for a state with a large ageing population like Queensland. In Central Queensland, my own region, there has been a chronic shortage of GPs for years, not to mention palliative care specialists. Mackay, which has a population of 134,000, has no specialist palliative care doctor at all. I have seen people dying; it is very hard to take.

How can we even consider legalising voluntary assisted suicide when so many people are dying without the care they require or even the option of receiving it? This bill will cause tens of thousands of vulnerable Queenslanders to become even more neglected and marginalised within our health system. We are already seeing it with the rampant use of unreported and uncontrollable Liverpool Care Pathway policies in some of our hospitals—policies, I might add, that recently led to allegations of mass killings going on in UK hospitals and aged-care facilities that are now the subject of a government inquiry.

The clear message this sends to vulnerable people in our community is that anyone who has lost their capacity or health is living on borrowed time. Imagine the enormous pressure they will feel to consider calling it a day to make room for those who are young and healthy and, most importantly, economically productive. This is why so many bioethicists warn that laws like these can so easily slip from being about the right to die to a duty to die. The fact is that if this bill passes every poor, elderly, ill, infirm or alone patient will become subject to all sorts of unseen forms of coercion—coercion that is powerful, insidious and absolutely impossible to detect. That is the problem. Assisted suicide legislation always starts out as a discussion involving tragic individual stories which, to be frank, are emotionally manipulative and sometimes unverifiable. That is why it has always been a given that emotions and knee-jerk reactions should never form the basis of government policy or lawmaking.

Another big risk I see with these laws is the way they will end up being used by governments, insurers and health policy advisers to impose limits on what forms of health care people should expect to receive in Queensland and for how long. This is where we come to the eugenic roots of this kind of legislation. In the US, laws like these are already being used as little more than cheap alternative treatment options for those with serious or long-term illnesses. One 50-year-old lady in Oregon has written of how she was offered assisted dying brochures by her insurance company while being denied expensive chemotherapy treatment for her condition. Let's face it: if you are an overstretched state with budget problems or a healthcare insurance company looking to save a few billion during an economic downturn these laws are going to be a godsend. We should not gloss over that fact. Nothing I heard or saw in any of the hearings dealt with this issue at all.

The pressure will grow for many elderly and poor people or those with chronic life-limiting illnesses to opt for suicide to minimise costs and resources not only for the state but also for a lot of private for-profit companies such as aged care and insurance. The bill is drafted in such a way that it will all happen behind a veil of state sanctioned lies and secrecy. Under clause 81 of the bill doctors are instructed to falsify the public record by issuing death certificates that list the original disease or condition the patient suffered—not the lethal dose that was the true cause of the death. The clause also requires those same doctors to blatantly lie to the patient's family when telling them how their loved one died. The level of deceit involved here is a clear breach of public trust on almost every level. The loss of trust between people and their doctors will be nothing compared to the massive loss of public trust we will see in the integrity and truthfulness of all government data, statistics and recordkeeping.

I find the fact that family members are not even going to be told or consulted on what is happening before their loved one dies nor allowed to be with them at the end is shameful. I lost my grandfather; his spirit had flown. It was the worst thing that ever happened to me. Even after the event it seems that they will be told nothing. Claims that privacy is the reason for this are no more than a fig leaf. The government says these laws are wanted and justified, and I know that in some cases they definitely are. If that is the case then why is everything to be done in secrecy, hidden away from the public and families? I find it all deeply disturbing. I am convinced it will lead to serious abuses down the track and many wrongful deaths will be the result.

I am also disturbed by the fact that virtually no consultation was carried out with Indigenous peoples or other marginalised groups. We did have a few. There was one lady, but I will tell you there are a lot of people I talk to who still do not really understand the whole impact of the bill. Ultimately, the only safeguard that works is the one already in place: a blanket prohibition on killing.



Mr WHITING (Bancroft—ALP) (4.04 pm): I rise today to support this historic bill. I will be voting in favour of the VAD Bill as it stands without amendment. To me there was no question as to whether or not I would vote in favour of a well-constructed bill that delivers a compassionate outcome. It was always going to be a yes; the decision was comparatively quick. Yet it has involved a long process to examine the reasons why I will vote yes, and I need to set out those reasons to my constituents. I want to acknowledge Professor Ben White, Professor Lindy Willmott and Dr Eliana Close. Two weeks ago I spoke to them here in the parliament. I want to thank them for the work they have done in bringing this bill to fruition. Professor White suggested that parliamentarians need to identify our values and be transparent about the values that bring us to our decisions in this matter. I think that is great, so let me outline the values and beliefs that have guided me here today.

I have believed for all of my adult life that humans have agency. Agency is the capacity to take creative action after interpreting the world around us. We are not passive recipients of the forces of fate or history. We do not need privilege to make decisions on our behalf or to take action on our behalf. Ordinary working people have the ability to figure out what is best, make a decision and take action. What is more, I trust in the collective wisdom of working people. They all make decisions for the greater good. I trust their judgement, and they get it right every time. It is true that with more education and resources, decisions and actions can be improved. That is part of what we do here in parliament. We give working Queenslanders a boost up that helps them overcome social, economic and environmental factors that constrain their actions.

That is the value framework I bring in making this decision today and all of the decisions we make in this House. I might add that Professor White also said we need to use evidence based data as much as possible—for example, population-wide surveys—instead of individual stories in relation to this end-of-life issue. One such study I want to bring to the attention of the House is the Oregon Death with Dignity Act 2018 Data Summary, and I table that.

Tabled paper: Oregon Health Authority, Public Health Division report, titled 'Oregon Death with Dignity Act—2018 data summary' [1379].

Oregon has had this act since 1997. This data summary shows that around 90 per cent of the people utilising this law have ended their life at home, and it has been that way for years—90 per cent. Prescribing physicians have been there for only 16.7 per cent of the time, and 22 per cent of patients had other healthcare providers there. This shows that the people who choose this path are passing at home and not in a hospital. At the same time, around 90 per cent were enrolled in hospice services. They were often using palliative care before choosing to go home. That is true dignity and compassion.

That brings me to how I see palliative care being used in this debate. Let me state that I do not want to see palliative care used as a shield by those who do not want to support this bill. Palliative care and this bill work together. Palliative care is part of the package of services at the end of life, and this bill and this government embrace that. Palliative care is about providing people with the best quality of life at the end of life. Like many others, I have the greatest respect for palliative care professionals and I truly welcome today's announcement by the Minister for Health about \$250 million in funding for this area. As outlined by the Minister for Health, with our support no matter where Queenslanders live they will get access to quality palliative care. I hope that we get to a position such as Oregon, where people accessing this legislation are ending their lives outside of hospitals and not in palliative care—but at home, if they choose, with their loved ones.

There are a range of arguments by those opposing this bill. There are arguments I have heard from a range of people in charge of hospitals and health services that I want to address here today. Firstly, I have heard the argument from some medical leaders that this bill is akin to trespass—intimating that other doctors cannot come onto their property to deliver services to their patients or even take their patients. To label this bill as 'trespass' shows that some parts of Queensland's medical hierarchy think they own the process of dying or the intellectual machinations around dying, or even own the patient. They are calling for control of end-of-life matters to remain with them, the medical hierarchy.

My second point is that this medical hierarchy is already making these decisions about shortening a life that will soon end. I want to repeat what I heard one doctor say early last sitting week at an event at this parliament. He said words to the effect that a doctor may administer sedatives or drugs to ease suffering that may either hasten the end or lead to the end of life and that is within a doctor's prerogative. I do not know if that doctor was fully aware of the implications or the contradictions of what he was saying, but it should be no surprise that we know that some doctors, at the end, in consultation with families, will help ease the suffering or the pain. I know this because of what I have seen.

Allow me to use one anecdote here. I have been with a family at the end of life for one of their family members. It was not my family. I saw the family huddle in a corner and a little later the nurse came in with a needle in a kidney dish. I was informed that that member passed away in the morning hours in a peaceful manner. This was a very well educated and wealthy family. They knew how the medical system worked, how they could access this privilege.

We all accept that doctors can take steps to ease the patient's pain and they explain to the families the consequences of the actions that are being taken, but ordinary working people are not privy to this inside knowledge. They are outside the quiet systems of the medical hierarchy. This legislation allows everyday Queensland families to have equal access to the choices that are already being made within our system. It allows them to take control.

The third argument I want to counter is the argument from top level medicos that, instead of giving ordinary people the choice through VAD, there has to be a better death literacy amongst Queenslanders—that ordinary Queenslanders need to have explained to them the potential benefits of the dying process. I cannot imagine using this argument with the people who walk in the door of my electorate office when they are trying to navigate the health system, which is never easy. Their reaction would be probably either fury or laughter.

I think these are desperate arguments from a mindset where the medical hierarchy have sole carriage of end-of-life choices. It implies that ordinary working people do not understand this process and that the medical hierarchy know better and should be left in control. I may sound angry at this. Strangely enough, I have not got sadder as I have gone on this process; I have got angrier the more I have learnt in this process. I want to reject the argument that we have heard that we are imposing VAD on faith organisations. I repeat that decisions about end-of-life matters are already being made in places all over Queensland. This legislation is about sharing who makes those decisions.

My final point is that arguments about VAD do not come down to arguments about faith or belief or the best medical practice. They come down to who is in control at the end. The counterweight to control is choice. The crux of the matter to me is that this bill is about choice. True compassion is to offer that choice. The working families, the working men and women of Queensland, want that choice. This bill puts this choice into the hands of those ordinary Queenslanders. I commend the bill to the House.



Mr KATTER (Traeger—KAP) (4.13 pm): I wish to quote from someone who put what I want to say more eloquently than I ever could. He said—

There is probably no more important issue in contemporary bioethics or a more serious ethical decision for our parliaments ...

...

This is a threshold moment for the country. No matter what justifications are offered for the bill, it constitutes an unacceptable departure in our approach to human existence and the irrevocable sanctity that should govern our understanding of what it means to be human.

...

In both practical and moral terms, it is misleading to think allowing people to terminate their life is without consequence for the entire society.

That was said by Paul Keating before the Victorian legislation was put in, which I understand is much weaker than what is being proposed here.

I consulted on this bill, like many members did. I think I went to more effort than I have with any bill in my time here. I deliberately engaged with people who I knew disagreed with me. We had some very meaningful exchanges and agreed to disagree. One of those was with a fellow who goes right to my next point. He is a tough old miner who said that he had a piercing pain. He was describing it to me and he said, 'I just don't want to go through that. I still want to live and see my grandkids but I can't deal with the pain.' I reflected on that. I know the stories of the inadequacies and inequities in our health system, and I wondered if he was getting the right advice. I questioned him on that and he said, 'I heard from one doctor so that's it.' That really summed it up for me, because we cannot disconnect this legislation from the fact that there are inequities in health. This is really the major point I would like to make in my contribution.

The key message is that there are inequities in health care and this then becomes a question of rich versus poor in how this legislation rolls out. I am sure this effect is not intentional, but no-one is going to convince me otherwise that this is not the effect because I live and breathe it in my electorate. I see the inequities. The proposition I am making is that health care diminishes, perhaps incrementally, the further you move out from the Brisbane CBD and the metropolitan areas. People who are facing

the end of their life with a terminal illness in remote areas will invariably stare into a different looking future than if they had private health care and lived in the middle of Brisbane. It would be a completely different future, so there cannot be the same decision-making made under this legislation. I do not think that has been properly considered by people when they are filling out these surveys or when they are casting their vote.

I will give some healthcare statistics from my electorate. People in very remote areas are 24 per cent more likely to die from cancer. I represent some of the lowest socioeconomic regions in the state and that same data says that people in the lowest socioeconomic areas are 37 per cent more likely to die from cancer. Mortality rates are 1.4 times higher for males and 1.8 times higher for females. Potentially preventable hospitalisation is 2.5 times higher in very remote areas compared to major cities. We have well-established inequities in health, and I live and breathe this.

I say to people here that a hypothetical Mrs Smith from Burketown is not going to face the same end-of-life decisions as a hypothetical Mrs Smith who lives in the middle of Ascot with private health care and has regular visits from her surgeon and a nice palliative care unit. They will have completely different decisions and I do not think anyone can get away from that. I would love someone to try to address that or argue with it. I have turned it over in my head and I cannot see how you can argue with that.

What is more, this effect is already taking place with dialysis. There was a well-documented case of a person in my electorate. He was in Cairns, away from his family, to receive dialysis. His son died and he said, 'I'm just going to move home. I don't care if they haven't got a chair for me. I don't care about the shortcomings in the health delivery out there. I'm just going to die.' Doesn't that speak volumes? In the context of this legislation, he was saying that there was not enough health care for him at Mount Isa but he did not care—'I'm just going to die.'

Members are going to say that this is not a rich versus poor thing, that this is not going to inequitably affect people in remote areas, or poor and disadvantaged people who might live at the back of Ipswich, more than it affects people who live in wealthy areas and who have a nice cosy run until the end. This is something that needs to be addressed. It is a question I ask members to consider before they cast their votes. I think it is a really important question that members need to ask themselves.

Then it is only a matter of geography in terms of where one lives. This is indeed a case of the haves and have-nots. It was put to me: am I going to question the integrity of doctors? Of course, I would question the integrity of anyone. That is not to say that all doctors are bad. However, to think we are going to pass legislation that will properly address coercion or that permits this performance by doctors is just arrogance or naivety; I do not know which. Of course that is going to happen; it will be exploited. Currently we have the safeguard of not having these laws in place, but the government is handing the keys to people.

I do not agree with the previous speaker. We are not always going to get the best outcomes for people. We might have the best intentions, but we are not always going to have the best outcomes when people come together. We are flawed. We create problems. We have had this social and cultural norm embedded in our society for thousands of years that life is precious and we must preserve it at all costs. Now we have the arrogance to say we are going to throw that out the window and test it. If anyone studies the word 'relativism' and the impacts of relativism, they would see that everything will then be on the table. Once we hand over the keys and jam our toe in the door so that life can be taken for certain reasons, it will only be a matter of years before the threshold is crossed and we start testing other areas. We did it with abortion; we came back during the last parliament to expand the powers of abortion. We will be back here in three years; we will be tinkering with the edges. It is what has happened overseas; they started tinkering with the edges as soon as it was passed.

I am sure there are many honourable members here who really believe in this, and I do not question that at all. However, they cannot deny that there is a political element to this, and that can be seen by the way it came through in the election campaign. When these things come in, there is a political element to it. Those opposite cannot deny that. We all trade in politics here. It is a big part of this. Politics will carry it and politics will continue to attack this.

There is an element of this which is the cultural divide and the battle that needs to be had out there in the public. Honourable members need to come and fly their flag every parliament to show that they are going to tear down some of these institutions. That will keep going and going. This is the big one because they are opening the door on taking people's lives. Many of the arguments that the government are bringing forward are legitimate and there is a lot of rationale to them, but they cannot deny that this is a watershed moment, that they are opening the door on a very big issue.

I turn now to the subject of coercion, and we have a very limited amount of time to talk about these things. Are we going to have the right picture on things? We saw the health minister stand up and talk, reflecting on the abortion legislation and responding to questions by saying that the number of abortions has gone down, which was just incorrect. It is entirely incorrect. It has gone up by 60 per cent. That is okay. We lost the fight on abortion and they won. That is fine, but they should be honest about the impact of it. If they have not been honest about that, how can we trust them to go forward with watershed legislation when they say, 'Trust us, we will put in place enough laws to prevent coercion.' I certainly do not trust them. I heard in the initial speech that faith based institutions will not be forced to participate. All I can say to that is I totally disagree. They might say palliative care should not be brought into it. That is lovely. However, they should come out to Mount Isa and look at our palliative care units. The member for Southport met the lady from Boulia. He should go and talk to them about their prospects in palliative care because they might be very different to the ones experienced in some other electorates in the nicer, more modern hospitals.

The subject of polling has been used against us. Members have asked if we are listening to our people. Of course I am listening to my people. If a poll in my electorate has the result of 80 per cent, it does not mean we naturally agree with it. We take our principles and values to the election, which I did; and this came out before the election. People vote and we wear that at the next election. We are not a voting algorithm that only monitors polls in everything we do. We might take good notice of it, but it does not mean we have to agree with it. Some people are saying we have to agree because it was polled. No, I have my values and my thought processes. This is a very complicated question. It cannot be abbreviated into one question that we ask someone over the phone. That is nonsense. We need the rigour of investigation, reading input, talking to doctors and talking to people. Did everyone who answered that poll have that benefit? I am not sure they did.


In conclusion, we are not ready for this legislation. I move the following amendment—

That the words "now read a second time" be deleted and the following words be inserted:

"considered further after the state government has committed to provide the required additional funding of \$275 million per year to palliative care delivery."


I table that amendment.

Tabled paper: Voluntary Assisted Dying Bill 2021, amendment to second reading motion moved by Mr Robbie Katter MP [\[1384\]](#).

 **Mr KNUTH** (Hill—KAP) (4.24 pm): I rise to support the amendment moved by the member for Traeger. I have listened to the speeches today and I have not heard one speaker give an explanation as to why the government refuses to fund palliative care to the levels recommended by the AMA and Palliative Care Queensland. Surely if the government is actually serious about providing a real choice, as the members supporting the bill have stated over and over again today, it would commit to the additional \$275 million per year required.

Those living in Brisbane may not be worried about accessing palliative care but as people travel further north and west, the worse palliative care gets. In fact, in most rural communities, palliative care simply does not exist. If this bill passes, those living in remote areas will have the option of assisted dying but will not have access to the option of assisted living.

We ask: how is this providing a choice to all Queenslanders? There should be no debate on VAD laws until we can provide a real choice to all Queenslanders. There is no possible argument that can be put forward today that a real choice will be offered to all Queenslanders. The bill clearly separates the haves from the have-nots or the rich from the poor. Those who can afford specialist palliative care will have a choice, but the vulnerable, the sick and the poor will not have the right to a choice. I encourage the House to support this amendment.

 **Mr WHITING** (Bancroft—ALP) (4.25 pm): I think the Katter's Australian Party should be in a position to explain a little bit further to the House what they are trying to do. Clearly, they have moved this at the last moment.

Mr Lister interjected.

Mr WHITING: This debate is one of the most important exercises of our democracy that we will see during this term. I do not think anyone on the side of the member for Southern Downs will appreciate him taking such a point on this particular amendment. I point out that we have a long way to go on this, and it is unfortunate that the Katter's Australian Party want to go down this path, especially considering they are often on record as voting for and speaking to the business program motion to lengthen debate to ensure people do have their say on this matter.

Many members will be speaking longer on this, but I point out that we do need to see a copy of the amendment we are talking to. I am sure other people will rise to their feet in a moment to speak to this. I re-emphasise that this is a historic debate. We need to have the opportunity to speak, and I think that opportunity reflects what members opposite have been saying.

Mr Watts interjected.


Mr WHITING: I hear the member for Toowoomba North speaking on this. It would be interesting to see where the LNP stand on this particular amendment. Are they going to support the Katter amendment or not?

Opposition members interjected.

Mr WHITING: Make your minds up. As I said, it will be interesting to see where they stand on this.

Mr Lister: It will be very interesting to see how many Labor members support it.

Mr WHITING: I point out that the interjections from the members opposite should reach a level of wittiness. I think that should be imposed on them. I think we all need some extra time to consider what has been moved, but I am sure other people will speak on this amendment in a moment.

 **Mr DAMETTO** (Hinchinbrook—KAP) (4.28 pm): I rise to support the member for Traeger's amendment to the bill. While the amendment is being circulated, I will explain to the other side of the House what it entails and what it actually means. We are calling for this bill to no longer be pushed through the parliament until \$275 million is committed to palliative care across Queensland. That is \$275 million extra committed to palliative care across Queensland.

Mr Whiting interjected.

Madam DEPUTY SPEAKER (Mrs Gerber): Member for Bancroft, cease your interjections.


Mr Whiting interjected.

Madam DEPUTY SPEAKER: Pause the clock. Member for Bancroft, cease your interjections. You will be warned the next time.

Mr DAMETTO: Thank you, Madam Deputy Speaker, for your protection. This should be a very tasteful debate and it should be had with a great deal of thought from both sides of the House and also consideration of other people's thoughts. All we are asking for is \$275 million extra to go towards palliative care. That has been identified by everyone from the AMA to hospitals. People have been lobbying for this for so long to ensure that the inequities within the public health system can be addressed. As the member for Traeger pointed out quite clearly earlier, the palliative care at Boulia Hospital is nothing like the palliative care that is accessible from Aspley.

Recently I met with a small group of children who were raising funds for Ingham Palliative Care. Ingham Palliative Care is underfunded. These young girls had an opportunity to meet the ladies who work in the palliative care unit, to find out where their funding goes and to see how hard they work to make sure their unit can provide the best end-of-life care possible. They are raising money to make sure the unit can buy blankets to keep people warm in their final days and hours.


Palliative care is completely underfunded across Queensland. We seek to stop the debate today on legislation that will essentially open the door to assisted suicide for people who cannot afford or cannot access reasonable palliative care. I ask everybody in the House to consider supporting this amendment.

 **Dr ROWAN** (Moggill—LNP) (4.30 pm): I rise to speak in support of the amendment moved by the member for Traeger. There is an absolute lack of palliative care funding in many of Queensland's rural, regional and remote communities. If this government were serious with respect to the legislation that is before the House, there would be a universal service obligation—a mandated process within government—to ensure that many people in rural and remote communities across Queensland have access to multidisciplinary, evidence based care with respect to palliative care services, whether that be access to medical specialists who have palliative care training or to nurses or other health providers.

Whilst designated clinics cannot be provided in each and every community, they can be provided in centres to ensure that with the additional funding—the \$275 million which the Australian Medical Association, Palliative Care Queensland and other health organisations have been calling for—people in communities can get access to palliative care services. Providing that money would also allow for general practitioners and primary care providers in other communities to liaise with these units and people would get the best possible, evidence based palliative care regardless of where they live in Queensland—whether that is in remote Queensland, rural Queensland or regional Queensland.

As has been clearly articulated by the member for Traeger, there are many people who do not get access to these services. I was the president of the Rural Doctors Association of Queensland back in 2006 and 2007 and I have spent a lot of my professional working life in rural communities. I can say that there are people there with terminal diseases who get no access to evidence based palliative care. It is a real tragedy, not only for the patients themselves but also for their families. They experience emotional trauma and additional physical and mental trauma in not being able to get access to this sort of care. It is simply not good enough in Queensland in the 21st century. An additional \$275 million would go a long way to rectifying this. That equates to about \$50 for every Queenslanders.

I say to the government: consider having a universal service obligation, a mandated process on government, to ensure that every Queenslanders—regardless of where they live, regardless of ethnicity, regardless of whether they are from an Aboriginal or Torres Strait Islander background, regardless of whether they live in remote, rural or regional Queensland—can have access to this. Professional organisations, the Australian Medical Association, the Rural Doctors Association, Palliative Care Queensland and communities are calling for this. I support the amendment moved by the member for Traeger.

 **Mr HARPER** (Thuringowa—ALP) (4.34 pm): It will come as no surprise that I will be speaking against the amendment. Quite clearly, the Katter party does not understand how palliative care is funded in this state. I would ask its members to read the palliative care report that we did. I will quote from it, because the Katter party should understand that palliative care is not just a state responsibility. Recommendation 53 states—

The committee recommends that the Australian Government increase the amount available through subacute funding for the delivery of palliative care to address the unmet need for services.


Recommendation 54 states—

The committee recommends that the Queensland Government increase its funding—

And they did, by \$171 million. Recommendation 56 states—

The committee recommends that the Australian Government properly fund palliative care and end-of-life care services provided to residents living in private homes or in residential aged care facilities so residents can access the clinical care, nursing and specialist palliative care services they require. This will involve providing greater flexibility in the home care package system and a redesign of the Aged Care Funding Instrument to incorporate funding for palliative and end-of-life care.

There is a whole chapter that unpacks what the federal government does in terms of funding palliative care. We have moved on this. Our Premier has moved on this with a funding commitment of \$171 million, to be at an amount of \$247 million by 2024-25. The Katters have a relative in the Australian parliament. I suggest they read the report. This is what makes me angry. The Katters did not turn up to any of the hearings in their own electorates. They do not understand how the funding is done. They need to read the report and get a clinical understanding of how the funding is actually allocated in this state. Actually bothering to turn up to a public hearing would be a great start.

 **Mr MILLAR** (Gregory—LNP) (4.36 pm): I wholeheartedly support the amendment moved by the member for Traeger on behalf of the Katter party. One of the biggest issues we have in rural and remote Queensland is the lack of palliative care. I thank the member for Southport and deputy chair of the Health and Environment Committee for raising an issue when we went out to Boulia only a couple of months ago. A well-known Indigenous family in Boulia had just lost their sister. She had been at Mount Isa Hospital and was not receiving adequate care for pain relief, so she booked a ticket on a bus from Mount Isa all the way to Toowoomba to try to get the pain relief she needed.

This lady was on that bus for over 20 hours. On arrival in Toowoomba, she was in such a bad state that the bus driver had to call an ambulance to get her to Toowoomba Hospital. She received the best care from Toowoomba Hospital, and I thank Toowoomba Hospital for the care they gave to this lady. I have known her family for a long time. She was able to get back to her home, because she was terminal, by Angel Flight. Thank God for the people at Angel Flight who provide those services. She was flown back to Mount Isa. Her sister picked her up to bring her down to Boulia. As the sister was on the phone to the palliative care specialist, the lady passed away. As I was speaking to this family, who were distraught, the lady's body lay in the council morgue. She had not even been buried. That is how raw that was.

We do not have adequate palliative care in rural and remote Queensland. People are missing out on their fair share of care. People in rural and remote Queensland need end-of-life palliative care assistance. I am extremely passionate about this. As the member for Traeger said and as the member for Warrego and other members on this side of the House who represent rural and remote populations will say, we do not have the palliative care that people receive in Brisbane. Good luck to people in

Brisbane for having that palliative care—I do not deny them that—but there needs to be the same sort of service for regional Queensland. I ask members to support the member for Traeger's amendment. Let's put palliative care first and foremost. That is what we need to do.

Mr LISTER (Southern Downs—LNP) (4.39 pm): I rise to speak in favour of the amendment which has been moved by the member for Traeger, and I thank him for doing so. I think he in a very persuasive fashion has laid bare the question of choice in this bill. Those who are in areas blessed with good palliative care opportunities and those who have the funding to have private surgeons and medical attention will be faced with a different choice to those people who live in some of the areas that I represent who do not have access to excellent palliative care. If there is going to be a question of choice, the choice needs to be equal for all. I am surprised that of all governments a Labor government would resist us speaking about that. I wholeheartedly support the amendment.

Hon. YM D'ATH (Redcliffe—ALP) (Leader of the House) (4.40 pm): In speaking to this amendment, I appreciate that there are strong views in making sure that palliative care is properly funded in this state. We all want to ensure that people have choice and there is palliative care offered no matter where you live in this state, but this amendment will see this debate cease and be delayed when the public are expecting it after three extensive referrals—two parliamentary committees and an inquiry by the Queensland Law Reform Commission. This amendment is saying to the people of Queensland, 'Sorry, we're going to put this on hold while we do further work on palliative care because more money needs to be put into the system.' We can always argue that more money could be put into the system, but to hold up this bill and this debate this week—

An honourable member: Shame!

Mrs D'ATH:—when the people of Queensland have been promised this debate is shameful. It is shameful to the over 110,000 people who signed that petition that the Deputy Premier tabled today. It is unfair to every member in this House who wants to speak, who wants to have a say, on this important issue and it is disrespectful to the people of Queensland who have lobbied hard and advocated for many years for these changes that we should once again wait.

This is, I have to say, a stunt. It is unfair to come in here and move this. It is seeking to delay a decision on voluntary assisted dying. That is what it is. If those who moved this amendment do not support VAD, then do not support VAD and put your reasons, but do not seek to delay this debate this week when the public deserve this debate. They have a right to this debate. It has been discussed for long enough. Enough people have told their personal stories, have dealt with the pain and distress of not having this choice. It is time we debate this bill. Everyone will get a say. Everyone will get to vote on this bill.

Ms Simpson interjected.

Mrs D'ATH: If anyone wants to vote against it for that reason then they can, member for Maroochydore, but let us have a vote. Let us give people a choice. That is what this chamber is for. I move—

That the question be now put.

Division: Question put—That the question be now put.

AYES, 53:

ALP, 50—Bailey, Boyd, Brown, Bush, Butcher, Crawford, D'Ath, de Brenni, Dick, Enoch, Farmer, Fentiman, Furner, Gilbert, Grace, Harper, Healy, Hinchliffe, Howard, Hunt, Kelly, A. King, S. King, Lauga, Linard, Lui, Madden, Martin, McCallum, McMahon, Mellish, Miles, Mullen, O'Rourke, Palaszczuk, Pease, Power, Pugh, Richards, Russo, Ryan, Saunders, Scanlon, Skelton, Smith, Stewart, Sullivan, Tantari, Walker, Whiting.

Grn, 2—Berkman, MacMahon.

Ind, 1—Bolton.

NOES, 37:

LNP, 33—Bates, Bennett, Bleijie, Boothman, Boyce, Camm, Crandon, Crisafulli, Frecklington, Gerber, Hart, Janetzki, Krause, Last, Leahy, Lister, Mander, McDonald, Mickelberg, Millar, Minnikin, Molhoek, Nicholls, O'Connor, Perrett, Powell, Purdie, Robinson, Rowan, Simpson, Stevens, Watts, Weir.

KAP, 3—Dametto, Katter, Knuth.

PHON, 1—Andrew.

Pair: McMillan, Langbroek.

Resolved in the affirmative.

Division: Question put—That the amendment be agreed to.

In division—

Mr BERKMAN: Mr Speaker, I rise to a point of order. I note that the bells did not ring a second time in order to call members to the House for this vote.

Mr SPEAKER: Yes, correct. I can remedy that. Ring the bells for one minute.

AYES, 28—Andrew, Boothman, Boyce, Camm, Crandon, Crisafulli, Dametto, Gerber, Hart, Janetzki, Katter, Knuth, Krause, Last, Leahy, Lister, Mander, McDonald, Millar, Molhoek, Perrett, Powell, Purdie, Robinson, Rowan, Simpson, Weir. Teller: Watts.

NOES, 54—Bailey, Berkman, Bolton, Boyd, Bush, Butcher, Crawford, D'Ath, de Brenni, Dick, Enoch, Farmer, Fentiman, Furner, Gilbert, Grace, Harper, Healy, Hinchliffe, Howard, Hunt, Kelly, A. King, S. King, Lauga, Linard, Lui, Madden, Martin, McCallum, McMahon, Mellish, Mickelberg, Miles, Mullen, O'Connor, O'Rourke, Palaszczuk, Pease, Power, Pugh, Richards, Russo, Ryan, Saunders, Scanlon, Skelton, Smith, Stewart, Sullivan, Tantari, Walker, Whiting. Teller: Brown.


Pair: McMillan, Langbroek.

Resolved in the negative.

Non-government amendment (Mr Katter) negatived.

Mr SPEAKER: The question is—

That the bill be now read a second time.

 **Mr O'ROURKE** (Rockhampton—ALP) (4.57 pm): I rise to speak in support of the Voluntary Assisted Dying Bill 2021. I was part of the 56th Parliament's health committee considering voluntary assisted dying. We travelled the state hearing from over 500 witnesses and saw some 5,000 submissions. During the consultation process we heard diverse and polarised views about a person's choice regarding voluntary assisted dying. Some of the evidence was very confronting when we were hearing stories from those with terminal illness or who were suffering from neurodegenerative conditions or the families and friends of those who have since passed away.

There were those who were totally opposed to voluntary assisted dying for a variety of reasons. One of the key arguments for not supporting VAD was the sanctity of life and that voluntary assisted dying is in direct conflict to religious beliefs. Faith groups argued that the worth of human life and death is a matter for God and only God. All the information we received was considered in developing this bill. To ensure that the basis of the bill is robust, it was referred to the Queensland Law Reform Commission back in May 2020.

The bill provides wideranging safeguards. This includes strict eligibility criteria. Voluntary assisted dying laws allow eligible people who are dying to choose the timing and the circumstances of their death. The person's prognosis is that they are expected to die within a 12-month time frame and that the person considers the pain to be intolerable. Having a 12-month time frame made it clear that voluntary assisted dying is an option only for those who are at the end of their life. Also it is only available to adults. A key requirement is that the person must have decision-making capacity at the time of administering the substance. Their decision-making capacity is assessed at multiple stages throughout the process and must also be assessed as acting voluntarily and without coercion.

Another key safeguard of the bill is that to access voluntary assisted dying a person must complete a staged request and assessment process. The person must make three separate requests for access to voluntary assisted dying. The requests must be clear and unambiguous. The person must meet a waiting period of at least nine days between their first and final request. The staged request and assessment process, together with the waiting period, ensures that the person's decision to access voluntary assisted dying is enduring and not a fleeting decision made in a moment of pain or suffering. A medical or nurse practitioner may initiate a discussion about voluntary assisted dying if and only if at the same time the practitioner also informs the person about the treatment options available and the likely outcome of that treatment and the palliative care and treatment options available and the likely outcome of that care and treatment.

The bill also recognises the rights of religious organisations not to participate in the scheme. The Queensland Law Reform Commission considered that there is uncertainty and significant concerns around whether providing information and advice about voluntary assisted dying via a carriage service would contravene the Commonwealth Criminal Code. The Commonwealth Criminal Code makes it an offence to use a carriage service such as a telephone, videoconference, email or other form of electronic communication to publish or distribute material that counsels or incites committing or attempting to commit suicide.

Given Queensland's geography, it will be difficult for any voluntary assisted dying scheme to ensure equity of access for people in rural and remote areas while the Commonwealth Criminal Code provisions remain in place because the Commonwealth laws take precedence under section 109 of the constitution and the only way to definitely resolve this issue is for the Commonwealth to amend the Commonwealth Criminal Code to expressly exclude participation in state government voluntary assisted dying schemes.

During the hearings we heard stories of those who have committed suicide. Tragically, in Queensland there is the suicide of someone with a terminal or debilitating illness, on average, once every four days. That has a terrible impact on their loved ones. There is one story that I keep going back to. After one of the hearings I met a young man who spoke to me about finding his grandfather after he had ended his life. His grandfather had a terminal illness and did not want to go to hospital. He just wanted to stay in the family home. He was struggling with pain and, knowing it was only going to get worse, he went out to the shed and ended his life. The young man then spoke about how his grandfather's death had affected his mother and aunty and their sadness in not being with their father at his passing.

That is not a unique story by any means. I suppose that the biggest factor for me is that terminally ill people are already making the choice to end their lives rather than face what awaits them. They are doing it alone and in violent ways. They deserve better than that. I believe if terminally ill people make a choice to end their life on their own terms, we as a society should provide the support they need to make it as comfortable as possible for them and their families. That is not a choice everyone will make—in fact, I suspect most will not—but some will and we should respect that choice. I commend the bill to the House.



Mr POWELL (Glass House—LNP) (5.04 pm): This is going to be a tough debate. This is going to be a tough speech to deliver. But you would not expect anything less from a debate that goes to the heart of life and death. Matters of life and death are tough. They are challenging, they are emotional and they are personal. So I expect for all members in the House, myself included, this is going to be one of the most challenging weeks of our parliamentary careers. It is my hope that we can conduct ourselves throughout this debate with a high level of respect and understanding.

When I approach each debate on each piece of legislation here in the parliament, there are four elements that influence my vote. There is my beloved electorate of Glass House; there is my party, the Liberal National Party; there are inputs from experts; and there are my personal beliefs, values and ethics. In many instances people will know I cast a party vote. Fortunately, in nearly all of those instances that party vote reflects my personal beliefs, it reflects consideration of what the experts say and, as they have now elected me on five occasions as an LNP candidate, I believe it represents the majority of constituents in Glass House. So in nearly all cases that I can recall, those four elements have aligned: my community, my party, the experts and my personal value system.

In this instance there is no party vote. I would like to thank the LNP parliamentary leadership, the members for Broadwater and Toowoomba South, and my LNP party room for seeing fit to make this a proper conscience issue for us to consider. That means we can all decide for ourselves, free of party influence, how we will vote. That brings it down to my community, the experts and my personal beliefs. What makes it particularly tough this time is that, for the first time, I believe potentially the experts and I are not in alignment with what I understand to be the views of many in my community. Therefore, I believe I owe it to my community to explain why my vote in this debate may not reflect what potentially is their collective conscience.

When I focus on my personal input into this debate I need to start with the fact that I am a Christian. That means different things for different people. For me that does not equate to a 'religion'. It is not a belief in an institution. It is a very personal faith in God and in his son, Jesus Christ. At the outset let me say that I am not perfect. Indeed, I am far from it and if you want proof just ask my wife, Taryn. It is because I am not perfect that I know I need Jesus Christ. As I said in my maiden speech, it is the teachings of that man, Jesus, that I try to live out in my life and that guide the way I operate as a member of parliament, particularly his teachings around serving others. I have endeavoured to do that over the course of the past 12 years.

The teachings of Christ and God also talk about the sanctity of life and that we as humans are created in the image of our maker, God. That implies that all human life is sacred. It is a sacredness and an image that is inherently in each of us, regardless of how young, old, healthy, sick, able-bodied or disabled we are. That image was valued so highly by God that, to save us from ourselves, Jesus

Christ went all the way to an incredibly painful death on a cross for me. I have been asked by some to ignore my faith. I am sorry but I cannot help but let those teachings, that belief and my efforts to be more like Christ influence my decision here today.

Let me turn to what the experts say. Perhaps no-one in Queensland is more expert on matters of end-of-life care than Palliative Care Queensland. In a recent media release they said, in part—

VAD will not stop the suffering of all Queenslanders. Just as palliative care, ICU, Social funding systems, human rights laws won't stop all the suffering. Therefore, VAD must not and should not be considered in isolation. VAD is part of a much more complex and interlinked care ecosystem, and only through a holistic approach to care at the end stage of life will Queenslanders have a 'true choice'.

...

Only through an appropriately funded palliative care sector will 'true choice' be available to all, enabling Queenslanders to choose the care that they require, based on their location, situation and circumstances

They continue—

Sadly, palliative care has historically been poorly funded, and while we have welcomed the Premier's election commitment of an extra \$171 million over six years, it's only an extra \$28 million a year. It leaves a \$247 Million per year that we know is needed.

According to the experts, there is an almost quarter of a billion dollar gap in funding needed for palliative care in this state.

Secondly, we have an offering from 19 of the past presidents of the peak body representing our doctors. They wrote to all of us here urging us to consider significant matters of concern they have with this legislation. In their letter they outline four key areas where they found this legislation to be deficient. I will briefly touch upon three. First they raise concerns regarding the required skill set of the coordinating and consulting practitioners that, under the proposed legislation, the coordinating and consulting doctors are not required to have any expertise in the particular disease they are consulting on. They wrote—

This is contrary to best medical practice ... does not ensure that a patient has been adequately informed about possible treatments and palliative care options.

Secondly, they, the medical experts, warn us about the 12-month time frame the government has proposed—

Giving an accurate assessment 12 months prior to death is a difficult task even for the experienced doctor.

Again, they warn here that—

This inadequately protects a patient's rights to make a medical choice.

This point is exacerbated when you again consider the physician does not need to be an expert in the field.

Lastly, and in concert with Palliative Care Queensland they raise issues regarding the funding of palliative care services in Queensland. It is simple: the playing field is not level. Not everyone in Queensland can be given the same level of access to palliative care.

Many of us in this place can relate to this point. I cannot tell you how often I have heard stories about people trying to access these critical services, only to find there are none on offer, and that is here in the South-East. What do we presume is the impact of this shortfall in more rural and remote areas of our state? Would it not be better for us to first address the funding shortfall before we pursue voluntary assisted dying?

To my community, there have been a few published polls into the issue of voluntary assisted dying and the majority of them appear to support passing some sort of euthanasia laws. Can I say I understand the sentiment of support expressed in these polls. I also firmly believe that no-one should die in pain or distress, nor should a family member watch a loved one experience such. I have. In fact, my immediate family lives with pain, constantly, pain that has not been able to be treated surgically or medicinally. It is debilitating. It is wearing. It is hard to watch when it is someone you love and it is hard to know what to do. So I have an understanding, as do many here, as to what is at stake.


The single greatest test for any parliamentarian when dealing with legislation such as this is: does the legislation improve the lives of Queenslanders? If the answer is no, we really must ask ourselves why would we be pursuing this, especially right now.

The world is in the midst of a pandemic. Many in Australia have been doing it tough. Here in Queensland businesses have closed down, jobs have been lost and loved ones have been isolated from each other. Through this pandemic, we have heard reports from the professionals that the mental

health of Australians and Queenslanders is suffering. While we have come a very long way with our appreciation, understanding and acceptance of mental health, when it comes to the impacts of COVID-19, we still do not know how big the iceberg really is. We do not know the state of mind of our communities.

Given all this—the shortfall in palliative care funding, the warnings from our doctors regarding the inadequacies from a clinical perspective of this legislation and given the current state of where we are—why are we embarking on this now? What is the urgency? Why would we not first pause, make sure all these matters are resolved before considering this legislation?

Though it pains me to disappoint many in my electorate of Glass House, when my moral compass and the experts align, I cannot possibly support this legislation.

 **Mrs MULLEN** (Jordan—ALP) (5.13 pm): I rise to make a contribution to the Voluntary Assisted Dying Bill 2021. It was Dame Cicely Saunders, the founder of the modern hospice movement, who said, 'How people die remains in the memory of those who live on.' It is something which has stuck with me during the many months and weeks leading into this debate—the various and varied discussions I have had, the reports and letters I have read. The truth is we cannot speak with the dead so we can never truly understand their feelings on the matter. This debate is only for the living.

We all have different relationships with death, shaped by our personal experiences, religious or spiritual beliefs, culture, family history and current life circumstances. Most of us will experience losing people we love during our lifetime and at some point we will all die. What we hear often is that there are good deaths and bad deaths. I came to this debate with an open and almost curious mind because, to date, I have never seen or experienced a bad death. I have no personal frame of reference, and that worried me. Would empathy and compassion be enough to bring me to such an important decision as supporting the end of a person's life?

I have allowed myself to listen, truly listen, to those who passionately support voluntary assisted dying and in turn those who vehemently decry it. I have interrogated my own prejudices, my growing annoyance at the intrusion I feel by the orchestrated email and phone campaigns for and against this legislation. 'Leave me be!' I wanted to shout. 'Don't clutter my mind when it already feels so full.'

I have read the Queensland Law Reform Commission's report line by line, have highlighted and tagged sections I wanted to come back to, to think more deeply on or to question, and I returned to the one death I saw close-up—its sadness, its release and its contradictions.

My maternal grandmother, Mary, was an important figure in my life, living with us for most of my childhood. As part of a Greek family, this was not unusual and my yiayia and I were incredibly close to the very end. One of my happiest memories was telling her I was expecting my first child and her first great-grandchild. One of my saddest was being seven months pregnant and holding her hand as she reached the end of her life. In that particular moment I wanted two contradictory things. I wanted her to stay and I was willing her to go. I could see it in her eyes; she was so ready.

My grandmother's death would have been considered a good death. She was not in a lot of pain, she was not dying of an incurable and debilitating disease, she had had a full life and it was just her time. It was a dignified death. It was, by all accounts, a good death. This is not everyone's experience and I have read enough accounts of and spoken with enough people to recognise this and to understand it.

I do not believe there is dignity in suffering. I do not believe that we should allow ongoing suffering and pain. If we can offer great comfort through quality palliative care, we should do our very best, but if we cannot, we need to give people the option to leave this life, and it must be their choice. This is why I will be supporting the legislation to allow voluntary assisted dying in Queensland.

I would like to turn to some specific aspects of the bill. This is not assisted suicide. I feel confident enough the legislation has been written with clear enough eligibility criteria and that, to access voluntary assisted dying, a person must have been diagnosed with a disease, illness or medical condition that is advanced, progressive and will cause death and is expected to cause death within 12 months and causes suffering that the person considers to be intolerable.

At the start of this debate, I had significant concerns about coercion and, of course, while there is no guarantee, I am satisfied that there are enough safeguards within the drafted legislation process to ensure a person is acting voluntarily and without coercion. The most important safeguard is that people will need to have decision-making capacity at all stages of the process and that this be independently assessed by two medical practitioners as part of their eligibility assessment.

I am also supportive of the conscientious objection provisions that registered health practitioners will have the right to refuse to participate or conscientiously object to being involved in the voluntary assisted dying process if this does not align with their values or beliefs.

If this is a debate about choice, then it must work for all participants. This has been particularly concerning for me in relation to the issues around faith based institutions and their clear and determined opposition to participation in this scheme. The Victorian, West Australian and Tasmanian acts do not address the issue of institutional objection. Queensland will be the only state that actively forces hospitals and aged-care homes to go against their values and beliefs and allow assisted dying on their premises. Whilst the Queensland bill provides that an entity is not obliged to provide or participate in the voluntary assisted dying process, it is a much more complex proposition for these institutions. The Queensland Nurses and Midwives' Union submitted that—

... one of the elements of a voluntary assisted dying framework should be that no individual, group or organisation is compelled against their will to either participate or not participate.

Palliative Care Queensland submitted that—

Health service entities should be provided with legislative protection to ensure they are not required to undertake any acts which conflict with their personal or professional values.

A common basis for institutional objection is religious belief, but not always, as outlined in a paper by Ben White, Lindy Willmott, Eliana Close and Jocelyn Downie—

An example of this is an objection based on an institution's philosophy of palliative care, which for some (but not others) warrants a strict separation from VAD. For other institutions, objections to VAD may be grounded in their view about the purpose of medicine; namely, to promote health and to preserve life, rather than to take life.

We do need to be cognisant of the fact that allowing voluntary assisted dying into these facilities does violate core values and beliefs, not only for their health practitioners who have chosen to practice in these facilities but also for those who also live there and who call some of these institutions home. As Lutheran Services outlined in their submission—

We understand that the Law Reform Commission and, by default, the government are of the view that the person who is seeking voluntary assisted dying has rights. I think it has been very light on the question of the choices that other residents in that home may wish to exercise.

Whilst I appreciate the need to balance the rights of facilities to not participate with the rights of individuals looking to access a legal end-of-life choice, I am disappointed that a compromise that satisfies faith based organisations within the legislation could not be reached by our government. Instead, there will be a clinical guideline regarding participation by entities. Given the limited opportunity to consider this, I will reserve judgement on how effective it will really be in addressing the concerns of institutions.

One of the most important and thoughtful discussions that I have had in the last few months has been with Palliative Care Queensland, and I want to place on record my appreciation of their considered work and advocacy in this important space. It has reaffirmed my belief that an informed discussion on voluntary assisted dying must include a strong and adequately funded palliative care system—one that is compassionate, of quality and accessible. Access to high-quality, well-funded palliative care must be prioritised if we are to present end-of-life options to dying Queenslanders. This has been the one unifying element in this at times divisive debate. It is something we can all agree on and something we can all strongly advocate for.

Finally, if there is one positive that has emerged in this debate, it is that we are finally talking about death. Research shows that Australians do not talk about death enough. Having open conversations about death and dying allows us to consider how we feel about different options to end-of-life care, how we want to live our final days and how we wish to be celebrated and remembered.

Earlier this year, and encouraged by this debate, my brothers and I sat down to a special and beautifully prepared lunch with my parents. It was one of the most important and memorable gatherings we will ever have as a family—as we helped them to complete their advance health directives. Yes, there were many tears, but also laughter—a joy in discovering how our parents wish to be remembered and a confidence in understanding our parents' final health and personal wishes on this earth. For that, we will always be grateful. They say talking about death is an act of love, bearing witness to a life well lived and simply having it can open doors to the soul.

I would like to thank every single person who has contacted me and spoken with me about death and how it has shaped their beliefs or views on this important issue of voluntary assisted dying. I will always be thankful for these conversations and the guidance it has provided me in making such an important decision today.



Dr ROWAN (Moggill—LNP) (5.22 pm): I rise to address the Voluntary Assisted Dying Bill 2021. This legislation is perhaps one of the most substantial and consequential elements of social reform that the Queensland parliament has ever been asked to consider. As a legislator, as a parliamentarian, as a specialist physician, as well as being a former president of the Australian Medical Association of Queensland and the Rural Doctors Association of Queensland, I have always respected voluntary assisted dying as being a matter that surpasses political philosophy, ideology, religious affiliation or personal belief.

I think it is well known that I am a social conservative. However, beyond this, while others may seek to define and label elected representatives for perfunctory political purposes, I regard myself as possessing and relying upon an eclectic range of values-based philosophies and diverse ethical frameworks, including consequentialism, and therefore not being defined by singular doctrine or dogma. The perspective I bring to this debate is one that is secular. It is a perspective based on medical professional experience, and one which references detailed conversations and engagement with various organisations, as well as health and legal stakeholders. Like all elected representatives, I do have my own values, shaped by life experiences. Contrary to some who make assumptions and inaccurate determinations, I have always brought a predominately medical professional perspective to both the termination of pregnancy legislation as well as the voluntary assisted dying legislation.

In the months and weeks leading up to this parliamentary debate, I have actively sought to engage with and listen to as many constituents and representatives of various organisations who hold many diverse and varied views on voluntary assisted dying. Earlier this year, in my community survey sent to nearly 20,000 homes in the electorate of Moggill, I included specific questions asking local residents to provide their input and feedback on this proposed voluntary assisted dying legislation. I would like to thank the many local residents who took the time to provide written feedback and to share their diverse personal stories as well as experiences and views on this legislation. Can I also thank those who formally met with me in the Moggill electorate office.

I have also actively engaged with and listened to the many key stakeholders throughout this debate—from across the spectrum, both those in favour and those opposed, to this legislation. This engagement included attending a diverse range of briefings and panel sessions here in the Queensland parliament and also listening to and engaging with representatives from Dying With Dignity, Doctors for Assisted Dying Choice, Everaldo Compton's Christians for Voluntary Assisted Dying Queensland, the Clem Jones Trust, health practitioners, medical professionals, past presidents of the Australian Medical Association of Queensland, Catholic Health Australia, Palliative Care Queensland, the Australian Care Alliance, the Queensland Care Alliance, various denominational faiths and Indigenous and multicultural organisations. I also met with Andrew Denton from Go Gentle Australia.

I also sought the professional input and views from a significant and diverse range of medical specialists, general practitioners and other health professionals who are particularly experienced in end-of-life care and treatment. I also listened to patients with terminal illness and the families of those who have lost loved ones due to terminal illness, just as I have also done throughout my own medical professional life.

On both a personal and professional level, I understand and appreciate the distressing emotion that comes with something as significant as the end of life for a family member, friend, loved one or indeed a patient. Importantly, we simply cannot legislate on personal emotion alone, and on such considerable and consequential issues that are related to a framework for voluntary assisted dying here in Queensland.

It is incumbent on all of us in this Queensland parliament to consider every legislative clause, all intent, every oversight and review aspect, every clinical process within state and federal clinical governance health standards and, importantly, every purported safeguard for vulnerable and at-risk individuals. Individuals have rights, but all of us have obligations to humanity. This obligation demands a comprehensive understanding of not only how such legislation will operate in practice, but the ramifications and consequences for all individuals, for society and for our state. Elected representatives have a fundamental responsibility and duty to legislate and provide for those who are vulnerable, whether due to old age, youth, disability or those with mental health disorders. Parliamentarians have a duty to protect Queenslanders from oppression and injustice, but also to lead with integrity, consistency and conviction.

Providing Queenslanders with an avenue to death, whilst experiencing vulnerabilities, without adequate protections and safeguards, whilst also not meeting the needs and providing access to evidence based, multidisciplinary palliative care for all Queenslanders, is quite simply unacceptable. As such, I cannot support the legislation.

The views espoused and arguments put forth by proponents of this legislation are undoubtedly genuine and heartfelt. They are equally strong both in their conviction and emotion. Nevertheless, as many have told me over the course of the public debate on this legislation, it is entirely possible to be supportive of voluntary assisted dying and yet still not be in favour of this legislation as it is drafted. In fact, as Dr David Kirchhoffer, Director of the Queensland Bioethics Centre at the Australian Catholic University, articulated—

The Queensland Voluntary Assisted Dying Bill aims to balance individual choice with the protection of the vulnerable. In its current form, and in the current state of health affairs in Queensland, the Bill does neither.

Whilst many proponents have gone to great lengths to assure Queenslanders that there are adequate safeguards and protections, coupled with comprehensive assessment processes, a thorough scrutiny of this legislation reveals that this is simply not the case. This is perhaps nowhere more evident than in the required skill set of the coordinating and consulting practitioners. It is a fact that this legislation does not require either the coordinating or consulting doctor on voluntary assisted dying to have any expertise in the particular terminal disease, illness or medical condition nor in end-of-life or palliative care of patients.

As articulated in correspondence signed by the 19 past presidents of the Australian Medical Association of Queensland—

Doctors who have no or very little expertise in that area of medical practice will decide on life expectancy, the counselling and care of the vulnerable patient and the assessment of competence. This is contrary to best medical practice and it presumes that the medical practitioner will always act appropriately with knowledge commensurate with their decision making power.

This does not provide appropriate protection for the vulnerable with terminal illness because it does not ensure that a patient has been adequately informed about possible treatments and palliative care options.

This inevitably leads to the next serious concern of the draft legislation—the eligibility requirement which states that a person may access assisted dying if the disease, illness or medical condition is estimated to cause death within 12 months. As even the most experienced and credentialed doctors will admit, it is an incredibly difficult task to assess and deliver a prognosis of 12 months. Such difficulty is further backed by studies and reviews reported within important medical journals, including a 2016 study titled ‘A systematic review of predictions of survival in palliative care: how accurate are clinicians and who are the experts?’. The 19 past presidents of the Australian Medical Association of Queensland have made the salient point—

Access to appropriate palliative care which includes physical and mental health, may not be available at 12 months prior to death even if it is available in the few months before death ... this inadequately protects a patient's rights to make medical choices based on appropriate and adequate information.


This leads to one of the most glaring failures of this legislation, and that is the failure to ensure patients have access to high-quality and properly funded evidence based palliative care. Proponents have consistently argued that assisted dying can sit equally alongside palliative care and that the provision of assisted dying finally grants a choice to terminal patients. A choice that is afforded to some but is explicitly denied to others is no real choice at all. It is an accepted fact that funding for palliative care in Queensland is grossly insufficient to meet the needs of all Queenslanders who need it most, particularly in regional, rural and remote communities, as well as many others from multicultural and First Nations communities.

All of this is to say nothing of the fact that there are also ethically, medically and professionally unacceptable provisions in this legislation which grant access to institutions by practitioners who have no admitting rights or facility accreditation. As such, this imposes clinical governance risks with respect to various state and federal legislation, as well as breaching the healthcare standards of the Australian Commission on Safety and Quality in Health Care.

Again, those in favour of this legislation espouse a standard of choice that can be afforded to some but explicitly and deliberately denied to others. Such overwhelming instances of insufficient consideration for the vulnerable and the protection of patients diagnosed with terminal illness, as drafted in the voluntary assisted dying legislation, demands that at the very least it be rectified and amended. This includes, but is in no way limited to, greater clarity around eligibility, as well as the professional accreditation, expertise and experience in such diagnosed diseases, illnesses or medical conditions for which the person is seeking access to assisted dying provisions. There also must be significant enhancements made with respect to the provision of conscientious objection and associated protections for those who seek to exercise this right.

Regardless of how any member in this Queensland parliament intends to vote on this legislation, surely each and every member would want to be certain, and be without any doubt, that the passing of any legislation which would enshrine the ability to assist a person with taking their life is as rigorous and robust as possible, with unquestionable safeguards and protection for our most vulnerable Queenslanders and with the full consideration of all relevant clinical and individual autonomy matters.

Yesterday the Labor state government cabinet foreshadowed clinical guidelines which the Deputy Premier tabled today. However, the following is the simple reality: clinical guidelines have no enforceability, offer limited legal standing and provide no true statutory protections. As such, I would encourage all members to give their full consideration to all legal amendments as tabled by the member for Toowoomba South and as a part of the debate on the Voluntary Assisted Dying Bill 2021.

 **Mr HUNT** (Caloundra—ALP) (5.32 pm): I rise to give my wholehearted, sincere and very earnest support to the Voluntary Assisted Dying Bill 2021. For such a transformative bill the mechanics of it are relatively easy to grasp. A person's diagnosis must be terminal and progressive and expected to cause death within 12 months and the suffering of the person must be such that they themselves determine that it is intolerable. This is an important point to make. It is the terminally ill person who is the arbiter of the suffering threshold, empowering them to not simply make the decision around ending the suffering but also around the level of suffering they are prepared to endure. This is one of the many elements of the bill that I consider to be very civilised.

A person must be 18 years of age, acting voluntarily and have the capacity to make a decision around assisted dying. Further they must meet certain prerequisites around Australian citizenship and residency in Queensland. The person can make three requests involving a coordinating practitioner and a consulting practitioner and each request must be clear and unambiguous. Naturally a health practitioner has the right to refuse involvement in any of the processes or the requests. Nor are they compelled to even provide information to another person about voluntary assisted dying—but, having refused to participate, they must still guide the individual to other health practitioners and sources of information that will meet the initial request.

I am more than satisfied that sufficient safeguards exist to protect the terminally ill person and the practitioners involved. Further, it specifically and precisely protects the rights of individuals to not be involved. Indeed, Queensland's larger institutions that are non-government healthcare providers are also able to maintain their objections to voluntary assisted dying by arranging a transfer of patients seeking voluntary assisted dying to a facility which does not object. Not one person working in one of these facilities will be asked, required or expected to participate.

This bill will not usher in a single extra death in Queensland and, in another sign of the very sensitive and civilised nature of bills of this type, we know that from the experiences in Victoria, and also the US state of Oregon, approximately a third of all people who step through every part of an assisted dying process will not take the final step. They will, however, draw enormous comfort from the fact that the option is always there if they decide to use it. There is great therapeutic value in this reassurance.

A human life is indeed a most sacred, precious and beautiful thing—nothing compares with it—but that life force, that soul, that divine spark is wholly unique and an individual thing. From the moment we draw our first independent breath, that life belongs to the individual who fills their lungs for the first time. That life can be filled with triumph or tragedy or, as is more usual, a heady mixture of both. Sadly, for some, that tragedy will include a terminal condition. The same life that was beautiful and invaluable will still be precious of course, but the terminally ill individual now has to judge for themselves how sacred it is—and make no mistake: it is their life and their decision to make.

Many people with a terminal condition will claim that they are not afraid of death. I admit that I have never fully understood that sentiment. Then I stumbled across the words of the comedian Woody Allen, who said, 'I'm not afraid of death. I just don't want to be there when it happens.' This is perhaps as good an introduction to individual end-of-life choices as any.

Having consulted with the people in my community, individually and collectively, in person and online, I am confident that my conscience vote on this topic is very much in keeping with the sentiment of my community. This is a great comfort for me, as I am so deeply committed to the rightness of voluntary assisted dying and have been for some time.

I have repeatedly referred to this bill as 'civilised' for how can it not be? How can the ultimate delivery of mercy and compassion to a newly empowered individual be anything but civilised? I will tell you something else that lends this bill an extra note of decency in my mind. It is entirely voluntary, and that is crucial to my support based on my own experiences.


Edward John Hunt—or, as he was known to me, ‘Dad’—died of prostate cancer in 2005. His was a slow and gradual decline. Every month he got a little thinner, a little more frail and a little more solitary. He spent much of his final months in his bedroom, grappling with his own mortality and battling the ever-increasing pain and suffering. Yet in those final months he rediscovered at least a partial measure of his spirituality. A man whose favourite and most amusing anecdotes revolved around his railing against the Christian Brothers who educated him, this same man in the end found peace in his rekindled faith and asked to have a Catholic priest present at his grave side—much to the amazement of his family.

Jean Margaret Hunt—‘Mum’ by another name—had a very different journey. Her battle ended in 2014 barely four months after diagnosis, and it was as brutal as it was short. This woman raised four very decent sons, if I do say so myself. She was as gentle as a lamb, as resilient as stone and stoic to a fault in the face of suffering. Yet the end of her life was not one she deserved. In the last few weeks my brothers and I took turns sleeping at Mum’s house because she needed assistance doing pretty much everything. Mum’s increasingly ineffective pain meds meant frequent trips to the toilet. From Mum’s bed to the loo was about 20 feet. Towards the end that tiny distance took minutes, not seconds. When she reached the toilet she required assistance.

In the last few days at Caloundra’s Dove Cottage our duties as sons entailed spraying a fine mist of water into her mouth to stop it drying out and reaching in to scoop out the excessive phlegm that pooled in her cheeks as she lay in a drug-induced stupor. This was not the ending she deserved and certainly not the ending she would have chosen. Her life was no less sanctified and had she chosen assisted dying, as I am convinced she would have, it would have been no less beautiful.

The story of my parents passing is the story of choice—the story very likely of two different choices. In other words, it is the embodiment of the sentiment behind voluntary assisted dying.

My values are precious to me, but when all is said and done they are my values and I have no right to dictate how others exercise their values at the end of life. I commend this bill to the House as a genuinely transformative and beautiful step that will ensure that the last days of terminally ill Queenslanders are filled with peace and reassurance and that the last memories they gift to their families will be happy ones.

 **Mr CRANDON** (Coomera—LNP) (5.40 pm): The road to this week when we debate the Voluntary Assisted Dying Bill 2021 has taken an emotional toll on all of us and many, many others in our communities, but that toll pales into insignificance when we consider the pain, suffering and emotional toll on those whom this bill is intended to assist. As well, it pales into insignificance when we think of the emotional toll that impacts those close family and friends who are there to support and comfort them.

Today I spoke to a group of legal studies students from Livingstone Christian College. A great deal of what I spoke about related to this bill and the journey to where we are as a House today. I outlined what a member of parliament does. I said that we are the voice of our community in this place. Yes, we are their voice and we must listen to them, but we are also one of them with our own views on the issues we face in this process.

Recently I spoke with a student one on one from one of my other schools who approached me with a specific question about this bill. She seemed to think at the time that the issues were quite straightforward and that it was a straightforward decision. We spoke for some time, and I hope that I was able to properly explain, using examples at times, that it is not that simple, that there is a lot to consider including community, family and specific details, and I will try to share a little of what I shared with her.

The first person I talked about was my mum. My mum suffered from mesothelioma. Mum fought for 18 months or more, struggling for breath every day. When we spoke to her on the telephone we could speak for 30 seconds, if we were lucky a minute, and she just had to go. She could not talk; she could not breathe. My dad was absolutely amazing as her sole carer, and they shared those times together. He remembered those times together as precious, as did we. Then one night when all of the family were there she said to me, ‘I think I’ll die tonight’ and thankfully she did. Thankfully, the pain was gone. At no time during that period did my mum ever wish she had the option of being taken early.

Fifteen years later my dad suffered from asbestosis from the same source as my mum: she washed the clothes; Dad wore the clothes. The end came on quickly for Dad, just a matter of days. What I mean by that is that he did not suffer the way Mum suffered for an extended period of time, although there was some suffering there. Then out of the blue he was admitted to hospital. I got a phone

call, I was in Darwin at the time, and we flew back straightaway. He was gone in a matter of a few days, but again Dad fought to the bitter end. He fought every minute in bed. When we all knew he was going, he continued to fight.


Then there was my friend of 40 years who, five years or so before he died, suffered a brain tumour. Against the odds, his initial fight to live bought him some quality time with his family. He went into hospital and had operation after operation. Each time the question before he went in was, 'Do we resuscitate if things go badly?' Each time the answer was yes. He was of that mind. In the end, his horrendous pain just to be touched was a contrast. Whilst he was there, whilst he was able to comprehend, whilst he still saw value in his life with his family and the community, he wanted to keep going. In the end though just to touch him, to kiss him on the forehead—I will never forget him squealing in pain. He was an amazing and intelligent man, and he knew he was not much longer for this world. One of his regrets was that he would die and all of his knowledge would be lost. Those who knew him knew what he meant. He gave so much in his later years to a men's shed in his community, and he had a lot of skills across a lot of areas. They knew what he meant. It was in no way said with anything other than the genuine motive that he could not keep teaching. I do believe, though, that in the end he was of sound mind and he would have elected to take this path if it were available to him, such was his pain.

Palliative care was a wonderful experience for him. The palliative care people I witnessed did some wonderful work. I know they do wonderful work. We have all read material from so many in that profession. How they do it I do not know, but they do it and they do it wonderfully.

That pathway must continue for those who cannot choose the path we are debating here today, but it must be properly funded on an ongoing basis. One issue I want to mention is that vulnerable people are a great concern to me. Who is on their side? As a financial planner for more than 20 years, clients spoke to me about family. Clients spoke to me about the way they were being treated by family and being told, 'Why are you hanging around? Isn't it time you took off, got rid of yourself?' It was absolutely soul-destroying to hear it, but it is out there. Who is going to look after those vulnerable people?

I have thought long and hard on this very issue. There is no complete answer. Indeed, this legislation may save some. Subtle coercion is almost impossible to combat, but whether this bill passes or not the coercion will still be there. I am aware that the disability community has major concerns in that regard. Are there flaws in this bill? Yes. Hopefully, members will support the member for Toowoomba South's amendments, which I believe will help address the subtleties I am talking about and other things.

Like many members, I consulted my community in a regular survey. Of almost 1,500 respondents over time, almost four in five said yes to the question 'Should the Queensland parliament debate voluntary assisted dying legislation?' I agree with the sentiments of the crossbench who put forward the amendment. I think \$275 million a year in palliative care services would go a long way to assisting the whole of Queensland. I did not have an opportunity to speak on that because that debate was cut short by the Leader of the House, as is her right, but it would have been a good opportunity for us all to say a few more words in that regard. At the end of this debate, I will vote with my head but with my heart at the centre of my decision.

 **Mr HEALY** (Cairns—ALP) (5.50 pm): I rise to make my contribution on this unique and vitally important bill. May I say from the outset that I understand the strong emotions which this proposed legislation stirs within our communities and our chamber. Anywhere you want to have a discussion, you will have a lot of different points of view. It is engaging and it is encapsulating. I want to thank each and every one of those in my electorate who contacted me. I had meetings with people, I had emails, I had phone calls, I got letters. I learnt a lot from listening, particularly to those I did not necessarily agree with. It certainly was important for me personally to listen and give everybody that ear, but it also helped a lot of other people with these points. This is a bill like no other.

I, like many in this House, understand the responsibilities we carry as elected representatives, and this vote adds to that weight because of the rare and unique manner in which it is happening. I must say that I am not sure if this was the intent, but I am enjoying a lot of the discussions. Apart from learning about each and every one of us, it is interesting. There are a wide range of views and I get that. I harbour no animosity in any way, shape or form. I appreciate the fact that everybody is well and truly entitled to their views on this.

When we look at the process and carriage of this through the parliament, we go back 18 months to the former Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee. They received over 4,719 written submissions and conducted over 34 public and private

hearings and briefings across Queensland, including hearings in Mount Isa, Longreach, north of Cairns up to Mossman, Palm Island and I believe also in your part of the world, Madam Deputy Speaker Lui. The recommendation was that the legislation should be introduced. I would like to take this opportunity to acknowledge the chair, the member for Thuringowa, and all members of that committee. Regardless of their political colour, it would have been a very tough committee to be on and it had a fairly long journey. I want to recognise their input which was vitally important.

As a result of their work, the government then referred VAD to the Queensland Law Reform Commission in May 2020 to draft the appropriate legislative scheme and after 12 months of extensive consultation delivered recommendations for the scheme and a draft bill. I again would like to thank the Queensland Law Reform Commission and all of their contributors for their extensive work. I know it has been acknowledged in this House before, but it has to be said that it is the foundations of the legislation and it is hugely appreciated.

In addition, it is also important to take note of the general consensus out there, bearing in mind that we are a democracy. Polling from February 2020 found 77 per cent of Queenslanders supported laws that would allow voluntary assisted dying in circumstances where a person in the late stages of an advanced disease was able to take life-ending medication prescribed by a doctor. The 2019 Vote Compass survey, in which 105,000 Queenslanders responded, found 80 per cent supported the proposed legislation.


The government is committed, as we have heard and as we know, to ensuring the best end-of-life care is available for all Queenslanders—that includes hospital, aged care and palliative care. We have had a recent injection into the discussion. It is an area that is getting funding, and it will continue to get funding. I look at the federal government and I look at our government. We all have a responsibility in this sense. I do not want to make that in any way, shape or form a part of my contribution, but I think it is well and truly worth recognising. In 2020-21 the government will spend approximately \$149 million on palliative care services across Queensland. An additional \$171 million was announced in October 2020 to expand access to palliative care across the state. Importantly for people in my electorate and the surrounds, this also includes regional and remote areas—so, Lachie, you would be happy to hear that.

For some Queenslanders suffering from a terminal illness, palliative care is unable to effectively manage their pain, symptoms or suffering. For these people, the only options currently available are to refuse medical treatment, food or hydration, palliative sedation or suicide. An enormously concerning figure is that every four days in our state a person suffering a terminal illness takes their own life. I could only imagine how lonely that would be and the challenges it must bring for the family members. It does not have to be like that. This proposed legislation will provide many people with another option.

I, like many in this chamber and millions outside, have seen loved ones suffer, some terribly, in their final months and days. For me, this decision comes down to something that is very important to me, and it is freedom of choice. I believe a rational thinking person who is suffering from a terminal illness should be able to make their own decision about their limited future. I believe this decision reflects empathy. I believe it is compassionate. For me, I asked myself that question—what would I want?—and I arrived at the same answer.

I acknowledge the concerns raised by a number of my constituents and some in this chamber and other parties in a range of areas. However, without going into all of the details, which I do not feel the need to do right now, I personally am satisfied that the balance is fair and reasonable and that sufficient measures are in place to ensure appropriate outcomes. We have processes. We have duty of care. We have a number of processes out there that I am very comfortable with. I am sure that those applications, in conjunction with this, will see the best outcomes.

I would like to take this opportunity to commend the Premier, our cabinet and all of my caucus colleagues for this important legislation. As I have said, and I extend this to everybody, I understand and respect all who have struggled with this bill and cannot support it for whatever their reasons. I am hopeful that this bill will pass when the time comes, as I know it will mean so much to so many. More importantly, it will mean so much to so many in the future. As Sophocles once said: 'Death is not the worst evil, but rather when we wish to die and cannot.' I support this bill.

 **Mr MILLAR** (Gregory—LNP) (5.58 pm): I rise to speak in this debate on what is probably the most important bill that will come before this House in my time as a member of the Queensland parliament. I do so humbly, having consulted with my constituents and given several aspects of the bill and the debate itself careful consideration. It is in this narrow space that we are being asked to debate, because at the end of the debate we will have to cast our votes on a compassionate sounding idea but actually we will be voting on the meaning of the written law that is in front of us.

This bill, if passed, will affect all Queenslanders and will change forever the fundamental duty of the state to protect the inalienable right of Queenslanders to life and to the security of their person. It will also fundamentally change the relationship between the patient and those doctors and nurses who late-stage patients are totally dependent on for pain relief and for even the smallest dignities of life. Most of all, this is a public policy change with huge implications at the very foundation of the relationship between the state and the individual.

I understand the arguments of those who have borne a horrible burden or witnessed a loved one die a death that has been both unpreventable and full of suffering. Close families members in my own family have experienced that. All of us could not help but be moved to pity and distress by the stories that have been recounted to me and publicly in the media. I do not dismiss these events and the emotions they have stirred in the recounting. Both the events and the impact on the loving witnesses are as real and as wrenching as a human experience gets. However, the emotional argument is not sufficient grounds in itself for a legislator to tick through legislation of such gravity without a thorough examination of the laws we are being asked to pass.

Despite the conscience vote granted to MPs, we are still elected by our constituents to act as legislators and we have an absolute responsibility to our electors to examine this legislation and its possible effects on the real world. Otherwise, why not just pass the laws by a referendum? As a parliamentarian, I do not believe I have the luxury of voting solely on the basis of my own emotions or my own feelings. Despite having been granted a conscience vote, when the laws being discussed will be what determines life or death for my fellow Queenslanders, I believe I must examine the laws being proposed in the context of the actions or inactions they will create and operate in.

Many constituents have raised with me the deep concerns that these laws conflict with their religious beliefs. These are good people. They see this legislation as taking away their religious rights. The religious objections do not pertain solely to Christianity but emanate from all the great world religions. I can say this should not be an emotions based examination, but I cannot dismiss religious objections in the same way. This is because Queensland—indeed all western democracies—have a formal relationship between the state and religions that is fundamental to the nature of the western democratic state. Under the UN Charter's Universal Declaration of Human Rights and under Queensland's own Human Rights Bill 2018, religious belief is granted formal protection as well as protections by longstanding convention. Indeed, the Queensland legislation protects freedoms of not just religion but also freedom of thought, conscience and belief. How will this voluntary assisted dying legislation impact those protections?

There are two parties to consider here, the patient and the practitioner. It is clear from the inclusion of the word 'voluntary' in the title of the bill that there is no intention to remove the patient's freedom of thought, conscience, religion or belief. However, many doctors and nurses have been distressed to discover that it will affect their freedom of thought, conscience, religion and belief, and it completely ignores any institutional right to deny voluntary assisted dying. The threat of these laws will be ever present in aged-care homes, nursing homes, hospices and Queensland hospitals. There are also not sufficient protections against coercion. As I have said previously, we must examine these laws in the context in which they are going to operate.

Here is some context to consider. We live in a time when the elderly are going to outnumber young adult taxpayers. As a result the burden of care will fall more heavily upon fewer shoulders. We have just had an inquiry into a shortage of aged-care places at a national level. There is already a shortage of both high needs care and less complex aged care and even independent living for the aged. At both a state and a federal level there are currently inquiries into social isolation, loneliness and the elderly, chronically ill and those with mental illness are all the key demographics. Government and not-for-profits have both had to set up units that work in that area for elder abuse.

Most country Queenslanders have no access to palliative care. This is the context this bill will operate in. One of my concerns is—and this is one of my major concerns—I know the pride of country Queenslanders. Country people are such that both men and women will sign up to avoid being a burden on their own families. What makes this worse is that country Queenslanders are being asked to accept the voluntary assisted dying laws before they even have equal access to palliative care. This is what is distressing me most of all. At the moment many of my constituents cannot access any form of palliative care. Those who can are not usually eligible for palliative care until they are actually about to die or until they have a life expectancy of less than three months. If this bill passes, they can sign up for voluntary assisted dying when their life expectancy is still 12 months. I have great concerns about this.


I have great concerns about people living in rural and remote areas where they may have received the news that they have a terminal illness and they do not want to be a burden on the family. They do not want to move to the coast or move to South-East Queensland; they do not want to put that burden on their family. They may even think because of their state and because of the sadness and the mental health issues, 'It might be best if I go early.' I do not want to see that. I want to see rural and remote Queenslanders have the same access to palliative care as people in South-East Queensland. I would not deny South-East Queensland having that access to palliative care; they deserve it. However, we also deserve it in rural and remote Queensland.

The Queensland Law Reform Commission said that it is imperative that people have the full range of options available. They also stated that regardless of whether these laws are introduced, palliative care must be adequately resourced and supported. Palliative Care Queensland, the Queensland Specialist Palliative Care Services Medical Directors' Group and the AMA Queensland have said that the annual investment of an additional \$275 million is needed if all Queenslanders are to have access to care of a genuine choice. This can be absolutely achieved if the government wishes. Knowing this, the government has offered \$171 million over six years. This is a huge shortfall. It is \$247 million short per annum. In the current context, it is barely a down payment and so it is impossible to see this bill as an expansion of civil rights or sacred end-of-life choices.

As a country MP, as the member for Gregory, I absolutely cannot vote for these laws that do not adequately address what I see as an absolute essential first, and that is palliative care. I will repeat what I said earlier—and I thank the deputy chair of the Health and Environment Committee and the member for Southport, Rob Molhoek, for what he said in his contribution about what we experienced in Boulia a couple of months ago. I took the member for Southport to Boulia to work on some mental health issues we have in Boulia, and we also had some meetings with our locals, as we usually do when we go to Boulia. This is just a typical situation in which we find ourselves in rural and remote Queensland when it comes to palliative care.

We sat down with a well-known Indigenous family in the area who had just lost their sister. She was in the Mount Isa Hospital and because she was not receiving the pain relief she needed, she booked a ticket on a bus from Mount Isa to Toowoomba. By the time she reached Toowoomba she was in so much pain and discomfort the bus driver called ahead for an ambulance and she was taken to the Toowoomba Hospital. Once receiving the right treatment for pain, she eventually caught an Angel Flight back to Mount Isa and was picked up by her sister and taken back to Boulia. She was terminally ill. While her family were talking to palliative care specialists on the phone in Boulia she passed away, and that is very sad. We are a better state than that. We need to look after people in rural and remote areas a lot better.

I felt terrible. It was an example of where we are missing when it comes to palliative care in rural and remote areas. I do not expect us to have major hospitals in rural and remote areas, but I do expect us to have some level of service for end-of-life choices for these people. I hope that the government will look at palliative care and look at delivering palliative care to these rural and remote areas. Whether people are in the seat of Burdekin or the seat of Warrego, a lot of Queensland does not have the access we need when it comes to end-of-life choices. I call on the government to please have a look at that. I will say at the end of this debate I will be voting against this bill.

 **Hon. ML FURNER** (Ferry Grove—ALP) (Minister for Agricultural Industry Development and Fisheries and Minister for Rural Communities) (6.07 pm): I rise to speak on the Voluntary Assisted Dying Bill that is before us. I cannot think of another piece of legislation on which we have received more submissions or a more diverse range of views than has been the case with this bill. Firstly, I want to acknowledge the Premier for the commitment of a further \$171 million in palliative care funding to ensure Queenslanders get the highest quality care at the end of their lives. I do not envy the job that the Health and Environment Committee faced in reviewing this legislation and taking into account all the submissions and feedback it received. It is testament to the committee members that the process has been managed thoroughly and respectfully and as a result public debate around this legislation has largely been respectful and also inclusive.

I acknowledge the comprehensive work of the Queensland Law Reform Commission in establishing proposed measures to provide us as legislators the ability to debate this bill. We spend much time in this place dealing with issues important to Queenslanders and certainly with the COVID-19 pandemic we have become more accustomed than we would like to be in dealing with matters that are literally life and death. However, this issue is different and brings many people to instinctive reactions, to difficult emotional experiences and to recall the very trying personal circumstances they have confronted them as well as those they love.

In a way, I am envious of those who are able to come to a quick decision on this proposed legislation—those who already hold solid views on the issues before us and to an extent have made their decision impulsively. That was not my experience. I have been approached in my electorate office by organisations and individuals that hold a diverse spread of views on these issues. I have listened carefully to all of them and I respect those views that they hold which are different from others. I have reflected on loved ones. I have reflected on my experiences, both as a parent and as the son of a great father and a great mother. I have seen the passing on of relatives and friends in the past.

At its heart, this bill is about easing the suffering of Queenslanders who are facing inevitable death within a relatively short period of time. I expect that there are as many views on exactly how that should be achieved as there are members of this parliament. The bill as written is designed around key principles intended to provide the right balance between the rights of individuals to access voluntary assisted dying and the rights of individuals to be protected from harm including coercion. It dictates that human life is of fundamental importance and that every person has inherent dignity and should be treated equally, with compassion and respect.

People's autonomy in relation to end-of-life and other choices needs to be respected, and people approaching the end of their lives should have access to high-quality care and treatment to minimise suffering and maximise quality of life. Whether it is palliative care or access to voluntary assisted dying as proposed by this bill, it should be available regardless of where in Queensland a person lives. A person's freedom of thought, conscience, religion and belief, and enjoyment of their culture should be respected. People should be supported in making informed decisions about their end-of-life choices and vulnerable people should be protected from coercion.

The bill provides strict guidelines for eligibility for access to voluntary assisted dying. Firstly, this will be only available to adults—those who have reached the age of 18. To be eligible, the person must have been diagnosed with a disease, illness or medical condition that is advanced, progressive and is expected to cause their death within 12 months. The condition must also be causing the person suffering that they consider to be intolerable. Importantly, the person making a decision to access voluntary assisted dying must have decision-making capacity. They must understand the effect of the decision they are making. They must make their decision freely and voluntarily and must be able to communicate their decisions around voluntary assisted dying in some way. For a request to access voluntary assisted dying to be valid, it must be made voluntarily and without coercion. It will not be valid if there has been pressure to make the choice or any kind of inducement to do so.

The bill contains provisions requiring that people wishing to access voluntary assisted dying must be Australian citizens for at least three years and Queensland residents for at least 12 months before requesting access. While there are provisions for exceptions to be made to these elements, it is important that Queensland laws on this issue do not become a drawcard to people from other states to access this process. The right of citizens from other states to access voluntary assisted dying services is a matter for the parliaments of those states.

The bill outlines the processes that people wanting to access voluntary assisted dying will need to go through. As difficult as it may be to codify how someone must die, this is not an area of law that it would be desirable to leave unclear. The bill prescribes a three-stage request process and a minimum time period of nine days for this to be finalised, unless it is likely the person will not survive for a period of nine days. The person will need to make a clear and unambiguous first request. A coordinating practitioner must assess that the person is eligible for voluntary assisted dying and that they understand the information the practitioner is required to provide. If that doctor accepts the first request and assesses that the person is eligible, they would then refer the person to a second practitioner to make a second assessment. If the second assessment is passed, the person can refer back to the first doctor to access the voluntary assisted dying process. The person may then make a final request to the first doctor and apply to access voluntary assisted dying via self-administration or practitioner administration. The bill contains legal protections for medical practitioners and agents who can act in good faith and without negligence as part of the voluntary assisted dying processes.

The issue of accessing services via telehealth is a real and concerning one. The Commonwealth Criminal Code Act 1995 prohibits the use of a carriage service to publish or distribute material that counsels or incites committing or attempting to commit suicide. It remains a live question whether the provisions of the Queensland bill to declare any death via legally organised assisted dying services as a result of the qualifying illness, rather than suicide, will be sufficient to satisfy Commonwealth law that the resulting deaths are not in fact suicides. The massive size of Queensland, the most decentralised state in the nation, means that telehealth services are a critical part of health service delivery. Without legislative changes from the Commonwealth government, we would face the prospect of people in rural

and remote locations being denied the treatment available to other Queenslanders or, worse, the prospect of people acting within the bounds of this law in Queensland facing Commonwealth prosecution.

In 2012, while a member of the Senate standing committee on community affairs inquiring into the Personally Controlled Electronic Health Records Bill 2011, I heard evidence of improvements for access to e-health records for persons in rural or remote areas, thus opening up opportunities for persons living in or travelling through those regions to have access to their health records regardless of where they live. In 2012 the bill was passed by both Commonwealth houses. If the Commonwealth parliament was then able to increase access to people's records, it should not stand in the way of allowing telehealth arrangements for this bill. I call on the Commonwealth government to reconsider its position.

Like the committee that has examined this legislation, I have had constituents come to meet me and tell me the most heartbreaking stories of loved ones who have had to face the end of their lives in the most terrible pain. I have also had submissions and lobbying from people and organisations in my electorate who are passionately against the introduction of this legislation. Concerns have been raised, both to the committee and to me personally as a parliamentarian, about potential unintended consequences if the bill is passed. Some are worried about potential confused messaging with anti-suicide campaigns. There are concerns about whether there would be sufficient protections for medical practitioners involved in the process. Others are worried about whether the protections for vulnerable people are sufficient.

The Queensland parliament does not pass laws by accident. It is beholden on all of us as MPs to make decisions as we see fit to the interests of our constituents. That is doubly true when you are talking about fundamental issues of life and death like the Voluntary Assisted Dying Bill. I thank everyone who has come to see me, talked to me or written to me to put their positions on this bill. I would like to put on the record my respect for the vast range of views that have been expressed. The vast majority of them have been expressed based on firmly held beliefs and genuine experience, and I am grateful that these have been shared with me to help me form a view on this bill. I will never forget the final words of my father before he passed. He said, 'Just let me go.' That is why I will be supporting this bill.



Dr MacMAHON (South Brisbane—Grn) (6.17 pm): I rise to speak in support of this legislation to allow voluntary assisted dying in Queensland. These laws before us today are the result of hard work and advocacy by so many people over many years, and I want to take a moment to acknowledge their work. Change too often happens after decades of pushing, and these reforms are long overdue. We know that the overwhelming majority of Queenslanders want these laws.

As many in this chamber today have shared, I have lost loved ones to terrible diseases. My maternal grandmother, Ruth, died of pancreatic cancer. My maternal grandfather, Keith, died of leukaemia. They had very different deaths. Ruth died painfully, and my mother shares a story of Ruth offering a nurse a thousand dollars for a cup of tea, which was refused. Keith had what my mother reports as excellent and comfortable palliative care, and he died surrounded by family 17 years ago today. They both had rich, beautiful lives and we miss them both terribly. I asked my mother and her brothers what their parents might have thought of this legislation. Perhaps neither of them would have chosen voluntary assisted dying for themselves, but they felt that their mother in particular, who was a nurse, would have wanted the option and the choice for others.

In forming my position I have had the benefit of my constituents' views as well as my party's long held support for voluntary assisted dying. I was reflecting this morning that it is some 24 years since the Greens' first push in the federal Senate to legalise voluntary assisted dying. Importantly, I know this is something that the majority of my constituents in South Brisbane would like to have in place in Queensland, and so I would like to share some words, with permission, from people in South Brisbane who have been in touch with my office. From a woman in Highgate Hill facing her own journey with cancer who writes—

Just wanted to express support for the upcoming ... bill. Having lost 4 close family members to cancer, all with drawn-out deaths, total loss of quality of life and dignity; and also as a cancer sufferer with this outcome to anticipate, I would like to live in a country which shows compassion and gives terminal patients the opportunity to exit their life with dignity and while they can, before the inevitable loss of dignity and control.

From a man in Woolloongabba writing about his wife, to whom he is providing dedicated care at the end of her life, who writes—

I implore you to support this legislation with as much vigour and determination to achieve some degree of dignity and finality.

Regarding his wife, he writes—

There is NO CURE, she will only leave the nursing home either in an ambulance to an ICU unit or a funeral service. There are only those 2 choices. How long she lingers in this dreadful state is anyone's guess, the family's only wish, the time hastens. No human being should be forced to endure such cruelty and inhumanity. We all suffer, there is no quality of life for her and others.

From a woman in Highgate Hill, a nurse who has witnessed terrible deaths who writes—

I'll just tell you why I want this law passed. I'm a practicing Catholic and an ex-nurse.

Many years ago I cared for a terminally ill woman. All morning she cried out in pain, despite having the full complement of pain relief administered. I didn't even have time to sit and hold her hand. I'll never forget her constant cries of agony. Her pain was so intractable she was given a procedure called a cordotomy, where the pain conducting nerves are destroyed. It didn't help.

I pray neither I, nor anyone I love, ever have to endure that level of suffering, and if the pain is that bad we are not left to suffer.

Please allow terminally ill people to die with dignity.

And from a woman in Kangaroo Point who cared for her husband at the end of his life she writes—

I am writing this in memory of my husband. He died in October 2020 after a protracted, debilitating and cruel illness associated with an autoimmune disease of his lungs ... There was never a day off for him. Clearing secretions was made all the more difficult because he had so little lung function left that he didn't have the physical strength to be able to cough adequately. As his condition deteriorated this became even more difficult until he was left drowning in secretion ... it was a struggle for him to eat or drink or speak and over time he wasted away and was skeletal towards the end ... We bought an enormous television which he enjoyed but in the months leading up to his death he had very little pleasure left in his life. As he often said, if you can't breathe you can't enjoy anything.

I want to take a moment to acknowledge the very real concerns that we have heard from some folks in the community about the voluntary nature of these reforms. For folks living with disability and First Nations people, disempowering experiences with the medical profession are still too common. This is also true for older people, those who do not speak English, prisoners, homeless people and those living alone without supportive families. The practice of eugenics in Australia, including forced sterilisation, is not that far behind us in the past. Submitters to the first parliamentary inquiry on this bill expressed concerns about whether every person requesting help to die is capable of making an informed decision and is free from pressure or coercion. I believe that the legislation before us meets the needs identified in this inquiry with safeguards in place to ensure that voluntary assisted dying is truly voluntary, with people making decisions about their own lives for those diagnosed with a terminal illness with a 12-month prognosis. This is something that we will need to monitor closely over the coming years.

There is so much more we can do in this place to ensure that elderly, sick and vulnerable members of our society are valued and supported to live life in the way they wish. We will keep pushing for more funding for a well-functioning palliative care system. We will keep pushing for a well funded aged-care system that ensures people have agency and independence as they age. We will keep pushing for disability support services that give people freedom and choice to live lives of their own creation. We will keep pushing for full funding for housing, education, health care and transport that allows everyone freedom from poverty, freedom from fear and freedom to live lives that explore the dazzling diversity of the human experience; freedom to enjoy clear air and water and beautiful neighbourhoods and a safe climate. This is not a fantasy, because of course we—this government—could easily do all of this by levying big corporations to fund a world where everyone, regardless of background, gets access to the things they need to live a good life.

In the same way that the Greens' view on assisted dying was dismissed by the political establishment two decades ago and is now about to become law, maybe we will see the major parties support these proposals in the coming decade. Looking at what is before us today, the narrow scope of this legislation means that only those terminally ill people who truly want to dictate the terms of their own passing will be able to do so, and the key here is choice—the choice to live our lives as we wish, the choice to love who we wish, the choice to spend time with friends, to start families, to grow gardens, to raise chickens, to join political movements, to play with our children and nieces and nephews and to enjoy beers with friends at sunset. The key here is choice, and in Queensland this week we will be legislating the choice to die with dignity.



Ms RICHARDS (Redlands—ALP) (6.25 pm): I rise in this House to place on the record my deep support for voluntary assisted dying. It will be the most important bill, I think, of my time in this place. Death and how we pass is deeply personal for each of us, and I think we have heard that already today. I have reflected over quite some time now the passing of my own dad and the passing of my grandma and thinking about terminal illness when my partner Shayne was diagnosed with cancer last year. I believe strongly that people who are terminally ill and who are in unbearable pain and suffering deserve the right to choose their own end-of-life journey and to pass with care, compassion and dignity. Put very

simply, this bill for me is about giving all Queenslanders the freedom of choice. We are indeed blessed if we and those we love never have to make this very personal choice about how we pass, but knowing that that choice exists is something that brings me comfort and the many in this chamber who have expressed that same feeling.

It is in my heart of hearts the most compassionate and caring choice to make available to those with a terminal illness. Every Queenslander should have this choice and I certainly do not believe that it is for me or anyone else in this place to deny dignity in death. I thank, as other speakers have done today, the many community members who have contacted me to share their views and their often deeply personal experience of their own loved one's passing from terminal illness. I respect the divergent views on this debate and I thank everybody who has contacted me on both sides of this debate. I wanted to share a few of these stories because I think it is really important to put these lived experiences that speak to the heart of this bill on the record.

The first is my good friend Tam, who is in the gallery tonight. This is Tam's mum's story. I know this legislation, Tam, is too late for your mum, but I know how much you loved her and I know that this is really important legislation for you and your family. Cinta Waaka Coats was a strong, fierce, big-hearted and cheeky force of nature—very much mother like daughter, I think. Cinta was diagnosed with stage 4 brain cancer after becoming paralysed down her left side while living overseas. She fell down and she never got back up again and she was only 61. It was terrifying and extremely frustrating for her to suddenly be confined to a bed and a chair and it was humiliating to no longer be independent, to no longer be able to do the basics. The cancer stripped away everything, but she kept fighting. I reflect on our good friend Duncan Pegg's last speech in this place—that is, those who are terminally ill are fighting to live every day for as long as they possibly can.

Cinta fought to get well enough to come home, knowing all of the risks involved. With so much beyond her control, she wanted to determine her own destiny. Cinta did not deserve to go the way she did in the end, with unnecessary suffering, dehydration, battling to breathe and crying through the morphine. She is now free, but she should have had that right to choose. She should have had the choice to be able to die with dignity. She might not have decided to use it, but she would have had comfort in knowing that she had that choice. Cinta was a brave Maori warrior and she will always be deeply loved by Tam and her family.

My very good friend Therese McLean would have also been in the gallery tonight if she could have been. I know she is watching this from her bed at the moment. Therese and your gang of four, this bill is for you. Therese, long before being diagnosed with cancer, spent many, many years at the forefront of advocating for voluntary assisted dying. She has spent her lifetime helping others. She has the biggest heart.

In January 2021, not long after she retired, she was diagnosed with metastatic breast cancer in both breasts, metastases of the sternum and the lymphatic system—aggressive terminal cancer. She commenced extraordinarily heavy-duty chemotherapy and was receiving megablasts every three weeks, being admitted to hospital as an inpatient for two to three days after each of those treatments. She has had to stop those treatments. She has only had 10 out of the 20 because of the impact it was having on her heart. She is currently having intense radiation. Therese deserves this choice. She possibly will not have the comfort of knowing that she can access this legislation. All Queenslanders deserve this choice. I know that Therese will gain great comfort in seeing this legislation passed after her battle in advocating for it.

Heather is a constituent of mine in Redland Bay. Last week she wrote to me—

... I am writing to you to show my support for the proposed Voluntary Assisted Dying Bill.

Last year, my husband passed away after a 2 year battle with cancer. As a Paramedic with 30 years experience he was a great supporter of the choice to have assistance for a comfortable, pain free death.

However, when he came to the end of his life he did not have this option. He fought hard to stay alive. The chemotherapy was brutal but given the choice he continued, determined to stay alive as long as he could.

Despite the very best of palliative care, he suffered with overwhelming nausea and pain. His last words to me were not of love, but the word 'Pain'.

It was heartbreaking for myself, my sons, and my family.


I was a Registered Nurse for 33 years and I am fully aware of the arguments for and against Voluntary Assisted Dying, but I think the emphasis should be on 'Choice'.

Every person should have the right to self determination, especially those who suffer severe pain, have degenerative conditions, or have a terminal prognosis. If a person comes to a point in their lives where they would rather die than continue to experience their pain or to progress with their degenerative condition, it should be their decision and theirs alone to make.

I hope you bring yourself to vote in favour of the Bill, so all of us may have this choice.

In conclusion, this bill has been through one of the most rigorous processes of any bill I have seen. It has been reviewed by the Queensland Law Reform Commission. The QLRC put an enormous amount of time and effort into that review process to ensure that we have all of the right safeguards in place. We have had the benefit of being able to evaluate this legislation in other jurisdictions.

It is a privilege to have a conscience vote in this legislation that is underpinned by mercy and compassion. Overwhelmingly there is strong support in my community and that certainly adds to where my conscience sits. That is why I am standing here today supporting this bill. I will put it simply: this legislation is about giving choice, peace, compassion, comfort and dignity. I commend this bill to the House.

 **Ms SIMPSON** (Maroochydore—LNP) (6.34 pm): I have listened to the views of constituents, doctors and nurses, lawyers, families and also reflected on my own experience caring for my terminally ill father until his last day on this earth. It was tough, but also a privilege. I have had people write to me wishing me and my family terrible deaths in order to emphasise their view, as they and their loved ones had suffered great pain which was why they supported euthanasia. I bear them no ill as I know their words came from a place of grief, their own pain and some desperation.

I know what it is like to be desperate to ensure your loved one does not suffer and is not in pain. I have been there. We were devastated when my father was diagnosed with terminal cancer with perhaps only a few months to live. I rang a friend who was a palliative nurse for advice as to what to do and she said, 'Get a palliative specialist consultation as soon as possible', which we did and I am so grateful for the demystification, calming guidance and practical care from Dr Louise Welch and the wonderful palliative nurses in the Sunshine Coast health district, including the Blue Nurses who later helped when I was caring for dad at home.

I wish that anyone facing a terminal illness has the opportunity to get early access to a quality palliative care consultation and the follow-up services. It helps you map out what to expect, what to put in place, who to call when things escalate or your own GP is not able to help. Tragically, not all Queenslanders have access to this and they should. It would remove a lot of the fear and a sense of not being in control, particularly when you are not a medical person yourself.

However, I have to tell a disturbing story which happened when dad was first diagnosed with cancer. During a routine operation in another facility, without his consent or family's knowledge, a 'do not resuscitate' order was placed on him by his surgeon which we learned of by accident afterwards. This may have been appropriate later in his journey with his consent and the knowledge of his family, but it was not right in this way and at this time. I remember how devastated dad and we were that we may have been denied those extra nine precious months together. It is shocking enough to find out someone you love is dying, without having it compounded by the fact that without his consent or knowledge his life may have been cut even shorter than was necessary. One should not have to have an advance health directive to request care as that is reversing the onus of care. I tell this story as I am deeply worried about the creep of a rationalist viewpoint that humans are of lesser value when their bodies are failing or minds are broken or imperfect. These attitudes that consider the disabled and elderly as a burden on our health system will see resources rationed to deny support, such as palliative care. It is already happening.

Some may say this is irrelevant to VAD. I say it is entirely relevant as people should have a right to care first, not the assumption that the elderly or terminally ill are a burden on society and costly to look after. No-one should die in pain. I do not believe anyone in this debate, whether you are pro voluntary assisted dying or anti euthanasia, believes that. Whether you agree with VAD or not, please do not demonise people on either side of the debate and claim compassion and the pursuit of dignity is held exclusively by one side over the other and that, conversely, others who disagree with you are wanting to cause pain and harm. That is not only disrespectful to this debate today, but dangerous, as after this vote is taken people who care deeply and who work hard to care for the vulnerable and relieve their pain and suffering will still be trying to do just that and they do not need labels that stigmatise, demoralise and undermine them in their workplaces and their life's work.

As politicians we get a conscience vote but, ironically, the thousands of doctors, nurses and the places they choose to work do not get a true conscience vote or true conscientious objection. That is a flaw in this legislation, as has been pointed out by 19 AMA Queensland past presidents. We as politicians have a duty of care to Queenslanders wherever they live and also to the health practitioners, carers and counsellors who will operate under these laws if passed.

Pain has been a key feature of people's heart-wrenching stories, publicly and in the debate before the House. However, under this bill, to be eligible for euthanasia in Queensland does not require someone to be in pain. Pain is not mentioned until page 67 of this bill. This bill allows doctor assisted

killing or assisted suicide for people in Queensland who are not in pain, but who are in mental distress under the broad phrase 'suffering that the person considers to be intolerable'. Simple yes/no polls about voluntary assisted dying seem to indicate broad support until you ask different questions, such as 'Should doctors be able to kill their patients if the patient is not in pain?' Then the results flip. In one New Zealand poll, which I will table, it went from 57 per cent in favour of VAD to 59 per cent against if the patient was not in pain.

Tabled paper: Curia Market Research report, dated 6 May 2019, titled 'Euthanasia Issues Poll—April May 2019' [1380].

I am greatly concerned that under the Queensland VAD law people who are in mental distress could be legally euthanased by doctors working in our health system without a mental health consultation to determine their capacity for informed consent or to guard against euthanasing someone with clinical depression. This flaw in the bill does not provide sufficient safeguards for the mentally vulnerable.

I am so grateful for the quality palliative care my late father received. However, currently doctors say that under Queensland Health access to palliative care is a postcode lottery. I am also very concerned that if ever there was a time when palliative care needs proper funding it is now, but this bill and the state government have failed to guarantee it. The state government's offer of an additional \$170 million in palliative care funding over four to five years is far short of the extra \$270 million per year required to remedy the shortfall, as identified by Palliative Care Queensland and the AMA. We can find money for new sports fields and even for grand finals, but not for the proper care of the dying and proper palliative care.

As Australian Care Alliance notes, the stories of people dying in pain without VAD are mainly historic or occurred where there was a lack of early access to quality palliative care. If our objective in this debate is to address pain then access to quality palliative care should be a right and not treated so poorly, yet here we are: inexplicably, the VAD legislation provides access to voluntary assisted suicide or killing for those facing a 12-month diagnosis of death through a terminal illness, yet palliative care is rationed. In some parts of this state it is available only as little as a few weeks out from death and in some parts it is not available at all. That is discrimination in terms of access to palliative care, it is not true choice and it is unconscionable as it hurts patients and their families.

People should also have access to a palliative care specialist assessment as soon as they are diagnosed with a terminal disease. That would relieve much of the fear and questions of the unknown and empower people with options that this bill does not provide. A coordinating practitioner with no palliative training providing their opinion to the patient on what palliative services can do for them is no substitute for expert palliative care consultation with specialist services.

That brings me to my next point: conflicts of interest and state coercion. Unless you properly fund quality specialist palliative care and fix this gaping hole in services, the state and the health bureaucracy have conflicts of interest as quality palliative care is more expensive than VAD. The deficit in early access to quality palliative care in Queensland, wherever you live or whatever your financial circumstances, runs the very real risk of causing state coercion by neglect. It is vital that palliative care is properly funded and there are accountability measures put in place to make sure that the money is not raided for other cost overruns, which happens in Queensland Health. They rip it out and leave the dying in the lurch. You have to drive quality outcomes by reporting them. One thing I have learned from many years of advocating and fighting for patients to access health services is that health bureaucracies and their ministers hate being accountable by publishing timely data about access to services and the quality of outcomes.

I want to say more about coercion. The majority of families are loving and want the best for the elderly, but sadly that is not true for all, which is why safeguards against abuse matter. We are yet to see legislation before the House to address coercive control and domestic violence as the state says that it is complex. The very real issue of elder abuse, when the elderly are just as subject to coercive control, is supposed to be addressed in this VAD Bill but it is not. The legislation makes the paper trail to deter and detect elder abuse and the misuse of VAD very difficult as, under this legislation, death records will not reveal that someone has died by VAD.

In closing, regardless of whether or not we support voluntary assisted dying or assisted suicide, we must have greater safeguards for the vulnerable against deliberate abuse and systemic neglect. When you are in an emergency you do not get choices, you get a system. The system is broken. It must be fixed for the sake of the patients.

(Time expired)

Debate, on motion of Ms Simpson, adjourned.

SPEAKER'S STATEMENT

Masks in Chamber



Mr SPEAKER: Honourable members, I wish to make a very brief statement. I apologise for interrupting the debate but a matter has come up that requires clarification. As members would be aware, the last sitting week was the first that the wearing of masks by members due to COVID-19 was required in the chamber and throughout the precinct. That in turn has raised the issue of logos and other devices on masks.

It has long been the practice in the House that members, in observing general decorum, do not wear badges or display signs or other insignia such as T-shirts, stickers or any form of protest. It is in order for members to wear badges that, for example, support or promote a charitable purpose as long as it is reasonable in all the circumstances. For example, today we have noted the wearing of a yellow ribbon in support of the Rural Fire Service in Queensland. However, badges and logos that support political parties, groups or campaigns are generally not to be worn and will be considered disorderly. In addition, it has never been orderly to wear jerseys, sporting hats or other sporting gear in the chamber, which is in accordance with the general rules of the chamber.

I wish to make it clear that the same rules apply to masks. Members should not wear masks that have badges or logos on them that relate to political parties, peak bodies, unions, groups or campaigns nor should they ostensibly display sporting logos. Block coloured or patterned masks or surgical masks would be deemed suitable. A moratorium on this issue will be in place for the remainder of the sitting day so members should not rush out of the chamber immediately after my statement. However, I ask members to ensure that, going forward, their masks comply with the general dress rules of the House.

VOLUNTARY ASSISTED DYING BILL

Second Reading

Resumed from p. 2612, on motion of Dr Miles—

That the bill be now read a second time.



Mr McCALLUM (Bundamba—ALP) (6.46 pm): I rise in support of the Voluntary Assisted Dying Bill 2021. If the proposed law is passed, a person with an eligible condition would be able legally to choose the timing and circumstances of their death. Voluntary assisted dying is not a choice between life and death; it is a choice for those who are dying and wish to have more control over the time and circumstances of their death. Once a fellow Queenslanders reaches the point where their death is inevitable and imminent and their suffering is intolerable, they deserve choice about how, when and where they die.

I want to acknowledge the work of both this and the previous parliaments' health committees in their comprehensive inquiries held into this bill. In particular, I acknowledge the passion and dedication shown by the chair of both committees, the member for Thuringowa. Extensive consultation has been undertaken with health practitioners, organisations, religious bodies, unions, legal bodies and, most importantly, the Queensland community. That includes people who are battling terminal illness right now, their families and the families of those with loved ones lost. It is clear from those extensive consultations that there is majority support for the introduction of voluntary assisted dying legislation in Queensland. Many Queenslanders who have watched a loved one suffer feel passionately that there must be dignified options available to everyone.

Most members in this place have been granted what is termed a conscience vote for this bill. That means that we are free of the usual party voting obligations. If, like me, you are elected to this place by your community as a member of a particular party, those are obligations that you should abide and be bound by. In my view, being free of that obligation does not mean that it is solely down to individual indulgence, however considered that may be. We are always bound to represent the views and the best interests of our communities and of Queenslanders to the best of our ability. In October last year the Premier gave a commitment to the people of Queensland that, if re-elected, we would bring these laws before parliament for consideration and that commitment has been delivered.

I have always been upfront on my view that, like the majority of the community I represent and of Queenslanders in general, I support these laws. As a democratic society, we must respect that some will be opposed to voluntary assisted dying laws. I thank those people and organisations that oppose

or have misgivings about this bill for their respectful engagement. I certainly acknowledge those Queenslanders who might not support these laws or hold reservations about them, just as I hope they respect that the vast majority of Queenslanders support them.

Under these proposed laws, there are very strict criteria for accessing the scheme. Even if this strict criteria are met someone wanting to access the scheme would have to be separately and independently assessed by two doctors and make three different requests at least nine days apart from the first and the last. There will also be a review board. Medical professionals are prohibited to actively propose VAD to a patient. There are also provisions for medical practitioners to conscientiously object. Voluntary assisted dying will not be for everyone. Voluntary assisted dying will be exactly that—voluntary.

I would like to turn to the issue of palliative care. Voluntary assisted dying will not detract from, or be instead of, effective and well-resourced palliative care already being provided by the many very dedicated people working in this area. But it will provide further choice to those already dying about the timing and circumstance of their death. They will not need to stop palliative care if they are eligible for the scheme and choose to access it. In fact, in Victoria, between June 2019 and December 2020, 32 per cent of those granted a VAD substance who subsequently died did not ultimately administer the substance. This supports the idea that for many VAD is a fallback option if palliative care is not sufficient at end of life. Sadly, the reality is that, for some Queenslanders, palliative care is unable to effectively manage their pain, symptoms or suffering.

Every four days in Queensland a person suffering a terminal illness takes their own life. Due to the current limited legal options for those who are dying and wish to end their suffering, the only actions available are to refuse medical treatment, food or hydration, palliative sedation or suicide. I say that again: refuse medical treatment while you are in excruciating pain until you die, starve yourself until you die, commit suicide alone, or ask your loved ones or health professionals to commit a crime by assisting you to kill yourself. This is not acceptable. We have to do better. We must do better.

Should the best palliative care not be enough, it should not be illegal for those faced with the reality of debilitating and painful terminal illness to maintain their dignity at end of life. It is clear that the majority of Queenslanders agree, and not only from the compelling and overwhelming support shown during the formal consultation on this bill. Polling from 2020 found that 77 per cent of Queenslanders supported laws that would allow voluntary assisted dying. A 2019 Vote Compass survey, to which 105,000 Queenslanders responded, found 80 per cent supported voluntary assisted dying, with 79 per cent support from my local Bundamba community. 13 per cent either were unsure or did not know, and just nine per cent disagreed. This was evidenced by the overwhelming support in emails and phone calls to my office in the lead-up to these laws being considered. It was also evident at the Bundamba community forum I held on 24 August.

I want to thank each and every person in my local community who took the time to contact me about these laws. Many were incredibly personal stories and I will, with permission, share one of these powerful and deeply felt stories. Alex from Bellbird Park said—

I lost a family member to pancreatic cancer and their final few weeks were sadly very painful and distressing for our family.

My mother also works as a Registered Nurse in a rural Queensland aged care nursing home, and despite their best efforts to make sure people are comfortable in their end of life care, with high numbers of residents and limited nursing staff, limited on-call rural doctors etc, she often expresses to me that 'not everyone has a peaceful or pain free death'.


My hope is that parliament can make the right call on this issue and we can bestow the same kindness to people that we do to our beloved pets when they are sick or suffering.

There are so many more powerful stories in our local community and right across the state, and we have heard many in this debate. Like most, I have personal experience of the terrible impact of terminal illness on family and friends. I want to pay personal tribute to Peter Simpson, the late secretary of the Electrical Trades Union, who lost his life to cancer last year. Even though you are no longer with us, your shoulder is still at the wheel and your last great campaign is nearing its end.

I pay tribute to the late member for Stretton, Duncan Pegg. Peggy, we listened. For those who this law, should it pass, has come too late, I can only say I am sorry it could not come sooner. To the many thousands of supporters and campaigners whose selfless dedication and passion to seeing these laws come before parliament, I give my deep gratitude.

This bill is about giving choice to those in our community who are living with the reality of debilitating, painful, terminal illness. This is about empowerment. It is about giving people choice. It is about Queenslanders supporting Queenslanders to make choices for themselves. It is about people

being given autonomy to make their own decisions about their end of life. These laws are about giving people back dignity and control in circumstances where it has been ripped away from them. Most importantly, it is about compassion in the face of terrible suffering. I commend the bill to the House.

 **Ms BATES** (Mudgeeraba—LNP) (6.55 pm): I rise today as a nurse of 40 years to make a contribution to the Voluntary Assisted Dying Bill 2021. As a nurse, there is clear tension laid out before me in this bill and it is one which I personally have grappled with since the issue first featured in the public discourse here in Queensland.

I am a strident supporter of individual choice, the power and freedoms for individuals to make their own decisions. That value is core to my own beliefs and it is an important one to consider in this debate. I, too, believe that all lives are precious. I know I am not the only one who faces this moral conundrum here in this chamber today, be it on this side or the other side of the chamber.

We have already heard personal stories here today and it is important to hear those stories for they are the experiences which have shaped people's lives and their opinions. They are stories of a relative or a friend, someone close, someone loved. I will share personal stories over the course of my contribution, but I first want to speak to my professional experience on this matter.

I am a nurse and I have been for more than 40 years. It is a position of privilege. I have seen the beautiful moments when new life enters the world—the joy and adulation. On the contrary, I have seen the heartache, the pain and the anguish when a life ends. I have held the hands of people as they take their final breaths on this earth. I have broken the news to family members that their loved one has passed. These are always moments filled with raw emotion. For some it is painful—a life lost too soon. For some it is relief after a long, hard battle. No matter what the situation, it is never easy. That is the job of a nurse. It is our job to be there in those moments—the good and the bad.

My views have been coloured by these types of experiences which I have been involved in firsthand. It is also why I hold serious reservations about institutional conscientious objection issues for our faith based healthcare providers. The concerns cannot and should not be dismissed because in Queensland faith based institutions play a critical role in caring for Queenslanders at every stage of their life. I have practised as a nurse in a faith based hospital. I know the excellent care that they offer.

Many working at these institutions choose to do so based on the mission and the ethos of that organisation. The same can be said for patients who might choose to receive care or live in a facility based on their faith. Faith based institutions under this legislation will have to allow medical practitioners practising VAD to enter the premises to consult a patient. In the very unfortunate case where a patient cannot be transferred because of their deteriorating health, it will mean that the assisted suicide will take place at that facility; all this, despite it being against the very fibre of the institution whose mission as a faith based provider is to protect and preserve life. At that time it will place an undue strain and stress on clinical staff and patients alike and, as such, the bill should be amended to appropriately compensate for this.

Doctors and nurses, along with the institution they work for, need to have the right of conscientious objection preserved. Our hardworking medical professionals also need to have better education about treating people at the end of their lives. I know that many nurses are fearful about alleviating pain with high doses of opioids to make patients who are dying comfortable.

I also wish to raise the issue of palliative care here in Queensland. In my heart of hearts, I believe that nobody should die alone, afraid or in pain. Sadly, I know it is not always possible, and the reasons are varied and complex. However, with a properly resourced palliative care system in Queensland, I believe we could improve the final stages of life for so many as they begin this final chapter. Across the health sector, it is widely understood that palliative care has been significantly underfunded over many years now. The AMAQ, Palliative Care Queensland and the Queensland Specialist Palliative Care Directors Group say that a further \$275 million a year is the amount needed to properly resource the system. It is an important point to make, because it directly correlates with what we are talking about here today.

In my experience there are good deaths and bad deaths. Let me tell you about some that have stayed with me for life. The first was Keith, the Greyhound bus driver. Keith was diagnosed at 32 with acute myeloid leukaemia and his death was excruciating. He was bleeding from every orifice and in pain. I was 18 years old, and I will never forget asking him if there was anything I could do for him and he replied, 'Yes, Ros, turn my face into the pillow.' I made sure his pain relief was increased and he passed, but it was not a death that was kind, nor was it peaceful and he was afraid, but he was not

alone. Then there was Sophia with an inoperable glioblastoma that was growing not only into her brain but on the outside of her face. On a palliative care visit she said to me, 'Leave the whole bottle of morphine mixture next to my bed, put a straw in it and I will take the lot when the family goes out later today.'

Palliative care has come a long way since I was 18 and experienced these sad examples of a bad death. I also believe that honest conversations need to happen between clinicians and families. Far too many times I have seen families insist on invasive procedures to pull out every stop known to man to save their loved one, when in fact they are prolonging their loved one's death and putting them through unnecessary procedures.

My Auntie Joanie had a ruptured pancreatic abscess which was like having acid poured into her abdomen. They removed most of her internal organs and she was never going to survive. I spoke with my uncle and explained that any further procedures would not help her. Unfortunately, when the surgeon came in he gave the options which included further surgery and a tracheostomy, and my uncle opted for 'I would never forgive myself mode.' He left because he could not deal with her death, and I had to sit there and hold her hand until she died after she had procedures that did not change the outcome.

Now let me give you three examples of some good deaths. We have a family pact. Personally, I have a pact with my sisters that none of us will die alone, afraid or in pain and we ensured that happened with our family. My mum died from a broken heart, four years after my dad died. She haemorrhaged from an arterial line during surgery and came out of the procedure with heart failure and kidney failure. I watched her for 12 months struggling to breathe, drying up her kidneys so that the fluid was not on her lungs until eventually her kidneys failed.


I remember the night my sister called and asked me to come, as we had a pact. If she could not cope at home anymore with mum then I had to come and make the call to send her to hospital. I will never forget my mum's face when I walked in as she knew that it meant going to hospital as she was near the end. She made the choice to cease all treatment whilst she was still lucid. She trusted that I would be there to make sure she did not die in pain or afraid, and I did not let her down.

My dad died from his heart going into shock. There was no coming back from that. The day before we sat with his clinician and documented all his wishes. He still thought he would be going home that weekend, and I said to him, 'Not this time, Dad.' When it was clear that he would not survive, we had a family conference with the intensivist and the decision was made to cease all treatment. He died 20 minutes later surrounded by his loved ones.

Of course, there was my beautiful 99-year-old grandmother, whom I had transferred from a nursing home to hospital after realising that she had a bowel obstruction. I had her moved, not for surgical reasons as she would not have survived the surgery, but to make sure she had adequate pain relief. I recall her waking up and saying, 'Oh Rosslyn, I've been praying to go to grandad, but I keep waking up.' I told her she was not praying hard enough—she laughed—and then they changed her dose and she died within the hour. Much love also to my brave and beautiful best friend, Kim, who as of just this week palliated her beloved Terry and kept her promise that he would die at home.

I am concerned that this bill gives false hope to relatives who have loved ones with dementia or who are contracted up in a nursing home like Pearl with no quality of life. This bill does not address these situations as the patients are not of sound mind. In my experience, many patients want to live and many fight to live, like my mum and dad, so that they can spend more time with their loved ones rather than less.

I have consulted widely with the people of Mudgeeraba. I have received hundreds of emails, phone calls, letters and I sent a survey out. They were evenly split on this issue. I believe my electorate trusts my stance based on years of real-life experience in an area where only very few in this House have experienced these occasions on hundreds of occasions. I believe in choice, but this bill does not cover all the scenarios. If the government had introduced their own amendments or supported our amendments then my decision would have been much easier.

 **Hon. MAJ SCANLON** (Gaven—ALP) (Minister for the Environment and the Great Barrier Reef and Minister for Science and Youth Affairs) (7.04 pm): 'The way I die must not and cannot be anybody's choice but mine.' That is what my late friend Paul Bennett, who was the coordinator of Dying with Dignity on the Gold Coast, told this parliament in 2018. Paul sadly passed away last year in his sleep from the effects of a congestive heart disease after enjoying a gin sour on the balcony while soaking up the last

warmth of the setting sun. Paul was a unique and persistent man. He was going blind but continued to hop on his bike, often to the detriment of anyone in his path, and pop into my mobile offices to ask for updates on this bill. He even joined the Labor Party, I suspect, in an effort to be able to remind me each month to hurry up.

Paul spent his moments fighting for other people to be able to die with dignity. Fighting for people like John Ancliffe, who lives on the Gold Coast and was diagnosed with motor neurone disease. John went from being a distance runner and playing in a rock band to being unable to walk, unable to talk and has difficulty even chewing and swallowing. He wakes up every day knowing his condition will deteriorate until the point where he can no longer breathe. Last night outside this parliament John's daughter made an incredibly powerful and desperate plea saying—

Dad either has to take this illness to the end and die in that undignified, painful, slow progress that the illness is going to give him or he takes his life by his own hand.

But we can give people another choice. Every member in this chamber has the power here this week to give people like John control over how they choose to die. Without that choice, 168 Queenslanders suffering from a terminal or debilitating physical condition died through suicide in one financial year according to the National Coronial Information System. Those people died desperate and often alone avoiding incriminating their family.

The first responders who must deal with the impacts of these avoidable tragedies spoke powerfully in support of this legislation. People like Phil, who has over 30 years experience as a registered nurse, including seven years in a large palliative care facility and seven years as an advanced care paramedic, shared his experience saying—

I attended two suicides where it was known that the person killed themselves because they had either a terminal or an advanced progressive incurable debilitating condition. Both patients were men with self-inflicted firearm blasts to the head ... Reading the man's suicide note was awful. He spoke of his love for his family and how he could no longer tolerate the symptoms he was experiencing in his terminal decline.

It is hard to imagine the depth of desperation that people are left in and difficult to understand without lived experience. The fact is that any one of us could find ourselves with a terminal disease or condition where our last months, weeks or days are excruciating. It is my firm belief that we should have the right to choose to end our suffering on our terms if it becomes too much because ultimately this whole debate is about choice.

As we have seen in Victoria between June 2019 and December 2020, 32 per cent of people who were granted a voluntary assisted dying substance subsequently died without choosing to utilise that relief. For many there is solace in knowing they will have control over their end of life even if they never enact it. No-one is disputing that we need and deserve a good palliative care system.

It is why the Palaszczuk government has already announced \$171 million of extra funding. It is why, as the Deputy Premier mentioned this morning, we funded cuddle beds at Robina Hospital's palliative care ward so that loved ones can stay close in those final moments. I want to acknowledge the thousands of nurses, doctors, carers and volunteers across this state who are providing compassionate, appropriate palliative care to families in their most challenging moments.

All of this does not take away the fact that all suffering cannot be relieved by palliative care, no matter how professional and skilful our health staff are. Health staff do all they can for terminally ill patients through sedation, withdrawal of treatment or intensified pain relief to help those with unbearable pain and suffering, even if this may ultimately cause death. Sometimes this provides sufficient relief; sometimes it does not.

Those who oppose this legislation seek to make this a binary issue between palliative care and voluntary assisted dying—but it is not. Both play an incredibly important role in our holistic system of care. It is with this in mind that this legislation has gone through such an extensive and rigorous process. It has been drafted by the QLRC and considered through multiple parliamentary committee processes.

It will allow a person with an eligible condition that is advanced and progressive, causing suffering that is intolerable and expected to cause death within 12 months to access voluntary assisted dying. They must be at least 18 years old, have a decision-making capacity, be acting voluntarily without coercion and fulfil a residency requirement. They will need to be assessed separately and independently by two doctors. They will need to make three different requests at least nine days apart from the first and last request. It is a comprehensive, evidence based and compassionate bill. Amendments on the floor of parliament would undermine all of the work that has been done and all of the people who submitted to this process.

I appreciate that people hold very different views to me on this issue and that is okay. While I support religious freedom, I do not support the rights of an institution to overrule the freedom of an individual to make the best choice for their own health care in their final moments.

For me this debate drills down to two really fundamental questions: as elected representatives, what do our communities think and what does our conscience say? Poll after poll has shown the overwhelming majority of Gold Coasters support this reform. Like many in this House, I have been inundated with feedback from health staff, children, parents and friends who have watched someone they love suffer and endure those last days, weeks and months.


My story is no different. I was seven years old when my dad was first diagnosed with cancer. I remember sitting in the room during his first day surgery, just around the corner from where my office now sits, when his first innocent looking freckle was cut out. His battle with melanoma was long and taxing—from diagnosis to radiation, chemotherapy, drug trials, surgery after surgery and relapse back and forth.

I can distinctly remember him being extremely unwell and taking me to the shops to buy a gift for Mother's Day and seeing people stare at him because half of his face had been permanently paralysed from the cancer wrapping around his facial nerves that had to be removed. He needed a walking stick because the melanoma had grown so harsh through his body, through his hip, creating a hole in his bone.

My dad was a proud and stoic man—a former police officer, six foot two and built like a brick, but by the end there was not much left of him. During those last few weeks and months, he could only eat pureed food and could not go to the bathroom by himself. My mum, five foot three, had to get him into a special chair and wheel him to the toilet. For my mum, the cruellest part was that there were no final hugs because he could not bear to be touched. He wanted to die at home, but that did not happen.

Compared to some final moments, his death would be considered a good death. I was 13 years old when he finally died. When you grow up watching someone you love go through that, it cannot help but frame your understanding and empathy for those who are suffering and who die suffering far greater than he did. It cannot help but make you consider what would be classified as a bad death. Who am I to deny that relief? Who are any of us to deny that relief?

For too long this issue has been put in the too-hard basket. For many, including myself, it is reform that has been a long time coming. This bill is not about a choice between life and death. That fate has already been determined. This will not cause a single extra death; it will just ensure less suffering. I commend the bill to the House.

 **Mr HART** (Burleigh—LNP) (7.14 pm): We have heard some compelling speeches here already today. I am not going to repeat the arguments for or against the bill in my speech. Rather I would like to explain why I have reached the decision I have. I want to explain to those watching that this is a complicated issue. I want to assure those watching that every member here has read every bit of information they have been sent and we have listened to everybody who wanted to have some input, just as I have.

This bill is not perfect and hopefully some of the amendments being put forward will improve it. I will listen carefully to those amendments, and when they are put I will support some and I will not support others. Ultimately, I will support this bill because ultimately I believe in choice. I hope those people watching and those in the gallery appreciate that the members here are fully educated on this issue and there will be some very good reasons why they have chosen to vote the way they have.

There is no doubt in my mind that most people support the concept of choice in the way you die, but it is very hard to legislate that concept. There are some issues with this bill, as outlined very succinctly by the Leader of the Opposition, the member for Clayfield and the member for Southport. There is no better way to explain how I feel than going back over nine years to my maiden speech on 29 May 2012. I commend that speech to members if they want to know who I am. In part, I said—

I place on the record my overriding philosophies of life. The opinions and decisions I make in this place will reflect those philosophies. I believe in the right of people to make their own choices in life. Regardless of whether or not I agree with them, they have the right to their own opinion and their own choices.

Following the tabling of the VAD legislation, I have undertaken extensive community engagement to ascertain what views my electorate holds. This engagement included local listening booths, a survey mail-out to all households and an online survey seeking personal views. Seventy-two per cent of those who contacted my office or participated in my survey are in favour of voluntary assisted dying. Mind you, I think they mainly support the concept of voluntary assisted dying.

I would like to quote some of the feedback I received from my electorate. Kerry from Varsity Lakes wrote to me to share the following—

I have always believed in a person's right to die when health problems make life difficult.

My closest friend is dying from Multiple Sclerosis. It was diagnosed in 1991.

She has been in an aged care facility since 2013, dying by inches.

Her brain remains active, and she can speak in a whisper. Her limbs and organs are paralysed. It is a living death.

Angelo from Varsity Lakes told me—

My sister recently passed away from cancer in hospital. The final week of her life was horrible, both for her and the family. She was terminally ill, but she put up a mighty fight to the end. For the last three days she was conscious, her mind was lucid and she was terrified.

When she was no longer responding to treatment, the hospital was merciful and attempted to hasten her end by withholding food, water and antibiotics. Medication was administered to prevent pain or physical discomfort. It was heartbreaking to watch her struggle for water only to be refused.

The process of dying was psychological torture. The memory of those horrible final days will remain with those of us still living, for a long time to come.

We as a society treat our pets and injured wild animals better than we do our fellow human beings in the final days of their lives. We can do much better and we should.

I and my family support changes to the current legislation; that terminally ill people be afforded the opportunity to choose an end to their struggle with grace and dignity, either by themselves or with assistance.

Julie, a registered nurse from Varsity Lakes, said—

Voluntary Assisted Dying is a personal choice to exercise control about how and when you pass away when quality of life is incredibly poor.

Palliative care can help with some symptoms control but isn't the answer to everything.

A person should be able to make their own decisions and be supported with their choices. My opinion is based on decades of clinical experience with end stage chronic disease and aged care, working in collaboration with specialist palliative care services.

On the other side Rodney, who works in palliative care, wrote to me saying—

I would like you to vote against the voluntary assisted dying bill on behalf of myself and my family.

I work in Palliative Care and across multiple hospital wards and understand the pain of death however in weighing up the pros and cons I believe voluntary assisted dying will cause more harm than good. The risk of placing the power to end life (as opposed to the power not to save life) on a clinician is too much to bear and errors in judgement will take place that affect Drs, health care workers, patients and family that cannot be corrected. Investment in good quality healthcare (especially palliative care, finishing life well) and promotion of the value of life and living is the answer, not assisting people to die.

At a minimum please vote for a change to the bill to allow clinicians and organisations the freedom to not be forced to assist someone to die (which goes against all our ethical standards to date).

I hope the amendments fix that up. Jonathan, a 19-year-old from Burleigh Waters, wrote to me saying—


Palliative care should be funded properly so that people really do have an option.

I'm also really uncomfortable sanctioning and assisting the death of Queenslanders.

I think it signals that we don't think their life is worth living once they reach a certain stage of their disease.


It's such a difficult topic. Maybe we should just fund palliative care properly and come back to this in a few years? Given this really is a matter of life and death—I think we ought to tread very carefully before we set this precedent here.

Six years ago on Sunday my father passed away from cancer. He was in pain. The nurses were great in what they did to assist him. I would have done anything to stop the pain he was in, but I could not. Ultimately, I believe in the right of people to make their own choices in life and now, I guess, in death. I checked with my electorate and they agree with me. I will support this bill, hopefully with some amendments.

 **Ms LAUGA** (Keppel—ALP) (7.22 pm): I rise this evening to speak in support of the Voluntary Assisted Dying Bill 2021. In doing so can I thank the Premier for her leadership and the Deputy Premier for his leadership and for his time as health minister seeing this bill progress. Can I thank the health committee and the Queensland Law Reform Commission. With respect to the health committee, in particular can I thank my good friend and colleague the member for Thuringowa, Aaron Harper, who

has put his heart and soul into this bill over the last three years. Can I also thank the constituents who contacted me, both in favour of and against this bill; the people who made suggestions and the very personal stories they shared with me.

Mr Deputy Speaker, this is very straightforward for me. Queenslanders nearing the end of their life should have greater choice about how, when and where they die. It must be voluntary, it must be assisted by medical professionals and the person must be dying. I believe the bill has adequate safeguards to protect the vulnerable. I commend the bill to the House.

 **Mr WATTS** (Toowoomba North—LNP) (7.23 pm): I rise to make my contribution to this very serious debate. Firstly I want to talk about palliation and palliative care. I will table a letter from Palliative Care Queensland.

Tabled paper: Letter, dated 14 September 2021, from the President, Ms Marg Adams, and Chief Executive Officer, Ms Shyla Mills, Palliative Care Queensland, to the Premier and Minister for Trade, the Hon. Anastacia Palaszczuk; Deputy Premier and Minister for State Development, Infrastructure, Local Government and Planning, the Hon. Steven Miles; and the Treasurer and Minister for Investment, the Hon. Cameron Dick; titled 'True Choice for all Queenslanders during the debate on VAD'. [\[1381\]](#).

Here in Queensland we come equal fifth or second last in the provision of palliative care doctors and nurses around the state. Funding is poor. We know that people in regional Queensland play postcode lottery with palliation and it is not available to them to the degree we would wish. First and foremost I encourage this government to seriously look at what it has proposed for palliative care and increase it. Let me now come to the bill itself.

We do not get to discuss the topic of voluntary assisted dying or people committing suicide at the end of life. We do not get to discuss that topic: we get to discuss this law. As lawmakers, we are responsible for ensuring that legislation is safe and that it protects the vulnerable. This bill is not safe. It does not protect the vulnerable from potential malicious pressure from relatives or doctors. It does not protect the vulnerable from their own depression or lack of information. When I walk through the steps proposed by this unsafe bill leading to the premature deaths of vulnerable Queenslanders I am amazed at how weak the safeguards are.

The key player in this bill is called the coordinating practitioner. He or she gets to make all important assessments and decisions that lead to the act of euthanasia or assisted suicide. The coordinating practitioner needs to be five years out of medical school with no specialist qualifications. He or she might be a trainee GP with an ideological commitment to euthanasia but no knowledge of palliative care. The coordinating practitioner is not required by this bill to have any prior professional relationship with the person seeking VAD. They can be complete strangers to the patient. The coordinating practitioner is not required by this bill to contact the patient's usual GP to get relevant information. The doctor can proceed along the path to assisted suicide with inadequate background medical and social data on the patient. Perhaps the patient is experiencing elder abuse from a relative. The coordinating practitioner is not required by this bill to make any inquiries of the patient, relatives or the GP to see if the patient is suffering any coercion. In any case, doctors are not trained in the sort of questioning needed to uncover elder abuse, but the coordinating practitioner is allowed by this bill to tick a box that there is no coercion or elder abuse present. That is legally unsafe.

Then there is the failure of the bill to protect suicidal patients from their own mental state. We have heard from doctors about how common depression is with advanced disease and how difficult it is to diagnose in a distressed patient with powerful medication on board that also may affect their mental state. Under this reckless bill the coordinating practitioner, who might have little experience in the field of psychiatry, is not required to involve a specialist psychiatrist to assess the patient and ensure they are not affected by a brain disorder such as depression or dementia. That is medically unsafe.

As we walk a little further along this path towards the end point of euthanasia or assisted suicide we see that a second doctor, the consulting practitioner, is involved. Under this bill the consulting practitioner can perform the same charade the coordinating practitioner performed. The consulting practitioner is not required by this bill to do anything different to the first doctor. There are no requirements for a meaningful briefing by the patient's GP, no involvement by a legal expert to exclude elder abuse, no involvement by a palliative specialist or a psychiatrist to ensure the patient is of sound mind and properly informed of their options—options, I might add, that may not exist in Western Queensland.

Something that I find amazing is that under this bill neither doctor is required to keep detailed records on the patient's file. They do not have to show the results of their examination and assessment. They do not have to give reasons for their decision that the patient has legal capacity and is able to give fully informed consent, so how can the doctor's decision be challenged or in fact validated?

Some of us received the detailed legal memo about this bill from a senior Victorian barrister, Paul Santamaria. He has experience with the Victorian VAD legislation. He concluded—

For those who truly need protection, the Bill comes up short. The protections much vaunted by the proponents of the Bill are only paper thin, wallpaper as it were, to assuage concerns of the parliamentary middle ground and to garner their support which is necessary to secure its passage into law.

As a lawyer, Mr Santamaria says the following about elder abuse and the impossibility of protecting vulnerable patients—

Elder abuse is commonly very hard to detect and can easily slip past the safeguards established within most VAD frameworks. This is because such abuse may be subtle, result from the dependence of vulnerable patients upon their families and carers, and is difficult to measure using purely qualitative standards.

He then asked a series of questions about whether this particular bill ensures elder abuse or coercion is detected. He asked—

First, how does the Bill enable the doctor to come to determine whether the person is acting voluntarily and without coercion? Is there a positive duty of inquiry on the part of the doctor? No. Is the doctor required to consult with the patient's own GP who might be expected to know the personality of the patient, past expressions of wishes when diagnosed with a terminal illness, or the dynamic within the patient's own family? No. Is the doctor required even to inquire of the patient whether they might feel a bit of pressure from family members or the aged-care manager to request VAD? No. Is the doctor directed by the Bill to ask anyone anything on that topic? No.

We are dealing here with a matter of life and death, and this bill does not do it justice. As Mr Santamaria concluded—

It is one thing to respect personal autonomy; it is quite another to pass legislation where vulnerable members of the community may be led into a VAD death not by a genuine exercise of personal autonomy, but rather because they feel pressured to agree or, worse, are actually unaware of the nature of the process being undertaken "for" them. The current Bill provides inadequate protection for vulnerable members of the community. The "safeguards" have not received the critical scrutiny they warrant.

That really sums it up. This bill promises much but delivers very little. There are a couple of other things I would like to do. I would like to quote from correspondence from the chair of Queensland's Mater Group, who stated—

For healthcare providers such as Mater, the proposed law takes away our ability to operate our hospitals and community health services according to the ethos on which we were founded in Queensland more than a century ago. That ethos is one of compassionate care, from the beginning to the end of life.

...

The legislation would over-ride Mater's accreditation process that, for more than 100 years, has ensured the safety of our staff and patients by insisting the doctors and practitioners allowed into our hospitals are credentialed specialists who adhere to our high professional standards and ethical requirements.

There is also a letter from my own St Vincent's Private Hospital in Toowoomba, which I will also table. It states—

As the doctor responsible for overseeing patient safety and clinical best practice at a major regional hospital, my specific concerns may be summarised:


- Accreditation provides for all Australian health facilities to know the skills and standards which medical practitioners bring. The current proposal allows for *unaccredited* practitioners to enter our facility; to access patient records and to conduct medical procedures with neither our approval nor our knowledge.

That is a serious concern. It continues—

- The current proposal allows for no facility authority over standards; no ability to influence the quality of the proposed service and, importantly, no recourse when things go wrong.

Tabled paper: Letter, dated 13 September 2021, from Chief Medical Officer, St Vincent's Private Hospital Toowoomba, Dr Rob Gray, addressed to all Queensland MPs, requesting the need to amend Voluntary Assisted Dying Bill 2021 (Qld) for patient safety and extracts from research provided by Queensland Parliamentary Library and Research Service [\[1382\]](#).

I cannot support this bill because this bill is not good legislation. The principle is not the issue here; this legislation is. I commend the amendments that have been put forward to the parliament to see if we can tighten up some of this bill.

 **Hon. SJ STEWART** (Townsville—ALP) (Minister for Resources) (7.33 pm): This is an important and historic day for Queenslanders, as we all know. This is about offering people a choice, a real choice. It is about listening to our communities. It is not about politics. There have been countless stories from people throughout Queensland, including Townsville, about the need to introduce this legislation. It will not be a choice that everyone will make, but it is important that there is an option for people. For many people in Townsville, this will be the most important piece of legislation introduced into this Queensland parliament.

I am proud to be part of a government that has spent the time listening to a huge range of people throughout the state to make sure we get the voluntary assisted dying laws right. I am proud that everyone in this House has been given a conscience vote. Supporting these laws was not an automatic decision for me. In fact I watched my own father suffer from prostate cancer—to the point where he was told he only had 18 months to live. I sat beside his bed for 10 days with my mum, my brother and my sister. He said to me that he would never go easy, that he would go kicking and fighting to the very last breath. That was my dad. He was a tough old son of a gun.

Honourable members interjected.

Mr STEWART: I did not want to use unparliamentary language. That was his choice. That is how he wanted to go, and that is what I remember about him. But things change and you listen to your constituents—the people who elected us to this House to make these decisions. I have had so many people speak to me about this issue. I will be voting to have voluntary assisted dying introduced into Queensland as I want people to be able to have a choice if they are suffering at the end of their life. This is an emotional, difficult and tough issue for many people to discuss, and it is certainly not a comfortable one. It is one that I have had with my family. As for my decision, I do not know yet, but we have had that discussion. Having uncomfortable discussions and debates is an important part of being a member of parliament.

There has been a huge amount of work to get us to this point now and it is incredibly important. It is important to give people that choice. I was not definite in my decision and support for voluntary assisted dying until in my very first term I had a visit from a group of women. No doubt the member for Thuringowa had the same visit. These women spoke to me around our common table over a cup of tea and I think a packet of Iced Vovos. This was about the importance of giving people the choice at the end of their life. One of these people was Marj Lawrence, who many people in North Queensland know for her fierce advocacy for voluntary assisted dying. I know the member for Thuringowa has highlighted her already. Hearing from people like Marj is incredibly important as it is easy to dismiss something you have not had a personal connection with. Ms Lawrence's husband suffered horribly and was bedridden for 18 months. In her own words, Marj said that she—

... sat with him and held his hand until his last breath. After all his suffering, it was a blessing to see him finally at peace. I am sure that, given the option, he would not have wanted to live with the indignity he had to endure.

They were her words. These are powerful words from an individual and they rang true in my ears when those women came to visit me some six years ago now. We know that people suffer at the end of life and that they should have a choice. It is up to the individual, and that is what this legislation is all about. From that day forward, after speaking with Marj and her posse of ladies in that delegation, I supported voluntary assisted dying in principle. It has been a long process to get to where we are today, having legislation debated in parliament. Voluntary assisted dying is complex and it is absolutely vital that we get this legislation right.

If I can digress a little. I was out in Winton in 2015 with the now minister for tourism. We were at the world premiere of Michael Caton's film *Last Cab to Darwin*. I am sure that lots of members in the House have seen that film. It is a great film and it talks about a cab driver who decides to go down the road—no pun intended—of voluntary assisted dying and travels from South Australia to Darwin. It is a great story and I am not going to spoil the ending for members. I had an opportunity the very next day at a breakfast forum to ask a question of Michael Caton about his thoughts around voluntary assisted dying. He said that politicians need to step out of this and let people make their own choice. That is what we are doing tonight.

I would like to take this opportunity to give a special mention to my Townsville colleague, the member for Thuringowa. Well done, mate. As chair of the health committee, he has been through this very long process, as have many committee members from the past and present, to bring voluntary assisted dying laws before us in this House. I thank each and every one of them for their contributions. The member for Thuringowa has been right there from the kick-off. He has done the 80 minutes, he has played the full game—mouthguard in and ready to go.

Thousands of submissions and numerous hearings across Queensland show the majority of people want to be able to have a choice. This is not just about personal beliefs; this is about representing our community and I implore everyone in the House to remember that. This issue should rightly be above political parties, lines and religions. It is about people and about giving them a choice, something that everyone really should be entitled to.



Mr MINNIKIN (Chatsworth—LNP) (7.39 pm): I have previously stated in this august House that the hardest speech I have written thus far in my life was seven years ago when I delivered a eulogy at my father's funeral. I will reference my late father, Jeffrey Lee Minnikin, later in my speech.

My contribution to the Voluntary Assisted Dying Bill 2021 is one of the most important speeches I will deliver as a state member of parliament and I do so with the privileged gift of a conscience vote because of a unanimous decision of the LNP party room. This privilege afforded to me is one that I do not take for granted and carries with it enormous responsibility. Every word in this speech which will be forever recorded in the parliamentary *Hansard*, has been carefully crafted as we, the members of the 57th Parliament, are all about to make history this week in this chamber.

I have previously stated that, for many of us, our names once added to the members honour board will fade into political obscurity, but the impact the passage of this bill will have on subsequent generations to come will not. I sincerely thank the many fine individuals who reside in my electorate of Chatsworth who took up my invitation to meet with me and outline their viewpoint on this highly emotive topic. Many of the people I met had deeply personal anecdotes they shared about dying family members and close friends. I take this opportunity to sincerely thank them for the courage and respect they displayed in conveying their views.

Because of its ramifications, this bill obviously invokes strong passionate debate. I have read and consulted as far as I could and again questioned previously deeply held beliefs framed around my ideological framework. As I have previously reiterated to this House, key precepts of my liberal value system include the notions of freedom, agency and choice. My value system tries to combine the best of economic conservatism and socially progressive liberal ideals, and this is the lens which guides my conscience. I would like to expand upon this window into how I have framed my response to this vote with my conscience.

John Stuart Mills's main proposition set forth in his famous treatise, *On Liberty*, is that society has a right to regulate other-regarding actions but that self-regarding actions are none of its business. The rights of the individual in the latter case are absolute and do not depend in any way on the principle of social utility. The normal assumption must be that men and women have a right to live their own lives and action is other-regarding and therefore subject to regulation only when it has a decisively adverse effect on the freedom of other people. Social consequences of an indirect and unsubstantial character do not prevent the acts of an individual from being classed as self-regarding. The whole purpose of Mills's argument was to secure recognition, as far as possible, for the right of individual self-determination. I believe in the fundamental rights and liberties of individuals. I believe in the doctrine of the separation of powers and the separation of church from state. I believe in the inherent decency of society. I believe in the fundamental right to freedom of conscience.

In considering this bill in detail, I have read the Queensland Law Reform Commission's 740-page report as well as the draft Voluntary Assisted Dying Bill 2021. I note the essential eligibility framework in that a person must: have an eligible condition; have decision-making capacity; be acting voluntarily and without coercion; be aged at least 18 years; and fulfil a residency requirement. To satisfy criterion 1, the person must have been diagnosed with a disease, illness or medical condition that is advanced, progressive and will cause death and is expected to cause death within 12 months and causing suffering that the person considers to be intolerable. The time frame of 12 months makes it clear that voluntary assisted dying is an option only for those who are at the end of life. I totally concur that the voluntary assisted dying scheme is not a choice between life and death but a choice for those who are in the process of dying and wish to choose the time and circumstances of their death.

The scheme has many safeguards. The process of request and assessment involves three separate requests that are clear and documented. The process has a waiting period of at least nine days between the first and final request. Crucially, the person must also be told more than once that they may decide at any time not to continue the voluntary assisted dying process. I would like to elaborate on the second criterion that pertains to decision-making capacity.

Access to voluntary assisted dying under the bill should be limited to people who have decision-making capacity in relation to voluntary assisted dying. I believe this is one of the fundamental safeguards in the Voluntary Assisted Dying Bill. It recognises and protects individual autonomy. In conjunction with other safeguards, the requirement to have decision-making capacity will: assist in ensuring that a person's decision is voluntary and protect people who might be vulnerable to coercion or exploitation. Importantly, the bill requires that a person must have decision-making capacity for

voluntary assisted dying at each stage of the process. This, therefore, renders ineligible persons who lack decision-making capacity because of some condition such as dementia or who, having decision-making capacity at the start of the process, subsequently lose it and do not regain it.

I come back to my father, Jeffrey Lee Minnikin. Tragically, for both him and my family, my father suffered from early onset dementia and the last few years of his life I would not wish upon anybody. This proposed legislation would not have assisted in his circumstances. I had many people meet with me at my Chatsworth electorate office who wanted to circumvent an unpleasant end to life if they suffered from insidiously evil diseases and conditions which would render them unable to fulfil proper decision-making capacity. I note in particular that decision-making capacity is required at each stage of the request and assessment process and also at the stage of practitioner administration. Given that my construct in formulating my views revolves around freedom of choice, one area of concern I wish to express pertains to conscientious objection provisions for registered practitioners and entities contained in part 6 division 1 clauses 84 to 85 and part 6 division 2 clauses 86 to 89 of the bill. I am aware that guidelines to try to mitigate some of these concerns for individual practitioners and organisational institutions have been prepared.

I respect the contribution of all of the other 92 members of this parliament and those groups and individuals who submitted to the Health and Environment Committee on this bill. I again ask that my conscience vote be equally respected as nobody has a mortgage on the passion of their convictions regardless of how you ultimately vote on this emotive bill. I also believe that regardless of any differences members may express on this bill, we are united on the need for the best possible palliative care for everyone going through the final stages of their life. I acknowledge all the magnificent work undertaken by palliative care doctors and nurses as my family, like many in this chamber, have seen this firsthand.

I will never forget the great palliative care work afforded to my father whom I will always love but I will equally never forget the pain he was in right up until his passing. What we are debating in parliament this week may not be pleasant, but it is an essential discussion on the great circle of life. We all come into this world and, if we are lucky, work hard, take measured risks and have emotional support from family and friends, we may get to live what is described as a good life. I believe we also need to give people who fulfil the essential criteria under this bill the option to voluntarily have a good death.

This bill is about an individual's right to exercise control over the last decision they will probably ever make. This bill is about choice. This bill is about freedom. This bill is about agency. This bill is about respect. This bill is about rights. This bill is about autonomy. This bill is about compassion. This bill is about dignity. This bill is one which I support.



Mr TANTARI (Hervey Bay—ALP) (7.49 pm): I rise to add my contribution to the debate on the bill before the House, the Voluntary Assisted Dying Bill 2021. This bill before us is about establishing a voluntary assisted dying scheme in Queensland. Voluntary assisted dying refers to the administration of a voluntary assisted dying substance for the purpose of bringing about a person's death.

This bill is, without doubt, one of the single most significant and profound pieces of legislation that this House will probably ever debate. I do not say that lightly. This legislation requires members in this place to reach deep into their consciences, into their values and into their humanity to find the answer to their decision and vote on it. It is what makes this debate one of the hardest we may face here in this place. It is with this in mind that I stand here, understanding the enormity of what this House is considering with this bill. How do I as an individual come to the decision I must provide in representing the people of the Hervey Bay electorate? How have I come to that decision?

I said to the people of Hervey Bay that when the time came for me to make a decision on this bill I would do all that is humanly possible to ensure that, before that decision was taken, I would be as fully informed as I could be on the technical and other aspects of the bill. I read the committee's reports, I read the numerous submissions and I read the framework that was produced by the QLRC. I have taken many hundreds of emails, taken phone calls, had meetings with opposing sides, had discussions in the street and have taken the time for quiet reflection, my own time, to see how this legislation sits with me as not only a representative but also as a person—how my very own personal experiences were invoked with the memories of those loved ones passed, how they were when they were faced with their own end of life. That quiet time was aside from the thousands of lines of written for and againsts—a time when your conscience competes with the values you were taught, the values you adopt through a life long lived and the values you keep with you every day. It is also the memories of people passed—friends, loved ones, people you respect and the ones you cared for. This is where I formulated and found my answer.

My own experience of the past is raw. I, like nearly everyone you speak to today, have lost someone to a life-ending disease. The closest to me was my own father. Dad passed when he was only 46. I was 18. My memory of Dad is of a strong, driven man who took on the world without fear. He never gave up. He never gave in. He survived everything an occupying war could throw at a young man. He was essentially fearless and driven. When he was diagnosed with bowel cancer, which in 1979 was an outright death sentence, he knew through conversations with his sons that this was a battle he would lose. What I saw over that six months, because his cancer was well advanced, was this strong, brave, fearless man being whittled away to just flesh and bone. A man who endured the most unimaginable experiences in life through war was now reduced to a shell. That last image of him stays as vivid in my memory today as if it was yesterday, now 42 years on.

Would my father, if he had the option of what we debate here today—to end the intolerable, excruciating pain that wracked his body during those months that was being inflicted on him by an insidious disease, like so many others of his time and today—have taken that option? I have absolutely no question on this. Yes, he would. Sadly, there were no laws to allow this to occur because under the laws at the time in Tasmania, as would have been the case in Queensland, it was deemed to be murder or assisted suicide, both offences under the Criminal Code that would have had the caring doctors or his sons jailed for relieving his intolerable pain.

This bill is to establish a legal framework for voluntary assisted dying in Queensland and is based on the recommendations of the Queensland Law Reform Commission's report after a nearly three-year period since this House referred an inquiry to the former health committee. I would like to put on the record my thanks for the leadership shown by our Premier and the Deputy Premier in bringing this bill to the House and acknowledge the enormous undertakings of and emotional toll on the former and current members of the committee, ably chaired by the member for Thuringowa, Aaron Harper, whom members will agree has led a massive undertaking in getting this bill before the House, with an aim of developing a draft law for Queensland that is compassionate, safe and practical.

Each year more than 20,000 Queenslanders die of life-ending conditions. This is an indisputable fact. This number will continue to increase significantly as our population grows. People with life-ending conditions deserve an option about how, when and where they die. Nowhere in this bill or in the committee's report does the government's position on this end-of-life option say that individuals will not have access to high-quality palliative care when they need it. They will. That is what all Queenslanders should expect and will receive with this government's commitment to palliative care in this state. This commitment is dedicated to delivering better access and quality of access to palliative care services to ensure all Queenslanders can access high-quality palliative care and be provided that care at the end of their life if they so choose.

It is unfortunate, however, that for some Queenslanders suffering from life-limiting conditions palliative care is unable to effectively manage their pain, symptoms or suffering. For people who wish to hasten their death to avoid the suffering, the only options currently available are to refuse medical treatment, to refuse food or hydration, palliative sedation or, horribly, suicide. These life-limiting examples take a massive toll on the person, their loved ones and the health practitioners who are supporting them.


Voluntary assisted dying has been enacted in three states: Victoria, Western Australia and Tasmania. This reflects an overall movement, especially in industrialised countries, towards increased emphasis on individual autonomy in health care and a general movement towards greater community support for a person who is suffering and dying to choose the manner and timing of their own death. To face death as a result of a life-ending condition is a deeply personal experience. This bill supports these Queenslanders by allowing them the voluntary option to choose assisted dying if it is right for them.

Access to the VAD scheme will be limited to individuals who are suffering and dying. VAD would not be available to individuals who are seeking to die because they are tired of life or are not dying. In reading this bill, I believe there are appropriate safeguards written into the process to ensure this VAD Bill cannot be circumvented or manipulated by anyone who has an alternative agenda, and to say so is wrong. The process in this bill is robust and has appropriately placed assessments that ensure the eligibility criteria are continuously met at each step.

It goes without saying that this bill has very passionate advocates either way, because it is about people's values. There is no doubt that the decision I make when we vote on this bill will be disappointing to some people. I expect that. We all value life. Every moment is precious until the last

breath. The concept of helping someone to die is foreign to our instinctual existence. As human beings, I understand why we would say, 'How could anyone not want to have as much time as possible with their loved ones in the final months, days and hours of their life?' This view, in large, is from those who have not been faced with their own mortality. The realisation that you will not live to see those things that we all most value in life—family, friends, community—must be daunting. It is at that time when we the ones not inflicted by a life-ending illness must place our rawest emotions and our love in their hands. The length of their life, which you, the living, do not want to see end, is not ours to determine; it is their choice and only their choice. This bill activates this option for them in their final battle, giving them the choice to decide.

In the end, death comes to all of us. For some, sadly this is taken out of their hands. For others, how we choose to die and the dignity that comes with an end-of-life option is something that a compassionate society can give its community. As I said at the start of my contribution, as I stand here I feel an enormous sense of responsibility on behalf of the clear majority of the people of the Hervey Bay electorate and Queensland but with a sense of ease with my conscience. None of us here could determine the timing of our birth but, when faced with a terminal end-of-life choice—the hardest choice—who here can say that we should not and cannot give us all a choice to determine our time of leaving this world? I am supporting this bill before the House because, as a mature, compassionate society, it is the right time to do so.

 **Ms LEAHY** (Warrego—LNP) (7.58 pm): I rise to contribute to the debate of the Voluntary Assisted Dying Bill. The Voluntary Assisted Dying Bill has taken a long journey. I thank those from the Law Reform Commission for their work and also the members of parliament from both sides of the House who have held inquiries and reviewed this legislation. I have taken careful consideration of the legislation that is before us today. The bill has long-lasting implications that will change the state and change our society. It will change our attitude and it will change the society. For some, it will change the way we view life in Queensland.

I have considered the bill carefully and I have urged my constituents to also consider what is contained in the bill and to consider what this law change will or will not deliver in relation to their expectations. That is what we as elected representatives are voting on and we need to consider the outcomes and the results from these proposed laws. I want to thank all of those constituents who have contacted me—and there have been many of them—especially those who have had the courage to talk of a family member that they have lost. It has been very emotional for some of those people. Of those who have contacted me, the overwhelming majority have stated that they do not support this legislation. I also thank those who support this legislation and who have contacted me. I appreciate you informing me of your views.

It is our responsibility as legislators to consider how policy in society will change with the passage of these euthanasia laws. It is our job to listen, to question and to inquire as to the outcomes that will be achieved. What will this change mean for the people that we represent? Once the bridge is crossed, there will be irreversible change—change in the ethics of doctors, in hospitals, in healthcare workers and, for some, in their own family home. We have to ask ourselves: what pressure are we placing on the aged, the frail and the sick? What pressure are we placing them under? How will these people, many who are the most vulnerable, feel now? Will they feel under pressure to nominate themselves for termination? Make no mistake: laws create expectations and change behaviour. The Law Reform Commission on page 7 of its report summary said—

We agree. Therefore, any scheme for voluntary assisted dying should complement, not detract from, the provision of high quality and accessible palliative care.

The important words here are 'accessible palliative care'. Palliative Care Queensland has petitioned the government to fund palliative care for an additional \$275 million needed to guarantee Queenslanders can access quality end-of-life care. That is about \$53 per person across Queensland, or the cost of a carton of beer. That is all that is needed for the Queensland state Labor government to be funding better quality palliative care for those who are at the end of their lives. Only 15 per cent die suddenly either from a massive heart attack, suicide or car accident. Therefore, 85 per cent of us need access to some type of palliative care. Data from other jurisdictions indicates that the option to access voluntary assisted dying would be taken up by less than two per cent of the population.

I have listened to the local nurses in my electorate who have nursed the terminally ill and interacted with their families. The specialist palliative care is delivered by the phone, not by the bedside. There simply are not enough specialist palliative care workers to have these specialists available in the


hospitals in rural and regional Queensland. There are no palliative care beds or units in the following health and hospital areas: Cairns and Hinterland, Central West, Mackay, North West, South West in my electorate, Torres and Cape, and Wide Bay. The government will say it has invested millions in statewide palliative care funding. However, it has failed to deliver one bed to seven hospital and health service areas of this state. If it was truly about a choice, there would be much better access to palliative care in all regions of this state. I appreciate that people in the more metropolitan areas do have that access, and I do not deny them that at all. They are entitled to that. If this bill is about choice, those who live in those seven hospital and health service areas would have palliative care beds when they need it rather than having to travel many miles away from family, away from their friends, away from their support networks and away from their country.

When it comes to what the Law Reform Commission said, VAD should complement, not detract, from the provision of high-quality and accessible palliative care. I have to say that across my electorate and many other areas of the state we are not at that level of palliative care service provision that is readily accessible for residents. Earlier we heard a harrowing story from the member for Gregory in relation to that dear lady from Boulia, and so many other people across rural and regional Queensland deal with those sorts of situations. With regard to the bill, I was advised by my local GPs that they are concerned that there is no requirement for a palliative care review. Palliative care is a tailored holistic approach to the physical, psychological and practical planning, including relationships. They are concerned that the bill opens a wide door for people to swiftly press the delete button on their lives without having first received the tailored care to actually address their end-of-life issues which can only be provided by professional and specialist palliative care services.

The bill also has no requirement for a specialist review in the area of patient suffering—for example, an oncologist in the case of cancer or a cardiologist in the case of end-stage heart disease. We cannot expect GPs to make such heavy decisions without the support of their specialist colleagues. How can we imagine that you would have assisted suicide for a terminal condition if the condition is not assessed by a specialist? It is really important for the patient to be receiving the highest level of care before any questions of life or death can be addressed, and these are the words of the GPs who have reached out in my electorate. I appreciate what they have done and what they have put forward. There are also 19 Australian Medical Association presidents who have raised concerns about the insufficient skills required of the coordinating and consulting doctors which is inconsistent with good medical practice and the principles of informed consent. They have also raised concerns that making the eligibility conditional on the estimate of 12 months until likely death from a disease provides a significant risk of inaccurate assessment. That was also echoed by the GPs in my electorate.

Impositions regarding institutional conscientious objection are not consistent with the accepted principles of the provision of care and of choice, thereby posing a risk to those seeking VAD as well as other patients, residents and staff of institutions with conscientious objection. The underlying assumption is that every Queenslanders approaching end of life can access palliative care, and this we know cannot be achieved. The Labor government has not recognised the concerns of doctors and it has not addressed these concerns. The member for Toowoomba South has put forward 52 amendments to provide stringent eligibility requirements, strengthen decision-making capacity and informed consent with a range of advice provided, additional protections for those under coercion and align the VAD dying provisions with Australian and international jurisdictions, and enhance research reporting and monitoring, investigation and compliance. That is critically important so that we can see that information coming forward. I do urge members to look closely at the member for Toowoomba South's amendments and I encourage them to consider these amendments.

In the time I have left I, too, have lost parents to cancer—both of them. My parents were farmers and we grew up with euthanasia as you have to do when you run a primary production farm. Not once did they ever request that their lives be ended with euthanasia. I cannot support this bill for the many reasons I have outlined and many other reasons.

 **Mrs GILBERT** (Mackay—ALP) (8.08 pm): There has been a long and considered process to get here to the Voluntary Assisted Dying Bill 2021—an inquiry by the former health committee, a yearlong inquiry by the independent Law Reform Commission and a further extended committee process. The result is the Voluntary Assisted Dying Bill for Queensland that is both robust and compassionate. It is well thought out and it is evidence based. It is patient centred and it is practical. The 12-week Health and Environment Committee inquiry into the bill, the consultation undertaken by the Law Reform Commission and the previous parliamentary committee's inquiry reflect the consultative approach that has been taken to understand the diverse views of Queenslanders.

Each year more than 20,000 Queenslanders die from life-limiting conditions. Queenslanders suffering with terminal conditions deserve to be able to consider this choice if it is the right choice for them. As Assistant Minister for Health and Regional Health Infrastructure, I would like to address a particular aspect of the bill that has been discussed throughout the committee process. Under the bill practitioners must meet minimum qualification, experience and training requirements to perform particular roles. The QLRC considered that practitioners who meet these minimum qualification requirements will typically have spent many years in practice, gaining experience in end-of-life care. Concerns have been raised by some stakeholders that there is no requirement for one of the assessing practitioners to be a specialist in a person's medical condition and that an assessing practitioner may get a person's diagnosis or prognosis wrong. The QLRC specifically considered this in drafting the bill. They noted that requiring the practitioner to be a specialist in a specific disease, illness or medical condition would be a barrier to a person's access to a scheme, particularly in rural, regional and remote areas.

Those of us from regional and rural seats know how specialist practitioners in most cases choose to only do clinics on a FIFO basis. We know that this has been an issue in Victoria. In a state as vast and decentralised as Queensland this is an important issue to get right to ensure access in regional areas. The bill provides that if either practitioner is unable to determine whether the person has an eligible condition they must refer the person to a registered health practitioner who has the appropriate skills and training to make the determination. The QLRC considered this a necessary safeguard to ensure a person assessed as eligible meets all the eligibility requirements. This is also consistent with good medical practice.

Concerns were also raised that a person is not required by the bill to see a palliative care specialist. The QLRC did not recommend that a person should be required to see a palliative care specialist. The bill requires that if a person is assessed as eligible for voluntary assisted dying, both assessing practitioners must inform the person of a range of matters, including palliative care and treatment options available and the likely outcomes of that care and treatment. This will ensure the person can reach an informed decision.

The coordinating practitioner and consulting practitioner must have completed approved training before undertaking a person's eligibility assessments. The chief executive of Queensland Health will be required to provide the training and publish details of the approval on the Queensland Health website. The training will be developed during implementation. The training requirements will ensure high-quality, safe care by requiring practitioners with key roles in the scheme to be aware of their responsibilities. There is also a requirement for participating practitioners to meet any additional requirements approved by the chief executive of Queensland Health. This is similar to the approach taken in Western Australia, which has comparable geographical challenges to Queensland.

Specific eligibility requirements were also developed for administering practitioners to ensure accessibility to the scheme in rural and remote parts of Queensland. This bill authorises nurse practitioners to act as administering practitioners. This facilitates access to voluntary assisted dying for those Queenslanders residing in rural and remote areas where there are fewer medical practitioners. Further work will be undertaken during the implementation to ensure that this scheme is accessible to Queenslanders in regional areas.

The Queensland Law Reform Commission undertook extensive research and analysis on voluntary assisted dying to provide the best legal framework for Queensland. The committee has recommended that the bill be passed in its current form. This is a deeply personal matter and the centre of the decision should be around the people who are suffering with life-limiting conditions and their right to make a choice about their end of life. I have consulted with my community with my own survey which showed that 85 per cent of respondents are in favour of safe legislation for voluntary assisted dying. I have had many conversations over the past three years with people with a wide range of opinions: people who want the bill to go further and faith based people who believe there should be no legislation at all. I believe that people should be afforded the ability to make their own decision about their death when the time comes without the belief systems of others being placed over their personal decisions.

Bridgeen Dougherty, a courageous woman in my electorate with C4 ovarian cancer, wrote these few sentences for me to share with you—

My fear is not of death itself, it is the fear of a long, drawn-out process of pain and agitation before dying occurs.

This is not only to my detriment but to that of my loved ones who stand by feeling helpless and distressed and left with the memory of how I passed when death could be achieved more humanely.

After all, we afford our animals this right to die without pain and with dignity; why not us?

I commend the bill to the House.



Mr O'CONNOR (Bonney—LNP) (8.16 pm): Today I rise to support giving terminally ill Queenslanders who are experiencing intolerable suffering the right to choose the timing and circumstances of their death. I think it is important to reiterate this detail from the start. We are debating giving a very specific group of people, with decision-making capacity who are medically determined to have 12 months or less to live with an advanced progressive condition that will lead to death and is causing intolerable suffering, the ability to access a highly regulated process to end their life with multiple assessments as they apply for access to it. I would also like to say it is a privilege to represent my community in one of the rare conscience votes this parliament has seen.

I will first run through how I have approached considering these laws. I will detail my own views, make some comments on key aspects of the bill and respond to some of the major concerns that have been raised. I have done everything I possibly could have to give every one of the almost 37,000 people on the electoral role in my part of the Gold Coast the chance to share their views on this legislation with me. For the last few months I have been running an online survey and I also posted a paper version with the same questions to every single household. I wanted the feedback I was receiving to be as genuine and widespread as possible so I did not comment with my own views on these laws while the survey was running. The approach of saying, 'Here is how I am voting', before asking, 'but what do you think?' is not how I wanted to engage with my community. That is why I deliberately did not even include a for or against case in the summary. The survey simply included a summary of the proposed laws. I will table a copy for the benefit of the House, along with the results that we found.

Tabled paper: Newsletter from the member for Bonney, Mr Sam O'Connor, regarding a voluntary assisted dying survey and survey results [\[1383\]](#).

I received around 1,700 unique responses from my constituents, all from people who I confirmed were on the electoral role to prevent any non-local feedback. I am sure all members will agree that is an extraordinary response rate because, sadly, surveys and mail-outs from politicians are not usually the highest priority for people. This shows the importance of this issue to so many in my community. Thank you to every single person who took the time to give me their thoughts. The online data shows that people spent an average of five minutes completing the survey. This shows that people understand what we are debating and that their views are informed. This is not just a yes/no, this is genuine feedback from engaged people who wanted their local MP to hear what they had to say. Of the 1,698 people from my part of the Gold Coast who filled out my survey, 1,550 are in favour of these proposed laws. That is a resounding 92 per cent of people who want me to vote for this legislation.

In terms of the details of the bill it was the same story. Around the same percentage believe the safeguards are adequate, agreed with the way conscientious objections are included for medical practitioners, the requirement to have decision-making capacity and the need to have a terminal diagnosis, although just over half thought the 12-month time frame was correct, but that is mostly because many thought it should be longer or not exist at all.

I also included a section where people could share their own experiences and I received some deeply personal responses. I am fortunate that I have not seen a relative of mine go through one of those horrific deaths so reading the stories gave me an important perspective and understanding. They are powerful stories shared between my constituents and their member of parliament so it is not my place to raise them in this House, but I want to again thank people for trusting me with the stories of what they have gone through. I also thank the many people and organisations that came to see me personally to share their stories and views. A few of those meetings stretched over an hour and they all included me furiously flicking through the Law Reform Commission's report to look into any of the specific issues raised.

Clearly my community is overwhelmingly in favour of legalising voluntary assisted dying, but I also sit in this parliament as a proud member of the Liberal National Party. I am in the LNP because I believe in the values of our party. I believe in promoting freedom at every opportunity. I believe in the rights and the autonomy of the individual. Most relevant to this debate, I believe in the worth and dignity of the individual. There are few more significant ways in which we can empower an individual than by giving them this choice. I support the right of an individual to have dignity at the end of their life.

My last consideration was whether these proposed laws provide the best possible system to regulate this and if they include adequate protections for vulnerable people. The reality is that people in these circumstances are already choosing to end their life, often in the most distressing ways. They already have the choice to reject life-prolonging treatments. Other Australian jurisdictions provide the best comparisons as, in the last couple of years alone, we have seen laws enacted in Victoria, South Australia, Western Australia and Tasmania.

I believe the protections against coercion in this bill are adequate. They include not just the strict eligibility criteria but also the multiple levels of assessment, the statutory oversight and the substantial penalties that are put in place. I have faith in our doctors to perform the required assessments thoroughly. I am also confident that they will make their diagnoses with the best possible medical evidence. Regardless, for me the requirement for the person to regard their suffering as intolerable overrides the case where someone may technically outlive their terminal condition. I also think it takes incredible bravery for someone to make this choice, because choosing to override our fundamental human desire to live is not something done on a whim.

In terms of conscientious objection, I support the requirement that doctors will have to refer a patient to another practitioner. If that provision is not enacted, it would just delay and frustrate a person who is already in a difficult situation and if they are unable to access the process they may find another way.

I have heard many people argue about what happens overseas, claiming that these laws will lead to such situations occurring in Queensland. All I will say is that any changes would require a future parliament to pass amendments. That is entirely a decision for our society going forward and it should not blur the decision we have to make around this particular proposal.

Palliative care has also come up a lot in our considerations. As Palliative Care Queensland states—

In Australia, an individual's choice to explore voluntary assisted dying should never be a choice based on a lack of access to palliative care.

I wholeheartedly agree with that statement. It is vital and it needs more funding, but palliative care alone cannot alleviate all pain. Also, palliative care should not be the only choice available to people who have been told they are medically determined to die within a year. I think the funding boost will go a long way towards providing access to many more Queenslanders.

While the concerns around palliative care are valid, are we really expecting the opponents of voluntary assisted dying to change their minds even if palliative care is funded to their desired level? We can do more than one thing at a time. We can support the introduction of these laws whilst also calling for more funding for palliative care. Members on all sides already do this on many other issues. We do not stop amending our youth justice laws because the government does not adequately fund support services or detention facilities. We did not delay legislating the single-use plastic ban despite resource recovery infrastructure to recycle or compost plastics needing more investment. Like anything else that comes before this parliament, multiple ways of addressing something can be advocated for at the same time. The truth is that, regardless of how well it is funded, palliative care or in fact any pain management will never bring an end to all suffering. The best evidence of that is the latest Victorian Voluntary Assisted Dying Review Board report of operations. It found that 82.2 per cent of people applying to end their life through voluntary assisted dying in Victoria were currently already accessing palliative care.

Finally on this topic, I sincerely thank the staff at Wesley Mission's Hopewell Centre in Arundel, which is the Gold Coast's only dedicated private palliative care facility, and all the staff in our local aged-care facilities and at the Gold Coast University and Gold Coast Private hospitals who provide exceptional care to people reaching the end of their life.

Lastly, I thank my friend Dr Dinesh Palipana, who comes at this from a truly unique perspective not only as a medical doctor but also as a researcher, a lawyer and someone who has faced death and lives as a quadriplegic. Dinesh brought something to my attention that I had not considered, that is, the impact that this legislation could have on our disabled community. He raised the concern that people with a disability could choose to not accept a treatment option, such as someone with a high-level spinal cord injury refusing a ventilator, and then could potentially become eligible to access this process. I do not believe that that alone is reason enough to reject this legislation but I think it is worth noting in this debate as something that the proposed review board should monitor in their reporting.

To wrap up, I know my decision to vote for this bill will disappoint some but in considering my conscience, my community and the laws themselves, I cannot stand in the way of choice. I support the bill.



Hon. MC BAILEY (Miller—ALP) (Minister for Transport and Main Roads) (8.25 pm): Many of us may not want to think about it most of the time, but it is a simple fact that everyone in this chamber and everyone listening to this speech will die and at this point virtually none of us know how or when we will die. We all have our own imaginings of how we might die: old age, perhaps in our sleep, perhaps in a

gentle way from a condition that allows us time to say goodbye to those we love before we slide away gradually as they gather around in support. However, the harsh and often bitter truth is that, under the current law, some of us will die excruciating, undignified and needlessly painful deaths.

When it comes to how we will die, for some people the way they die is surely the cruellest lottery of life. Some people will slowly asphyxiate as their breathing passages slowly close from throat cancer. Others will go through debilitating and relentless pain that palliative care cannot always help. A considerable number of people with such diagnoses who cannot access voluntary assisted dying due to its current illegality will try to take their own life. When they do, almost always they will be alone and separated from their loved ones to ensure that those they love are not found guilty under the current archaic law of aiding their death, depriving their loved ones of being there and depriving the terminally ill person of the comfort and support of those they love.

Last night I listened to courageous speakers at the vigil outside the parliament. Paramedic Amy Gomes recounted two cases that have stayed with her. The first was of a nursing home patient whose terminal diagnosis and certain painful death meant that, in the absence of voluntary assisted dying, the patient decided to take matters into her own hands. She went to the roof of the nursing home, stepped off and fell to her death. There is nothing positive about that for the deceased, for her family and friends, for the staff or for the residents.

The second patient had a comparably dire diagnosis and decided to take matters into her own hands via an overdose. The paramedics arrived the next day to a shocking scene as the patient was still alive. She had not succeeded in her suicide attempt and had spent the day debilitated and in agony on the floor tiles, covered in her own faeces, vomit and urine. Those words are jolting but the reality is that under the current law, shockingly, this happens all too regularly when people take matters into their own hands without help or advice. They add to their pain and suffering through attempting to end their own life because of the absence of voluntary assisted dying.

I have received many emails, as I am sure many members have, from constituents who have courageously been sharing their experiences. I will quote a few. A constituent in Sherwood said—

... my sister last year who died in extreme pain. Her pain couldn't be brought under control even though she was in palliative care. To hear her crying out is something I wish I could forget.

A constituent in Annerley said—

I have witnessed two people, one my sister as well as a friend, who were in palliative care, screaming in pain before they died because they could only legally receive a certain amount of morphine. They kept saying, 'When will it end?' and 'I can't take this anymore'.

A gentleman at Sherwood said—

I'm 46. A father of three teenagers. And I've been diagnosed with an incurable Liver cancer. To be honest, it's incredibly frightening to think about ...how I could suffer at the end of my life.

...

I want to die with dignity when the time comes. I hope you can respect people like me so we have a choice to die in these terrible circumstances.

In closing, Jane from Tarragindi said—

I lost my darling mother ...eighteen months ago to a particularly aggressive disease, Lewy Body Dementia.

...

In late June 2019 she could no longer walk, and she had to be hoisted into and out of bed and also spoon fed. She was not able to do anything for herself such as showering, and dressing. Worst of all, she had to wear an adult nappy which she really hated. It was degrading and humiliating for her despite our best efforts and that of the nursing staff. She used to weep when they changed her nappy, and she was in a lot of pain. Unfortunately, she had to live through another six months of pain and torment before she died.

'Torment', I think, being the operative word. These are the people we need to listen to and I thank them for the courage of sharing their stories with us.

I put the question: are we truly a compassionate society when these are all-too-common occurrences, that as a society we say that this is okay, that this is tolerable? I say that the current situation is intolerable and barbaric, and to allow this to continue is not viable and we must be better than that.

I cannot in all conscience turn a blind eye to these things that are happening all the time under the current law. Are we a genuinely compassionate society when we enforce someone else's moral code on people who do not share that code when they are facing death by a terminal illness?

We hear much about the importance of the individual in this House, but do we really believe in an individual when we do not have faith in their right to make their own health decisions? For people who do not support voluntary assisted dying, I do not agree with them, but I respect their views to express them and to live their lives consistent with that. No-one has the right to enforce their personal moral views on the vast majority of Queenslanders who support voluntary assisted dying with appropriate safeguards which this bill certainly contains, thanks to the thorough work of the Queensland Law Reform Commission. The fact is the current law is unjust and it is a contravention of Queenslanders' basic human rights because it enforces one particular view upon people. That is wrong and it must be changed by this parliament this week.

That lack of faith in individuals, implicit in the current law, in ordinary people's ability to make their own health judgement I find cruel and disturbing. We passed the Human Rights Act in this parliament only in 2019 because we believe in the human rights of Queenslanders. They take precedence over institutional and religious rights. Queenslanders deserve to be trusted to make their own decisions on matters pertaining to their health and their own bodies.

The bill is comprehensive and thorough, so I will not support last-minute amendments. It has been a three-year, thorough process through the QLRC. Amendments have been moved by MPs who oppose the bill itself and, to be frank, there is no integrity in attempts to amend a bill that you will not vote for even if the amendments are successful.

Some members of this House may be aware that I knew Peter Simpson, or Simmo, as everyone called him, as the former leader of the ETU in the Not4Sale campaigns. Whatever your views of Simmo, no-one on any side of this chamber would dispute he was a fighter and a warrior and he stood up for what he believed in. Simmo was given four years to live with melanoma in 2016. He and his partner Penny courageously fought it with everything they had all the way. He knew the final stage of his illness would be horrific and came to the view that if he had the opportunity to go out on his own terms by voluntary assisted dying then he would, and if he could not, he would campaign for that right for others so that they could have the option of avoiding the terrible death that he faced. In Simmo's own words—

... when the pain starts getting to that stage, it'd be a great option for people to die with dignity. I've led my life with dignity, why ... do I want to go out any other way? I want to go out on my own terms.

That is why this issue cuts across the usual party-political lines because every single one of us might be in this position—every one of us—and I say to every member of this House, via you, Speaker, ask yourself whether you might need this legislation yourself if you become unlucky in the lottery of life. What will you think then? Will you want the option to maybe make your own decision?

In Victoria, the majority of people who applied for voluntary assisted dying did not actually use it. However, those people would still gain from that in the sense that they had the comfort if the pain got too bad.

This bill this week is where we can play a positive role with the satisfaction that we have helped take an immeasurable amount of unnecessary pain away from some of the most vulnerable members of our community.

I would like to acknowledge the authentic and courageous leadership of the Premier, Deputy Premier, Attorney-General, health minister and chair of the parliamentary health committee in the member for Thuringowa for their support of this comprehensive bill. I would like to make a special mention of the member for Thuringowa who has been a passionate advocate of reform in this area and who has, as a paramedic, seen more challenging situations than most of us and has championed this course for many years. I am very proud of your leadership there.


I would also like to pay tribute to Simmo, Stuart Traill, Peter Ong and all the members of the Electrical Trades Union who have championed this cause for and with Simmo and for all the Queenslanders who want to see this reform.

To all those at Dying with Dignity, Go Gentle Australia, the Clem Jones Trust, David Muir, Andrew Denton—everyone who has been involved in this long-running campaign—I thank you for your compassion.

Thanks also to the members for Lytton, Pumicestone and Southport for their work on the committee. To all the members of the QLRC who have contributed to this comprehensive and thoroughly researched bill, I thank them from the bottom of my heart.

In closing, can I acknowledge the former member for Stretton, Duncan Pegg's advocacy for this reform in that finest of speeches he gave here on his final occasion earlier this year. We are thinking of you, Duncan.

We are thinking of everyone in Queensland now and in the future who face a terrible death in unbearable pain. We are holding out our hand of compassion, love and support to you this week and I hope you will have a VAD option if you need it when this bill is passed. I will be voting for this bill.

 **Mr MANDER** (Everton—LNP) (8.35 pm): I rise to speak on the Voluntary Assisted Dying Bill. In my opinion, this is the most important piece of legislation that I will ever debate as a state parliamentarian. I want to thank the Leader of the Opposition for granting the members of the LNP a true conscience vote on this matter. I will state from the outset that my conscience will not allow me to support this bill. My allocated 10 minutes is not enough time to fully elaborate on the reasons for my opposition, so I will limit my argument to four main points.

Firstly, I believe this bill goes against the single value that every civilisation has held as the highest since the beginning of time—no matter what religion, or no religion, that they follow—that is, the sanctity of life. Preserving life, enhancing life and protecting life is the primary objective of all civilised societies, and they spend billions of dollars to achieve these outcomes. We build hospitals to heal, we fund medical research to fight disease and illness, we have police forces and fire brigades to protect and rescue, we have paramedics to save lives, and we send a fleet of naval ships to rescue a lone yachtsman at sea. Why? Because human life is precious and sacrosanct. This is not a religious issue; it is a humanity issue. Our value of life is what distinguishes us from every other species on the planet.

I hold grave fears that the introduction of these laws will erode this foundational tenet of society. It will smash a barrier that has existed for eons and have unintended consequences. Those consequences probably will not be seen in a year's time or even 10, but in future generations. I am concerned it will lead to diminution of the value of life. Pass these laws and you have crossed the Rubicon; there is no turning back.

Ordinarily I am a strong believer in the LNP principles of the freedom of the individual to make choices about their lives. However, those freedoms, those rights should be foregone if it has the potential to harm others. This moves me to my second point. I oppose the bill as I am concerned about our most vulnerable, particularly the elderly. Unfortunately, elder abuse in our society is real—unscrupulous family members who will do anything to get their hands on the assets of their parents or other elderly relatives. I am aware of many examples of this practice both as a former minister for housing and as a local MP for my electorate of Everton.

No legislation is tight enough to stop manipulative people placing massive guilt on their relatives. No legislation can stop coercion, nor can it prevent the vulnerable older person, terminally ill who does not want to be a burden on their family, having the belief that it would be best for everybody if they ended it earlier, even if it is not the dying one's heart's desire.

What will the consequences of this legislation look like in 10 years time? Will we allow those who are disabled or who suffer from mental illness to end their lives? What about those who are just tired of life? It is inevitable that this will occur. Also, the taboo that is currently associated with suicide will eventually disappear. How can we discourage this practice, this tragedy, especially with young people, when we legitimise it with another group of society? The slippery slope associated with this legislation is real and, in my opinion, brings great risk to the most vulnerable in our society.

I now come to my third point. I also believe that no-one should die in pain or alone. Every decent person believes that. That is why comprehensive palliative care needs to be available to every Queenslanders. The Deputy Premier said in his speech on this bill that dying and suffering Queenslanders deserve a choice. Well, Deputy Premier, they do, but I would argue that not all Queenslanders have that choice. It is not a level playing field.

People who live in regional and remote Queensland do not have access to the palliative care services that I can access here in Brisbane. With Queensland being the most decentralised state, it is imperative that more money is invested in the palliative care sector. The sector believes \$270 million per year is required to provide adequate services across the state. The health minister said in her speech that current projections will see \$250 million per year allocated in 2025-26. Colleagues, this is not a commitment by the government; it is a projection. High-level palliative care is the most humane, caring and loving way to help somebody navigate the end of life and everybody in this vast state has the right to have genuine access to it.

I now come to the final reason I will oppose this bill. I have great respect for the over 11,000 LNP members in Queensland. They joined the party to be part of the policy development of our party. In 2019—the last time the party had a chance to debate policy resolutions—the issue of voluntary assisted

dying was revisited and debated. The result was that a healthy majority of LNP members did not support the policy. Whilst I appreciate that LNP members of parliament have been granted a conscience vote—and I agree with that—I also believe that LNP members are looking for their members of parliament to support the policies they have passed at our conventions, and I intend to respect their opinion.

There will be amendments brought to the House that primarily relate to the freedoms of faith based health providers. Knowing that I will oppose the substantive bill, I would normally not support amendments as I feel it is misleading and disingenuous. It suggests that if those amendments get up I will vote for the bill. The circumstances of this bill are different. It would seem that the bill will pass, unfortunately in my opinion, quite easily. Knowing that, I am willing to make a bad bill less damaging so I will support the proposed amendments that will be moved by the Deputy Leader of the Opposition. In closing, I say that human life is precious and we should not introduce any law that diminishes that value. I will oppose this bill.



Mr SAUNDERS (Maryborough—ALP) (8.44 pm): I rise to support the Voluntary Assisted Dying Bill 2021. As we know, the Palaszczuk government went to the 2020 election with a commitment to introduce voluntary assisted dying laws in this term of government. During the 2020 election I consulted widely on this issue. I can honestly say that there was overwhelming support for this in the Maryborough electorate. Since the election and the return of the Palaszczuk government, I have been consulting and working with my community on this. I can honestly say that about 82 per cent of people consulted—and we consulted a fair swag of people in the electorate—support this legislation.

It is a hard decision for all members of parliament to make whether they will vote for this legislation or not. It will probably be one of the hardest pieces of legislation we will have to pass in our political careers. I believe this is the right legislation and that this is the right thing to do for the people of Queensland. People are entitled to make their own choice. It is not up to us to tell people what they can do and what they cannot do when it comes to voluntary assist dying. That is up to them. That is what this legislation provides for. This gives people the right to make that decision. It hands the power to people to make that decision.

The bill will ensure that the process is accessed only by persons who are assessed to be eligible and protect vulnerable persons from coercion and exploitation. We have been through that. I have read the report. The bill will provide legal protection for health practitioners, whether they choose to participate or not, and establish the Voluntary Assisted Dying Review Board and other mechanisms to ensure compliance with the act.

I put on the public record my support for the Premier, the Deputy Premier, the Minister for Health, the Attorney-General and a very good friend of mine in the House, the member for Thuringowa. He has gone through this process for the last three years. We have become very good mates since 2015. On behalf of my electorate, I would like to say thank you for the hard work you have done. I know it has taken a toll on him personally. He has gone through it. He has listened to every person. I know people from my electorate have contacted him and he has been very courteous and spoken to those people. On behalf of the people of Maryborough, I say thank you very much to the member for Thuringowa.

We have all lost people. I have lost my parents to cancer. I have lost my father-in-law. One of the things that came back to me was what happened to a good mate of mine. We went to school together. He got crook. He was a big man and a pretty tough bloke. It got to the stage where I did not go and visit him because every time I walked into his room in the hospital he would say, 'Popeye, put that pillow over my head, mate. Come on brother, you can do it.' It is pretty hard to go into a room and see this every day. I said to him one day, 'If you had your choice, what would you do?' He said, 'If I could get hold of a gun, it would be all over in 10 seconds.' That is what this bill will stop.


To see a man who has gone from 134 kilograms down to, wringing wet, 35 or 37 kilograms is quite daunting, especially when I grew up with him and had known him all my life. I played Rugby League with him. We had gone swimming in the river together. We had gone out with girlfriends on double dates as young men. To watch that happen is confronting.

That is why I think this bill is so important to a lot of people. We hear stories coming through our offices. We do not like to discuss personal things. People come in and have meetings with us and we see the hurt and tears in their eyes as they speak of watching their fathers, mothers, sons, daughters die in excruciating pain. I have talked to people in the health system who have come through my office over the last three years that we have been talking about the voluntary assisted dying bill. They have told me some horrific stories.

I was at the Howard markets the other Saturday and I had a bloke come up to me. He did not agree with voluntary assisted dying. He believed that while ever there was breath there was hope. He is entitled to that view. I did say to him that it is voluntary. It is not mandatory. This legislation gives people the choice to make the decision that is best for them and their families. This is what it is about.

It is good legislation. It is legislation from a progressive government that is putting people first at all times and making sure that people's voices are heard in this state. That is what this legislation does, and that is what the chair of the committee has been doing. The chair and all members of the committee have travelled and have consulted with people not only in the cities but in regional Queensland and everywhere. Everyone has had a voice to put their views forward to the committee.

It is a conscience vote. I will be voting for the bill. I thoroughly believe in it. I think this is good legislation. I absolutely commend the bill to the House.

 **Mr STEVENS** (Mermaid Beach—LNP) (8.50 pm): I rise to speak on the Voluntary Assisted Dying Bill to place on the public record the reasons why I will vote according to my own conscience on this bill. Firstly, the flowery empathetic nomenclature of the bill is a political soft landing for the proponents of this bill, which should really be called the 'State Approval for Suicide Bill'. That is the reality that we are determining in the House this week. The bill would not be in the House unless the Palaszczuk Labor government were absolutely confident that the bill was going to pass. With the dominant numbers in the House they have, this bill will pass.

Suicide comes from the Latin word 'suicidium' and has been around since time immemorial. Sometimes throughout history it has been viewed as a despicable act, punishable by degrading acts to its utilisers and their associates, and sometimes it has been viewed as an honourable act to be celebrated as a brave sacrifice to historical glory. Our modern world has deemed suicide as a disease of the mind, encapsulating frailty, depression, loneliness, escapism and other undesirable symptoms, and we have gone to great lengths as a society to address, heal and avert suicide as a solution to an individual's problems on the premise that those mind shortcomings can be made better in the future.

The bill definitively makes suicide an option for those members of our society who are facing near certain death by disease, with the state's approval to dignify the act. How Raymond Alexander Stevens votes on the bill has been a very difficult choice for me. Additionally, there are matters in the bill about which I am most concerned with and which I am hopeful will be addressed by amendments to the bill at a later stage of the debate.

The compelling of any institution or person philosophically opposed to assisting the curtailing of life of an individual is against my sense of justice and fairness which I do not support. However, I do support the main thrust of the bill, and that is to enable the state to approve the use of suicide by a patient with a terminal illness who cannot, for reasons known only to themselves, bear the proposition that they might endure a painful and lingering death as the final chapter of their life on earth.

The patient must be of sound mind, as evidenced by independent clinical definition. The patient must have a clinical disease that most probably will end their life within 12 months. The patient must be free from any coercive pressure to take this life-ending decision and the patient must involve themselves with a very bureaucratic and protective process to achieve their desired outcome.

I have come to my decision from several aspects carefully canvassed and I have absorbed both sides of the for-and-against argument on a bill that I sincerely believe is part of society's completely changing attitudes to life, death and religion. When I was a university student, the average age that men lived to was 63 and that, I am told, was why the retirement age for workers was 55. With medical intervention and better lifestyle habits, the average age of living for men has extended to 80—and I hope to make it—and religion has nothing to do with that extension. In fact, in Roman times, the average life expectancy was 33 but, to be fair, they did have quite a few more battles than we have today that may have lowered the batting average.


As we get older, we are more susceptible to disease, as is the case with most animals in the animal kingdom of which Homo sapiens are just one. One of the reasons I am voting for this bill is that a very dear friend of mine contracted motor neurone disease and died a very undignified, excruciatingly painful and 'horribly painful drain on family emotions' death.

I have canvassed my LNP Mermaid Beach SEC and branch members, and they have overwhelmingly requested I vote for this bill. These are the folk who put their trust in me through the preselection process to deliver in parliament good representation and to listen to their voices.

Finally, but not inconsequentially, I have asked myself what I would want if I were diagnosed with an incurable disease that would end my life painfully and uncomfortably with much suffering and burdening my family over the last few months of my life. My answer to myself was quite simple and

refreshingly easy. I have had a great life, a wonderful wife and kids over 45 years, beautiful grandkids—four thereof—great friends and a million memories. If God ordains that my life and my time on earth is up, I would set a date, say goodbye to all my family and friends, put in place all provisions for my family's life after my departure and have the best last party that anyone could have and tell everyone to 'party like there's no tomorrow'!

While I do respect and understand the many objectors to this bill being passed, it is my firm belief that we are taking another step, through this legislation, into another society that, who knows, may even bring back state condoned capital punishment for people like Martin Bryant and the like in the future. Many have said that this legislation is the 'foot on the sticky paper' and possibly it could be, but that will be a matter for other members of parliament to deal with in the years to come as society continues on its changing ways. The society I live in today is different to the one I grew up in. Some of it is good; some of it is bad. There is no doubt that society will be different in 20 years time to the one I am in today. This legislation is but one small step in changing the way society lives and, in this case, dies.

 **Mr KING** (Kurwongbah—ALP) (8.58 pm): I rise this evening to contribute to this debate on the Voluntary Assisted Dying Bill 2021. It is a very passionate debate and there have been many points put forward. I have listened to them all. I have attended forums for and against this legislation. I have consulted within my community, where I discovered an overwhelming majority of support for allowing choice at end of life. In public polling conducted in Kurwongbah, those who strongly support this legislation outnumber those who are against by nearly 10 to one.

In making my decision on which way to vote on this legislation, I weighed up many aspects. The first was the evidence that my community wanted it. We are elected to represent our communities, so it is great to know they wanted me to support it. Secondly, I considered whether it was good legislation, and I am confident the Queensland Law Reform Commission has delivered and made sure this legislation is legally sound. This included ticking off on concerns around coercion and making sure terminally ill patients have the time and opportunity to make their own choice.

My final consideration was my personal views, and they have never been in doubt. I have lost quite a few loved ones over the years—mostly to cancer—starting with my mum, who died when I was 12 years old after a seven-year increasingly painful battle, both of my mothers-in-law in the past two years—the reason I have two is probably a story for another day—and recently one of my best mates, Peter Simpson, 'Simmo'. It is Simmo's journey that was most painful. He certainly was an advocate for voluntary assisted dying. The agony that he was in at the end when he called me to say goodbye, with cancer splitting his sternum in half and lumps of cancer all through his body and head, was incredible. He and his amazing wife and carer, Penny, documented the journey. It is a real shame that at the end he could not access the choice that I hope becomes law this week.

There has been a push for more palliative care and an argument that this is the answer rather than voluntary assisted dying. I see them both as complementary. I acknowledge that my mother-in-law's palliative care at the Prince Charles Hospital was nothing short of amazing. It allowed me to get to know a person whom I had never been close to. It was healing and a very important time, but in the last week or two of extreme pain, constant care and drugs she had many lucid moments when she said, 'I just want it to be over. I hope it comes soon.' If she could have had the option to have us all there while she slipped away and left the pain behind, I know she would have.

These are my personal accounts. I have also heard the stories of those during the information sessions I have attended—stories of people who have no skin left due to viruses and disease; organs dissolving and failing on them. Those people deserve the option to pass with their dignity intact. The book Andrew Denton launched titled *The Damage Done* by Go Gently has many harrowing testimonies of family and friends as well as the dying themselves. The trauma and suffering detailed in these accounts is staggering. I ask: who would not want to allow these people, who are terminally ill, the ability to choose when they go?

I would like to thank the Premier for introducing this important legislation, the Health and Environment Committee and the former committee for their hard work—and emotionally draining work—on this legislation. I would like to give special mention to the chair, my friend Aaron Harper, who has carried this around with him for a long time. He is a passionate advocate for getting it done properly. I would like to thank the Queensland Law Reform Commission for their work on this, strong advocates along the way like Andrew Denton and Everaldo Compton who have always taken the time to provide advice during this journey, and my dear friends Penny Tovey and Simmo for letting me share their journey.

In researching my decision on this legislation I came across a debating technique called the Gish gallop, which has been used extensively during the lead-up to this debate by some parties. I have seen a bit of it in the House. The Gish gallop focuses on overwhelming a debate with as many arguments as possible without regard for accuracy or strength of argument; in other words, quantity over quality. This technique is often used to create doubt in the hope that even a supporter may think, 'While I support this topic, this may not be the right time' or 'This isn't the right bill to get this done.'

I urge everyone watching this debate to imagine—or those with personal experience to remember—looking into the eyes of a loved one who just wants to end the suffering. Imagine they have ticked all the legal boxes that are proposed and then imagine telling them, 'I'm sorry, now isn't the time' or 'I'm sorry, we need to rewrite this bill.' I will not be saying sorry because I think now is the right time and this bill will get it right. Together let's give terminally ill patients a choice at the end: a choice to die with dignity if the alternative is worse. I will finish by saying something Penny Tovey and others have said because I think it sums it up really well. She said, 'This legislation will not cause one extra death; it will, however, cause a lot less suffering at the end of life.' I will be supporting this legislation and I commend the bill to the House.



Mr KNUTH (Hill—KAP) (9.03 pm): I rise to give my contribution to the debate on the Voluntary Assisted Dying Bill. This is a deeply emotional and personal issue to many Queenslanders and it deserves a compassionate and considerate debate. I recently lost my father under difficult circumstances, so the issue is even more personal to me and my family. I felt that strongly against the introduction of what I would call a dangerous piece of legislation that I wrote a submission to the Health and Environment Committee expressing my objections to the bill.

It is not the function of government, nor should it be their job, to legislate death by suicide. That is the only way to describe what this bill proposes when government interferes in this natural process and disagrees with medical professionals worldwide who have devoted their lives to saving lives. I would argue that this first step taken in legalising assisted suicide will evolve so that when a person gets to a certain age and they will no longer have a value to society, assisting or encouraging them to die will become a standard, everyday part of our healthcare system.

In other jurisdictions around the world assisted dying legislation has been proven to be abused. If anyone has not watched Louis Theroux's *Altered States*, I would advise them to do so. It provides a stark, realistic view on where our VAD laws will end up, how these laws create division within families, mental anguish over having the option to choose death, and the reality of taking what are referred to as 'death kits', where it can take eight hours for a patient to die slowly and painfully. That is not dying with dignity.

Queenslanders need to ensure they are aware of exactly what euthanasia and assisted dying is. It is a conscious decision to terminate a life, which is against every principle and teaching of medical practitioners who study and devote their entire lives to saving lives. The government's extensive media team has dressed up this bill by saying it offers human choice. The reality is this bill will offer no choice, particularly to the vulnerable, poor and isolated members of our society. There are no possible safeguards that can be implemented to protect the people who will be exploited by this bill.

As proven in other jurisdictions, elder abuse, coercion and inheritance abuse will skyrocket. Providing the option to die will push those who are ill into a wrongful mental state of not wanting to be a burden on their families. This bill creates a division between the rich and the poor. Those who can afford specialist palliative care will have a realistic, unpressured choice; however, those who are poor and cannot afford specialist palliative care or who live in rural and regional areas will face the pressure of only one choice: assisted suicide. Former prime minister Paul Keating summed up his opposition to VAD laws being introduced in Victoria by saying—

What matters is that under Victorian law there will be people whose lives we honour and those we believe are better off dead.

...

An alarming aspect of the debate is the claim that safeguards can be provided at every step to protect the vulnerable. This claim exposes the bald utopianism of the project—the advocates support a bill to authorise termination of life in the name of compassion, while at the same time claiming they can guarantee protection of the vulnerable, the depressed and the poor.

No law and no process can achieve that objective.

I cannot get my head around how advocates of this bill have ignored the best medical advice with regard to the introduction of VAD laws. If VAD laws are so compassionate, then why are they opposed by our peak medical body and nearly every national medical body around the world? The

government is quick to consistently point out that they follow the best medical advice when making decisions during the COVID-19 pandemic yet completely ignore the best medical advice from our own leading medical body on VAD laws. Every Queenslanders should be asking why. Supporters of VAD will state that these laws give choice. However, if they really believe in having a choice then why have these same advocates not supported the AMA and Queensland Palliative Care's calls for an increase in funding of \$275 million annually to properly deliver palliative care? Without adequate palliative care there is no choice.


I do have to admire all of the MPs in this House for their considerate and measured approach. I am very disappointed with the member for Thuringowa for getting in the gutter, pointing fingers and making this political—even the Premier called for a considerate debate—particularly against our motion calling for \$275 million in palliative care to be spread across areas in our region. I challenge the member for Thuringowa to go up there and tell our First Australians who live on the cape and the gulf and our rural communities who are crying out for palliative care that we are not going to offer it to them, but you do have a choice and that is assisted suicide.

I am also disappointed in relation to the concerns in regards to the faith based organisations who have had hundreds of years of proven health care. They are still in limbo over this bill and euthanising patients against their code and their beliefs.

In closing, I would like to tell a true story about a terminal cancer sufferer. This is a real situation that will be encountered constantly with the introduction of these laws. Mike, who owns a steel fabrication business, went for a regular medical check-up where a growth was picked up in his lungs. After consulting with a specialist, he was told that he had a cancerous tumour which was terminal. He was told to get his affairs in order as he had three to six months to live. A second opinion said the same thing. Mike spiralled into despair and lost the will to live. His family, however, rallied around him, keeping the business afloat and his seven employees in a job. They sought alternative treatments and made sure he followed his chemotherapy and radiation therapy treatments.

It is 15 months since Mike was first diagnosed with terminal cancer. At his last specialist appointment, he was advised that his cancer was almost gone and that he now had years of living to look forward to. Mike admitted that, if the VAD laws had been in place at the time he was diagnosed, he would have taken the option to die as he did not want to be a burden on his family. He is thankful that the laws were not in place and he did not have the option, and he is now firmly against the proposed VAD laws.

The issue is not how many people will choose to die under this proposed law; it is how many people will give up like Mike and may die when otherwise they would not. If this bill is passed, the expectations of patients and families will change. The culture of dying will gradually invade into our medical, health, social and institutional arrangements. I urge members to carefully consider the implications this bill will have on all of our lives. I oppose this bill.

 **Ms PUGH** (Mount Ommaney—ALP) (9.12 pm): I would like to start my contribution to the Voluntary Assisted Dying Bill today by thanking the many members of the Mount Ommaney community who shared their personal and heartfelt views on this legislation with me and came to speak with me both for and against voluntary assisted dying. I have to say that, despite the differing views of many in my community, the thing that struck me about people from both sides of the argument very consistently was that their views came firmly, whether they were for or against the legislation, from a place of love and deep compassion for their fellow man. They just had very different ideas about how to get there.

As I said, I heard from people with both sets of views, both for and against the legislation. In the process, I had wonderful conversations with people right across the view spectrum in my community and I will treasure those conversations for the rest of my life. I am going to speak later about some of the concerns that people took the opportunity to raise with me but, first, I want to share with the House that I am not the first member of my immediate family to vote in support of legislating for voluntary assisted dying. A few years ago, the entire Pugh family in Auckland voted in the New Zealand referendum, and I am proud to inform the House that both my grandparents, Margaret and Murray Pugh, voted in support of voluntary assisted dying.

I have long held the view that there are a large number of similarities between New Zealand and Queensland in particular. I know that there is strong support for the proposed model of voluntary assisted dying in my electorate. In a Facebook poll run in my electorate, 741 votes were cast; 688 of those votes were yes, 36 were no and 17 were unsure. Similarly, we saw loud and clear in the referendum outcome that 65 per cent or thereabouts of New Zealand residents supported voluntary assisted dying.

Everyone who votes on this legislation will have personal reasons for doing so in this parliament. Likewise, there is no doubt in my mind that when my grandparents voted for the legislation they would have been thinking of their son Alan. Alan Pugh was my father's baby brother. He was in his late 30s when he was given the diagnosis of bowel cancer that had metastasised into his liver. He was fairly recently married and his wife had given birth to two very premature but now healthy, beautiful twin girls. They were just six months gestated at their birth, and he spent many sleepless nights at their bedside as they grew in their tiny humidicribs. They were just two years old when he died.

By the time Alan received his diagnosis of bowel cancer metastasised, his doctor told him that it was so far gone that there was not actually any point pursuing conventional treatment like chemotherapy. I did not know this at the time. When my father told me he had cancer, I did not realise how sick he was. Dad told me that everything was going to be fine because he wanted to protect me and my sister from being worried.

With no real hope from the outset, Alan could do little more than wait. He quit his job and he went to spend time with his beloved girls—so tiny I do not think they could even speak—his wife, his parents, his brothers and his friends. My dad got to go and say goodbye. He flew back to New Zealand but I know that Alan's death changed him greatly. The profound unfairness of it made it pretty hard to be around my dad during my teenage years, especially in the month of March, the anniversary of Alan's death. As a family, we stopped attending church after Alan died because my father was so angry he just could not go. It took many years to heal the hurt that Alan's death inflicted on my dad.

When the time came, Alan was at home. He was comfortable in his own bed and he was surrounded by his entire family. There were good conversations and many tears. As Alan died, my nan said that his eyes opened really wide and he smiled. My nan firmly believes—and she still tells me—that somebody came to get Alan, and that thought has given her great comfort in the 20 years since. At the time, I could only feel desperately sad for my dad who lost his brother, but in listening to the stories of my community I have come to realise that Alan's death was actually a comparatively good one. For that I am very grateful. However, it could so easily have been different. None of us will know if we need voluntary assisted dying until it is too late.

Let us be clear. This legislation will actually only be used by a very small number of Queenslanders, but for the Queenslanders whose lives that it will impact it is critically important. The Queensland Law Reform Commission said for most Queenslanders the excellent palliative care work that our hospitals and nurses do will be sufficient. However, there is a small number for whom their pain cannot be palliated away. For those few people, this is not a choice between life and death; it is a choice between a good death or a slow and painful one.

I have spoken to many of my constituents who believe that life can only be taken away by God, and I understand and respect their view. However, I believe that, if we are talking about life and death and a choice made by God, the choice has been made and all we are talking about now is the manner in which they go. This legislation only applies to people with a terminal illness with a diagnosis of 12 months or less and who have the capacity to consent. It is not available to those with a disability or to the elderly, and nor should it be.

I have heard concerns from the community about future potential provisions extending the laws out to those groups, of allowing the elderly to elect to die not because they are ill but because they are old. Elder abuse is a real and present issue in each of our communities, but it is already there. I would not support a bill, ever, that allows people to access VAD simply because they are old, and I know that my community stands behind me in that view.

Similarly, I know that some members of my community are concerned that having a disability, dementia or mental illness could one day qualify. The criteria around voluntary assisted dying is important. We cannot get this wrong. That is why this vote is so important. We have taken a look at the possible options and decided that it should not include the elderly or those with a disability or mental illness. We here in this House are the arbiters of what happens with this legislation, and this legislation has been formulated over a painful, painstaking three-year process. These decisions should be weighted carefully by the members of this House, with our consciences and our communities consulted.

For most Queenslanders, their support of voluntary assisted dying is not unconditional. Queenslanders are smart enough to be able to understand why safeguards are needed and that we cannot simply change them at will. I have committed to the people of my electorate that I would not support those sorts of changes and that it is important that this legislation only applies to the terminally ill.

Terminally ill people, as Duncan Pegg so rightly said, do not want to die. They want to live and they fight every day to live. One man who fought every day was Tony's dad. In his own words, according to Tony, when he received his diagnosis of motor neurone in 2013 he said, 'It's like the Rolls Royce of terminal illness such was his positivity.' He said, 'I'm not young. I still have some time with my family.' He had a positive outlook and a determination to spend the rest of his remaining years with his family, but the next year he was diagnosed with a glioblastoma—brain cancer. Both of these diagnoses separately and together were terminal. Despite having two terminal illnesses, he had the treatment for cancer and recovered but he needed a wheelchair.


By 2015 Tony's dad was in a lot of pain. Tony came down to see him in Victoria before he was admitted to hospital. He declined over a period of weeks and became non-verbal and struggled to breathe. He could only move his head to communicate. There was a time in hospital when Tony was only aware his father was in pain because he could see the tears streaming down his face. He asked his father if he was in pain and he could only communicate by nodding yes.

Tony has been clear with me. He said he does not know what his father would have thought of VAD and Tony never discussed it because it was not an option in Victoria at the time. However, the suffering Tony's dad endured moved their family to lobby the Victorian government to introduce their VAD Bill. I congratulate his family on their advocacy. He said to me—

I don't want VAD because I think dad would have used it, I want it because if I were in his shoes, I would have wanted the choice.

I want to be equally clear with members that I feel the word 'dignity' has become shorthand for having control of your body and your bodily functions, which you often lose when facing a terminal illness. Of course, there are many times throughout our lives when this can happen. It sometimes happens after giving birth. There is nothing undignified about needing help when you have a degenerative illness or any other condition or if you need help for any reason. It is an act of love to care for somebody who needs it, whether they have just given birth or whether they are dying. Dignity is a condition that is inherent in humanity. For me, it is having the ability to decide on my own terms.

Each human is beautiful and wonderful from the day they are born to the day they die. Human life, I think we can all agree, is truly sacred and beautiful, but human suffering is not. I commend the bill to the House.

 **Mr LISTER** (Southern Downs—LNP) (9.22 pm): I, too, rise to make a contribution on the Voluntary Assisted Dying Bill 2021. I have been surprised by the number of constituents who have written to me asking me not to support this bill. I say that because I sincerely believe that it is an overwhelming majority in the community who do wish to see voluntary assisted dying introduced. That is why I was surprised also when I heard the member for Warrego say that she, too, had received a lot of correspondence. Those who oppose this bill are very motivated to do their part to influence their local members.

One of the things I would like my constituents to understand in my thinking is that the question about whether or not we support someone's right to die with dignity if they are diagnosed with a terminal illness is not the same question as that which I face on this particular bill. I was given a survey that the ABC conducted which came out with 80 per cent support. The question was: should terminally ill patients be able to end their own lives with medical assistance? That is what received the 80 per cent support, and I can understand that. As I say, it is not the question we are faced with here. I believe that there are significant flaws in this bill and for that reason I will not be supporting it.

I do not wish to see people suffer and I certainly do not wish to see people's choice taken away from them. That word 'choice' is something I will come back to a few times in the course of my speech. I would like to say at the end of this introduction that I am quite certain that all members on all sides are acting with only the very best of motives. I think that that can be said for everybody who has responded to such surveys.

I have concerns in three particular areas: firstly, protection for those who have a conscientious objection to participation in voluntary assisted dying; protections for institutions, some of which have long and proud histories and values which are incompatible with VAD; and, I think most importantly, in my view the bill fails to adequately protect people who are vulnerable.

I know there are going to be a number of amendments introduced. It is my expectation that I will support those amendments but, like the member for Everton, that does not indicate that I have support for the bill beyond those amendments. I was disappointed that the government has not agreed to allow time for those amendments to be debated if it turns out we are running short at the gag point because I feel some of those amendments may go a long way towards addressing the concerns that many people have and, in my view, would make the bill a better one.

I will turn to the last of the three points I raised, and that is the protections for the vulnerable. In order for people to be protected, they need to have the same circumstances apply to them. What I am talking about there is access to high-quality palliative care. I do not believe that all Queenslanders, where they live and where they want to be treated and die, have access to an equal standard of palliative care. If people are going to have a choice between having palliative care until their death or voluntary assisted dying, they need to have all of the options before them. If the palliative care that is available to them, such as in places that I represent, is inferior to what others in Queensland might receive, it follows naturally that they would be more likely as a group to elect to take voluntary assisted dying, and I think that distinction between the two is unacceptable.

I agree with the amendment that was proposed by the member for Traeger earlier this evening. The purpose of it was to highlight that we need significant additional spending on palliative care. It has been said to us by experts that about \$275 million each year additional expenditure on palliative care is necessary if the disparity between what some people can have and what others can have is to be addressed. I note that the government has promised to spend an additional \$171 million on palliative care, but as I understand things, that is over quite some period of time—about six years. There is obviously quite a shortfall between what the government has proposed and what experts say is required for palliative care. In this instance, I know something about it. I know because I live in an electorate where local hospitals, which are cherished institutions in our small towns, have to have the hospital auxiliary raise money for a bed for somebody to be more comfortable when they are dying and to raise money for equipment that might be taken for granted in other hospitals around the state.

I am concerned about the pressure that people who are diagnosed with a terminal illness may feel to take their life. I am concerned that it is a very subtle kind of pressure and it is a pressure which would be very difficult to produce in an evidentiary sense, but it is nevertheless there. These are people who are worried about taking a bed in a nursing home or a hospital, people who are worried about being a burden on their loved ones or perhaps people facing subtle pressure from extraneous sources about ending one's life because of the involvement of inheritances, assets and so forth. I think that we cannot seriously say that any legislative measure or safeguard to try to stamp that out would be 100 per cent successful. I am concerned about that.

I think the vulnerable are entitled to protection. I understand and I respect the points that have been made by members in the House today that people ought to have a choice; they ought to have autonomy over themselves. That is true. However, if the price of granting that autonomy risks other people, I do not think that the case has been met.

Talking about conscientious objectors, I think the bill's protections are one-sided. They seek to ensure, like a ratchet, that at every stage there can be forward movement towards advocating for, or informing about, voluntary assisted dying. However, there can be no pushback, there can be no loved ones or professionals involved in the case who might try to dissuade the patient for the very best of reasons. There is not even the pretence of protections for people who are involved on the peripheries such as administrative staff and other hospital workers.

It is effectively a crime to advocate to change a person's mind. I get that we do not want to be bothering people at the end of their life—we do not want to impinge upon their choice—but I feel that some of that is necessary if we are to protect society at large.

Regarding institutions, the credentialing of healthcare professionals to work in institutions is a very complex matter. It is ironic, really, that somebody who wishes to provide palliative care services to a patient in an institution will have to be credentialed, be of good standing and work within a scope of practice, but there is no similar requirement for someone who is going to administer voluntary assisted dying. We have seen cases in our state's history where inappropriately credentialed or uncredentialed people have by mistake been allowed to practise and we have seen disastrous outcomes in that sense.

Lastly, I would like to take up the point made by the member for Miller that some pain cannot be prevented. I have spoken with a palliative care doctor in my electorate, Gerard Purcell, who tells me that that is not the case. In his view, no-one should die in pain if they have the proper palliative care. That goes further to my point that we need to spend more money on palliative care and we need to ensure that the case is equal for every person in Queensland before we bring in voluntary assisted dying.


This is a difficult topic. It is one I have given a great deal of consideration to. I sincerely wish that the question were as simple as 'do we support people's ability to die or right to die if they have a terminal illness and they are in pain?' For the reasons I have said, I do not feel I can support the bill. I will support the amendments but I will be voting against the bill.

Mr DEPUTY SPEAKER (Mr Kelly): I want to commend members on the quality of the debate and the level of respect that has been shown. Let us continue that on.

Debate, on motion of Mr Lister, adjourned.

ADJOURNMENT

Wide Bay Hospital and Health Service, Strategic Plan

 **Mr BENNETT** (Burnett—LNP) (9.32 pm): Knowing that Labor is losing control of the health system, I thought it would be useful to review the 2018-2022 strategic plan of the Wide Bay Hospital and Health Service to see how the HHS board is delivering to date. It makes interesting reading. The strategic plan, titled *Care comes first... through patients' eyes*, was co-signed by the current Labor appointed chair and the previous chief executive. I will break it down.

In the welcome note, the plan outlines seven goals that will be achieved by 2022. Goal 1 is to improve community-based services to reduce pressure on our hospitals. Sadly, no community services have been developed and no new subspecialists have been appointed since the demise of the medical school. There was a plan to include appointments for diabetes, respiratory medicine, rheumatology and neurology. Goal 2 is to improve the range of services available locally and regionally to minimise the need for patients to travel. No new services have been introduced since 2019.

Goal 3 is to work towards increasing the level of care under the Clinical Services Capability Framework to level 5, to offer subspecialties and attract high-calibre subspecialty clinicians. This is very important. No new subspecialty appointments have been made, as the medical program became a pathway. Effectively, Central Queensland University has developed a couple of courses that enable students to study locally and then go to UQ. This is not Wide Bay/Bundaberg placement; it is entry to medical school only. More importantly, because there is no medical program, the University of Queensland did not sign off any professorships of the specialties we need to commence new services. With no professorships and no appointments, they have severely failed in this goal because they have not made it attractive.


The next page of the strategic plan again outlines what we will see by 2022. First, it says we will see substantial progress towards a new or significantly refurbished Bundaberg Hospital, including increased access to level 5 services. Do I even need to explain this one? This clearly states increased access to new level 5 specialties, yet none have been announced or stated in any business case to date.

Second, it says we will see an integrated health campus providing training and research in clinical medicine and allied health. The initial site selected for the new hospital was much larger and provided an opportunity for a private hospital, university and research. The current selected state owned site was rejected in round 1 due to flight paths of small aircraft, PFAS, water running across the site and spill from the runway.

Third, it says we will see increased subspecialties available in the region. This has not happened. As predicted many times, health service delivery is getting worse. It proves that Labor is losing control of the health system. If this is not evidence of the Palaszczuk government's complete and utter failure to deliver on their promises, I do not know what is.

The new plan is being negotiated now. For the first time in about 20 years there is no public consultation on what the new strategic plan will look like. I guess that is what we have come to expect: cover-ups and issues within the hospital system. Transparency does not exist and our patients suffer.

Darra State School

 **Ms PUGH** (Mount Ommaney—ALP) (9.35 pm): I must confess: I outsourced the writing of my speech this evening. I did not write it myself; I employed a crack team of the best and brightest minds in Queensland. I asked them to put something together for me. They are the very best speechwriters that money cannot buy. I am talking, of course, about the wonderful year 6 students at my very own Darra State School.

Last week I visited Darra State School in lieu of their trip to the Queensland parliament. It had to be cancelled due to a COVID lockdown. Because they could not come to parliament, I am bringing their voices into this, the people's place: the Queensland parliament. I asked them to tell me the issues they would address when they became the leaders and the captains of industry of tomorrow, and they gave me a list so long I am very worried about squeezing it all into three minutes!

They have been telling me all about the sustainability project they have been doing at school and their fundraising projects to purchase incubators to hatch more chickens. I asked the students to think about some of the issues they would like to address. They did not need any time at all. Quick as look at you, young Liam put his hand straight up and said, 'I'm concerned about deforestation.' He told me and the class that he is concerned about the loss of animal habitat and the effect on the environment and on the climate. The next student was equally quick off the mark, and within a few minutes these bright kids had listed off pollution, climate change, global warming, littering and the loss of animal habitat. I want to be clear: this is something these kids have been thinking about for a long time. They have thought deeply about these issues. They want to be part of the solution.

The kids did not stop there. There was one lovely young man whom I will call M. He said that he would really like to see an end to smoking. It was a very personal issue for him. I was really taken with his quiet and determined consideration of this issue, and I told him that the Chief Health Officer of Queensland certainly shares his passion for this, and so do I.

The students also raised the issue of racism. That is incredibly important to the students at Darra, because a lot of them have parents who do not speak English at home. Mental health was a big issue that was raised a lot as well, especially considering the last year. The kids also raised traffic issues including traffic congestion on the Centenary Motorway. There is no-one in my electorate who is too young to care about that. Interestingly, they also mentioned people's driving. A few mentioned that the terrible traffic congestion sometimes stopped their mums and dads getting home to have more quality time. That just goes to show that at the end of the day there is nothing more important than time with family and friends.

To my crack team of speechwriters at Darra State School I say thank you very much. I want you to know that the members of parliament here tonight have heard your voices loud and clear. I cannot wait to see you turn your amazing words into incredible action.

Queensland Border Restrictions



Mr WEIR (Condamine—LNP) (9.38 pm): The closure of the border between Queensland and New South Wales has thrown many people's lives into complete disarray. For some this is interfering with the operation of their small businesses, the schooling of their children, getting to their place of employment, transporting commodities interstate and back again or attending special occasions or, sadly, funerals. I support the need to have checks and balances on our border, with the delta variant spreading rapidly in New South Wales and Victoria; however, rural and regional areas, especially those with no reported COVID cases, should have some common sense applied and exemptions granted in certain circumstances.

Recently a constituent of Condamine travelled to New South Wales to locate her son who had been uncontactable for several weeks. Upon travelling over the border prior to the closure, she discovered that her son had been murdered. This lady had all the required passes at the time of crossing the border and was not expecting to find her son dead. Hence her husband crossed the border to offer support and was one of the 10 people at the funeral and cremation on 18 August.

After the funeral service, her husband returned to Queensland on 21 August with the appropriate pass and was told to isolate at home. Two days later, on 23 August, this Aboriginal lady, in a state of extreme distress after the tragic loss of her son, attempted to enter Queensland unaware of any border changes and was fined. Subsequently, she then spent almost 18 days in a Boggabilla motel, testing negative on at least five occasions. During this time she tried to self-harm and was delivered literally by the Boggabilla police to an ambulance waiting at the border and placed in the Goondiwindi Hospital. Once discharged, she was transferred back to Boggabilla. The Condamine office sent almost 40 emails with countless phone calls requesting urgent assistance, most of these to the health department. This was to no avail, although it made some suggestions like, 'Drive to Moree, leave your vehicle there, fly to Sydney, wait 14 hours in the middle of a hot spot, then fly to Brisbane and quarantine.'

An opposition member: Great solution!

Mr WEIR: Brilliant! It also suggested that she drive to Coolangatta and quarantine at a hotel. All of these were unacceptable and unaffordable to an Aboriginal lady who does not fly, had not driven in a city for 30 years, has a deep bond to the country and was in no fit mental condition to do any of the above. Finally, after requesting emergency assistance from the Department of Aboriginal and Torres Strait Islander Partnerships on 8 September, she arrived safely home on 10 September to quarantine for 14 days. It should not be that hard.

Rookwood Weir



Mr O'ROURKE (Rockhampton—ALP) (9.41 pm): The Hon. Glenn Butcher, the Minister for Water, and I visited Queensland's largest water infrastructure project, Rookwood Weir, last week. The weir is starting to rise out of the mighty Fitzroy River, with the first concrete pour for the foundations starting during the week. This major construction project worth \$367.2 million will unlock thousands of megalitres of water to increase water security for the region, expand irrigated agricultural production and create employment and provide economic opportunities.

This is no bathtub, as the member for Capricornia has previously said. It is approximately 86,000 megalitres of water and will underpin agricultural growth. This is equivalent to 34,400 Olympic swimming pools, just to give members an idea how big this is. Rookwood Weir will be an absolute game changer for the region, increasing the expansion of irrigated agricultural production and opening up new business opportunities. The land around the area has generally been used for running cattle, but with guaranteed water there will be endless opportunities.

There are currently 196 workers on site building the weir, 128 of whom are Central Queenslanders, with 14 apprentices and trainees. As a result of the Queensland government's procurement policies, we will see 95 per cent of production costs being spent in Queensland. The project team has been working hard to keep the construction time line following a two-week shutdown last month after a contractor who visited the site tested positive for COVID-19.

Some of the interesting things are that the concrete pours take place at night for temperature control. It is a continuous operation over 11-hour night shifts and will take about 12 months. The weir wall is about six storeys high and approximately 250 metres long. Other works for the project which commenced earlier this year have also advanced significantly after having moved 800,000 cubic metres of soil and rock, while a coffer dam, which will help divert river water flows, and a temporary river crossing are constructed. With the approaching wet season, these activities will help enable works to continue when the river heights rise. This is about building our agricultural industry and the flow-on into manufacturing and jobs it will create.

Everton Park State School, Road Safety



Mr MANDER (Everton—LNP) (9.44 pm): I rise to speak about an issue in my electorate outside Everton Park State School. There is a dangerous issue with regard to the crossing at the corner of Dargie Street and Old Northern Road. It is on a rise. This is a particularly dangerous intersection and corner in that cars have careened into the fence of the school on many occasions going north, and then going south cars have careened into the brick wall of a house on so many occasions I cannot keep count.

I have written to the transport and main roads minister about this intersection on numerous occasions and I will concede that the minister has approved some work that has improved the intersection. It has made it wider and made it a better surface—there is antigrip surface on the intersection—but there is a fundamental issue with regard to the protection of children which the P&C is still very concerned about.

Around the intersection on the corners the school basically has wire fences just like a suburban house which of course stops kids from falling onto the road, which is appropriate, but is no barrier at all with regard to cars that might careen through there. There have been numerous accidents. We have been fortunate to date that none of this has happened during school peak time, but parents are really concerned about it.

The school has to allocate resources in the afternoons to supervise those crossings because it is so concerned about it as well. There is actually a section of the school that is a no-go zone because it is worried that cars might careen through the fence and hurt a student. We have started a petition to fix this—to remedy this situation—and that petition is about building an overhead pedestrian bridge to ensure the safety of our children. That is an online petition at the moment. I have also been at the school in the afternoons and mornings to gain more signatures.

Parents are very concerned. It is a major safety concern for our children. We should do everything possible to ensure that our children are safe. I urge the transport and main roads minister to heed these calls and to bring in safety measures that will ensure our children will be able to cross safely and sit and stand on the corner without the fear of being hit by a speeding car. I ask the minister to respond.

Keppel Electorate, Rural Fire Service Volunteers



Ms LAUGA (Keppel—ALP) (9.47 pm): A big thankyou to the more than 30,000 rural fire brigade volunteers in Queensland. On Yellow Ribbon Day we say thank you to rural fire brigade volunteers who often leave their own homes to protect and defend others. I am a proud volunteer rural firefighter at The Caves Rural Fire Brigade and I cannot wait to get out on my first hazard reduction burn or emergency response. I have my ID card, my blue card and my uniform and PPE, and I am really keen for first officer Brad Kingston to show me the ropes.

It takes a lot of dedication to put the needs of your community first, yet that is what our RFS volunteers do time and time again. RFS volunteers help during emergencies but are also there to help with hazard reduction and mitigation burns. There are many different roles within the RFS and every one of them is vital for keeping our community safe. Whether volunteers are at the fireground, behind a barbeque, talking to the public, running a training exercise or holding a drip torch, everyone pitches in to do what needs to be done.

The 2021 bushfire season officially began in August and, thanks to the RFS, Keppel is well prepared. Bushfire mitigation plans have been finalised across Queensland, and QFES and our partners have completed hundreds of mitigation activities. Across the state brigades have also been working with traditional owners to explore the use of Indigenous burning methods, including Queensland's first planned burn conducted by an all-women team which took place on Minjerribah last year. Embracing cultural burning will allow us to better prepare for bushfires in the future. Thank you to all of the RFS volunteers for your commitment and your service to the community.

Congratulations also to Gracemere State School on its 150th birthday. I thank principal Samantha Howard and the entire school community for inviting me to celebrate with it last week. I was pleased to present the school with a new clock to mark such a momentous occasion. Thanks to Tony Newman for his stellar job emceeing, former principal Greg Wilkes for sharing his lovely memories at the school, assistant regional director Trudy Graham for a fitting tribute and all of the 150th celebrations organising committee for their work pulling together a wonderful event. Here is to another amazing 150 years. As its motto says, 'Our best—always'.

Last week we officially opened the brand new, fully covered, multipurpose sports court at the Carinity school at Glenlee. I am proud that the Palaszczuk government supported this project with \$505,000. Carinity contributed over \$400,000. It includes some grandstand seating and can adapt for basketball, volleyball, netball, handball and badminton. The court looks great and is clearly a popular addition to the school's infrastructure. It was also amazing to hear former NBL basketball player Eric Bailey give an inspirational speech to the students about dreaming big. We know that providing the best facilities and the best education possible is one way to help students achieve that, and I am really pleased that this new court will provide a great service to the students at Carinity.

Goldup-Graham, Ms K



Mr MOLHOEK (Southport—LNP) (9.50 pm): I am pleased to have in the gallery this evening my family: my brother, my sister, my adopted aunt and uncle, my wife, her friend Alice and some very special guests, one of whom has probably been waiting more than 30 years to receive due recognition. That person is Kym Goldup-Graham, who is here with her husband, Steven Hoare. Members, I want you to cast your mind back over 30 years ago when here in Queensland there were investigations going on into serious crime and misconduct. There were significant investigations into paedophilia and illegal prostitution and one very brave woman, who is with us in the gallery this evening, had the courage, with the task force at the time, to investigate and expose some of those crimes.

Can you imagine returning from a briefing with the police commissioner, heading out to dinner to celebrate with your colleagues, and then returning to your office to collect your things and finding all the files had been removed? Back in that era there were no whistleblower laws or protections for members of the police force. Unfortunately, Kym was exposed to all sorts of prejudices over many years. She was also subjected to an inquiry by the CJC, which sought to review some of the actions that had occurred some 10 or 15 years earlier. She has also been the subject of Matt Condon's series of books: *All Fall Down*, *Three Crooked Kings* and *Jacks and Jokers*. I am pleased to advise that two years ago—I have been trying to get Kym here for two years to share this adjournment speech—on 26 February 2019 Kym was recognised at the Gold Coast District Honours and Awards Ceremony for the police. She was awarded the National Police Service Medal. She was also awarded the Queensland Police Service Medal for her service and her courage.

There are so many other parts to the story. Kym talks about on one occasion attending an armed siege in Surfers Paradise as one of the very few female police officers of the day and having to remove a mother and a child under threat from a very angry father. She shares other stories about what it was like to be a female police officer in the force back in the eighties. Kym, I honour you. Thank you for your service, your hard work and your commitment. Steve, I also thank you for your many years of service in the Queensland police force. We need you on the front line and we are grateful for all that you do for us.

Cloncurry

 **Hon. SJ STEWART** (Townsville—ALP) (Minister for Resources) (9.53 pm): It was fantastic to spend two days last week in one of the most important economic powerhouses in regional Queensland.

A government member: Gladstone?

Mr STEWART: Not Gladstone. Guess again. The resource industry is a traditional strength of Queensland's economy and right now it employs 85,000 people, which is critical to the Palaszczuk government's economic recovery plan from COVID-19. Cloncurry and the north-west region are the heart of the minerals resource industry so it was an absolute pleasure to visit the area. It might only be a small town, but the Curry packs a big punch when it comes to Queensland's economy. While I was in the Curry I visited Glencore's Ernest Henry copper mine for a safety reset where I addressed the entire workforce on site. Thanks again to Aaron Harrison. He said only his mum calls him that, so thanks Harry for your great work in hosting us on the day.


Safety in the resource industry is something that this government takes incredibly seriously. That is why the entire industry is in the middle of a safety reset. As a government we support the resources industry, whether it is through our tough mining safety laws or through our huge investment in the sector.

I was joined on part of the trip by members of Townsville Enterprise, who understand the importance of the region not only for the north but also for the entire state and in particular the pit-to-port approach that we have in that part of the world. We heard directly from the region's councillors about challenges and opportunities and the importance of diversification.

That brings me to the next point: it is not just the resources and agricultural industry that make the Curry hum with activity; this spectacular part of the country featured on national TV during the last couple of months. While I was there I met Cloncurry shire mayor Greg Campbell, who told me how much of a positive impact the filming of *Survivor* had in his town. He told me the bakery went off like a frog in a sock. It understandably did a roaring trade with hundreds of people in town, as did so many businesses. I also hear that the pubs were packed to the rafters and it was hard to find a room to stay anywhere within cooee of the Curry.

Mayor Campbell said millions of dollars had gone into the local economy, which had given the town a major economic boost as well as fantastic exposure to a huge audience. While there were plenty of characters on this season of *Survivor*, the star of the show was undoubtedly the Curry itself. The government backed bringing *Survivor* to the Curry because we knew it would be good for the region. The *Survivor* slogan is 'outwit, outplay, outlast'. They breed them pretty tough in the west, and I do not think there is anywhere in Queensland where that tag applies more than in the Curry.

Grantham State School; Rural Fire Service, Yellow Ribbon Day

 **Mr McDONALD** (Lockyer—LNP) (9.56 pm): At the end of the school year in 2000, Mr Garry Murray, the much loved principal of the Grantham State School, and his team put together and laid down a very thoughtful time capsule. Last weekend I had the honour of officially opening the time capsule with Mr Murray, who returned to the school with his wife, Maria, for the Grantham Community Fun Day: Rewind 2000. It was extra-special for me because in 2000 I was the Adopt a Cop at the Grantham State School. It was wonderful to catch up with Mr Murray and the many current and former students, staff and parents. Included in the capsule were reflections from the 93 students, letters from parents to children, letters from children to their parents—which will be reunited with their owners—school photos and newsletters, local newspapers and school policy documents. Importantly, there was the principal's message that Mr Murray proudly read.

To our current principal of Grantham State School, Mrs Rebecca Cavanagh, and her team, thank you for continuing the wonderful family based and fun learning culture at the school. Your Rewind 2000 team, including the coordinator, Mrs Kenyon, Mrs T, Mr Garry Murray, Mrs Vikkie Carrol and Chappy Matt, together with the P&C executive, Karen Goodwin, Patricia Dawson, Simon Trease, and Alexis Gill and your team of volunteers, did a wonderful job and is something that you should all be proud of.

I thank Mrs Cavanagh and her team for developing children to have curious minds, be creative thinkers and have caring hearts. 'Honour before honours' is the school motto and reflects the message that principal Murray prescribed in 2000. People who are able to help in the work of the world are those who are able to help themselves. Seek the highest, and the rest of life will fall into place. Thank you for allowing me to be a part of that day.

Talking about special days, today we celebrate Yellow Ribbon Day. In Lockyer the fire danger rating reached very high for the first time since the end of summer. With heavy winds and unseasonal high temperatures, it may serve as a warning for what could be ahead. Lockyer is protected by more than 600 volunteers from 17 rural brigades. From farmers to tradies to office workers, these volunteers are everyday people dedicated to dropping everything at a moment's notice to do the best for our community. No matter what it brings, I am sure Lockyer's brave volunteers in yellow will not hesitate to give their all to keep us safe.

I know they would like me to stress to our community that during a bushfire your safety depends on your preparedness and the decisions you make now. Make your bushfire survival plan and know exactly what you can do to protect yourself, your family and your property. When others are coming out of a fire, these volunteers go in to do what they can. Thank you for keeping our community safe.

Logan Electorate, Infrastructure



Mr POWER (Logan—ALP) (9.59 pm): I wish to add to what the member for Lockyer said.

Madam DEPUTY SPEAKER (Ms Bush): I call the member for Logan.

Mr POWER: My apologies, Madam Deputy Speaker. I am so enthusiastic about the fact that members of the Chambers Flat Rural Fire Brigade were downstairs this morning. They came to see if the Botanical Gardens were safe and, indeed, they did keep them safe.

Demand-responsive transport now travels straight past the Chambers Flat brigade and we are hoping to make further public transport improvements. The member for Jordan and I have been fighting for improvements specifically for the 535 bus service that goes from Flagstone past Greenbank and all the way to Grand Plaza. We can announce the great news that there will be new Saturday services. My great message for the local community is: get your go card and get on board. More and more people are getting back on those services, which is fantastic. I thank the member for Jordan for the hard work that she has done in advocating for that.

However, in Logan it is not just about public transport. When visiting fantastic places within Logan you can travel on the new roads that we are building. A new bridge has been craned into place across Norris Creek as part of the four-laning project on the Mount Lindesay Highway between Stoney Camp Road and Chambers Flat Road. Public consultation has also been completed on the four-laning project through Jimboomba, and the four-laning project between North Street and Anzac Avenue in Logan Village is really coming along. That is a fantastic project that will really get traffic running smoothly through Logan Village. Improvements are also being made to the really important connection at Logan Street near the fantastic Logan Village pub that I am sure all have visited. People will be able to get out of the village to the south, through to Anzac Avenue and do a left in, left out there. Those are both really fantastic improvements.

The member for Jordan, the member for Waterford and I will continue to advocate for more and more funding for roads in our growing area. We have kept Queensland safe from COVID and thousands of southerners are wanting to live in the greater Logan and Ripley areas. That is why we need a government that is focused on building and construction and creating the jobs, services, schools and roads that we need—not the cuts that come with the LNP. People need to realise that cuts hurt growing areas the most. The schools that are not built and the roads that are not funded hurt growing areas the most, and the people in Logan do not want to see that.

Another thing that people can use our great roads for is to travel to the Logan West Community Centre to get tested and to the Logan Entertainment Centre to get vaccinated. That is the best way to keep Logan safe and to keep our area growing and strong.

The House adjourned at 10.02 pm.

ATTENDANCE

Andrew, Bailey, Bates, Bennett, Berkman, Bleijie, Bolton, Boothman, Boyce, Boyd, Brown, Bush, Butcher, Camm, Crandon, Crawford, Crisafulli, D'Ath, Dametto, de Brenni, Dick, Enoch, Farmer, Fentiman, Frecklington, Furner, Gerber, Gilbert, Grace, Harper, Hart, Healy, Hinchliffe, Howard, Hunt, Janetzki, Katter, Kelly, King A, King S, Knuth, Krause, Last, Lauga, Leahy, Linard, Lister, Lui, MacMahon, Madden, Mander, Martin, McCallum, McDonald, McMahon, McMillan, Mellish, Mickelberg, Miles, Millar, Minnikin, Molhoek, Mullen, Nicholls, O'Connor, O'Rourke, Palaszcuk, Pease, Perrett, Pitt, Powell, Power, Pugh, Purdie, Richards, Robinson, Rowan, Russo, Ryan, Saunders, Scanlon, Simpson, Skelton, Smith, Stevens, Stewart, Sullivan, Tantari, Walker, Watts, Weir, Whiting